

Ref ID	CPT Description	Charge Amount
100001	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	\$1,500.00
100002	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected	\$1,250.00
100003	Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 11 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative	\$2,500.68
100004	Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 10 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative	\$2,500.68
100005	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	\$455.00
100006	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	\$767.00
100007	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	\$1,131.00
100008	Incision and drainage of pilonidal cyst; simple	\$1,340.00
100009	Incision and drainage of pilonidal cyst; complicated	\$4,860.00
100010	Incision and removal of foreign body, subcutaneous tissues; simple	\$1,958.00
100011	Incision and removal of foreign body, subcutaneous tissues; complicated	\$6,008.00
100012	Incision and drainage of hematoma, seroma or fluid collection	\$4,563.00
100013	Puncture aspiration of abscess, hematoma, bulla, or cyst	\$962.00
100014	Incision and drainage, complex, postoperative wound infection	\$9,327.00
100015	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues	\$4,138.19
100016	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	\$1,937.42
100017	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	\$2,653.33
100018	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	\$2,360.25
100019	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	\$660.80
100020	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	\$1,016.12
100021	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	\$2,319.83

100022	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	\$586.67
100023	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions	\$586.67
100024	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	\$552.16
100025	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	\$1,484.00
100026	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	\$3,323.82
100027	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	\$1,470.11
100028	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	\$1,395.55
100029	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	\$1,609.79
100030	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	\$5,375.88
100031	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm	\$1,296.36
100032	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair	\$2,992.06
100033	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	\$5,733.12
100034	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	\$1,534.73
100035	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm	\$6,393.28
100036	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm	\$1,956.11
100037	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm	\$6,473.16
100038	Trimming of nondystrophic nails, any number	\$360.00
100039	Debridement of nail(s) by any method(s); 1 to 5	\$198.11
100040	Debridement of nail(s) by any method(s); 6 or more	\$198.11
100041	Avulsion of nail plate, partial or complete, simple; single	\$836.37
100042	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)	\$539.89
100043	Evacuation of subungual hematoma	\$1,648.25
100044	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;	\$2,273.27
100045	Repair of nail bed	\$5,154.78
100046	Wedge excision of skin of nail fold (eg, for ingrown toenail)	\$853.08
100047	Excision of pilonidal cyst or sinus; simple	\$1,309.12
100048	Excision of pilonidal cyst or sinus; complicated	\$1,284.27
100049	Injection, intralesional; up to and including 7 lesions	\$364.00
100050	Removal, non-biodegradable drug delivery implant	\$7,591.22
100051	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	\$839.00

100052	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	\$817.00
100053	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	\$996.00
100054	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	\$1,174.00
100055	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	\$1,352.00
100056	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	\$1,764.00
100057	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	\$1,024.00
100058	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	\$1,104.00
100059	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	\$1,106.00
100060	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	\$1,138.00
100061	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	\$1,444.00
100062	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	\$2,383.00
100063	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	\$2,400.00
100064	Treatment of superficial wound dehiscence; simple closure	\$2,629.00
100065	Treatment of superficial wound dehiscence; with packing	\$1,782.00
100066	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	\$1,570.00
100067	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	\$1,285.00
100068	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	\$3,537.00
100069	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	\$2,731.00
100070	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	\$2,787.00
100071	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	\$5,473.00
100072	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	\$1,168.00
100073	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	\$1,472.00
100074	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	\$1,893.00
100075	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	\$2,657.00
100076	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	\$2,739.00
100077	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	\$2,761.00

100078	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	\$1,365.00
100079	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	\$1,402.00
100080	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	\$1,519.00
100081	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	\$1,820.00
100082	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	\$1,908.00
100083	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	\$2,946.00
100084	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	\$3,135.00
100085	Repair, complex, trunk; 1.1 cm to 2.5 cm	\$3,286.00
100086	Repair, complex, trunk; 2.6 cm to 7.5 cm	\$3,868.00
100087	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)	\$3,565.00
100088	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	\$2,100.00
100089	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	\$2,110.00
100090	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)	\$2,058.00
100091	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	\$1,966.00
100092	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	\$2,734.00
100093	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)	\$1,592.00
100094	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	\$2,838.00
100095	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	\$3,450.00
100096	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)	\$2,447.00
100097	Secondary closure of surgical wound or dehiscence, extensive or complicated	\$3,490.98
100098	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children	\$5,818.75
100099	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children	\$6,756.27
100100	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	\$7,882.32
100101	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	\$3,832.33

100102	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	\$7,500.41
100103	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	\$7,671.94
100104	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	\$6,393.28
100105	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	\$5,264.68
100106	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	\$5,264.68
100107	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	\$5,671.13
100108	REMOVAL SUTURES UNDER ANESTHESIA SAME SURGEON	\$895.00
100109	Removal of sutures or staples not requiring anesthesia (List separately in addition to E/M code)	\$117.50
100110	Removal of sutures and staples not requiring anesthesia (List separately in addition to E/M code)	\$116.20
100111	Initial treatment, first degree burn, when no more than local treatment is required	\$1,350.00
100112	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	\$914.74
100113	Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)	\$400.00
100114	Chemical cauterization of granulation tissue (ie, proud flesh)	\$704.00
100115	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	\$6,087.55
100116	Puncture aspiration of cyst of breast;	\$2,600.00
100117	Mastotomy with exploration or drainage of abscess, deep	\$2,557.68
100118	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	\$6,999.12
100119	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	\$2,252.09
100120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions	\$1,541.15
100121	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	\$1,236.44
100122	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	\$1,759.01
100123	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	\$8,129.77
100124	Mastectomy, simple, complete	\$2,081.42
100125	Exploration of penetrating wound (separate procedure); extremity	\$2,014.36
100126	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	\$1,740.74
100127	Injection(s); single or multiple trigger point(s), 3 or more muscles	\$1,527.73
100128	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance	\$1,000.00

100129	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	\$623.06
100130	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting	\$1,409.00
100131	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	\$836.34
100132	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting	\$1,310.42
100133	Aspiration and/or injection of ganglion cyst(s) any location	\$984.85
100134	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	\$1,695.74
100135	Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system	\$3,378.14
100136	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin[s] or wire[s] and/or new ring[s] or bar[s])	\$5,535.39
100137	Closed treatment of nasal bone fracture with manipulation; without stabilization	\$2,920.30
100138	Closed treatment of nasal bone fracture with manipulation; with stabilization	\$3,333.98
100139	Closed treatment of temporomandibular dislocation; initial or subsequent	\$590.67
100140	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	\$1,366.59
100141	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	\$2,252.09
100142	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	\$1,876.74
100143	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	\$1,225.49
100144	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	\$3,072.92
100145	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	\$1,180.46
100146	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	\$1,074.02
100147	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	\$1,366.59
100148	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	\$6,677.45
100149	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	\$6,946.72
100150	Incision and drainage, shoulder area; deep abscess or hematoma	\$3,072.92
100151	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	\$2,252.09
100152	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	\$1,419.31
100153	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	\$1,075.56
100154	Arthroplasty, glenohumeral joint; hemiarthroplasty	\$1,431.27
100155	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	\$831.31
100156	Open treatment of clavicular fracture, includes internal fixation, when performed	\$1,841.68
100157	Closed treatment of acromioclavicular dislocation; without manipulation	\$2,585.93
100158	Open treatment of acromioclavicular dislocation, acute or chronic;	\$890.00

100159	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;	\$1,595.43
100160	Closed treatment of shoulder dislocation, with manipulation; without anesthesia	\$1,786.12
100161	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	\$3,880.27
100162	Open treatment of acute shoulder dislocation	\$1,841.68
100163	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation	\$1,320.00
100164	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	\$3,072.92
100165	Incision and drainage, upper arm or elbow area; bursa	\$2,259.39
100166	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater	\$1,150.55
100167	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	\$1,452.79
100168	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	\$1,000.00
100169	Excision, olecranon bursa	\$1,086.42
100170	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)	\$3,072.92
100171	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	\$7,366.71
100172	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	\$1,385.62
100173	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous	\$1,001.12
100174	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open	\$2,146.06
100175	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)	\$1,157.66
100176	Closed treatment of humeral shaft fracture; without manipulation	\$2,259.39
100177	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction	\$1,595.43
100178	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	\$1,926.46
100179	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension	\$2,252.09
100180	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension	\$7,061.49
100181	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation	\$3,274.82
100182	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);	\$1,841.68
100183	Treatment of closed elbow dislocation; without anesthesia	\$960.43
100184	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation	\$1,812.75
100185	Closed treatment of radial head or neck fracture; with manipulation	\$4,254.00
100186	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement	\$1,329.53

100187	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation	\$4,520.80
100188	Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed	\$1,876.74
100189	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)	\$1,928.19
100190	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)	\$1,000.00
100191	Excision of ganglion, wrist (dorsal or volar); primary	\$1,820.03
100192	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle	\$5,325.01
100193	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)	\$1,534.73
100194	Arthroplasty, intercarpal or carpometacarpal joints; interposition (eg, tendon)	\$1,725.07
100195	Closed treatment of radial shaft fracture; without manipulation	\$1,504.00
100196	Closed treatment of radial shaft fracture; with manipulation	\$2,874.01
100197	Closed treatment of ulnar shaft fracture; with manipulation	\$3,711.00
100198	Open treatment of ulnar shaft fracture, includes internal fixation, when performed	\$1,157.33
100199	Closed treatment of radial and ulnar shaft fractures; without manipulation	\$2,354.71
100200	Closed treatment of radial and ulnar shaft fractures; with manipulation	\$4,278.63
100201	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation	\$939.00
100202	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation	\$4,355.23
100203	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation	\$2,560.76
100204	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation	\$1,446.81
100205	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments	\$779.06
100206	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments	\$1,554.27
100207	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation	\$2,630.79
100208	Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation	\$987.64
100209	Drainage of finger abscess; simple	\$2,755.72
100210	Tendon sheath incision (eg, for trigger finger)	\$2,544.61
100211	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	\$2,560.76
100212	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	\$1,183.24
100213	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	\$1,183.24
100214	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);	\$1,578.51
100215	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger	\$1,458.36
100216	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon	\$9,724.24

100217	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon	\$3,841.14
100218	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)	\$2,560.76
100219	Tenolysis, flexor tendon; palm OR finger, each tendon	\$1,183.24
100220	Tenolysis, extensor tendon, hand OR finger, each tendon	\$1,522.06
100221	Closed treatment of metacarpal fracture, single; without manipulation, each bone	\$1,748.00
100222	Closed treatment of metacarpal fracture, single; with manipulation, each bone	\$1,967.15
100223	Percutaneous skeletal fixation of metacarpal fracture, each bone	\$1,360.01
100224	Closed treatment of carpometacarpal dislocation, thumb, with manipulation	\$3,168.83
100225	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia	\$2,853.76
100226	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	\$5,291.08
100227	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each	\$2,353.22
100228	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each	\$954.99
100229	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each	\$5,291.11
100230	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each	\$1,328.00
100231	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each	\$6,147.56
100232	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each	\$1,080.00
100233	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each	\$1,174.00
100234	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each	\$1,150.97
100235	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia	\$732.91
100236	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia	\$2,096.00
100237	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	\$1,531.86
100238	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	\$1,735.44
100239	Excision; trochanteric bursa or calcification	\$1,876.74
100240	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	\$2,514.11
100241	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	\$1,681.31
100242	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning	\$2,560.76
100243	Percutaneous skeletal fixation of femoral fracture, proximal end, neck	\$1,204.29
100244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	\$860.56
100245	Closed treatment of post hip arthroplasty dislocation; without anesthesia	\$1,012.65

100246	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia	\$4,612.82
100247	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	\$3,827.60
100248	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	\$2,703.60
100249	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	\$1,382.46
100250	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	\$2,560.76
100251	Patellectomy or hemipatellectomy	\$840.59
100252	Excision or curettage of bone cyst or benign tumor of femur;	\$1,110.11
100253	Suture of infrapatellar tendon; primary	\$744.14
100254	Suture of quadriceps or hamstring muscle rupture; primary	\$1,331.47
100255	Repair, primary, torn ligament and/or capsule, knee; cruciate	\$5,375.88
100256	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	\$1,009.95
100257	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	\$928.87
100258	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation	\$3,920.07
100259	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair	\$1,329.53
100260	Closed treatment of knee dislocation; without anesthesia	\$2,972.00
100261	Closed treatment of patellar dislocation; without anesthesia	\$928.95
100262	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	\$3,046.67
100263	Incision and drainage, leg or ankle; deep abscess or hematoma	\$2,560.76
100264	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle	\$1,048.33
100265	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	\$1,201.78
100266	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	\$984.68
100267	Excision or curettage of bone cyst or benign tumor, tibia or fibula;	\$3,244.78
100268	Repair, primary, open or percutaneous, ruptured Achilles tendon;	\$751.07
100269	Repair, flexor tendon, leg; primary, without graft, each tendon	\$1,083.18
100270	Repair, extensor tendon, leg; primary, without graft, each tendon	\$6,147.56
100271	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)	\$2,848.98
100272	Repair, primary, disrupted ligament, ankle; both collateral ligaments	\$1,192.72
100273	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)	\$798.52
100274	Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage	\$865.02
100275	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage	\$1,192.72
100276	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction	\$5,263.40
100277	Open treatment of medial malleolus fracture, includes internal fixation, when performed	\$950.56

100278	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation	\$2,732.94
100279	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation	\$2,003.70
100280	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed	\$2,045.16
100281	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation	\$532.57
100282	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed	\$1,070.65
100283	Closed treatment of trimalleolar ankle fracture; with manipulation	\$4,187.12
100284	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip	\$1,222.43
100285	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation	\$723.69
100286	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation	\$2,304.41
100287	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only	\$1,329.53
100288	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula	\$2,560.76
100289	Amputation, leg, through tibia and fibula; secondary closure or scar revision	\$1,329.53
100290	Amputation, leg, through tibia and fibula; re-amputation	\$973.31
100291	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space	\$1,048.33
100292	Fasciotomy, foot and/or toe	\$2,182.71
100293	Tenotomy, percutaneous, toe; single tendon	\$2,328.52
100294	Tenotomy, percutaneous, toe; multiple tendons	\$2,560.76
100295	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	\$2,560.76
100296	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	\$894.15
100297	Release, tarsal tunnel (posterior tibial nerve decompression)	\$1,599.34
100298	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	\$2,560.76
100299	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	\$4,640.94
100300	Excision, interdigital (Morton) neuroma, single, each	\$999.28
100301	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot	\$958.40
100302	Ostectomy, calcaneus; for spur, with or without plantar fascial release	\$762.75
100303	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus	\$5,630.23
100304	Resection, partial or complete, phalangeal base, each toe	\$4,414.71
100305	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each	\$5,121.53

100306	Removal of foreign body, foot; subcutaneous	\$2,715.29
100307	Removal of foreign body, foot; deep	\$5,087.02
100308	Removal of foreign body, foot; complicated	\$5,895.00
100309	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	\$2,532.41
100310	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head	\$2,560.76
100311	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	\$1,215.06
100312	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	\$1,876.74
100313	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method	\$1,426.31
100314	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	\$6,308.49
100315	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method	\$5,675.60
100316	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation	\$6,986.77
100317	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)	\$5,630.23
100318	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	\$1,534.73
100319	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	\$6,308.49
100320	Open treatment of calcaneal fracture, includes internal fixation, when performed;	\$2,045.16
100321	Closed treatment of metatarsal fracture; with manipulation, each	\$1,208.65
100322	Open treatment of metatarsal fracture, includes internal fixation, when performed, each	\$1,192.72
100323	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation	\$699.15
100324	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each	\$2,259.39
100325	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia	\$623.73
100326	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed	\$5,983.00
100327	Closed treatment of interphalangeal joint dislocation; without anesthesia	\$702.01
100328	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed	\$905.35
100329	Arthrodesis, great toe; metatarsophalangeal joint	\$784.59
100330	Amputation, foot; transmetatarsal	\$1,126.41
100331	Amputation, metatarsal, with toe, single	\$1,054.97
100332	Amputation, toe; metatarsophalangeal joint	\$1,238.98
100333	Amputation, toe; interphalangeal joint	\$1,539.90
100334	Application, cast; elbow to finger (short arm)	\$578.55
100335	Application, cast; finger (eg, contracture)	\$920.00
100336	Application of long arm splint (shoulder to hand)	\$1,693.72
100337	Application of short arm splint (forearm to hand); static	\$1,698.25
100338	Application of finger splint; static	\$2,259.39

100339	Application of finger splint; dynamic	\$560.00
100340	Strapping; shoulder (eg, Velpeau)	\$1,100.00
100341	Strapping; hand or finger	\$1,000.00
100342	Application of short leg cast (below knee to toes);	\$578.58
100343	Application of clubfoot cast with molding or manipulation, long or short leg	\$1,150.00
100344	Application of long leg splint (thigh to ankle or toes)	\$1,501.76
100345	Application of short leg splint (calf to foot)	\$1,458.99
100346	Strapping; knee	\$1,600.00
100347	Strapping; ankle and/or foot	\$1,190.00
100348	Strapping; toes	\$1,200.00
100349	Strapping; Unna boot	\$634.23
100350	Application of multi-layer compression system; leg (below knee), including ankle and foot	\$605.97
100351	Removal or bivalving; gauntlet, boot or body cast	\$1,100.00
100352	Removal or bivalving; full arm or full leg cast	\$558.00
100353	Arthroscopy, shoulder, surgical; capsulorrhaphy	\$1,000.60
100354	Arthroscopy, shoulder, surgical; repair of SLAP lesion	\$1,373.05
100355	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	\$1,276.75
100356	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	\$1,196.83
100357	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	\$1,022.44
100358	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	\$970.66
100359	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	\$921.25
100360	Arthroscopy, shoulder, surgical; with rotator cuff repair	\$912.03
100361	Arthroscopy, shoulder, surgical; biceps tenodesis	\$6,393.28
100362	Arthroscopy, elbow, surgical; debridement, extensive	\$1,009.95
100363	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	\$5,203.00
100364	Endoscopy, wrist, surgical, with release of transverse carpal ligament	\$2,115.27
100365	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	\$1,053.19
100366	Arthroscopy, knee, surgical; for infection, lavage and drainage	\$1,009.95
100367	Arthroscopy, knee, surgical; with lateral release	\$1,821.14
100368	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	\$1,534.73
100369	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	\$2,560.76
100370	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	\$938.34

100371	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	\$1,485.44
100372	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	\$2,150.35
100373	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	\$1,149.32
100374	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	\$1,529.86
100375	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	\$1,320.01
100376	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	\$1,258.52
100377	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial	\$1,002.98
100378	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited	\$1,120.17
100379	Excision or destruction (eg, laser), intranasal lesion; internal approach	\$1,427.87
100380	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)	\$2,560.76
100381	Submucous resection inferior turbinate, partial or complete, any method	\$5,203.59
100382	Removal foreign body, intranasal; office type procedure	\$1,293.22
100383	Removal foreign body, intranasal; requiring general anesthesia	\$2,412.18
100384	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	\$3,470.87
100385	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	\$2,359.70
100386	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method	\$783.25
100387	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	\$1,986.49
100388	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial	\$1,541.31
100389	12-Lead ECG Performed (EM)	\$250.00
100390	Nasal/sinus endoscopy, surgical; with concha bullosa resection	\$2,695.87
100391	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	\$2,955.13
100392	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	\$1,869.06
100393	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)	\$5,121.53
100394	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;	\$5,339.62
100395	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	\$5,302.89
100396	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	\$5,672.62
100397	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	\$5,172.40
100398	Nasal/sinus endoscopy, surgical, with sphenoidotomy;	\$5,121.53
100399	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	\$5,223.27

100400	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	\$5,223.27
100401	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	\$5,121.53
100402	Intubation, endotracheal, emergency procedure	\$1,294.59
100403	Laryngoscopy, direct, operative, with foreign body removal;	\$4,612.82
100404	Laryngoscopy, direct, operative, with biopsy;	\$2,004.67
100405	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope	\$1,420.31
100406	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)	\$1,055.96
100407	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope	\$1,184.03
100408	Laryngoscopy, flexible; diagnostic	\$567.50
100409	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	\$4,629.44
100410	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	\$2,327.08
100411	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	\$2,357.19
100412	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	\$1,777.69
100413	Percut bx lung/mediastinum	\$3,634.19
100414	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	\$2,062.93
100415	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	\$6,992.73
100416	Removal, subcutaneous cardiac rhythm monitor	\$1,983.42
100417	Coronary artery bypass, vein only; 3 coronary venous grafts	\$2,700.00
100418	Exploration for postoperative hemorrhage, thrombosis or infection; extremity	\$8,015.24
100419	Excision of infected graft; extremity	\$7,700.82
100420	Introduction of needle or intracatheter, vein	\$200.00
100421	Injection procedure for extremity venography (including introduction of needle or intracatheter)	\$1,055.24
100422	Introduction of catheter, superior or inferior vena cava	\$1,231.11
100423	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	\$879.36
100424	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	\$879.36
100425	Introduction of needle or intracatheter, upper or lower extremity artery	\$7,197.49
100426	Introduction of catheter, aorta	\$825.68
100427	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	\$879.36
100428	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	\$879.36
100429	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	\$879.36
100430	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$879.36

100431	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$879.36
100432	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral	\$9,292.11
100433	Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)	\$91.82
100434	Collection of venous blood by venipuncture	\$150.00
100435	Collection of capillary blood specimen (eg, finger, heel, ear stick)	\$150.00
100436	Transfusion, blood or blood components	\$2,793.99
100437	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	\$5,897.01
100438	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	\$5,671.45
100439	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	\$1,241.22
100440	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older	\$3,369.19
100441	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older	\$1,534.73
100442	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older	\$3,563.47
100443	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	\$7,895.10
100444	Removal of tunneled central venous catheter, without subcutaneous port or pump	\$2,116.61
100445	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	\$2,378.37
100446	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified	\$112.28
100447	Declotting by thrombolytic agent of implanted vascular access device or catheter	\$1,007.18
100448	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access	\$7,895.10
100449	Placement of needle for intraosseous infusion	\$1,513.74
100450	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	\$5,800.32
100451	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	\$8,432.73
100452	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	\$4,756.83
100453	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	\$9,606.22

100454	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;	\$3,147.36
100455	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)	\$719.60
100456	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	\$719.60
100457	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	\$9,085.05
100458	Thrombolysis, cerebral, by intravenous infusion	\$671.03
100459	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed	\$9,459.55
100460	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)	\$4,338.02
100461	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)	\$879.36
100462	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)	\$885.23
100463	Ligation or banding of angioaccess arteriovenous fistula	\$7,700.82
100464	Ligation or biopsy, temporal artery	\$5,375.88
100465	Unlisted procedure, vascular surgery	\$1,815.60
100466	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	\$4,660.12
100467	Biopsy or excision of lymph node(s); open, superficial	\$6,138.93
100468	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)	\$7,156.33
100469	Biopsy or excision of lymph node(s); open, deep cervical node(s)	\$1,876.74
100470	Biopsy or excision of lymph node(s); open, deep axillary node(s)	\$2,365.27
100471	Suprahyoid lymphadenectomy	\$7,156.33
100472	Cervical lymphadenectomy (complete)	\$5,875.95
100473	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)	\$5,884.58
100474	Repair lip, full thickness; vermilion only	\$3,028.09

100475	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair	\$1,959.65
100476	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space	\$470.26
100477	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex	\$2,089.03
100478	Drainage of abscess, cyst, hematoma from dentoalveolar structures	\$426.90
100479	Unlisted procedure, dentoalveolar structures	\$1,251.93
100480	Biopsy of salivary gland; needle	\$2,007.97
100481	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection	\$899.35
100482	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	\$1,340.89
100483	Excision of submandibular (submaxillary) gland	\$1,033.81
100484	Incision and drainage abscess; peritonsillar	\$4,612.82
100485	Removal of foreign body from pharynx	\$1,156.72
100486	Tonsillectomy and adenoidectomy; younger than age 12	\$1,833.26
100487	Tonsillectomy and adenoidectomy; age 12 or over	\$1,687.79
100488	Tonsillectomy, primary or secondary; younger than age 12	\$1,958.63
100489	Tonsillectomy, primary or secondary; age 12 or over	\$1,783.51
100490	Adenoidectomy, primary; younger than age 12	\$2,697.11
100491	Adenoidectomy, primary; age 12 or over	\$1,801.18
100492	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention	\$1,296.36
100493	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$4,867.17
100494	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	\$3,777.00
100495	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$1,653.70
100496	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	\$1,184.33
100497	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	\$777.75
100498	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	\$2,689.00
100499	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	\$593.06
100500	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	\$777.75
100501	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	\$2,258.32
100502	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	\$389.83
100503	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	\$934.28
100504	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	\$836.35
100505	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)	\$2,059.58

100506	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed	\$1,239.34
100507	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract	\$1,056.99
100508	Closure of enterostomy, large or small intestine;	\$890.06
100509	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal	\$1,329.53
100510	Appendectomy;	\$835.05
100511	Laparoscopy, surgical, appendectomy	\$1,303.67
100512	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)	\$4,951.95
100513	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	\$777.75
100514	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$944.40
100515	Colonoscopy, flexible; with biopsy, single or multiple	\$1,850.86
100516	Colonoscopy, flexible; with control of bleeding, any method	\$777.75
100517	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$648.12
100518	Reduction of procidentia (separate procedure) under anesthesia	\$800.00
100519	Removal of fecal impaction or foreign body (separate procedure) under anesthesia	\$2,017.76
100520	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)	\$3,490.27
100521	Incision and drainage, perianal abscess, superficial	\$2,240.84
100522	Incision of thrombosed hemorrhoid, external	\$856.36
100523	Excision of single external papilla or tag, anus	\$1,349.01
100524	Hemorrhoidectomy, external, 2 or more columns/groups	\$1,210.66
100525	Hemorrhoidectomy, internal and external, single column/group;	\$1,232.84
100526	Hemorrhoidectomy, internal and external, 2 or more columns/groups;	\$1,036.91
100527	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous	\$1,296.36
100528	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric	\$939.67
100529	Excision of thrombosed hemorrhoid, external	\$1,692.35
100530	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$223.00
100531	Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	\$4,951.95
100532	Biopsy of liver, needle; percutaneous	\$4,288.81
100533	Biopsy of liver, wedge	\$1,220.86
100534	Unlisted laparoscopic procedure, liver	\$6,567.11
100535	Laparoscopy, surgical; cholecystectomy	\$1,378.11
100536	Laparoscopy, surgical; cholecystectomy with cholangiography	\$1,117.14
100537	Laparoscopy, surgical; cholecystectomy with exploration of common duct	\$842.79
100538	Cholecystectomy;	\$1,461.98
100539	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance	\$1,661.59
100540	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	\$1,925.05
100541	Biopsy, abdominal or retroperitoneal mass, percutaneous needle	\$3,540.46
100542	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$1,086.61

100543	Laparoscopy, surgical; with biopsy (single or multiple)	\$1,095.00
100544	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	\$8,184.49
100545	Removal of peritoneal foreign body from peritoneal cavity	\$868.82
100546	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous	\$9,163.02
100547	Removal of tunneled intraperitoneal catheter	\$6,992.73
100548	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	\$4,404.00
100549	Repair initial inguinal hernia, age 5 years or older; reducible	\$975.79
100550	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	\$1,165.24
100551	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	\$1,329.53
100552	Repair inguinal hernia, sliding, any age	\$1,329.53
100553	Rerepair ventrl hern reduce	\$805.32
100554	Rpr umbil hern reduc > 5 yr	\$1,027.03
100555	Rpr umbil hern block > 5 yr	\$1,876.74
100556	Laparoscopy, surgical; repair initial inguinal hernia	\$1,163.73
100557	Laparoscopy, surgical; repair recurrent inguinal hernia	\$943.40
100558	Lap vent/abd hernia repair	\$1,313.00
100559	Lap vent/abd hern proc comp	\$1,509.89
100560	Lap inc hernia repair	\$1,687.13
100561	Lap inc hern repair comp	\$1,206.34
100562	Lap inc hern recur comp	\$985.34
100563	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	\$8,527.14
100564	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	\$5,016.72
100565	Cystostomy, cystostomy with drainage	\$855.08
100566	Aspiration of bladder; with insertion of suprapubic catheter	\$988.01
100567	Bladder irrigation, simple, lavage and/or instillation	\$1,917.43
100568	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	\$455.47
100569	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	\$803.55
100570	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	\$1,198.90
100571	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	\$210.89
100572	Cystorrhaphy, suture of bladder wound, injury or rupture; simple	\$6,138.93
100573	Cystourethroscopy (separate procedure)	\$3,296.92
100574	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots	\$1,229.40
100575	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	\$1,390.51
100576	Cystourethroscopy, with biopsy(s)	\$4,867.17
100577	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	\$2,815.11
100578	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	\$1,119.93
100579	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	\$1,452.19

100580	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	\$961.48
100581	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	\$1,603.22
100582	Cystourethroscopy with direct vision internal urethrotomy	\$1,947.62
100583	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	\$2,260.44
100584	Cystourethroscopy, with injection(s) for chemodenervation of the bladder	\$1,503.42
100585	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	\$3,858.02
100586	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	\$2,560.76
100587	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	\$1,048.29
100588	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus	\$1,070.51
100589	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)	\$1,252.25
100590	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus	\$1,061.88
100591	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	\$1,616.38
100592	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	\$961.59
100593	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	\$1,876.74
100594	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	\$1,116.99
100595	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	\$2,111.34
100596	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	\$1,069.56
100597	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	\$859.75
100598	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	\$1,876.74
100599	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	\$1,876.74
100600	Excision of penile plaque (Peyronie disease);	\$2,560.76
100601	Circumcision, using clamp or other device with regional dorsal penile or ring block	\$2,111.49
100602	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	\$1,438.87
100603	Lysis or excision of penile post-circumcision adhesions	\$2,263.59
100604	Repair incomplete circumcision	\$958.79
100605	Irrigation of corpora cavernosa for priapism	\$669.75
100606	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)	\$823.13

100607	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	\$750.02
100608	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	\$1,876.74
100609	Orchiectomy, partial	\$4,612.82
100610	Orchiectomy, radical, for tumor; inguinal approach	\$1,062.14
100611	Fixation of contralateral testis (separate procedure)	\$1,876.74
100612	Excision of local lesion of epididymis	\$1,216.79
100613	Epididymectomy; unilateral	\$1,196.55
100614	Excision of hydrocele; unilateral	\$1,681.31
100615	Repair of tunica vaginalis hydrocele (Bottle type)	\$1,309.12
100616	Removal of foreign body in scrotum	\$987.79
100617	Biopsy, prostate; needle or punch, single or multiple, any approach	\$3,272.33
100618	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages	\$825.04
100619	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	\$4,612.82
100620	Incision and drainage of vulva or perineal abscess	\$805.20
100621	Incision and drainage of Bartholin's gland abscess	\$975.96
100622	Marsupialization of Bartholin's gland cyst	\$1,739.94
100623	Vulvectomy simple; partial	\$2,560.76
100624	Partial hymenectomy or revision of hymenal ring	\$4,612.82
100625	Excision of Bartholin's gland or cyst	\$958.79
100626	Colpocleisis (Le Fort type)	\$816.73
100627	Excision of vaginal septum	\$4,612.82
100628	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	\$1,220.63
100629	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	\$6,782.47
100630	Sling operation for stress incontinence (eg, fascia or synthetic)	\$1,282.74
100631	Pelvic examination under anesthesia (other than local)	\$2,399.97
100632	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)	\$2,560.76
100633	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	\$1,572.54
100634	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	\$2,560.76
100635	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	\$1,715.09
100636	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	\$1,386.15
100637	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	\$1,678.63
100638	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach	\$731.26
100639	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	\$827.93
100640	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	\$764.53
100641	Removal of intrauterine device (IUD)	\$738.77
100642	Endometrial ablation, thermal, without hysteroscopic guidance	\$5,375.88

100643	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	\$977.95
100644	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas	\$1,876.74
100645	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	\$1,602.28
100646	Hysteroscopy, surgical; with removal of leiomyomata	\$1,876.74
100647	Hysteroscopy, surgical; with removal of impacted foreign body	\$2,560.76
100648	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	\$1,814.97
100649	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	\$1,179.40
100650	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	\$871.03
100651	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	\$1,526.88
100652	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	\$1,137.12
100653	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	\$1,128.68
100654	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	\$2,560.76
100655	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	\$1,221.73
100656	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	\$1,876.74
100657	Ovarian cystectomy, unilateral or bilateral	\$6,393.28
100658	Unlisted procedure, female genital system (nonobstetrical)	\$5,884.58
100659	Fetal non-stress test	\$908.01
100660	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy	\$1,164.31
100661	Curettage, postpartum	\$1,415.55
100662	Treatment of incomplete abortion, any trimester, completed surgically	\$2,040.24
100663	Treatment of missed abortion, completed surgically; first trimester	\$1,975.22
100664	Biopsy thyroid, percutaneous core needle	\$1,258.97
100665	Total thyroid lobectomy, unilateral; with or without isthmusectomy	\$951.88
100666	Thyroidectomy, total or complete	\$911.74
100667	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid	\$1,068.10
100668	Excision of thyroglossal duct cyst or sinus;	\$850.13
100669	Parathyroidectomy or exploration of parathyroid(s);	\$1,159.98
100670	Spinal puncture, lumbar, diagnostic;	\$2,269.25
100671	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);	\$1,451.97
100672	Injection, epidural, of blood or clot patch	\$2,341.56
100673	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	\$2,250.81

100674	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	\$2,341.56
100675	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	\$1,808.57
100676	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)	\$1,181.88
100677	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	\$1,710.00
100678	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed	\$8,646.00
100679	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	\$1,313.36
100680	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	\$2,341.56
100681	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	\$1,204.01
100682	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	\$2,341.56
100683	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	\$826.96
100684	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	\$826.96
100685	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	\$2,341.56
100686	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	\$826.96
100687	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	\$826.96
100688	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	\$2,250.81
100689	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	\$5,352.87
100690	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	\$809.07
100691	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	\$4,001.87
100692	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	\$2,291.71

100693	Neuroplasty and/or transposition; ulnar nerve at elbow	\$5,884.58
100694	Neuroplasty and/or transposition; median nerve at carpal tunnel	\$1,881.05
100695	Unlisted procedure, nervous system	\$4,001.87
100696	Removal of foreign body, external eye; conjunctival superficial	\$1,663.11
100697	Removal of foreign body, external eye; corneal, without slit lamp	\$1,158.30
100698	Removal of foreign body, external eye; corneal, with slit lamp	\$607.36
100699	Excision or transposition of pterygium; with graft	\$6,012.39
100700	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)	\$2,823.00
100701	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	\$6,675.75
100702	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure	\$5,597.00
100703	Removal of lens material; aspiration technique, 1 or more stages	\$4,368.70
100704	Removal of lens material; intracapsular	\$5,847.51
100705	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation	\$9,197.53
100706	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation	\$9,191.51
100707	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal	\$7,261.14
100708	Exchange of intraocular lens	\$6,712.82
100709	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal	\$6,559.44
100710	Blepharotomy, drainage of abscess, eyelid	\$982.89
100711	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	\$6,012.39
100712	Repair of ectropion; extensive (eg, tarsal strip operations)	\$6,012.39
100713	Removal of embedded foreign body, eyelid	\$884.72
100714	Drainage external ear, abscess or hematoma; simple	\$1,712.44
100715	Drainage external ear, abscess or hematoma; complicated	\$1,296.36
100716	Excision soft tissue lesion, external auditory canal	\$988.01
100717	Removal foreign body from external auditory canal; without general anesthesia	\$1,465.79
100718	Removal foreign body from external auditory canal; with general anesthesia	\$3,977.95
100719	Removal impacted cerumen using irrigation/lavage, unilateral	\$317.40
100720	Removal impacted cerumen requiring instrumentation, unilateral	\$1,093.27
100721	Unlisted procedure, external ear	\$1,200.00
100722	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	\$2,457.25
100723	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch	\$3,124.85
100724	Myringoplasty (surgery confined to drumhead and donor area)	\$3,753.48
100725	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	\$1,899.32
100726	Myelography, posterior fossa, radiological supervision and interpretation	\$2,107.00

100727	Cisternography, positive contrast, radiological supervision and interpretation	\$2,657.00
100728	Radiologic examination, eye, for detection of foreign body	\$552.00
100729	Radiologic examination, mandible; partial, less than 4 views	\$676.00
100730	Radiologic examination, mandible; complete, minimum of 4 views	\$908.00
100731	Radiologic examination, mastoids; less than 3 views per side	\$639.00
100732	Radiologic examination, mastoids; complete, minimum of 3 views per side	\$666.00
100733	Radiologic examination, internal auditory meati, complete	\$899.00
100734	Radiologic examination, facial bones; less than 3 views	\$634.00
100735	Radiologic examination, facial bones; complete, minimum of 3 views	\$932.00
100736	Radiologic examination, nasal bones, complete, minimum of 3 views	\$650.00
100737	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation	\$1,317.00
100738	Radiologic examination; optic foramina	\$694.00
100739	Radiologic examination; orbits, complete, minimum of 4 views	\$860.00
100740	Radiologic examination, sinuses, paranasal, less than 3 views	\$520.00
100741	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	\$1,067.00
100742	Radiologic examination, sella turcica	\$657.00
100743	Radiologic examination, skull; less than 4 views	\$787.00
100744	Radiologic examination, skull; complete, minimum of 4 views	\$1,026.00
100745	Radiologic examination, teeth; single view	\$308.00
100746	Radiologic examination, teeth; partial examination, less than full mouth	\$322.00
100747	Radiologic examination, teeth; complete, full mouth	\$794.00
100748	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral	\$577.00
100749	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral	\$707.00
100750	Temporomandibular joint arthrography, radiological supervision and interpretation	\$2,535.00
100751	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	\$5,074.00
100752	Cephalogram, orthodontic	\$284.00
100753	Orthopantomogram (eg, panoramic x-ray)	\$512.00
100754	Radiologic examination; neck, soft tissue	\$833.00
100755	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique	\$740.00
100756	Complex dynamic pharyngeal and speech evaluation by cine or video recording	\$1,505.00
100757	Radiologic examination, salivary gland for calculus	\$657.00
100758	Sialography, radiological supervision and interpretation	\$1,386.00
100759	Computed tomography, head or brain; without contrast material	\$1,898.00
100760	Computed tomography, head or brain; with contrast material(s)	\$4,223.00
100761	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	\$2,535.00
100762	CTA HEAD&NECK C+ W/NONCONTRAST IMG&POST-PXESSING	\$3,636.50
100763	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	\$1,732.00
100764	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	\$4,285.00
100765	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	\$5,048.00
100766	Computed tomography, maxillofacial area; without contrast material	\$1,878.00
100767	Computed tomography, maxillofacial area; with contrast material(s)	\$6,952.00

100768	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	\$4,852.00
100769	Computed tomography, soft tissue neck; without contrast material	\$1,940.00
100770	Computed tomography, soft tissue neck; with contrast material(s)	\$2,520.00
100771	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	\$3,001.00
100772	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$6,789.00
100773	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$5,883.00
100774	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	\$5,190.00
100775	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	\$6,356.00
100776	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	\$6,099.00
100777	Magnetic resonance angiography, head; without contrast material(s)	\$5,304.00
100778	Magnetic resonance angiography, head; with contrast material(s)	\$5,340.00
100779	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	\$7,616.00
100780	Magnetic resonance angiography, neck; without contrast material(s)	\$6,580.00
100781	Magnetic resonance angiography, neck; with contrast material(s)	\$5,807.00
100782	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	\$5,822.00
100783	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	\$6,059.00
100784	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	\$6,794.00
100785	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	\$7,608.00
100786	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	\$5,505.00
100787	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	\$5,861.00
100788	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material	\$2,775.00
100789	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s)	\$3,432.00
100790	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences	\$3,935.00
100791	RADIOLOGIC EXAMINATION CHEST SINGLE VIEW FRONTAL	\$1,325.00
100792	RADIOLOGIC EXAM CHEST 2 VIEWS FRONTAL&LATERAL	\$1,455.00
100793	RADEX CHEST SPECIAL VIEWS	\$2,600.00
100794	Radiologic examination, chest; single view	\$747.00
100795	Radiologic examination, chest; 2 views	\$863.00
100796	Radiologic examination, chest; 3 views	\$216.00

100797	Radiologic examination, chest; 4 or more views	\$963.00
100798	Radiologic examination, ribs, unilateral; 2 views	\$282.00
100799	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	\$1,203.00
100800	Radiologic examination, ribs, bilateral; 3 views	\$410.00
100801	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	\$1,061.00
100802	Radiologic examination; sternum, minimum of 2 views	\$282.00
100803	Radiologic examination; sternoclavicular joint or joints, minimum of 3 views	\$656.00
100804	Computed tomography, thorax, diagnostic; without contrast material	\$2,191.00
100805	Computed tomography, thorax, diagnostic; with contrast material(s)	\$2,891.00
100806	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	\$3,533.00
100807	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	\$1,597.00
100808	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$6,216.00
100809	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	\$4,521.00
100810	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	\$5,052.00
100811	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	\$8,061.00
100812	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	\$7,465.00
100813	Radiologic examination, spine, single view, specify level	\$633.00
100814	Radiologic examination, spine, cervical; 2 or 3 views	\$957.00
100815	Radiologic examination, spine, cervical; 4 or 5 views	\$474.00
100816	Radiologic examination, spine, cervical; 6 or more views	\$474.00
100817	Radiologic examination, spine; thoracic, 2 views	\$354.00
100818	Radiologic examination, spine; thoracic, 3 views	\$282.00
100819	Radiologic examination, spine; thoracic, minimum of 4 views	\$974.00
100820	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	\$705.00
100821	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	\$896.00
100822	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	\$1,275.00
100823	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	\$1,997.00
100824	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	\$1,997.00
100825	Radiologic examination, spine, lumbosacral; 2 or 3 views	\$791.00
100826	Radiologic examination, spine, lumbosacral; minimum of 4 views	\$474.00
100827	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	\$474.00
100828	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	\$467.00
100829	Computed tomography, cervical spine; without contrast material	\$5,801.00
100830	Computed tomography, cervical spine; with contrast material	\$4,692.00

100831	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	\$5,297.00
100832	Computed tomography, thoracic spine; without contrast material	\$4,196.00
100833	Computed tomography, thoracic spine; with contrast material	\$4,588.00
100834	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	\$5,169.00
100835	Computed tomography, lumbar spine; without contrast material	\$7,532.00
100836	Computed tomography, lumbar spine; with contrast material	\$4,906.00
100837	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	\$5,347.00
100838	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	\$2,563.00
100839	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	\$6,821.00
100840	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	\$2,584.00
100841	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	\$6,750.00
100842	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	\$2,584.00
100843	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	\$6,505.00
100844	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	\$3,944.00
100845	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	\$7,521.00
100846	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	\$3,944.00
100847	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	\$7,769.00
100848	Radiologic examination, pelvis; 1 or 2 views	\$751.00
100849	Radiologic examination, pelvis; complete, minimum of 3 views	\$306.00
100850	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$4,583.00
100851	Computed tomography, pelvis; without contrast material	\$3,111.00
100852	Computed tomography, pelvis; with contrast material(s)	\$2,130.00
100853	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	\$5,034.00
100854	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	\$2,547.00
100855	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	\$6,557.00
100856	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	\$3,944.00
100857	Magnetic resonance angiography, pelvis, with or without contrast material(s)	\$8,071.00
100858	Radiologic examination, sacroiliac joints; less than 3 views	\$567.00
100859	Radiologic examination, sacroiliac joints; 3 or more views	\$273.00
100860	Radiologic examination, sacrum and coccyx, minimum of 2 views	\$1,026.00
100861	Myelography, cervical, radiological supervision and interpretation	\$3,481.00
100862	Myelography, thoracic, radiological supervision and interpretation	\$3,184.00

100863	Myelography, lumbosacral, radiological supervision and interpretation	\$3,261.00
100864	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	\$4,083.00
100865	EPIDUROGRAPY RS&I	\$1,871.00
100866	Discography, cervical or thoracic, radiological supervision and interpretation	\$4,900.00
100867	Discography, lumbar, radiological supervision and interpretation	\$5,599.00
100868	Radiologic examination; clavicle, complete	\$726.00
100869	Radiologic examination; scapula, complete	\$307.00
100870	Radiologic examination, shoulder; 1 view	\$860.00
100871	Radiologic examination, shoulder; complete, minimum of 2 views	\$745.00
100872	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation	\$1,298.00
100873	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	\$686.00
100874	Radiologic examination; humerus, minimum of 2 views	\$1,020.00
100875	Radiologic examination, elbow; 2 views	\$955.00
100876	Radiologic examination, elbow; complete, minimum of 3 views	\$1,115.00
100877	Radiologic examination, elbow, arthrography, radiological supervision and interpretation	\$1,697.00
100878	Radiologic examination; forearm, 2 views	\$963.00
100879	Radiologic examination; upper extremity, infant, minimum of 2 views	\$657.00
100880	Radiologic examination, wrist; 2 views	\$733.00
100881	Radiologic examination, wrist; complete, minimum of 3 views	\$823.00
100882	Radiologic examination, wrist, arthrography, radiological supervision and interpretation	\$1,645.00
100883	Radiologic examination, hand; 2 views	\$282.00
100884	Radiologic examination, hand; minimum of 3 views	\$745.00
100885	Radiologic examination, finger(s), minimum of 2 views	\$823.00
100886	Computed tomography, upper extremity; without contrast material	\$2,036.00
100887	Computed tomography, upper extremity; with contrast material(s)	\$4,255.00
100888	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	\$4,692.00
100889	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$5,314.00
100890	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	\$2,547.00
100891	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	\$6,081.00
100892	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	\$5,137.00
100893	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	\$2,595.00
100894	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	\$5,802.00
100895	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	\$9,911.00
100896	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	\$6,999.00
100897	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	\$538.00

100898	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	\$578.00
100899	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	\$1,015.00
100900	X-RAY HIP UNILATERAL 2 VIEWS	\$1,650.00
100901	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	\$1,480.00
100902	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	\$474.00
100903	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	\$1,997.00
100904	Radiologic examination, hip, arthrography, radiological supervision and interpretation	\$1,748.00
100905	Radiologic examination, femur; 1 view	\$897.00
100906	Radiologic examination, femur; minimum 2 views	\$846.00
100907	Radiologic examination, knee; 1 or 2 views	\$283.00
100908	Radiologic examination, knee; 3 views	\$884.00
100909	Radiologic examination, knee; complete, 4 or more views	\$1,341.00
100910	Radiologic examination, knee; both knees, standing, anteroposterior	\$278.00
100911	Radiologic examination, knee, arthrography, radiological supervision and interpretation	\$1,914.00
100912	Radiologic examination; tibia and fibula, 2 views	\$987.00
100913	Radiologic examination; lower extremity, infant, minimum of 2 views	\$657.00
100914	Radiologic examination, ankle; 2 views	\$628.00
100915	Radiologic examination, ankle; complete, minimum of 3 views	\$827.00
100916	Radiologic examination, ankle, arthrography, radiological supervision and interpretation	\$1,591.00
100917	Radiologic examination, foot; 2 views	\$292.00
100918	Radiologic examination, foot; complete, minimum of 3 views	\$342.00
100919	Radiologic examination; calcaneus, minimum of 2 views	\$273.00
100920	Radiologic examination; toe(s), minimum of 2 views	\$820.00
100921	Computed tomography, lower extremity; without contrast material	\$2,968.00
100922	Computed tomography, lower extremity; with contrast material(s)	\$2,686.00
100923	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	\$4,975.00
100924	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$5,495.00
100925	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	\$2,547.00
100926	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	\$6,258.00
100927	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	\$8,500.00
100928	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	\$2,593.00
100929	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	\$6,086.00
100930	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	\$7,638.00
100931	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	\$6,626.00
100932	RADEX ABDOMEN 1 ANTEROPOSTERIOR VIEW	\$1,650.00
100933	Radiologic examination, abdomen; 1 view	\$596.00

100934	Radiologic examination, abdomen; 2 views	\$519.00
100935	RADEX ABDOMEN COMPL W/DCBTS&/ERC VIEWS	\$1,550.00
100936	Radiologic examination, abdomen; 3 or more views	\$327.00
100937	Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest	\$999.00
100938	Computed tomography, abdomen; without contrast material	\$2,262.00
100939	Computed tomography, abdomen; with contrast material(s)	\$2,528.00
100940	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	\$3,338.00
100941	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$6,880.00
100942	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$3,152.00
100943	Computed tomography, abdomen and pelvis; without contrast material	\$10,053.00
100944	Computed tomography, abdomen and pelvis; with contrast material(s)	\$13,037.00
100945	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	\$10,467.00
100946	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	\$4,625.00
100947	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	\$6,452.00
100948	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	\$9,604.00
100949	Magnetic resonance angiography, abdomen, with or without contrast material(s)	\$7,104.00
100950	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation	\$1,491.00
100951	Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study	\$970.00
100952	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	\$1,210.00
100953	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study	\$1,394.00
100954	Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study	\$551.00
100955	Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation	\$1,806.00
100956	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	\$1,432.00
100957	RADEX GI TRACT UPPER W/WO DELAYED IMAGES W/KUB	\$2,400.00
100958	RADEX GI TRACT UPR W/SM INT W/MULT SERIAL IMAGES	\$2,250.00
100959	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered	\$1,878.00

100960	Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination)	\$1,211.00
100961	Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study	\$559.00
100962	Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; double-contrast (eg, high-density barium and air via enteroclysis tube) study, including glucagon, when administered	\$1,903.00
100963	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	\$2,454.00
100964	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	\$3,933.00
100965	Computed tomographic (CT) colonography, screening, including image postprocessing	\$2,973.00
100966	Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	\$1,684.00
100967	Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high density barium and air) study, including glucagon, when administered	\$1,806.00
100968	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)	\$1,662.00
100969	Cholecystography, oral contrast	\$1,196.00
100970	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation	\$637.00
100971	Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)	\$784.00
100972	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	\$2,092.00
100973	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	\$1,857.00
100974	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation	\$969.00
100975	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and images, radiological supervision and interpretation	\$1,479.00
100976	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation	\$1,947.00
100977	Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation	\$1,450.00
100978	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation	\$3,925.00
100979	Urography (pyelography), intravenous, with or without KUB, with or without tomography	\$1,927.00
100980	Urography, infusion, drip technique and/or bolus technique;	\$1,809.00
100981	Urography, infusion, drip technique and/or bolus technique; with nephrotomography	\$2,258.00
100982	Urography, retrograde, with or without KUB	\$1,766.00
100983	Urography, antegrade, radiological supervision and interpretation	\$1,611.00

100984	Cystography, minimum of 3 views, radiological supervision and interpretation	\$1,536.00
100985	Vasography, vesiculography, or epididymography, radiological supervision and interpretation	\$1,964.00
100986	Corpora cavernosography, radiological supervision and interpretation	\$1,964.00
100987	Urethrocytography, retrograde, radiological supervision and interpretation	\$1,269.00
100988	Urethrocytography, voiding, radiological supervision and interpretation	\$1,555.00
100989	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation	\$1,432.00
100990	Dilation of ureter(s) or urethra, radiological supervision and interpretation	\$5,164.00
100991	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	\$5,604.00
100992	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	\$2,288.00
100993	Hysterosalpingography, radiological supervision and interpretation	\$1,701.00
100994	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	\$1,530.00
100995	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)	\$1,343.00
100996	Cardiac magnetic resonance imaging for morphology and function without contrast material;	\$4,607.00
100997	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	\$5,127.00
100998	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	\$6,458.00
100999	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	\$7,478.00
101000	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	\$1,275.00
101001	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	\$916.00
101002	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	\$3,959.00
101003	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	\$4,469.00
101004	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	\$4,104.00
101005	Aortography, thoracic, without serialography, radiological supervision and interpretation	\$7,619.00
101006	Aortography, thoracic, by serialography, radiological supervision and interpretation	\$7,076.00
101007	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	\$9,110.00

101008	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$2,735.00
101009	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation	\$8,630.00
101010	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	\$10,768.00
101011	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	\$10,768.00
101012	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation	\$12,603.00
101013	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation	\$8,501.00
101014	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation	\$8,165.00
101015	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation	\$9,615.00
101016	Angiography, internal mammary, radiological supervision and interpretation	\$4,700.00
101017	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	\$4,499.00
101018	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation	\$2,676.00
101019	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation	\$5,160.00
101020	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation	\$2,676.00
101021	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation	\$5,776.00
101022	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation	\$1,079.00
101023	Splenoportography, radiological supervision and interpretation	\$10,768.00
101024	Venography, extremity, unilateral, radiological supervision and interpretation	\$5,147.00
101025	Venography, extremity, bilateral, radiological supervision and interpretation	\$5,147.00
101026	Venography, caval, inferior, with serialography, radiological supervision and interpretation	\$7,253.00
101027	Venography, caval, superior, with serialography, radiological supervision and interpretation	\$5,250.00
101028	Venography, renal, unilateral, selective, radiological supervision and interpretation	\$6,745.00
101029	Venography, renal, bilateral, selective, radiological supervision and interpretation	\$8,158.00
101030	Venography, adrenal, unilateral, selective, radiological supervision and interpretation	\$10,768.00
101031	Venography, adrenal, bilateral, selective, radiological supervision and interpretation	\$10,768.00
101032	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation	\$4,507.00
101033	Venography, superior sagittal sinus, radiological supervision and interpretation	\$4,762.00
101034	Venography, epidural, radiological supervision and interpretation	\$3,093.00

101035	Venography, orbital, radiological supervision and interpretation	\$4,762.00
101036	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation	\$7,997.00
101037	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation	\$4,759.00
101038	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation	\$8,006.00
101039	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation	\$7,161.00
101040	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation	\$10,529.00
101041	Transcatheter therapy, embolization, any method, radiological supervision and interpretation	\$9,411.00
101042	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	\$2,675.00
101043	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation	\$2,569.00
101044	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation	\$997.00
101045	Transcatheter biopsy, radiological supervision and interpretation	\$6,089.00
101046	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation	\$1,664.00
101047	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation	\$2,471.00
101048	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time	\$621.00
101049	Radiologic examination from nose to rectum for foreign body, single view, child	\$646.00
101050	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation	\$1,353.00
101051	Radiological examination, surgical specimen	\$2,741.00
101052	Radiologic examination, single plane body section (eg, tomography), other than with urography	\$1,065.00
101053	RADEX CPLX MOTION BDY SCTJ OTH/THN UROGRAPY UNI	\$2,264.00
101054	RADEX CPLX MOTION BDY SCTJ OTH/THN UROGRAPY BI	\$2,264.00
101055	Cineradiography/videoradiography, except where specifically included	\$914.00
101056	Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)	\$444.00
101057	Consultation on X-ray examination made elsewhere, written report	\$151.00
101058	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report	\$1,917.00
101059	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	\$1,140.00
101060	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation	\$1,300.00

101061	Computed tomography, limited or localized follow-up study	\$1,671.00
101062	Magnetic resonance spectroscopy	\$4,471.00
101063	Magnetic resonance (eg, vibration) elastography	\$2,383.00
101064	Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated	\$1,266.00
101065	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	\$1,402.00
101066	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	\$883.00
101067	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	\$929.00
101068	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral	\$1,009.00
101069	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	\$221.00
101070	Ophthalmic biometry by ultrasound echography, A-scan;	\$725.00
101071	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	\$726.00
101072	Ophthalmic ultrasonic foreign body localization	\$841.00
101073	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	\$1,378.00
101074	Ultrasound, chest (includes mediastinum), real time with image documentation	\$1,330.00
101075	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	\$473.00
101076	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	\$493.00
101077	Ultrasound, abdominal, real time with image documentation; complete	\$713.00
101078	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	\$1,864.00
101079	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	\$942.00
101080	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	\$695.00
101081	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited	\$2,251.00
101082	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation	\$1,530.00
101083	Ultrasound, spinal canal and contents	\$1,098.00
101084	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation	\$1,393.00
101085	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	\$846.00
101086	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation	\$1,765.00

101087	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	\$1,362.00
101088	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	\$983.00
101089	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	\$918.00
101090	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation	\$986.00
101091	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)	\$632.00
101092	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses	\$1,279.00
101093	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus	\$465.00
101094	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	\$1,588.00
101095	Fetal biophysical profile; with non-stress testing	\$1,801.00
101096	Fetal biophysical profile; without non-stress testing	\$462.00
101097	Doppler velocimetry, fetal; umbilical artery	\$761.00
101098	Doppler velocimetry, fetal; middle cerebral artery	\$822.00
101099	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;	\$2,285.00
101100	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study	\$1,460.00
101101	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	\$1,048.00
101102	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study	\$807.00
101103	Ultrasound, transvaginal	\$1,693.00
101104	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	\$1,370.00
101105	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	\$609.00
101106	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	\$570.00
101107	Ultrasound, scrotum and contents	\$1,620.00
101108	Ultrasound, transrectal;	\$1,311.00
101109	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	\$1,647.00

101110	Ultrasound, complete joint (ie, joint space and peri-articular soft tissue structures) real-time with image documentation	\$1,089.00
101111	Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation	\$650.00
101112	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)	\$841.00
101113	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation)	\$841.00
101114	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation	\$1,370.00
101115	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)	\$1,948.00
101116	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	\$895.00
101117	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	\$1,604.00
101118	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation	\$1,334.00
101119	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	\$2,572.00
101120	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation	\$1,066.00
101121	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation	\$1,084.00
101122	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	\$525.00
101123	Ultrasonic guidance for interstitial radioelement application	\$1,952.00
101124	US STUDY FOLLOW UP	\$815.00
101125	Gastrointestinal endoscopic ultrasound, supervision and interpretation	\$1,735.00
101126	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	\$295.00
101127	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	\$2,159.00
101128	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	\$1,188.00
101129	Ultrasound, elastography; parenchyma (eg, organ)	\$1,402.00
101130	Ultrasound, elastography; first target lesion	\$1,402.00
101131	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	\$418.00
101132	Ultrasonic guidance, intraoperative	\$1,635.00

101133	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)	\$3,080.00
101134	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	\$441.00
101135	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)	\$1,160.00
101136	Computed tomography guidance for stereotactic localization	\$4,169.00
101137	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	\$5,058.00
101138	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation	\$4,068.00
101139	Computed tomography guidance for placement of radiation therapy fields	\$1,927.00
101140	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	\$4,525.00
101141	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation	\$7,493.00
101142	Magnetic resonance imaging, breast, without contrast material; unilateral	\$4,647.00
101143	Magnetic resonance imaging, breast, without contrast material; bilateral	\$6,713.00
101144	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	\$8,446.00
101145	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	\$6,525.00
101146	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	\$1,220.00
101147	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation	\$1,322.00
101148	Diagnostic digital breast tomosynthesis; unilateral	\$35.00
101149	Diagnostic digital breast tomosynthesis; bilateral	\$184.00
101150	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	\$74.00
101151	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	\$383.00
101152	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	\$477.00
101153	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	\$234.00
101154	Manual application of stress performed by physician or other qualified health care professional for joint radiography, including contralateral joint if indicated	\$604.00
101155	Bone age studies	\$711.00
101156	Bone length studies (orthoroentgenogram, scanogram)	\$1,626.00
101157	Radiologic examination, osseous survey; limited (eg, for metastases)	\$1,037.00
101158	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)	\$3,506.00

101159	Radiologic examination, osseous survey, infant	\$899.00
101160	Joint survey, single view, 2 or more joints (specify)	\$602.00
101161	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	\$1,162.00
101162	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	\$560.00
101163	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	\$459.00
101164	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	\$3,420.00
101165	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment	\$1,162.00
101166	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)	\$812.00
101167	Therapeutic radiology treatment planning; simple	\$904.00
101168	Therapeutic radiology treatment planning; intermediate	\$1,213.00
101169	Therapeutic radiology treatment planning; complex	\$1,515.00
101170	Therapeutic radiology simulation-aided field setting; simple	\$1,753.00
101171	Therapeutic radiology simulation-aided field setting; intermediate	\$3,115.00
101172	Therapeutic radiology simulation-aided field setting; complex	\$3,960.00
101173	Respiratory motion management simulation (List separately in addition to code for primary procedure)	\$3,380.00
101174	3-dimensional radiotherapy plan, including dose-volume histograms	\$11,880.00
101175	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	\$1,148.00
101176	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	\$2,073.00
101177	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	\$3,216.00
101178	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	\$2,888.00
101179	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	\$2,631.00
101180	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	\$4,451.00
101181	Special teletherapy port plan, particles, hemibody, total body	\$2,616.00
101182	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	\$1,061.00
101183	Treatment devices, design and construction; simple (simple block, simple bolus)	\$1,260.00
101184	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	\$1,750.00
101185	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	\$2,547.00
101186	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy	\$1,401.00

101187	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	\$3,331.00
101188	Special medical radiation physics consultation	\$1,798.00
101189	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	\$3,774.00
101190	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	\$4,235.00
101191	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	\$1,046.00
101192	Radiation treatment delivery, superficial and/or ortho voltage, per day	\$871.00
101193	Radiation treatment delivery, => 1 MeV; simple	\$1,191.00
101194	Radiation treatment delivery, => 1 MeV; intermediate	\$1,686.00
101195	Radiation treatment delivery, => 1 MeV; complex	\$2,180.00
101196	Therapeutic radiology port image(s)	\$517.00
101197	High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	\$4,764.00
101198	Radiation treatment management, 5 treatments	\$1,046.00
101199	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	\$1,135.00
101200	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	\$3,726.00
101201	Intraoperative radiation treatment management	\$2,550.00
101202	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	\$5,076.00
101203	Proton treatment delivery; simple, without compensation	\$8,031.00
101204	Proton treatment delivery; simple, with compensation	\$10,142.00
101205	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	\$3,301.00
101206	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	\$6,455.00
101207	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	\$3,087.00
101208	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	\$3,087.00
101209	Hyperthermia generated by intracavitary probe(s)	\$3,087.00
101210	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	\$1,806.00
101211	Intracavitary radiation source application; simple	\$3,759.00
101212	Intracavitary radiation source application; intermediate	\$3,191.00
101213	Intracavitary radiation source application; complex	\$4,805.00
101214	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	\$2,014.00
101215	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	\$2,014.00
101216	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	\$8,618.00

101217	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	\$8,664.00
101218	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	\$9,392.00
101219	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	\$11,042.00
101220	Surface application of low dose rate radionuclide source	\$2,172.00
101221	Supervision, handling, loading of radiation source	\$1,015.00
101222	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	\$1,762.00
101223	Thyroid imaging (including vascular flow, when performed);	\$1,654.00
101224	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	\$2,366.00
101225	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)	\$2,130.00
101226	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)	\$2,544.00
101227	Thyroid carcinoma metastases imaging; whole body	\$3,984.00
101228	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)	\$1,202.00
101229	Parathyroid planar imaging (including subtraction, when performed);	\$2,103.00
101230	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	\$3,592.00
101231	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	\$4,066.00
101232	Adrenal imaging, cortex and/or medulla	\$4,983.00
101233	Bone marrow imaging; limited area	\$1,909.00
101234	Bone marrow imaging; multiple areas	\$2,169.00
101235	Bone marrow imaging; whole body	\$2,908.00
101236	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling	\$3,328.00
101237	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings	\$3,328.00
101238	Red cell volume determination (separate procedure); single sampling	\$3,328.00
101239	Red cell volume determination (separate procedure); multiple samplings	\$3,328.00
101240	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)	\$3,335.00
101241	Red cell survival study	\$3,328.00
101242	RBC SURVIVAL STUDY DIFFERNTL ORGAN/TISS KINETICS	\$3,328.00
101243	Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)	\$3,328.00
101244	Spleen imaging only, with or without vascular flow	\$2,419.00
101245	Platelet survival study	\$1,875.00
101246	Lymphatics and lymph nodes imaging	\$4,153.00
101247	Liver imaging; static only	\$2,522.00
101248	Liver imaging; with vascular flow	\$4,283.00
101249	Liver and spleen imaging; static only	\$2,922.00
101250	Liver and spleen imaging; with vascular flow	\$2,939.00
101251	Hepatobiliary system imaging, including gallbladder when present;	\$3,035.00

101252	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	\$3,760.00
101253	Salivary gland imaging;	\$2,273.00
101254	Salivary gland imaging; with serial images	\$2,273.00
101255	Salivary gland function study	\$4,065.00
101256	Esophageal motility	\$1,719.00
101257	Gastric mucosa imaging	\$2,273.00
101258	Gastroesophageal reflux study	\$3,083.00
101259	Gastric emptying imaging study (eg, solid, liquid, or both);	\$2,898.00
101260	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	\$2,927.00
101261	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	\$3,564.00
101262	Urea breath test, C-14 (isotopic); acquisition for analysis	\$595.00
101263	Urea breath test, C-14 (isotopic); analysis	\$1,062.00
101264	Acute gastrointestinal blood loss imaging	\$3,003.00
101265	Gastrointestinal protein loss	\$2,273.00
101266	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)	\$2,556.00
101267	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)	\$2,452.00
101268	Bone and/or joint imaging; limited area	\$2,363.00
101269	Bone and/or joint imaging; multiple areas	\$2,650.00
101270	Bone and/or joint imaging; whole body	\$3,567.00
101271	Bone and/or joint imaging; 3 phase study	\$3,027.00
101272	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry	\$53.00
101273	Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites	\$102.00
101274	Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations	\$2,566.00
101275	Cardiac shunt detection	\$2,570.00
101276	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	\$10,783.00
101277	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	\$10,561.00
101278	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	\$1,679.00
101279	Non-cardiac vascular flow imaging (ie, angiography, venography)	\$1,637.00
101280	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	\$6,081.00

101281	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	\$8,613.00
101282	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	\$4,573.00
101283	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	\$6,436.00
101284	Acute venous thrombosis imaging, peptide	\$2,730.00
101285	Venous thrombosis imaging, venogram; unilateral	\$2,730.00
101286	Venous thrombosis imaging, venogram; bilateral	\$2,730.00
101287	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	\$9,001.00
101288	Myocardial imaging, infarct avid, planar; qualitative or quantitative	\$2,387.00
101289	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	\$1,460.00
101290	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	\$4,469.00
101291	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	\$3,454.00
101292	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	\$4,512.00
101293	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	\$3,620.00
101294	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	\$4,158.00
101295	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	\$9,767.00
101296	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	\$10,656.00
101297	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	\$2,693.00
101298	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	\$1,857.00
101299	Pulmonary ventilation imaging (eg, aerosol or gas)	\$2,919.00
101300	Pulmonary perfusion imaging (eg, particulate)	\$2,235.00
101301	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	\$2,836.00

101302	Quantitative differential pulmonary perfusion, including imaging when performed	\$2,997.00
101303	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed	\$4,303.00
101304	Brain imaging, less than 4 static views;	\$2,320.00
101305	Brain imaging, less than 4 static views; with vascular flow	\$3,452.00
101306	Brain imaging, minimum 4 static views;	\$4,120.00
101307	Brain imaging, minimum 4 static views; with vascular flow	\$3,452.00
101308	Brain imaging, positron emission tomography (PET); metabolic evaluation	\$12,166.00
101309	Brain imaging, positron emission tomography (PET); perfusion evaluation	\$12,432.00
101310	Brain imaging, vascular flow only	\$2,320.00
101311	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography	\$3,699.00
101312	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography	\$3,452.00
101313	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation	\$2,826.00
101314	Cerebrospinal fluid leakage detection and localization	\$3,532.00
101315	Radiopharmaceutical dacryocystography	\$1,823.00
101316	Kidney imaging morphology;	\$2,890.00
101317	Kidney imaging morphology; with vascular flow	\$3,112.00
101318	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention	\$3,408.00
101319	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	\$3,548.00
101320	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	\$4,191.00
101321	Kidney function study, non-imaging radioisotopic study	\$2,086.00
101322	Urinary bladder residual study (List separately in addition to code for primary procedure)	\$1,266.00
101323	Ureteral reflux study (radiopharmaceutical voiding cystogram)	\$2,041.00
101324	Testicular imaging with vascular flow	\$2,742.00
101325	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging	\$2,549.00
101326	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days	\$3,555.00
101327	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging	\$4,710.00
101328	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	\$4,719.00

101329	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging	\$6,393.00
101330	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)	\$1,045.00
101331	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	\$9,316.00
101332	Positron emission tomography (PET) imaging; skull base to mid-thigh	\$10,180.00
101333	Positron emission tomography (PET) imaging; whole body	\$11,882.00
101334	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	\$12,281.00
101335	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	\$12,921.00
101336	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	\$5,833.71
101337	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	\$7,519.00
101338	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	\$7,436.00
101339	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	\$8,421.00
101340	Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure)	\$1,342.00
101341	Radiopharmaceutical therapy, by oral administration	\$2,848.00
101342	Radiopharmaceutical therapy, by intravenous administration	\$2,427.00
101343	Radiopharmaceutical therapy, by intracavitary administration	\$2,889.00
101344	Radiopharmaceutical therapy, by interstitial radioactive colloid administration	\$2,144.00
101345	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	\$4,060.00
101346	Radiopharmaceutical therapy, by intra-articular administration	\$2,549.00
101347	Radiopharmaceutical therapy, by intra-arterial particulate administration	\$2,678.00
101348	Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520)	\$290.00

101349	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	\$265.00
101350	General health panel This panel must include the following: Comprehensive metabolic panel (80053) Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Thyroid stimulating hormone (TSH) (84443)	\$472.00
101351	Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)	\$627.00
101352	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)	\$265.00
101353	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)	\$580.00
101354	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	\$295.00
101355	Renal function panel This panel must include the following: Albumin (82040) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) (84100) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	\$272.00
101356	Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody (86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86902)	\$501.00
101357	Hepatic function panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450)	\$182.00
101358	Obstetric panel (includes HIV testing)	\$249.00
101359	Drug confirmation, each procedure	\$220.00
101360	Acetaminophen	\$775.00
101361	Adalimumab	\$694.00
101362	Amikacin	\$311.00
101363	Amiodarone	\$206.00
101364	Caffeine	\$253.00
101365	Carbamazepine; total	\$306.00
101366	Carbamazepine; free	\$252.00
101367	Cyclosporine	\$427.00
101368	Clozapine	\$249.00
101369	Carbamazepine; -10,11-epoxide	\$258.00

101370	Digoxin; total	\$295.00
101371	Digoxin; free	\$471.00
101372	Valproic acid (dipropylacetic acid); total	\$149.00
101373	Valproic acid (dipropylacetic acid); free	\$281.00
101374	Felbamate	\$308.00
101375	Ethosuximide	\$240.00
101376	Everolimus	\$340.00
101377	Gentamicin	\$370.00
101378	Gabapentin, whole blood, serum, or plasma	\$211.00
101379	Haloperidol	\$182.00
101380	Lamotrigine	\$261.00
101381	Lidocaine	\$329.00
101382	Levetiracetam	\$277.00
101383	Lithium	\$136.00
101384	Salicylate	\$1,375.00
101385	Mycophenolate (mycophenolic acid)	\$360.00
101386	Flecainide	\$242.00
101387	Oxcarbazepine	\$281.00
101388	Phenobarbital	\$288.00
101389	Phenytoin; total	\$281.00
101390	Phenytoin; free	\$254.00
101391	Posaconazole	\$352.00
101392	Primidone	\$233.00
101393	Itraconazole	\$284.00
101394	Procainamide;	\$203.00
101395	Procainamide; with metabolites (eg, n-acetyl procainamide)	\$302.00
101396	Leflunomide	\$542.00
101397	Quinidine	\$341.00
101398	Sirolimus	\$415.00
101399	Tacrolimus	\$266.00
101400	Theophylline	\$291.00
101401	Tiagabine	\$263.00
101402	Tobramycin	\$381.00
101403	Topiramate	\$286.00
101404	Vancomycin	\$236.00
101405	Zonisamide	\$261.00
101406	Methotrexate	\$319.00
101407	Rufinamide	\$352.00
101408	Infliximab	\$678.00
101409	Lacosamide	\$403.00
101410	Vedolizumab	\$528.00
101411	Voriconazole	\$331.00
101412	Quantitation of therapeutic drug, not elsewhere specified	\$308.00
101413	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service	\$394.00
101414	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service	\$314.00

101415	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service	\$475.00
101416	Alcohols	\$461.00
101417	Alcohol biomarkers; 1 or 2	\$319.00
101418	Alcohol biomarkers; 3 or more	\$387.00
101419	Alkaloids, not otherwise specified	\$249.00
101420	Amphetamines; 1 or 2	\$224.00
101421	Amphetamines; 3 or 4	\$284.00
101422	Amphetamines; 5 or more	\$38.00
101423	Anabolic steroids; 1 or 2	\$345.00
101424	Analgesics, non-opioid; 1 or 2	\$587.00
101425	Analgesics, non-opioid; 3-5	\$485.00
101426	Analgesics, non-opioid; 6 or more	\$59.00
101427	Antidepressants, serotonergic class; 1 or 2	\$211.00
101428	Antidepressants, serotonergic class; 3-5	\$249.00
101429	Antidepressants, serotonergic class; 6 or more	\$38.00
101430	Antidepressants, tricyclic and other cyclicals; 1 or 2	\$302.00
101431	Antidepressants, tricyclic and other cyclicals; 3-5	\$333.00
101432	Antidepressants, tricyclic and other cyclicals; 6 or more	\$358.00
101433	Antidepressants, not otherwise specified	\$38.00
101434	Antiepileptics, not otherwise specified; 1-3	\$283.00
101435	Antiepileptics, not otherwise specified; 4-6	\$244.00
101436	Antiepileptics, not otherwise specified; 7 or more	\$38.00
101437	Antipsychotics, not otherwise specified; 1-3	\$286.00
101438	Antipsychotics, not otherwise specified; 4-6	\$321.00
101439	Antipsychotics, not otherwise specified; 7 or more	\$42.00
101440	Barbiturates	\$213.00
101441	Benzodiazepines; 1-12	\$234.00
101442	Benzodiazepines; 13 or more	\$305.00
101443	Buprenorphine	\$234.00
101444	Cannabinoids, natural	\$206.00
101445	Cannabinoids, synthetic; 1-3	\$199.00
101446	Cannabinoids, synthetic; 4-6	\$401.00
101447	Cannabinoids, synthetic; 7 or more	\$438.00
101448	Cocaine	\$113.00
101449	Fentanyl	\$107.00
101450	Gabapentin, non-blood	\$219.00
101451	Heroin metabolite	\$185.00
101452	Ketamine and norketamine	\$145.00
101453	Methadone	\$327.00
101454	Methylenedioxyamphetamines (MDA, MDEA, MDMA)	\$257.00
101455	Methylphenidate	\$370.00
101456	Opiates, 1 or more	\$272.00
101457	Opioids and opiate analogs; 1 or 2	\$310.00
101458	Opioids and opiate analogs; 3 or 4	\$538.00
101459	Opioids and opiate analogs; 5 or more	\$281.00
101460	Oxycodone	\$281.00

101461	Pregabalin	\$253.00
101462	Propoxyphene	\$75.00
101463	Sedative hypnotics (non-benzodiazepines)	\$249.00
101464	Skeletal muscle relaxants; 1 or 2	\$174.00
101465	Skeletal muscle relaxants; 3 or more	\$274.00
101466	Stimulants, synthetic	\$59.00
101467	Tapentadol	\$120.00
101468	Tramadol	\$113.00
101469	Stereoisomer (enantiomer) analysis, single drug class	\$420.00
101470	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3	\$307.00
101471	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more	\$113.00
101472	ACTH stimulation panel; for adrenal insufficiency This panel must include the following: Cortisol (82533 x 2)	\$645.00
101473	ACTH stimulation panel; for 21 hydroxylase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxyprogesterone (83498 x 2)	\$814.00
101474	ACTH stimulation panel; for 3 beta-hydroxydehydrogenase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxypregnenolone (84143 x 2)	\$764.00
101475	Aldosterone suppression evaluation panel (eg, saline infusion) This panel must include the following: Aldosterone (82088 x 2) Renin (84244 x 2)	\$1,015.00
101476	Calcitonin stimulation panel (eg, calcium, pentagastrin) This panel must include the following: Calcitonin (82308 x 3)	\$776.00
101477	Corticotrophic releasing hormone (CRH) stimulation panel This panel must include the following: Cortisol (82533 x 6) Adrenocorticotrophic hormone (ACTH) (82024 x 6)	\$1,814.00
101478	Chorionic gonadotropin stimulation panel; testosterone response This panel must include the following: Testosterone (84403 x 2 on 3 pooled blood samples)	\$596.00
101479	Chorionic gonadotropin stimulation panel; estradiol response This panel must include the following: Estradiol, total (82670 x 2 on 3 pooled blood samples)	\$1,107.00
101480	Renal vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 6)	\$1,046.00
101481	Peripheral vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 2)	\$540.00
101482	Dexamethasone suppression panel, 48 hour This panel must include the following: Free cortisol, urine (82530 x 2) Cortisol (82533 x 2) Volume measurement for timed collection (81050 x 2)	\$727.00
101483	Glucagon tolerance panel; for insulinoma This panel must include the following: Glucose (82947 x 3) Insulin (83525 x 3)	\$510.00
101484	Glucagon tolerance panel; for pheochromocytoma This panel must include the following: Catecholamines, fractionated (82384 x 2)	\$1,104.00
101485	Gonadotropin releasing hormone stimulation panel This panel must include the following: Follicle stimulating hormone (FSH) (83001 x 4) Luteinizing hormone (LH) (83002 x 4)	\$1,123.00
101486	Growth hormone stimulation panel (eg, arginine infusion, l-dopa administration) This panel must include the following: Human growth hormone (HGH) (83003 x 4)	\$1,287.00
101487	Growth hormone suppression panel (glucose administration) This panel must include the following: Glucose (82947 x 3) Human growth hormone (HGH) (83003 x 4)	\$766.00

101488	Insulin-induced C-peptide suppression panel This panel must include the following: Insulin (83525) C-peptide (84681 x 5) Glucose (82947 x 5)	\$1,061.00
101489	Insulin tolerance panel; for ACTH insufficiency This panel must include the following: Cortisol (82533 x 5) Glucose (82947 x 5)	\$891.00
101490	Insulin tolerance panel; for growth hormone deficiency This panel must include the following: Glucose (82947 x 5) Human growth hormone (HGH) (83003 x 5)	\$1,755.00
101491	Metyrapone panel This panel must include the following: Cortisol (82533 x 2) 11 deoxycortisol (82634 x 2)	\$837.00
101492	Thyrotropin releasing hormone (TRH) stimulation panel; 1 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3)	\$587.00
101493	Thyrotropin releasing hormone (TRH) stimulation panel; 2 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4)	\$698.00
101494	CLINICAL PATHOLOGY CONSULTATION LIMITED	\$141.00
101495	CLINICAL PATHOLOGY CONSULTATION COMPREHENSIVE	\$483.00
101496	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	\$360.00
101497	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy	\$95.00
101498	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	\$114.00
101499	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	\$176.00
101500	Urinalysis; qualitative or semiquantitative, except immunoassays	\$89.00
101501	Urinalysis; bacteriuria screen, except by culture or dipstick	\$251.00
101502	Urinalysis; microscopic only	\$75.00
101503	Urinalysis; 2 or 3 glass test	\$122.00
101504	Urine pregnancy test, by visual color comparison methods	\$381.00
101505	Volume measurement for timed collection, each	\$66.00
101506	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P)	\$1,067.00
101507	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M)	\$1,067.00
101508	Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-3a/b (I843S)	\$1,067.00
101509	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R143Q)	\$1,067.00
101510	Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant (eg, HPA-5a/b (K505E))	\$1,067.00

101511	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q)	\$1,067.00
101512	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-9a/b (V837M)	\$1,067.00
101513	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-15a/b (S682Y)	\$1,067.00
101514	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	\$1,237.00
101515	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	\$1,593.00
101516	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	\$1,707.00
101517	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	\$1,603.00
101518	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	\$563.00
101519	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	\$700.00
101520	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	\$1,375.00
101521	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	\$691.00
101522	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	\$1,308.00
101523	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	\$977.00
101524	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	\$805.00
101525	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	\$361.00
101526	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	\$1,572.00
101527	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	\$701.00
101528	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	\$701.00
101529	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	\$1,707.00
101530	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	\$1,084.00
101531	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	\$88.00

101532	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	\$1,661.00
101533	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	\$1,675.00
101534	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	\$1,512.00
101535	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	\$1,014.00
101536	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	\$1,164.00
101537	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	\$1,164.00
101538	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	\$1,164.00
101539	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	\$1,414.00
101540	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	\$1,511.00
101541	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	\$903.00
101542	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	\$990.00
101543	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	\$692.00
101544	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	\$666.00
101545	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	\$733.00
101546	FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	\$1,073.00
101547	FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	\$1,032.00
101548	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	\$1,138.00
101549	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	\$1,084.00
101550	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	\$1,164.00
101551	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	\$1,836.00
101552	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)	\$526.00
101553	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	\$815.00
101554	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	\$1,578.00

101555	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	\$845.00
101556	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	\$611.00
101557	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	\$838.00
101558	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	\$844.00
101559	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)	\$1,714.00
101560	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant	\$1,836.00
101561	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	\$1,004.00
101562	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	\$1,841.00
101563	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	\$811.00
101564	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	\$1,589.00
101565	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	\$897.00
101566	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants	\$1,271.00
101567	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	\$1,179.00
101568	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	\$1,043.00
101569	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	\$1,707.00
101570	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	\$1,536.00
101571	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	\$1,881.00
101572	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	\$1,217.00
101573	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	\$1,346.00
101574	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	\$706.00

101575	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis	\$1,906.00
101576	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	\$1,498.00
101577	MCOLN1 (mucolipin 1) (eg, Mucopolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	\$559.00
101578	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	\$756.00
101579	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	\$2,052.00
101580	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	\$1,296.00
101581	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	\$1,104.00
101582	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	\$2,001.00
101583	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	\$855.00
101584	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	\$1,015.00
101585	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	\$2,015.00
101586	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	\$974.00
101587	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	\$510.00
101588	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	\$1,896.00
101589	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	\$1,186.00
101590	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	\$801.00
101591	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	\$1,556.00
101592	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	\$821.00
101593	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	\$16.00
101594	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	\$1,344.00
101595	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	\$1,454.00

101596	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	\$1,590.00
101597	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	\$1,557.00
101598	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	\$1,707.00
101599	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	\$1,587.00
101600	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	\$1,761.00
101601	PMS2 (postmeiotic segregation increased 2 [<i>S. cerevisiae</i>]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	\$1,058.00
101602	PMS2 (postmeiotic segregation increased 2 [<i>S. cerevisiae</i>]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	\$1,181.00
101603	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	\$530.00
101604	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	\$1,392.00
101605	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	\$700.00
101606	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	\$762.00
101607	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	\$1,164.00
101608	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	\$1,365.00
101609	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	\$662.00
101610	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	\$1,040.00
101611	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	\$709.00
101612	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)	\$1,699.00
101613	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	\$1,164.00
101614	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	\$898.00
101615	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	\$1,147.00

101616	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	\$1,304.00
101617	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	\$1,613.00
101618	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	\$879.00
101619	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	\$1,824.00
101620	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	\$1,861.00
101621	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	\$1,164.00
101622	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)	\$982.00
101623	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	\$1,981.00
101624	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	\$1,855.00
101625	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	\$741.00
101626	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)	\$914.00
101627	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)	\$914.00
101628	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	\$1,164.00
101629	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	\$1,836.00
101630	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	\$1,271.00
101631	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	\$1,684.00
101632	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and DRB1 (eg, verification typing)	\$1,587.00
101633	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, B, and -C)	\$1,637.00
101634	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	\$1,585.00
101635	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	\$509.00
101636	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	\$1,433.00
101637	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	\$1,270.00

101638	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	\$708.00
101639	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	\$1,700.00
101640	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	\$876.00
101641	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	\$1,596.00
101642	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	\$687.00
101643	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis)	\$793.00
101644	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)	\$1,256.00
101645	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD])	\$1,238.00
101646	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)	\$1,906.00
101647	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis)	\$2,022.00
101648	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score	\$1,097.00
101649	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score	\$1,600.00
101650	Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-A, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score	\$394.00
101651	Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical testing)	\$614.00
101652	Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for Atopobium vaginae, Gardnerella vaginalis, and Lactobacillus species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis	\$1,019.00
101653	Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA markers for Gardnerella vaginalis, Atopobium vaginae, Megasphaera type 1, Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), and Lactobacillus species (L. crispatus and L. jensenii), utilizing vaginal-fluid specimens, algorithm reported as a positive or negative for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis and/or Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata, Candida krusei, when reported	\$1,393.00

101654	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure)	\$1,135.00
101655	Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver	\$968.00
101656	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); qualitative	\$63.00
101657	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); quantitative	\$100.00
101658	Acetylcholinesterase	\$529.00
101659	Acylcarnitines; qualitative, each specimen	\$55.00
101660	Acylcarnitines; quantitative, each specimen	\$438.00
101661	Adrenocorticotrophic hormone (ACTH)	\$394.00
101662	Adenosine, 5-monophosphate, cyclic (cyclic AMP)	\$431.00
101663	Albumin; serum, plasma or whole blood	\$237.00
101664	Albumin; other source, quantitative, each specimen	\$113.00
101665	Albumin; urine (eg, microalbumin), quantitative	\$113.00
101666	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)	\$71.00
101667	Albumin; ischemia modified	\$509.00
101668	Alcohol (ethanol); breath	\$177.00
101669	Alcohol (ethanol); any specimen except urine and breath, immunoassay (eg, IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)	\$659.00
101670	Aldolase	\$190.00
101671	Aldosterone	\$502.00
101672	Alpha-1-antitrypsin; total	\$103.00
101673	Alpha-1-antitrypsin; phenotype	\$306.00
101674	Alpha-fetoprotein (AFP); serum	\$222.00
101675	Alpha-fetoprotein (AFP); amniotic fluid	\$260.00
101676	Alpha-fetoprotein (AFP); AFP-L3 fraction isoform and total AFP (including ratio)	\$605.00
101677	Aluminum	\$457.00
101678	Amines, vaginal fluid, qualitative	\$62.00
101679	Amino acids; single, qualitative, each specimen	\$190.00
101680	Amino acids; multiple, qualitative, each specimen	\$51.00
101681	Amino acids; single, quantitative, each specimen	\$487.00
101682	Aminolevulinic acid, delta (ALA)	\$404.00
101683	Amino acids, 2 to 5 amino acids, quantitative, each specimen	\$487.00
101684	Amino acids, 6 or more amino acids, quantitative, each specimen	\$841.00
101685	Ammonia	\$210.00
101686	Amniotic fluid scan (spectrophotometric)	\$665.00
101687	Amylase	\$480.00
101688	Androstenediol glucuronide	\$696.00
101689	Androstenedione	\$428.00
101690	Androsterone	\$385.00
101691	Angiotensin II	\$436.00
101692	Angiotensin I - converting enzyme (ACE)	\$268.00
101693	Apolipoprotein, each	\$181.00
101694	Arsenic	\$222.00
101695	Ascorbic acid (Vitamin C), blood	\$202.00

101696	Atomic absorption spectroscopy, each analyte	\$284.00
101697	Beta-2 microglobulin	\$140.00
101698	Bile acids; total	\$185.00
101699	Bile acids; cholyglycine	\$400.00
101700	Bilirubin; total	\$305.00
101701	Bilirubin; direct	\$114.00
101702	Bilirubin; feces, qualitative	\$138.00
101703	Biotinidase, each specimen	\$120.00
101704	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)	\$99.00
101705	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources	\$89.00
101706	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening	\$94.00
101707	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	\$177.00
101708	Bradykinin	\$83.00
101709	Cadmium	\$209.00
101710	Vitamin D; 25 hydroxy, includes fraction(s), if performed	\$217.00
101711	Calcitonin	\$386.00
101712	Calcium; total	\$305.00
101713	Calcium; ionized	\$103.00
101714	Calcium; after calcium infusion test	\$33.00
101715	Calcium; urine quantitative, timed specimen	\$132.00
101716	Calculus; qualitative analysis	\$311.00
101717	Calculus; quantitative analysis, chemical	\$325.00
101718	Calculus; infrared spectroscopy	\$177.00
101719	Calculus; X-ray diffraction	\$224.00
101720	Carbohydrate deficient transferrin	\$419.00
101721	Carbon dioxide (bicarbonate)	\$235.00
101722	Carboxyhemoglobin; quantitative	\$252.00
101723	Carboxyhemoglobin; qualitative	\$239.00
101724	Carcinoembryonic antigen (CEA)	\$246.00
101725	Carnitine (total and free), quantitative, each specimen	\$388.00
101726	Carotene	\$150.00
101727	Catecholamines; total urine	\$385.00
101728	Catecholamines; blood	\$549.00
101729	Catecholamines; fractionated	\$392.00
101730	Cathepsin-D	\$270.00
101731	Ceruloplasmin	\$123.00
101732	Chemiluminescent assay	\$301.00
101733	Chloramphenicol	\$256.00
101734	Chloride; blood	\$72.00
101735	Chloride; urine	\$134.00
101736	Chloride; other source	\$124.00
101737	Chlorinated hydrocarbons, screen	\$79.00
101738	Cholesterol, serum or whole blood, total	\$106.00
101739	Cholinesterase; serum	\$177.00
101740	Cholinesterase; RBC	\$216.00

101741	Chondroitin B sulfate, quantitative	\$142.00
101742	Chromium	\$253.00
101743	Citrate	\$355.00
101744	Collagen cross links, any method	\$302.00
101745	Copper	\$106.00
101746	Corticosterone	\$196.00
101747	Cortisol; free	\$298.00
101748	Cortisol; total	\$174.00
101749	Creatine	\$108.00
101750	Column chromatography, includes mass spectrometry, if performed (eg, HPLC, LC, LC/MS, LC/MS-MS, GC, GC/MS-MS, GC/MS, HPLC/MS), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen	\$295.00
101751	Creatine kinase (CK), (CPK); total	\$247.00
101752	Creatine kinase (CK), (CPK); isoenzymes	\$260.00
101753	Creatine kinase (CK), (CPK); MB fraction only	\$339.00
101754	Creatine kinase (CK), (CPK); isoforms	\$631.00
101755	Creatinine; blood	\$257.00
101756	Creatinine; other source	\$90.00
101757	Creatinine; clearance	\$367.00
101758	Cryofibrinogen	\$155.00
101759	Cryoglobulin, qualitative or semi-quantitative (eg, cryocrit)	\$157.00
101760	Cyanide	\$290.00
101761	Cyanocobalamin (Vitamin B-12);	\$262.00
101762	Cyanocobalamin (Vitamin B-12); unsaturated binding capacity	\$240.00
101763	Cystatin C	\$244.00
101764	Cystine and homocystine, urine, qualitative	\$135.00
101765	Dehydroepiandrosterone (DHEA)	\$317.00
101766	Dehydroepiandrosterone-sulfate (DHEA-S)	\$178.00
101767	Desoxycorticosterone, 11-	\$474.00
101768	Deoxycortisol, 11-	\$291.00
101769	Dibucaine number	\$142.00
101770	Dihydrotestosterone (DHT)	\$294.00
101771	Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed	\$280.00
101772	Elastase, pancreatic (EL-1), fecal; qualitative or semi-quantitative	\$516.00
101773	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; nonradioactive substrate, each specimen	\$526.00
101774	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; radioactive substrate, each specimen	\$914.00
101775	Electrophoretic technique, not elsewhere specified	\$291.00
101776	Erythropoietin	\$312.00
101777	Estradiol; total	\$266.00
101778	Estrogens; fractionated	\$308.00
101779	Estrogens; total	\$270.00
101780	Estriol	\$258.00
101781	Estrone	\$257.00
101782	Estradiol; free, direct measurement (eg, equilibrium dialysis)	\$450.00
101783	Ethylene glycol	\$291.00
101784	Etiocholanolone	\$372.00
101785	Fat or lipids, feces; qualitative	\$138.00
101786	Fat or lipids, feces; quantitative	\$335.00
101787	Fat differential, feces, quantitative	\$301.00

101788	Fatty acids, nonesterified	\$277.00
101789	Very long chain fatty acids	\$200.00
101790	Ferritin	\$238.00
101791	Fetal fibronectin, cervicovaginal secretions, semi-quantitative	\$934.00
101792	Fluoride	\$204.00
101793	Folic acid; serum	\$264.00
101794	Folic acid; RBC	\$276.00
101795	Fructose, semen	\$310.00
101796	Galactokinase, RBC	\$352.00
101797	Galactose	\$238.00
101798	Galactose-1-phosphate uridyl transferase; quantitative	\$347.00
101799	Galactose-1-phosphate uridyl transferase; screen	\$129.00
101800	Galectin-3	\$386.00
101801	Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each	\$116.00
101802	Gammaglobulin (immunoglobulin); IgE	\$258.00
101803	Gammaglobulin (immunoglobulin); immunoglobulin subclasses (eg, IgG1, 2, 3, or 4), each	\$201.00
101804	Gases, blood, pH only	\$60.00
101805	Gases, blood, any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ (including calculated O ₂ saturation);	\$379.00
101806	Gases, blood, any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ (including calculated O ₂ saturation); with O ₂ saturation, by direct measurement, except pulse oximetry	\$258.00
101807	Gases, blood, O ₂ saturation only, by direct measurement, except pulse oximetry	\$265.00
101808	Hemoglobin-oxygen affinity (pO ₂ for 50% hemoglobin saturation with oxygen)	\$414.00
101809	Gastric acid analysis, includes pH if performed, each specimen	\$281.00
101810	Gastrin after secretin stimulation	\$313.00
101811	Gastrin	\$273.00
101812	Glucagon	\$274.00
101813	Glucose, body fluid, other than blood	\$73.00
101814	Glucagon tolerance test	\$284.00
101815	Glucose; quantitative, blood (except reagent strip)	\$231.00
101816	Glucose; blood, reagent strip	\$23.00
101817	Glucose; post glucose dose (includes glucose)	\$116.00
101818	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	\$242.00
101819	Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)	\$95.00
101820	Glucose-6-phosphate dehydrogenase (G6PD); quantitative	\$193.00
101821	Glucose-6-phosphate dehydrogenase (G6PD); screen	\$136.00
101822	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use	\$47.00
101823	Glucosidase, beta	\$737.00
101824	Glutamate dehydrogenase	\$82.00
101825	Glutamyltransferase, gamma (GGT)	\$401.00
101826	Glutathione	\$327.00
101827	Glutathione reductase, RBC	\$177.00
101828	Glycated protein	\$181.00
101829	Gonadotropin; follicle stimulating hormone (FSH)	\$136.00
101830	Gonadotropin; luteinizing hormone (LH)	\$325.00
101831	Growth hormone, human (HGH) (somatotropin)	\$274.00
101832	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)	\$530.00

101833	Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (eg, C-13)	\$597.00
101834	Haptoglobin; quantitative	\$251.00
101835	Haptoglobin; phenotypes	\$307.00
101836	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope (eg, C-13)	\$447.00
101837	Helicobacter pylori; drug administration	\$156.00
101838	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); qualitative, any number of analytes	\$458.00
101839	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); quantitative, each, not elsewhere specified	\$318.00
101840	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)	\$293.00
101841	Hemoglobin fractionation and quantitation; chromatography (eg, A2, S, C, and/or F)	\$223.00
101842	Hemoglobin; by copper sulfate method, non-automated	\$39.00
101843	Hemoglobin; F (fetal), chemical	\$256.00
101844	Hemoglobin; F (fetal), qualitative	\$295.00
101845	Hemoglobin; glycosylated (A1C)	\$150.00
101846	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use	\$107.00
101847	Hemoglobin; methemoglobin, qualitative	\$175.00
101848	Hemoglobin; methemoglobin, quantitative	\$132.00
101849	Hemoglobin; plasma	\$196.00
101850	Hemoglobin; sulfhemoglobin, quantitative	\$174.00
101851	Hemoglobin; thermolabile	\$47.00
101852	Hemoglobin; unstable, screen	\$185.00
101853	Hemoglobin; urine	\$106.00
101854	Hemosiderin, qualitative	\$129.00
101855	b-Hexosaminidase, each assay	\$521.00
101856	Histamine	\$433.00
101857	Homocysteine	\$410.00
101858	Homovanillic acid (HVA)	\$210.00
101859	Hydroxycorticosteroids, 17- (17-OHCS)	\$322.00
101860	Hydroxyindolacetic acid, 5-(HIAA)	\$236.00
101861	Hydroxyprogesterone, 17-d	\$347.00
101862	Hydroxyproline; free	\$332.00
101863	Hydroxyproline; total	\$379.00
101864	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method	\$99.00
101865	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, single step method (eg, reagent strip)	\$106.00
101866	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, by radioimmunoassay (eg, RIA)	\$254.00
101867	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified	\$129.00
101868	Insulin; total	\$184.00
101869	Insulin; free	\$196.00
101870	Intrinsic factor	\$293.00
101871	Iron	\$607.16
101872	Iron binding capacity	\$153.00

101873	Isocitric dehydrogenase (IDH)	\$150.00
101874	Ketogenic steroids, fractionation	\$274.00
101875	Ketosteroids, 17- (17-KS); total	\$256.00
101876	Ketosteroids, 17- (17-KS); fractionation	\$397.00
101877	Lactate (lactic acid)	\$186.00
101878	Lactate dehydrogenase (LD), (LDH);	\$122.00
101879	Lactate dehydrogenase (LD), (LDH); isoenzymes, separation and quantitation	\$204.00
101880	Lactoferrin, fecal; qualitative	\$152.00
101881	Lactoferrin, fecal; quantitative	\$332.00
101882	Lactogen, human placental (HPL) human chorionic somatomammotropin	\$339.00
101883	Lactose, urine, qualitative	\$155.00
101884	Lead	\$141.00
101885	Fetal lung maturity assessment; lecithin sphingomyelin (L/S) ratio	\$356.00
101886	Fetal lung maturity assessment; foam stability test	\$326.00
101887	Fetal lung maturity assessment; fluorescence polarization	\$326.00
101888	Fetal lung maturity assessment; lamellar body density	\$242.00
101889	Leucine aminopeptidase (LAP)	\$353.00
101890	Lipase	\$186.00
101891	Lipoprotein (a)	\$191.00
101892	Lipoprotein-associated phospholipase A2 (Lp-PLA2)	\$462.00
101893	Lipoprotein, blood; electrophoretic separation and quantitation	\$243.00
101894	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (eg, electrophoresis, ultracentrifugation)	\$213.00
101895	Lipoprotein, blood; quantitation of lipoprotein particle number(s) (eg, by nuclear magnetic resonance spectroscopy), includes lipoprotein particle subclass(es), when performed	\$339.00
101896	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	\$186.00
101897	Lipoprotein, direct measurement; VLDL cholesterol	\$273.00
101898	Lipoprotein, direct measurement; LDL cholesterol	\$94.00
101899	Lipoprotein, direct measurement; small dense LDL cholesterol	\$147.00
101900	Luteinizing releasing factor (LRH)	\$632.00
101901	Magnesium	\$253.00
101902	Malate dehydrogenase	\$185.00
101903	Manganese	\$276.00
101904	Mass spectrometry and tandem mass spectrometry (eg, MS, MS/MS, MALDI, MS-TOF, QTOF), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen	\$352.00
101905	Mercury, quantitative	\$202.00
101906	Metanephrines	\$388.00
101907	Methemalbumin	\$232.00
101908	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity	\$136.00
101909	Mucopolysaccharides, acid, quantitative	\$664.00
101910	Mucin, synovial fluid (Ropes test)	\$97.00
101911	Myelin basic protein, cerebrospinal fluid	\$318.00
101912	Myoglobin	\$300.00
101913	Myeloperoxidase (MPO)	\$312.00
101914	Natriuretic peptide	\$251.00
101915	Nephelometry, each analyte not elsewhere specified	\$102.00
101916	Nickel	\$271.00

101917	Nucleotidase 5'-	\$176.00
101918	Oligoclonal immune (oligoclonal bands)	\$333.00
101919	Organic acids; total, quantitative, each specimen	\$625.00
101920	Organic acids; qualitative, each specimen	\$509.00
101921	Organic acid, single, quantitative	\$300.00
101922	Osmolality; blood	\$111.00
101923	Osmolality; urine	\$103.00
101924	Osteocalcin (bone g1a protein)	\$334.00
101925	Oxalate	\$197.00
101926	Oncoprotein; HER-2/neu	\$1,528.00
101927	Oncoprotein; des-gamma-carboxy-prothrombin (DCP)	\$526.00
101928	Parathormone (parathyroid hormone)	\$722.00
101929	pH; body fluid, not otherwise specified	\$72.00
101930	pH; exhaled breath condensate	\$293.00
101931	Phencyclidine (PCP)	\$164.00
101932	Calprotectin, fecal	\$523.00
101933	Phenylalanine (PKU), blood	\$38.00
101934	Phenylketones, qualitative	\$122.00
101935	Phosphatase, acid; total	\$236.00
101936	Phosphatase, acid; prostatic	\$197.00
101937	Phosphatase, alkaline;	\$304.00
101938	Phosphatase, alkaline; heat stable (total not included)	\$209.00
101939	Phosphatase, alkaline; isoenzymes	\$246.00
101940	Phosphatidylglycerol	\$231.00
101941	Phosphogluconate, 6-, dehydrogenase, RBC	\$175.00
101942	Phosphohexose isomerase	\$389.00
101943	Phosphorus inorganic (phosphate);	\$283.00
101944	Phosphorus inorganic (phosphate); urine	\$108.00
101945	Porphobilinogen, urine; qualitative	\$128.00
101946	Porphobilinogen, urine; quantitative	\$172.00
101947	Evaluation of cervicovaginal fluid for specific amniotic fluid protein(s) (eg, placental alpha microglobulin-1 [PAMG-1], placental protein 12 [PP12], alpha-fetoprotein), qualitative, each specimen	\$669.00
101948	Porphyrins, urine; qualitative	\$218.00
101949	Porphyrins, urine; quantitation and fractionation	\$277.00
101950	Porphyrins, feces, quantitative	\$387.00
101951	Potassium; serum, plasma or whole blood	\$178.00
101952	Potassium; urine	\$113.00
101953	Prealbumin	\$160.00
101954	Pregnanediol	\$328.00
101955	Pregnanetriol	\$326.00
101956	Pregnenolone	\$259.00
101957	17-hydroxypregnenolone	\$287.00
101958	Progesterone	\$145.00
101959	Procalcitonin (PCT)	\$274.00
101960	Prolactin	\$146.00
101961	Prostaglandin, each	\$832.00
101962	Prostate specific antigen (PSA); complexed (direct measurement)	\$299.00
101963	Prostate specific antigen (PSA); total	\$218.00
101964	Prostate specific antigen (PSA); free	\$140.00
101965	Protein, total, except by refractometry; serum, plasma or whole blood	\$276.00

101966	Protein, total, except by refractometry; urine	\$66.00
101967	Protein, total, except by refractometry; other source (eg, synovial fluid, cerebrospinal fluid)	\$160.00
101968	Protein, total, by refractometry, any source	\$69.00
101969	Pregnancy-associated plasma protein-A (PAPP-A)	\$276.00
101970	Protein; electrophoretic fractionation and quantitation, serum	\$99.00
101971	Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)	\$132.00
101972	Protein; Western Blot, with interpretation and report, blood or other body fluid	\$448.00
101973	Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each	\$363.00
101974	Protoporphyrin, RBC; quantitative	\$239.00
101975	Protoporphyrin, RBC; screen	\$154.00
101976	Proinsulin	\$315.00
101977	Pyridoxal phosphate (Vitamin B-6)	\$353.00
101978	Pyruvate	\$270.00
101979	Pyruvate kinase	\$278.00
101980	Quinine	\$243.00
101981	Receptor assay; estrogen	\$1,244.00
101982	Receptor assay; progesterone	\$924.00
101983	Receptor assay; endocrine, other than estrogen or progesterone (specify hormone)	\$937.00
101984	Receptor assay; non-endocrine (specify receptor)	\$492.00
101985	Renin	\$338.00
101986	Riboflavin (Vitamin B-2)	\$325.00
101987	Selenium	\$291.00
101988	Serotonin	\$451.00
101989	Sex hormone binding globulin (SHBG)	\$146.00
101990	Sialic acid	\$284.00
101991	Silica	\$372.00
101992	Sodium; serum, plasma or whole blood	\$64.00
101993	Sodium; urine	\$99.00
101994	Sodium; other source	\$103.00
101995	Somatomedin	\$331.00
101996	Somatostatin	\$485.00
101997	Spectrophotometry, analyte not elsewhere specified	\$136.00
101998	Specific gravity (except urine)	\$86.00
101999	Sugars, chromatographic, TLC or paper chromatography	\$653.00
102000	Sugars (mono-, di-, and oligosaccharides); single qualitative, each specimen	\$157.00
102001	Sugars (mono-, di-, and oligosaccharides); multiple qualitative, each specimen	\$150.00
102002	Sugars (mono-, di-, and oligosaccharides); single quantitative, each specimen	\$216.00
102003	Sugars (mono-, di-, and oligosaccharides); multiple quantitative, each specimen	\$195.00
102004	Sulfate, urine	\$91.00
102005	Testosterone; free	\$262.00
102006	Testosterone; total	\$250.00
102007	Testosterone; bioavailable, direct measurement (eg, differential precipitation)	\$147.00
102008	Thiamine (Vitamin B-1)	\$175.00
102009	Thiocyanate	\$290.00
102010	Thromboxane metabolite(s), including thromboxane if performed, urine	\$483.00
102011	Thyroglobulin	\$299.00
102012	Thyroxine; total	\$123.00

102013	Thyroxine; requiring elution (eg, neonatal)	\$101.00
102014	Thyroxine; free	\$151.00
102015	Thyroxine binding globulin (TBG)	\$225.00
102016	Thyroid stimulating hormone (TSH)	\$215.00
102017	Thyroid stimulating immune globulins (TSI)	\$623.00
102018	Tocopherol alpha (Vitamin E)	\$234.00
102019	Transcortin (cortisol binding globulin)	\$242.00
102020	Transferase; aspartate amino (AST) (SGOT)	\$464.00
102021	Transferase; alanine amino (ALT) (SGPT)	\$464.00
102022	Transferrin	\$747.00
102023	Triglycerides	\$240.00
102024	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	\$82.00
102025	Triiodothyronine T3; total (TT-3)	\$209.00
102026	Triiodothyronine T3; free	\$270.00
102027	Triiodothyronine T3; reverse	\$287.00
102028	Troponin, quantitative	\$330.00
102029	Trypsin; duodenal fluid	\$186.00
102030	Trypsin; feces, qualitative	\$159.00
102031	Trypsin; feces, quantitative, 24-hour collection	\$189.00
102032	Tyrosine	\$200.00
102033	Troponin, qualitative	\$266.00
102034	Urea nitrogen; quantitative	\$191.00
102035	Urea nitrogen; semiquantitative (eg, reagent strip test)	\$136.00
102036	Urea nitrogen, urine	\$85.00
102037	Urea nitrogen, clearance	\$237.00
102038	Uric acid; blood	\$97.00
102039	Uric acid; other source	\$123.00
102040	Urobilinogen, feces, quantitative	\$253.00
102041	Urobilinogen, urine; qualitative	\$67.00
102042	Urobilinogen, urine; quantitative, timed specimen	\$373.00
102043	Urobilinogen, urine; semiquantitative	\$147.00
102044	Vanillylmandelic acid (VMA), urine	\$270.00
102045	Vasoactive intestinal peptide (VIP)	\$470.00
102046	Vasopressin (antidiuretic hormone, ADH)	\$355.00
102047	Vitamin A	\$222.00
102048	Vitamin, not otherwise specified	\$291.00
102049	Vitamin K	\$306.00
102050	Volatiles (eg, acetic anhydride, diethylether)	\$280.00
102051	Xylose absorption test, blood and/or urine	\$215.00
102052	Zinc	\$185.00
102053	C-peptide	\$239.00
102054	Gonadotropin, chorionic (hCG); quantitative	\$265.00
102055	Gonadotropin, chorionic (hCG); qualitative	\$334.00
102056	Gonadotropin, chorionic (hCG); free beta chain	\$247.00
102057	Ovulation tests, by visual color comparison methods for human luteinizing hormone	\$223.00
102058	Unlisted chemistry procedure	\$500.00
102059	Bleeding time	\$217.00
102060	Blood count; automated differential WBC count	\$96.00
102061	Blood count; blood smear, microscopic examination with manual differential WBC count	\$37.00

102062	Blood count; blood smear, microscopic examination without manual differential WBC count	\$26.00
102063	Blood count; manual differential WBC count, buffy coat	\$86.00
102064	Blood count; spun microhematocrit	\$56.00
102065	Blood count; hematocrit (Hct)	\$118.00
102066	Blood count; hemoglobin (Hgb)	\$92.00
102067	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	\$111.00
102068	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	\$137.00
102069	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	\$162.00
102070	Blood count; red blood cell (RBC), automated	\$53.00
102071	Blood count; reticulocyte, manual	\$89.00
102072	Blood count; reticulocyte, automated	\$72.00
102073	Blood count; reticulocytes, automated, including 1 or more cellular parameters (eg, reticulocyte hemoglobin content [CHR], immature reticulocyte fraction [IRF], reticulocyte volume [MRV], RNA content), direct measurement	\$306.00
102074	Blood count; leukocyte (WBC), automated	\$44.00
102075	Blood count; platelet, automated	\$97.00
102076	Reticulated platelet assay	\$209.00
102077	Blood smear, peripheral, interpretation by physician with written report	\$204.00
102078	Bone marrow, smear interpretation	\$1,027.00
102079	Chromogenic substrate assay	\$306.00
102080	Clot retraction	\$121.00
102081	Clot lysis time, whole blood dilution	\$174.00
102082	Clotting; factor II, prothrombin, specific	\$326.00
102083	Clotting; factor V (AcG or proaccelerin), labile factor	\$491.00
102084	Clotting; factor VII (proconvertin, stable factor)	\$502.00
102085	Clotting; factor VIII (AHG), 1-stage	\$508.00
102086	Clotting; factor VIII related antigen	\$517.00
102087	Clotting; factor VIII, VW factor, ristocetin cofactor	\$496.00
102088	Clotting; factor VIII, VW factor antigen	\$464.00
102089	Clotting; factor VIII, von Willebrand factor, multimetric analysis	\$415.00
102090	Clotting; factor IX (PTC or Christmas)	\$509.00
102091	Clotting; factor X (Stuart-Prower)	\$453.00
102092	Clotting; factor XI (PTA)	\$482.00
102093	Clotting; factor XII (Hageman)	\$453.00
102094	Clotting; factor XIII (fibrin stabilizing)	\$424.00
102095	Clotting; factor XIII (fibrin stabilizing), screen solubility	\$220.00
102096	Clotting; prekallikrein assay (Fletcher factor assay)	\$488.00
102097	Clotting; high molecular weight kininogen assay (Fitzgerald factor assay)	\$612.00
102098	Clotting inhibitors or anticoagulants; antithrombin III, activity	\$315.00
102099	Clotting inhibitors or anticoagulants; antithrombin III, antigen assay	\$246.00
102100	Clotting inhibitors or anticoagulants; protein C, antigen	\$355.00
102101	Clotting inhibitors or anticoagulants; protein C, activity	\$380.00
102102	Clotting inhibitors or anticoagulants; protein S, total	\$365.00
102103	Clotting inhibitors or anticoagulants; protein S, free	\$375.00
102104	Activated Protein C (APC) resistance assay	\$406.00
102105	Factor inhibitor test	\$469.00
102106	Thrombomodulin	\$227.00
102107	Coagulation time; Lee and White	\$168.00

102108	Coagulation time; activated	\$134.00
102109	Coagulation time; other methods	\$211.00
102110	Euglobulin lysis	\$185.00
102111	Fibrin(ogen) degradation (split) products (FDP) (FSP); agglutination slide, semiquantitative	\$234.00
102112	Fibrin(ogen) degradation (split) products (FDP) (FSP); paracoagulation	\$288.00
102113	Fibrin(ogen) degradation (split) products (FDP) (FSP); quantitative	\$195.00
102114	Fibrin degradation products, D-dimer; qualitative or semiquantitative	\$462.00
102115	Fibrin degradation products, D-dimer; quantitative	\$258.00
102116	Fibrin degradation products, D-dimer; ultrasensitive (eg, for evaluation for venous thromboembolism), qualitative or semiquantitative	\$300.00
102117	Fibrinogen; activity	\$174.00
102118	Fibrinogen; antigen	\$225.00
102119	Fibrinolysins or coagulopathy screen, interpretation and report	\$192.00
102120	Coagulation/fibrinolysis assay, whole blood (eg, viscoelastic clot assessment), including use of any pharmacologic additive(s), as indicated, including interpretation and written report, per day	\$392.00
102121	Coagulation and fibrinolysis, functional activity, not otherwise specified (eg, ADAMTS-13), each analyte	\$535.00
102122	Fibrinolytic factors and inhibitors; plasmin	\$206.00
102123	Fibrinolytic factors and inhibitors; alpha-2 antiplasmin	\$347.00
102124	Fibrinolytic factors and inhibitors; plasminogen activator	\$363.00
102125	Fibrinolytic factors and inhibitors; plasminogen, except antigenic assay	\$271.00
102126	Fibrinolytic factors and inhibitors; plasminogen, antigenic assay	\$224.00
102127	Heinz bodies; direct	\$132.00
102128	Heinz bodies; induced, acetyl phenylhydrazine	\$176.00
102129	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)	\$284.00
102130	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; rosette	\$210.00
102131	Hemolysin, acid	\$206.00
102132	Heparin assay	\$396.00
102133	Heparin neutralization	\$260.00
102134	Heparin-protamine tolerance test	\$274.00
102135	Iron stain, peripheral blood	\$169.00
102136	Leukocyte alkaline phosphatase with count	\$244.00
102137	Mechanical fragility, RBC	\$203.00
102138	Muramidase	\$261.00
102139	Osmotic fragility, RBC; unincubated	\$280.00
102140	Osmotic fragility, RBC; incubated	\$347.00
102141	Platelet, aggregation (in vitro), each agent	\$388.00
102142	Phospholipid neutralization; platelet	\$292.00
102143	Phospholipid neutralization; hexagonal phospholipid	\$281.00
102144	Prothrombin time;	\$141.00
102145	Prothrombin time; substitution, plasma fractions, each	\$164.00
102146	Russell viper venom time (includes venom); undiluted	\$206.00
102147	Russell viper venom time (includes venom); diluted	\$138.00
102148	Reptilase test	\$251.00
102149	Sedimentation rate, erythrocyte; non-automated	\$96.00
102150	Sedimentation rate, erythrocyte; automated	\$115.00
102151	Sickling of RBC, reduction	\$143.00
102152	Thrombin time; plasma	\$173.00

102153	Thrombin time; titer	\$177.00
102154	Thromboplastin inhibition, tissue	\$185.00
102155	Thromboplastin time, partial (PTT); plasma or whole blood	\$194.00
102156	Thromboplastin time, partial (PTT); substitution, plasma fractions, each	\$183.00
102157	Viscosity	\$215.00
102158	Agglutinins, febrile (eg, Brucella, Francisella, Murine typhus, Q fever, Rocky Mountain spotted fever, scrub typhus), each antigen	\$191.00
102159	Allergen specific IgG quantitative or semiquantitative, each allergen	\$57.00
102160	Allergen specific IgE; quantitative or semiquantitative, crude allergen extract, each	\$48.00
102161	Allergen specific IgE; qualitative, multiallergen screen (eg, disk, sponge, card)	\$101.00
102162	Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each	\$113.00
102163	Antibody identification; leukocyte antibodies	\$389.00
102164	Antibody identification; platelet antibodies	\$557.00
102165	Antibody identification; platelet associated immunoglobulin assay	\$226.00
102166	Antinuclear antibodies (ANA);	\$139.00
102167	Antinuclear antibodies (ANA); titer	\$306.00
102168	Antistreptolysin O; titer	\$172.00
102169	Antistreptolysin O; screen	\$192.00
102170	Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report	\$240.00
102171	Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report	\$444.00
102172	Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report	\$491.00
102173	C-reactive protein;	\$111.00
102174	C-reactive protein; high sensitivity (hsCRP)	\$228.00
102175	Beta 2 Glycoprotein I antibody, each	\$108.00
102176	Cardiolipin (phospholipid) antibody, each Ig class	\$185.00
102177	Anti-phosphatidylserine (phospholipid) antibody	\$265.00
102178	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	\$680.00
102179	Chemotaxis assay, specify method	\$294.00
102180	Cold agglutinin; screen	\$145.00
102181	Cold agglutinin; titer	\$172.00
102182	Complement; antigen, each component	\$278.00
102183	Complement; functional activity, each component	\$167.00
102184	Complement; total hemolytic (CH50)	\$334.00
102185	Complement fixation tests, each antigen	\$163.00
102186	Cyclic citrullinated peptide (CCP), antibody	\$104.00
102187	Deoxyribonuclease, antibody	\$208.00
102188	Deoxyribonucleic acid (DNA) antibody; native or double stranded	\$419.00
102189	Deoxyribonucleic acid (DNA) antibody; single stranded	\$280.00
102190	Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody	\$200.00
102191	Fluorescent noninfectious agent antibody; screen, each antibody	\$134.00
102192	Fluorescent noninfectious agent antibody; titer, each antibody	\$101.00
102193	Gliadin (deamidated) (DGP) antibody, each immunoglobulin (Ig) class	\$284.00

102194	Growth hormone, human (HGH), antibody	\$183.00
102195	Hemagglutination inhibition test (HAI)	\$197.00
102196	Immunoassay for tumor antigen, qualitative or semiquantitative (eg, bladder tumor antigen)	\$168.00
102197	Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29)	\$341.00
102198	Immunoassay for tumor antigen, quantitative; CA 19-9	\$210.00
102199	Immunoassay for tumor antigen, quantitative; CA 125	\$277.00
102200	Human epididymis protein 4 (HE4)	\$574.00
102201	Heterophile antibodies; screening	\$297.00
102202	Heterophile antibodies; titer	\$218.00
102203	Heterophile antibodies; titers after absorption with beef cells and guinea pig kidney	\$204.00
102204	Immunoassay for tumor antigen, other antigen, quantitative (eg, CA 50, 72-4, 549), each	\$378.00
102205	Immunoassay for infectious agent antibody, quantitative, not otherwise specified	\$165.00
102206	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (eg, reagent strip);	\$823.00
102207	Immunoelectrophoresis; serum	\$539.00
102208	Immunoelectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration	\$525.00
102209	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])	\$140.00
102210	Immunodiffusion; not elsewhere specified	\$389.00
102211	Immunodiffusion; gel diffusion, qualitative (Ouchterlony), each antigen or antibody	\$134.00
102212	Immune complex assay	\$329.00
102213	Immunofixation electrophoresis; serum	\$467.00
102214	Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)	\$213.00
102215	Inhibin A	\$307.00
102216	Insulin antibodies	\$355.00
102217	Intrinsic factor antibodies	\$243.00
102218	Islet cell antibody	\$318.00
102219	Leukocyte histamine release test (LHR)	\$328.00
102220	Leukocyte phagocytosis	\$230.00
102221	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, ATP)	\$992.00
102222	Lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogenesis	\$1,149.00
102223	B cells, total count	\$355.00
102224	Mononuclear cell antigen, quantitative (eg, flow cytometry), not otherwise specified, each antigen	\$347.00
102225	Natural killer (NK) cells, total count	\$344.00
102226	T cells; total count	\$403.00
102227	T cells; absolute CD4 and CD8 count, including ratio	\$562.00
102228	T cells; absolute CD4 count	\$436.00
102229	Tissue transglutaminase, each immunoglobulin (Ig) class	\$436.00
102230	Stem cells (ie, CD34), total count	\$737.00
102231	Microsomal antibodies (eg, thyroid or liver-kidney), each	\$89.00
102232	Neutralization test, viral	\$385.00

102233	Nitroblue tetrazolium dye test (NTD)	\$240.00
102234	Nuclear Matrix Protein 22 (NMP22), qualitative	\$203.00
102235	Particle agglutination; screen, each antibody	\$218.00
102236	Particle agglutination; titer, each antibody	\$412.00
102237	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); screen	\$162.00
102238	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); titer	\$317.00
102239	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) antibody, quantitative	\$703.00
102240	Rheumatoid factor; qualitative	\$101.00
102241	Rheumatoid factor; quantitative	\$182.00
102242	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon	\$304.00
102243	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension	\$532.00
102244	Skin test; candida	\$340.00
102245	Skin test; unlisted antigen, each	\$175.00
102246	Skin test; histoplasmosis	\$111.00
102247	Skin test; tuberculosis, intradermal	\$70.00
102248	Streptokinase, antibody	\$395.00
102249	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	\$99.00
102250	Syphilis test, non-treponemal antibody; quantitative	\$110.00
102251	Antibody; actinomyces	\$164.00
102252	Antibody; adenovirus	\$212.00
102253	Antibody; Aspergillus	\$179.00
102254	Antibody; bacterium, not elsewhere specified	\$140.00
102255	Antibody; Bartonella	\$171.00
102256	Antibody; Blastomyces	\$183.00
102257	Antibody; Bordetella	\$205.00
102258	Antibody; Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western Blot or immunoblot)	\$329.00
102259	Antibody; Borrelia burgdorferi (Lyme disease)	\$305.00
102260	Antibody; Borrelia (relapsing fever)	\$408.00
102261	Antibody; Brucella	\$178.00
102262	Antibody; Campylobacter	\$209.00
102263	Antibody; Candida	\$163.00
102264	Antibody; Chlamydia	\$110.00
102265	Antibody; Chlamydia, IgM	\$120.00
102266	Antibody; Coccidioides	\$170.00
102267	Antibody; Coxiella burnetii (Q fever)	\$179.00
102268	Antibody; Cryptococcus	\$259.00
102269	Antibody; cytomegalovirus (CMV)	\$279.00
102270	Antibody; cytomegalovirus (CMV), IgM	\$278.00
102271	Antibody; Diphtheria	\$283.00
102272	Antibody; encephalitis, California (La Crosse)	\$129.00
102273	Antibody; encephalitis, Eastern equine	\$206.00
102274	Antibody; encephalitis, St. Louis	\$200.00
102275	Antibody; encephalitis, Western equine	\$193.00
102276	Antibody; enterovirus (eg, coxsackie, echo, polio)	\$181.00
102277	Antibody; Epstein-Barr (EB) virus, early antigen (EA)	\$147.00

102278	Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA)	\$111.00
102279	Antibody; Epstein-Barr (EB) virus, viral capsid (VCA)	\$180.00
102280	Antibody; Ehrlichia	\$242.00
102281	Antibody; Francisella tularensis	\$249.00
102282	Antibody; fungus, not elsewhere specified	\$231.00
102283	Antibody; Giardia lamblia	\$249.00
102284	Antibody; Helicobacter pylori	\$437.00
102285	Antibody; helminth, not elsewhere specified	\$285.00
102286	Antibody; Haemophilus influenza	\$375.00
102287	Antibody; HTLV-I	\$184.00
102288	Antibody; HTLV-II	\$159.00
102289	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)	\$358.00
102290	Antibody; hepatitis, delta agent	\$277.00
102291	Antibody; herpes simplex, non-specific type test	\$225.00
102292	Antibody; herpes simplex, type 1	\$141.00
102293	Antibody; herpes simplex, type 2	\$146.00
102294	Antibody; histoplasma	\$163.00
102295	Antibody; HIV-1	\$210.00
102296	Antibody; HIV-2	\$251.00
102297	Antibody; HIV-1 and HIV-2, single result	\$216.00
102298	Hepatitis B core antibody (HBcAb); total	\$574.00
102299	Hepatitis B core antibody (HBcAb); IgM antibody	\$278.00
102300	Hepatitis B surface antibody (HBsAb)	\$656.00
102301	Hepatitis Be antibody (HBeAb)	\$197.00
102302	Hepatitis A antibody (HAAb)	\$130.00
102303	Hepatitis A antibody (HAAb), IgM antibody	\$173.00
102304	Antibody; influenza virus	\$268.00
102305	Antibody; Legionella	\$244.00
102306	Antibody; Leishmania	\$222.00
102307	Antibody; Leptospira	\$218.00
102308	Antibody; Listeria monocytogenes	\$263.00
102309	Antibody; lymphocytic choriomeningitis	\$136.00
102310	Antibody; mucormycosis	\$263.00
102311	Antibody; mumps	\$229.00
102312	Antibody; mycoplasma	\$440.00
102313	Antibody; Neisseria meningitidis	\$208.00
102314	Antibody; Nocardia	\$115.00
102315	Antibody; parvovirus	\$239.00
102316	Antibody; Plasmodium (malaria)	\$216.00
102317	Antibody; protozoa, not elsewhere specified	\$233.00
102318	Antibody; respiratory syncytial virus	\$232.00
102319	Antibody; Rickettsia	\$293.00
102320	Antibody; rotavirus	\$284.00
102321	Antibody; rubella	\$125.00
102322	Antibody; rubeola	\$237.00
102323	Antibody; Salmonella	\$130.00
102324	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])	\$111.00
102325	Antibody; Shigella	\$245.00
102326	Antibody; tetanus	\$293.00
102327	Antibody; Toxoplasma	\$290.00

102328	Antibody; Toxoplasma, IgM	\$294.00
102329	Antibody; Treponema pallidum	\$62.00
102330	Antibody; Trichinella	\$268.00
102331	Antibody; varicella-zoster	\$107.00
102332	Antibody; West Nile virus, IgM	\$232.00
102333	Antibody; West Nile virus	\$224.00
102334	Antibody; virus, not elsewhere specified	\$254.00
102335	Antibody; Yersinia	\$212.00
102336	Antibody; Zika virus, IgM	\$328.00
102337	Thyroglobulin antibody	\$127.00
102338	Hepatitis C antibody;	\$170.00
102339	Hepatitis C antibody; confirmatory test (eg, immunoblot)	\$456.00
102340	Lymphocytotoxicity assay, visual crossmatch; with titration	\$1,074.00
102341	Lymphocytotoxicity assay, visual crossmatch; without titration	\$870.00
102342	Serum screening for cytotoxic percent reactive antibody (PRA); standard method	\$1,399.00
102343	Serum screening for cytotoxic percent reactive antibody (PRA); quick method	\$1,338.00
102344	HLA typing; A, B, or C (eg, A10, B7, B27), single antigen	\$438.00
102345	HLA typing; A, B, or C, multiple antigens	\$1,096.00
102346	HLA typing; DR/DQ, single antigen	\$662.00
102347	HLA typing; DR/DQ, multiple antigens	\$1,402.00
102348	HLA typing; lymphocyte culture, mixed (MLC)	\$1,871.00
102349	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); first serum sample or dilution	\$1,247.00
102350	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); each additional serum sample or sample dilution (List separately in addition to primary procedure)	\$703.00
102351	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I and Class II HLA antigens	\$1,224.00
102352	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I or Class II HLA antigens	\$1,018.00
102353	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class I	\$895.00
102354	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class II	\$820.00
102355	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class I	\$1,510.00
102356	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class II	\$1,413.00
102357	Unlisted immunology procedure	\$817.84
102358	Antibody screen, RBC, each serum technique	\$426.00
102359	Antibody elution (RBC), each elution	\$397.00
102360	Antibody identification, RBC antibodies, each panel for each serum technique	\$625.00

102361	Antihuman globulin test (Coombs test); direct, each antiserum	\$59.00
102362	Antihuman globulin test (Coombs test); indirect, qualitative, each reagent red cell	\$352.00
102363	Antihuman globulin test (Coombs test); indirect, each antibody titer	\$314.00
102364	Autologous blood or component, collection processing and storage; predeposited	\$1,163.00
102365	Blood typing, serologic; ABO	\$285.00
102366	Blood typing, serologic; Rh (D)	\$192.00
102367	Blood typing, serologic; antigen testing of donor blood using reagent serum, each antigen test	\$286.00
102368	Blood typing, serologic; antigen screening for compatible unit using patient serum, per unit screened	\$239.00
102369	Blood typing, serologic; RBC antigens, other than ABO or Rh (D), each	\$290.00
102370	Blood typing, serologic; Rh phenotyping, complete	\$295.00
102371	Blood typing, for paternity testing, per individual; ABO, Rh and MN	\$490.00
102372	Blood typing, for paternity testing, per individual; each additional antigen system	\$202.00
102373	Compatibility test each unit; immediate spin technique	\$254.00
102374	Compatibility test each unit; incubation technique	\$257.00
102375	Compatibility test each unit; antiglobulin technique	\$257.00
102376	Compatibility test each unit; electronic	\$390.00
102377	Fresh frozen plasma, thawing, each unit	\$206.00
102378	Frozen blood, each unit; freezing (includes preparation)	\$1,189.00
102379	Frozen blood, each unit; thawing	\$334.00
102380	Frozen blood, each unit; freezing (includes preparation) and thawing	\$149.00
102381	Hemolysins and agglutinins; auto, screen, each	\$189.00
102382	Hemolysins and agglutinins; incubated	\$230.00
102383	Irradiation of blood product, each unit	\$421.00
102384	Leukocyte transfusion	\$825.00
102385	Volume reduction of blood or blood product (eg, red blood cells or platelets), each unit	\$460.00
102386	Pooling of platelets or other blood products	\$297.00
102387	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with chemical agents or drugs, each	\$259.00
102388	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with enzymes, each	\$220.00
102389	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; by density gradient separation	\$370.00
102390	Pretreatment of serum for use in RBC antibody identification; incubation with drugs, each	\$404.00
102391	Pretreatment of serum for use in RBC antibody identification; by dilution	\$213.00
102392	Pretreatment of serum for use in RBC antibody identification; incubation with inhibitors, each	\$292.00
102393	Pretreatment of serum for use in RBC antibody identification; by differential red cell absorption using patient RBCs or RBCs of known phenotype, each absorption	\$375.00
102394	Splitting of blood or blood products, each unit	\$293.00
102395	Animal inoculation, small animal, with observation and dissection	\$304.00
102396	Concentration (any type), for infectious agents	\$114.00
102397	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)	\$540.00

102398	Culture, bacterial; stool, aerobic, with isolation and preliminary examination (eg, KIA, LIA), Salmonella and Shigella species	\$413.00
102399	Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate	\$164.00
102400	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	\$208.00
102401	Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	\$234.00
102402	Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	\$295.00
102403	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates	\$479.00
102404	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate	\$210.00
102405	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate	\$184.00
102406	Culture, presumptive, pathogenic organisms, screening only;	\$182.00
102407	Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart	\$157.00
102408	Culture, bacterial; quantitative colony count, urine	\$298.00
102409	Culture, bacterial; with isolation and presumptive identification of each isolate, urine	\$190.00
102410	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail	\$211.00
102411	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood)	\$378.00
102412	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; blood	\$322.00
102413	Culture, fungi, definitive identification, each organism; yeast	\$213.00
102414	Culture, fungi, definitive identification, each organism; mold	\$231.00
102415	Culture, mycoplasma, any source	\$335.00
102416	Culture, chlamydia, any source	\$339.00
102417	Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates	\$464.00
102418	Culture, mycobacterial, definitive identification, each isolate	\$244.00
102419	Culture, typing; immunofluorescent method, each antiserum	\$117.00
102420	Culture, typing; gas liquid chromatography (GLC) or high pressure liquid chromatography (HPLC) method	\$231.00
102421	Culture, typing; immunologic method, other than immunofluorescence (eg, agglutination grouping), per antiserum	\$216.00
102422	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed	\$192.00
102423	Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed	\$539.00
102424	Culture, typing; identification by pulse field gel typing	\$150.00
102425	Culture, typing; identification by nucleic acid sequencing method, each isolate (eg, sequencing of the 16S rRNA gene)	\$828.00
102426	Culture, typing; other methods	\$210.00
102427	Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection	\$123.00

102428	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection	\$114.00
102429	Macroscopic examination; arthropod	\$108.00
102430	Macroscopic examination; parasite	\$115.00
102431	Pinworm exam (eg, cellophane tape prep)	\$122.00
102432	Homogenization, tissue, for culture	\$85.00
102433	Ova and parasites, direct smears, concentration and identification	\$264.00
102434	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)	\$123.00
102435	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)	\$578.00
102436	Susceptibility studies, antimicrobial agent; enzyme detection (eg, beta lactamase), per enzyme	\$93.00
102437	Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate	\$162.00
102438	Susceptibility studies, antimicrobial agent; microdilution or agar dilution, minimum lethal concentration (MLC), each plate (List separately in addition to code for primary procedure)	\$174.00
102439	Susceptibility studies, antimicrobial agent; macrobroth dilution method, each agent	\$143.00
102440	Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent	\$103.00
102441	Serum bactericidal titer (Schlichter test)	\$521.00
102442	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	\$90.00
102443	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types	\$260.00
102444	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	\$172.00
102445	Smear, primary source with interpretation; complex special stain (eg, trichrome, iron hemotoxylin) for ova and parasites	\$242.00
102446	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	\$227.00
102447	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)	\$110.00
102448	Toxin or antitoxin assay, tissue culture (eg, Clostridium difficile toxin)	\$368.00
102449	Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection	\$438.00
102450	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect	\$503.00
102451	Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluorescence stain), each isolate	\$378.00
102452	Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus	\$263.00
102453	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)	\$412.00
102454	Infectious agent antigen detection by immunofluorescent technique; adenovirus	\$219.00
102455	Infectious agent antigen detection by immunofluorescent technique; Bordetella pertussis/parapertussis	\$298.00

102456	Infectious agent antigen detection by immunofluorescent technique; Enterovirus, direct fluorescent antibody (DFA)	\$172.00
102457	Infectious agent antigen detection by immunofluorescent technique; giardia	\$174.00
102458	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	\$363.00
102459	Infectious agent antigen detection by immunofluorescent technique; Cytomegalovirus, direct fluorescent antibody (DFA)	\$510.00
102460	Infectious agent antigen detection by immunofluorescent technique; cryptosporidium	\$182.00
102461	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2	\$234.00
102462	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1	\$259.00
102463	Infectious agent antigen detection by immunofluorescent technique; influenza B virus	\$203.00
102464	Infectious agent antigen detection by immunofluorescent technique; influenza A virus	\$213.00
102465	Infectious agent antigen detection by immunofluorescent technique; Legionella pneumophila	\$346.00
102466	Infectious agent antigen detection by immunofluorescent technique; Parainfluenza virus, each type	\$170.00
102467	Infectious agent antigen detection by immunofluorescent technique; respiratory syncytial virus	\$213.00
102468	Infectious agent antigen detection by immunofluorescent technique; Pneumocystis carinii	\$307.00
102469	Infectious agent antigen detection by immunofluorescent technique; Rubeola	\$247.00
102470	Infectious agent antigen detection by immunofluorescent technique; Treponema pallidum	\$247.00
102471	Infectious agent antigen detection by immunofluorescent technique; Varicella zoster virus	\$238.00
102472	Infectious agent antigen detection by immunofluorescent technique; not otherwise specified, each organism	\$204.00
102473	Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum	\$225.00
102474	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; adenovirus enteric types 40/41	\$134.00
102475	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Aspergillus	\$232.00
102476	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Chlamydia trachomatis	\$370.00
102477	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Clostridium difficile toxin(s)	\$268.00

102478	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; <i>Cryptococcus neoformans</i>	\$224.00
102479	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; <i>cryptosporidium</i>	\$57.00
102480	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; <i>giardia</i>	\$237.00
102481	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; cytomegalovirus	\$151.00
102482	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; <i>Escherichia coli</i> O157	\$202.00
102483	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; <i>Entamoeba histolytica</i> dispar group	\$239.00
102484	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; <i>Entamoeba histolytica</i> group	\$176.00
102485	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; <i>Helicobacter pylori</i> , stool	\$165.00
102486	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; <i>Helicobacter pylori</i>	\$273.00
102487	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg)	\$491.00
102488	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg) neutralization	\$230.00
102489	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis Be antigen (HBeAg)	\$198.00

102490	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis, delta agent	\$294.00
102491	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Histoplasma capsulatum	\$435.00
102492	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result	\$164.00
102493	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1	\$230.00
102494	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-2	\$347.00
102495	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Influenza, A or B, each	\$198.00
102496	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; respiratory syncytial virus	\$257.00
102497	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; rotavirus	\$237.00
102498	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])	\$206.00
102499	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Shiga-like toxin	\$165.00
102500	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	\$587.00
102501	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Streptococcus, group A	\$81.00

102502	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; not otherwise specified, each organism	\$151.00
102503	IAAD IA SINGLE STEP METHOD NOS EA ORGANISM	\$218.00
102504	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; polyvalent for multiple organisms, each polyvalent antiserum	\$191.00
102505	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique	\$838.00
102506	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, quantification	\$532.00
102507	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, direct probe technique	\$338.00
102508	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, amplified probe technique	\$773.00
102509	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia miyamotoi, amplified probe technique	\$555.00
102510	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique	\$203.00
102511	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique	\$346.00
102512	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantification	\$524.00
102513	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, direct probe technique	\$618.00
102514	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique	\$463.00
102515	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, quantification	\$532.00
102516	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	\$250.00
102517	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	\$271.00
102518	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification	\$286.00
102519	Infectious agent detection by nucleic acid (DNA or RNA); Clostridium difficile, toxin gene(s), amplified probe technique	\$227.00
102520	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique	\$245.63
102521	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, direct probe technique	\$732.00
102522	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, amplified probe technique	\$943.00
102523	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification	\$963.00
102524	Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique, includes reverse transcription when performed	\$567.00
102525	Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (eg, enterococcus species van A, van B), amplified probe technique	\$395.00

102526	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, includes reverse transcription, when performed, and amplified probe technique, each type or subtype	\$726.00
102527	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, first 2 types or sub-types	\$298.00
102528	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, each additional influenza virus type or sub-type beyond 2 (List separately in addition to code for primary procedure)	\$236.00
102529	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	\$736.00
102530	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets	\$1,362.00
102531	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	\$771.00
102532	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique	\$199.00
102533	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique	\$227.00
102534	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification	\$366.00
102535	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique	\$580.00
102536	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification	\$783.00
102537	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique	\$869.00
102538	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	\$707.00
102539	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed	\$923.00
102540	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, direct probe technique	\$338.00
102541	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, amplified probe technique	\$472.00
102542	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, quantification	\$524.00
102543	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique	\$1,942.00
102544	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique	\$549.00
102545	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification	\$524.00

102546	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, direct probe technique	\$338.00
102547	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique	\$583.00
102548	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, quantification	\$975.00
102549	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique	\$220.00
102550	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed	\$510.00
102551	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed	\$982.00
102552	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique	\$237.00
102553	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed	\$880.00
102554	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed	\$1,090.00
102555	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, direct probe technique	\$638.00
102556	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, amplified probe technique	\$605.00
102557	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, quantification	\$177.00
102558	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, direct probe technique	\$334.00
102559	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, amplified probe technique	\$549.00
102560	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, quantification	\$390.00
102561	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique	\$423.00
102562	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique	\$733.00
102563	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, quantification	\$363.00
102564	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, direct probe technique	\$367.00
102565	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, amplified probe technique	\$740.00
102566	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, quantification	\$532.00
102567	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	\$298.00
102568	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, direct probe technique	\$338.00
102569	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique	\$463.00
102570	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification	\$524.00

102571	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	\$259.00
102572	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	\$276.00
102573	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification	\$359.00
102574	Infectious agent detection by nucleic acid (DNA or RNA); orthopoxvirus (eg, monkeypox virus, cowpox virus, vaccinia virus), amplified probe technique, each	\$350.00
102575	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)	\$270.00
102576	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68), pooled result	\$162.00
102577	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	\$237.00
102578	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	\$885.00
102579	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	\$1,688.00
102580	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	\$767.00
102581	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique	\$218.00
102582	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique	\$774.00
102583	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique	\$821.00
102584	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique	\$420.00
102585	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique	\$1,933.00
102586	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique	\$247.00
102587	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique	\$173.00
102588	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, quantification	\$524.00
102589	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique	\$401.00
102590	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique	\$198.00

102591	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique	\$472.00
102592	Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique	\$637.00
102593	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism	\$335.00
102594	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism	\$463.00
102595	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism	\$943.00
102596	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique	\$444.00
102597	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	\$651.00
102598	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group B	\$226.00
102599	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Clostridium difficile toxin A	\$312.00
102600	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Influenza	\$214.00
102601	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	\$246.00
102602	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus	\$242.00
102603	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Trichomonas vaginalis	\$165.00
102604	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; adenovirus	\$247.00
102605	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Chlamydia trachomatis	\$455.00
102606	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])	\$117.00
102607	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) and influenza virus types A and B	\$372.40
102608	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Neisseria gonorrhoeae	\$247.00
102609	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group A	\$367.00
102610	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; not otherwise specified	\$138.00
102611	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics	\$1,284.00
102612	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus	\$1,845.00
102613	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; each additional drug tested (List separately in addition to code for primary procedure)	\$333.00
102614	Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)	\$229.00

102615	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, other region (eg, integrase, fusion)	\$1,245.00
102616	Infectious agent genotype analysis by nucleic acid (DNA or RNA); cytomegalovirus	\$2,067.00
102617	Necropsy (autopsy), gross examination only; with brain	\$1,872.00
102618	Necropsy (autopsy), gross examination only; with brain and spinal cord	\$1,994.00
102619	Necropsy (autopsy), limited, gross and/or microscopic; regional	\$1,822.00
102620	Necropsy (autopsy), limited, gross and/or microscopic; single organ	\$1,609.00
102621	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	\$374.00
102622	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	\$400.00
102623	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	\$50.00
102624	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal	\$369.00
102625	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual	\$1,787.00
102626	Cytopathology, forensic (eg, sperm)	\$108.00
102627	Sex chromatin identification; Barr bodies	\$284.00
102628	Sex chromatin identification; peripheral blood smear, polymorphonuclear drumsticks	\$144.00
102629	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	\$170.00
102630	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	\$251.00
102631	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	\$347.00
102632	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	\$103.00
102633	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision	\$286.00
102634	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	\$182.00
102635	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision	\$230.00
102636	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision	\$230.00
102637	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (eg, maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code[s] for other technical and interpretation services)	\$102.00
102638	Cytopathology, smears, any other source; screening and interpretation	\$270.00
102639	Cytopathology, smears, any other source; preparation, screening and interpretation	\$274.00
102640	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains	\$333.00
102641	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	\$123.00

102642	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	\$247.00
102643	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	\$230.00
102644	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	\$230.00
102645	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site	\$586.00
102646	Cytopathology, evaluation of fine needle aspirate; interpretation and report	\$482.00
102647	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	\$252.00
102648	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision	\$95.00
102649	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)	\$491.00
102650	Flow cytometry, cell cycle or DNA analysis	\$562.00
102651	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker	\$1,480.00
102652	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)	\$605.00
102653	Flow cytometry, interpretation; 2 to 8 markers	\$244.00
102654	Flow cytometry, interpretation; 9 to 15 markers	\$367.00
102655	Flow cytometry, interpretation; 16 or more markers	\$361.00
102656	Tissue culture for non-neoplastic disorders; lymphocyte	\$1,126.00
102657	Tissue culture for non-neoplastic disorders; skin or other solid tissue biopsy	\$1,231.00
102658	Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells	\$1,330.00
102659	Tissue culture for neoplastic disorders; bone marrow, blood cells	\$1,461.00
102660	Tissue culture for neoplastic disorders; solid tumor	\$1,624.00
102661	Cryopreservation, freezing and storage of cells, each cell line	\$220.00
102662	Thawing and expansion of frozen cells, each aliquot	\$499.00
102663	Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells	\$1,124.00
102664	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding	\$2,087.00
102665	Chromosome analysis; count 45 cells for mosaicism, 2 karyotypes, with banding	\$1,131.00
102666	Chromosome analysis; analyze 20-25 cells	\$1,572.00
102667	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding	\$1,983.00
102668	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding	\$1,623.00
102669	Molecular cytogenetics; DNA probe, each (eg, FISH)	\$433.00
102670	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (eg, for derivatives and markers)	\$587.00
102671	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (eg, for microdeletions)	\$718.00

102672	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	\$624.00
102673	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells	\$651.00
102674	Chromosome analysis; additional karyotypes, each study	\$396.00
102675	Chromosome analysis; additional specialized banding technique (eg, NOR, C-banding)	\$1,143.00
102676	Chromosome analysis; additional cells counted, each study	\$283.00
102677	Chromosome analysis; additional high resolution study	\$684.00
102678	Cytogenetics and molecular cytogenetics, interpretation and report	\$297.00
102679	Level I - Surgical pathology, gross examination only	\$261.00
102680	Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization	\$687.00
102681	Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity	\$846.00

102682	<p>Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy</p>	\$730.00
102683	<p>Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse</p>	\$1,581.00
102684	Decalcification procedure (List separately in addition to code for surgical pathology examination)	\$247.00
102685	Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)	\$77.00
102686	Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry	\$77.00
102687	Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)	\$404.00
102688	Special stain including interpretation and report; Group III, for enzyme constituents	\$933.00
102689	Consultation and report on referred slides prepared elsewhere	\$526.00

102690	Consultation and report on referred material requiring preparation of slides	\$620.00
102691	Consultation, comprehensive, with review of records and specimens, with report on referred material	\$891.00
102692	Pathology consultation during surgery;	\$338.00
102693	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	\$798.00
102694	Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)	\$239.00
102695	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site	\$609.00
102696	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)	\$213.00
102697	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$564.00
102698	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	\$813.00
102699	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure	\$565.00
102700	Immunofluorescence, per specimen; initial single antibody stain procedure	\$553.00
102701	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$193.00
102702	Morphometric analysis; skeletal muscle	\$1,308.00
102703	Morphometric analysis; nerve	\$1,286.00
102704	Morphometric analysis; tumor (eg, DNA ploidy)	\$778.00
102705	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual	\$742.00
102706	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology	\$276.00
102707	Nerve teasing preparations	\$1,054.00
102708	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)	\$211.00
102709	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	\$619.00
102710	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	\$703.00
102711	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	\$1,367.00
102712	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	\$1,111.00
102713	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure	\$1,055.00
102714	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	\$807.00
102715	Protein analysis of tissue by Western Blot, with interpretation and report;	\$359.00

102716	Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each	\$363.00
102717	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	\$521.00
102718	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	\$975.00
102719	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	\$212.00
102720	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	\$1,178.00
102721	Microdissection (ie, sample preparation of microscopically identified target); laser capture	\$1,442.00
102722	Microdissection (ie, sample preparation of microscopically identified target); manual	\$798.00
102723	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies), each tissue preparation (eg, a single lymph node)	\$163.00
102724	BILIRUBIN TOTAL TRANSCUTANEOUS	\$147.00
102725	Hemoglobin (Hgb), quantitative, transcutaneous	\$63.00
102726	Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin	\$114.00
102727	Hemoglobin, quantitative, transcutaneous, per day; methemoglobin	\$147.00
102728	Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report	\$212.00
102729	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood;	\$388.00
102730	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; with differential count	\$193.00
102731	Leukocyte assessment, fecal, qualitative or semiquantitative	\$47.00
102732	Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine)	\$182.00
102733	Fat stain, feces, urine, or respiratory secretions	\$145.00
102734	Meat fibers, feces	\$80.00
102735	Nasal smear for eosinophils	\$115.00
102736	Sputum, obtaining specimen, aerosol induced technique (separate procedure)	\$281.00
102737	Sweat collection by iontophoresis	\$449.00
102738	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	\$1,033.00
102739	Assisted embryo hatching, microtechniques (any method)	\$1,231.00
102740	Oocyte identification from follicular fluid	\$1,864.00
102741	Preparation of embryo for transfer (any method)	\$1,222.00
102742	Sperm identification from aspiration (other than seminal fluid)	\$306.00
102743	Cryopreservation; sperm	\$775.00
102744	Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis	\$709.00
102745	Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis	\$939.00
102746	Sperm identification from testis tissue, fresh or cryopreserved	\$2,099.00
102747	Insemination of oocytes	\$1,273.00
102748	Extended culture of oocyte(s)/embryo(s), 4-7 days	\$1,766.00

102749	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)	\$208.00
102750	Semen analysis; motility and count (not including Huhner test)	\$198.00
102751	Semen analysis; volume, count, motility, and differential	\$338.00
102752	Semen analysis; sperm presence and motility of sperm, if performed	\$219.00
102753	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger)	\$512.00
102754	Sperm antibodies	\$231.00
102755	Sperm evaluation; hamster penetration test	\$205.00
102756	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test	\$220.00
102757	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)	\$332.00
102758	Cryopreservation, reproductive tissue, testicular	\$540.00
102759	Storage (per year); embryo(s)	\$1,114.00
102760	Storage (per year); sperm/semens	\$553.00
102761	Storage (per year); reproductive tissue, testicular/ovarian	\$540.00
102762	Storage (per year); oocyte(s)	\$1,367.00
102763	Thawing of cryopreserved; embryo(s)	\$1,409.00
102764	Thawing of cryopreserved; sperm/semens, each aliquot	\$540.00
102765	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	\$540.00
102766	Thawing of cryopreserved; oocytes, each aliquot	\$1,773.00
102767	Immune globulin (Ig), human, for intramuscular use	\$140.00
102768	Immune globulin (IgIV), human, for intravenous use	\$484.00
102769	Botulinum antitoxin, equine, any route	\$140.00
102770	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use	\$140.00
102771	Hepatitis B immune globulin (HBIG), human, for intramuscular use	\$1,566.00
102772	Rabies immune globulin (RIG), human, for intramuscular and/or subcutaneous use	\$2,220.00
102773	Rabies immune globulin, heat-treated (RIG-HT), human, for intramuscular and/or subcutaneous use	\$2,465.00
102774	Rabies immune globulin, heat- and solvent/detergent-treated (RIG-HT S/D), human, for intramuscular and/or subcutaneous use	\$3,107.00
102775	Rho(D) immune globulin (RhIG), human, full-dose, for intramuscular use	\$527.00
102776	Rho(D) immune globulin (RhIG), human, mini-dose, for intramuscular use	\$216.00
102777	Tetanus immune globulin (TIG), human, for intramuscular use	\$738.00
102778	Varicella-zoster immune globulin, human, for intramuscular use	\$1,145.00
102779	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	\$129.00
102780	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)	\$76.00
102781	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	\$136.00
102782	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	\$93.00

102783	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	\$81.00
102784	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	\$63.00
102785	Adenovirus vaccine, type 4, live, for oral use	\$140.00
102786	Anthrax vaccine, for subcutaneous or intramuscular use	\$837.00
102787	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use	\$498.00
102788	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use	\$1,210.00
102789	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), for intramuscular use	\$1,176.00
102790	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	\$745.00
102791	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use	\$1,139.00
102792	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use	\$338.00
102793	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	\$188.00
102794	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use	\$283.00
102795	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	\$525.00
102796	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use	\$362.00
102797	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use	\$240.00
102798	Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use	\$233.00
102799	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use	\$707.00
102800	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use	\$917.00
102801	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	\$1,069.00
102802	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	\$61.00
102803	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use	\$62.00
102804	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	\$107.00
102805	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	\$52.00
102806	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	\$61.00
102807	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	\$326.00
102808	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use	\$148.00
102809	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	\$360.00
102810	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use	\$222.00

102811	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use	\$221.00
102812	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use	\$61.00
102813	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	\$619.00
102814	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	\$84.00
102815	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	\$106.00
102816	Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	\$177.00
102817	Rabies vaccine, for intramuscular use	\$2,299.00
102818	Rabies vaccine, for intradermal use	\$2,385.00
102819	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	\$629.00
102820	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	\$767.00
102821	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	\$77.00
102822	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use	\$51.00
102823	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	\$126.00
102824	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	\$79.00
102825	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	\$131.00
102826	Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use	\$165.00
102827	Typhoid vaccine, live, oral	\$171.00
102828	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use	\$312.00
102829	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use	\$63.00
102830	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	\$234.00
102831	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use	\$1,139.00
102832	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use	\$510.00
102833	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	\$210.00
102834	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use	\$307.00
102835	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	\$406.00
102836	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	\$684.00
102837	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	\$300.00
102838	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use	\$258.00

102839	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	\$302.00
102840	Varicella virus vaccine (VAR), live, for subcutaneous use	\$504.00
102841	Yellow fever vaccine, live, for subcutaneous use	\$428.00
102842	TD - TETANUS & DIPHTHERIA TOXOIDS ADSORBED 7 YR + IM (INVAL...	\$229.76
102843	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use	\$387.00
102844	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	\$597.00
102845	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use	\$818.00
102846	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use	\$727.00
102847	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	\$733.00
102848	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	\$1,106.00
102849	Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use	\$648.00
102850	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	\$3,133.00
102851	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use	\$267.00
102852	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	\$315.00
102853	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use	\$417.00
102854	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use	\$2,453.00
102855	Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use	\$365.00
102856	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use	\$738.00
102857	Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use	\$71.00
102858	Interactive complexity (List separately in addition to the code for primary procedure)	\$274.00
102859	Psychiatric diagnostic evaluation	\$233.00
102860	Psychiatric diagnostic evaluation with medical services	\$770.00
102861	Psychotherapy, 30 minutes with patient	\$369.00
102862	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	\$223.00
102863	Psychotherapy, 45 minutes with patient	\$522.00
102864	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	\$392.00
102865	Psychotherapy, 60 minutes with patient	\$531.00
102866	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	\$461.00
102867	Psychotherapy for crisis; first 60 minutes	\$779.00

102868	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)	\$390.00
102869	Psychoanalysis	\$848.00
102870	Family psychotherapy (without the patient present), 50 minutes	\$482.00
102871	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	\$823.00
102872	Multiple-family group psychotherapy	\$598.00
102873	Group psychotherapy (other than of a multiple-family group)	\$437.00
102874	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)	\$310.00
102875	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)	\$1,449.00
102876	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	\$900.00
102877	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	\$828.00
102878	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	\$1,176.00
102879	Electroconvulsive therapy (includes necessary monitoring)	\$2,656.00
102880	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	\$440.00
102881	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes	\$1,645.00
102882	Hypnotherapy	\$740.00
102883	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	\$303.00
102884	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	\$735.00
102885	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$379.00
102886	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers	\$368.00
102887	Biofeedback training by any modality	\$304.00
102888	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	\$471.00
102889	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)	\$250.00
102890	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional	\$5,164.00
102891	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	\$4,690.00

102892	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method	\$1,935.00
102893	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional	\$4,001.00
102894	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription	\$1,627.00
102895	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	\$1,467.00
102896	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	\$1,172.00
102897	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	\$2,142.00
102898	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	\$2,347.00
102899	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	\$2,347.00
102900	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older	\$1,056.00
102901	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age	\$2,835.00
102902	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age	\$5,852.00
102903	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	\$2,522.00
102904	Dialysis training, patient, including helper where applicable, any mode, completed course	\$1,369.00
102905	Hemoperfusion (eg, with activated charcoal or resin)	\$671.00
102906	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;	\$3,783.00
102907	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion (eg, stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedure)	\$3,848.00
102908	Gastric motility (manometric) studies	\$3,295.00
102909	Duodenal motility (manometric) study	\$4,928.00
102910	Esophagus, acid perfusion (Bernstein) test for esophagitis	\$2,039.00
102911	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation	\$3,443.00
102912	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	\$3,956.00
102913	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;	\$2,346.00

102914	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)	\$2,842.00
102915	Esophageal balloon distension study, diagnostic, with provocation when performed	\$2,952.00
102916	Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)	\$1,112.00
102917	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	\$5,276.00
102918	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	\$4,562.00
102919	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	\$3,659.00
102920	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	\$1,317.00
102921	Anorectal manometry	\$2,736.00
102922	Electrogastrography, diagnostic, transcutaneous;	\$998.00
102923	Electrogastrography, diagnostic, transcutaneous; with provocative testing	\$998.00
102924	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	\$982.00
102925	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	\$421.00
102926	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits	\$416.00
102927	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	\$300.00
102928	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits	\$314.00
102929	Determination of refractive state	\$95.00
102930	Gonioscopy (separate procedure)	\$263.00
102931	Computerized corneal topography, unilateral or bilateral, with interpretation and report	\$399.00
102932	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)	\$505.00
102933	Orthoptic training; performed by a physician or other qualified health care professional	\$566.00
102934	Fitting of contact lens for treatment of ocular surface disease	\$273.00
102935	Fitting of contact lens for management of keratoconus, initial fitting	\$450.00
102936	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	\$320.00
102937	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	\$429.00

102938	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	\$642.00
102939	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)	\$331.00
102940	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), anterior segment, with interpretation and report, unilateral or bilateral	\$368.00
102941	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	\$383.00
102942	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina	\$437.00
102943	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	\$575.00
102944	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	\$416.00
102945	Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral	\$346.00
102946	Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral	\$181.00
102947	Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral	\$276.00
102948	Fluorescein angiography with interpretation and report	\$1,180.00
102949	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	\$1,395.00
102950	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	\$1,999.00
102951	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral	\$1,445.00
102952	Fundus photography with interpretation and report	\$506.00
102953	Ophthalmodynamometry	\$389.00
102954	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report	\$389.00
102955	Electro-oculography with interpretation and report	\$797.00
102956	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)	\$1,703.00
102957	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)	\$917.00
102958	Color vision examination, extended, eg, anomaloscope or equivalent	\$433.00
102959	Diagnostic dark adaptation examination with interpretation and report	\$851.00
102960	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, gonioscopy, stereo-photography)	\$462.00

102961	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis	\$987.00
102962	Anterior segment imaging with interpretation and report; with fluorescein angiography	\$572.00
102963	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia	\$199.00
102964	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye	\$1,209.00
102965	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes	\$389.00
102966	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens	\$572.00
102967	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia	\$295.00
102968	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, 1 eye	\$572.00
102969	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes	\$572.00
102970	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens	\$389.00
102971	Modification of contact lens (separate procedure), with medical supervision of adaptation	\$572.00
102972	Replacement of contact lens	\$389.00
102973	Fitting of spectacles, except for aphakia; monofocal	\$107.00
102974	Fitting of spectacles, except for aphakia; bifocal	\$121.00
102975	Fitting of spectacles, except for aphakia; multifocal, other than bifocal	\$171.00
102976	Fitting of spectacle prosthesis for aphakia; monofocal	\$572.00
102977	Fitting of spectacle prosthesis for aphakia; multifocal	\$572.00
102978	Fitting of spectacle mounted low vision aid; single element system	\$389.00
102979	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system	\$389.00
102980	Prosthesis service for aphakia, temporary (disposable or loan, including materials)	\$389.00
102981	Repair and refitting spectacles; except for aphakia	\$149.00
102982	Repair and refitting spectacles; spectacle prosthesis for aphakia	\$572.00
102983	Otolaryngologic examination under general anesthesia	\$4,952.00
102984	Binocular microscopy (separate diagnostic procedure)	\$135.00
102985	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	\$93.00
102986	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	\$207.00
102987	Nasopharyngoscopy with endoscope (separate procedure)	\$620.00
102988	Nasal function studies (eg, rhinomanometry)	\$596.00
102989	Facial nerve function studies (eg, electroneuronography)	\$1,554.00
102990	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)	\$1,415.00

102991	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)	\$1,415.00
102992	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)	\$1,575.00
102993	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)	\$706.00
102994	Evaluation of speech fluency (eg, stuttering, cluttering)	\$576.00
102995	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	\$320.00
102996	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	\$279.00
102997	Behavioral and qualitative analysis of voice and resonance	\$388.00
102998	Treatment of swallowing dysfunction and/or oral function for feeding	\$139.00
102999	Spontaneous nystagmus, including gaze	\$546.00
103000	Positional nystagmus test	\$520.00
103001	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests)	\$484.00
103002	Optokinetic nystagmus test	\$1,003.00
103003	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	\$1,247.00
103004	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)	\$1,247.00
103005	Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording	\$1,541.00
103006	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	\$654.00
103007	Positional nystagmus test, minimum of 4 positions, with recording	\$595.00
103008	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	\$446.00
103009	Oscillating tracking test, with recording	\$473.00
103010	Sinusoidal vertical axis rotational testing	\$1,106.00
103011	Use of vertical electrodes (List separately in addition to code for primary procedure)	\$451.00
103012	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;	\$1,125.00
103013	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)	\$1,338.00
103014	Tympanometry and reflex threshold measurements	\$603.00
103015	Screening test, pure tone, air only	\$98.00
103016	Pure tone audiometry (threshold); air only	\$381.00
103017	Pure tone audiometry (threshold); air and bone	\$448.00
103018	Speech audiometry threshold;	\$222.00
103019	Speech audiometry threshold; with speech recognition	\$266.00
103020	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	\$611.00

103021	Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis	\$467.00
103022	AUDIOMETRIC TESTING GROUPS	\$134.00
103023	BEKESY AUDIOMETRY SCREENING	\$81.00
103024	BEKESY AUDIOMETRY DIAGNOSTIC	\$672.00
103025	Loudness balance test, alternate binaural or monaural	\$703.00
103026	Tone decay test	\$248.00
103027	SHORT INCREMENT SENSITIVITY INDEX	\$296.00
103028	Stenger test, pure tone	\$285.00
103029	Tympanometry (impedance testing)	\$248.00
103030	Acoustic reflex testing, threshold	\$273.00
103031	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	\$528.00
103032	Filtered speech test	\$296.00
103033	Staggered spondaic word test	\$1,448.00
103034	Sensorineural acuity level test	\$296.00
103035	Synthetic sentence identification test	\$296.00
103036	Stenger test, speech	\$2,069.00
103037	Visual reinforcement audiometry (VRA)	\$557.00
103038	Conditioning play audiometry	\$710.00
103039	Select picture audiometry	\$284.00
103040	Electrocochleography	\$1,288.00
103041	AUDITORY EVOKED POTENTIALS COMPREHENSIVE	\$1,920.00
103042	AUDITORY EVOKED POTENTIALS LIMITED	\$639.00
103043	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	\$572.00
103044	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	\$801.00
103045	Hearing aid examination and selection; monaural	\$320.00
103046	Hearing aid examination and selection; binaural	\$525.00
103047	Hearing aid check; monaural	\$196.00
103048	Hearing aid check; binaural	\$254.00
103049	Electroacoustic evaluation for hearing aid; monaural	\$166.00
103050	Electroacoustic evaluation for hearing aid; binaural	\$246.00
103051	Ear protector attenuation measurements	\$296.00
103052	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	\$1,047.00
103053	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming	\$1,533.00
103054	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming	\$864.00
103055	Diagnostic analysis of cochlear implant, age 7 years or older; with programming	\$1,173.00
103056	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	\$876.00
103057	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	\$727.00
103058	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	\$539.00

103059	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	\$909.00
103060	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	\$426.00
103061	Therapeutic services for the use of speech-generating device, including programming and modification	\$446.00
103062	Evaluation of oral and pharyngeal swallowing function	\$139.00
103063	Motion fluoroscopic evaluation of swallowing function by cine or video recording	\$736.00
103064	Flexible endoscopic evaluation of swallowing by cine or video recording;	\$760.00
103065	Flexible endoscopic evaluation of swallowing by cine or video recording; interpretation and report only	\$805.00
103066	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording;	\$522.00
103067	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only	\$276.00
103068	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;	\$1,550.00
103069	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only	\$337.00
103070	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	\$274.00
103071	Evaluation of central auditory function, with report; initial 60 minutes	\$779.00
103072	Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)	\$165.00
103073	Assessment of tinnitus (includes pitch, loudness matching, and masking)	\$706.00
103074	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour	\$661.00
103075	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)	\$192.00
103076	Auditory rehabilitation; prelingual hearing loss	\$839.00
103077	Auditory rehabilitation; postlingual hearing loss	\$722.00
103078	Diagnostic analysis with programming of auditory brainstem implant, per hour	\$672.00
103079	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	\$965.00
103080	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report	\$1,415.00
103081	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	\$2,433.00
103082	Auditory evoked potentials; neurodiagnostic, with interpretation and report	\$1,936.00
103083	Cardiopulmonary resuscitation (eg, in cardiac arrest)	\$792.00
103084	Temporary transcutaneous pacing	\$1,429.00
103085	Cardioversion, elective, electrical conversion of arrhythmia; external	\$3,738.00
103086	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	\$3,467.00
103087	Cardioassist-method of circulatory assist; external	\$3,831.00
103088	Thrombolysis, coronary; by intravenous infusion	\$1,262.00

103089	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	\$5,675.00
103090	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)	\$1,116.00
103091	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	\$260.00
103092	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	\$656.00
103093	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	\$15.00
103094	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	\$1,198.00
103095	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report	\$263.00
103096	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report	\$2,491.00
103097	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	\$260.00
103098	Ergonovine provocation test	\$1,417.00
103099	Microvolt T-wave alternans for assessment of ventricular arrhythmias	\$1,819.00
103100	Rhythm ECG, 1-3 leads; with interpretation and report	\$251.00
103101	Rhythm ECG, 1-3 leads; tracing only without interpretation and report	\$338.00
103102	Rhythm ECG, 1-3 leads; interpretation and report only	\$110.00
103103	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	\$359.00
103104	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	\$1,642.00
103105	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)	\$1,127.00
103106	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report	\$1,203.00
103107	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional	\$305.00

103108	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	\$522.00
103109	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	\$1,305.00
103110	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	\$721.00
103111	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report	\$1,415.00
103112	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation	\$217.00
103113	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	\$627.00
103114	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report	\$1,164.00
103115	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation	\$212.00
103116	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	\$292.00
103117	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	\$292.00
103118	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	\$182.00
103119	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional	\$865.00
103120	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)	\$801.00

103121	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis	\$1,504.00
103122	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional	\$290.00
103123	Signal-averaged electrocardiography (SAECG), with or without ECG	\$605.00
103124	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	\$349.00
103125	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	\$398.00
103126	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	\$420.00
103127	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	\$506.00
103128	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	\$498.00
103129	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	\$560.00
103130	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	\$212.00
103131	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	\$481.00
103132	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	\$366.00

103133	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	\$373.00
103134	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	\$542.00
103135	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	\$295.00
103136	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis	\$303.00
103137	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	\$403.00
103138	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	\$383.00
103139	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	\$248.00
103140	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	\$323.00
103141	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	\$377.00
103142	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	\$229.00
103143	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	\$406.00
103144	Transthoracic echocardiography for congenital cardiac anomalies; complete	\$3,554.00
103145	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	\$2,248.00

103146	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	\$5,469.00
103147	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	\$3,567.00
103148	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	\$1,307.00
103149	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	\$2,531.00
103150	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	\$5,378.00
103151	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	\$5,086.00
103152	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	\$4,458.00
103153	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	\$3,548.00
103154	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	\$4,517.00
103155	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	\$6,022.00
103156	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	\$902.00
103157	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)	\$793.00
103158	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	\$650.00
103159	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	\$3,798.00
103160	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	\$4,757.00
103161	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)	\$739.00

103162	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D	\$5,484.00
103163	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)	\$1,461.00
103164	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	\$1,783.00
103165	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	\$1,778.00
103166	INDIC DIL STD ARTL&/OR VEN CATHJ W/OUTP MEAS	\$650.00
103167	INDIC DIL STD ARTL&/OR VEN CATHJ SBSQ OUTP MEA	\$137.00
103168	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)	\$5,737.00
103169	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)	\$353.00
103170	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)	\$2,459.00
103171	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)	\$3,203.00
103172	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supra-aortic aortography (List separately in addition to code for primary procedure)	\$2,913.00
103173	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for nonselective pulmonary arterial angiography (List separately in addition to code for primary procedure)	\$3,581.00
103174	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	\$4,723.00

103175	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)	\$2,254.00
103176	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	\$4,243.00
103177	Esophageal recording of atrial electrogram with or without ventricular electrogram(s);	\$5,461.00
103178	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing	\$3,470.00
103179	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction	\$650.00
103180	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement;	\$4,610.00
103181	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator	\$4,605.00
103182	Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	\$5,909.00
103183	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	\$5,074.00
103184	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	\$3,293.00
103185	Peripheral arterial disease (PAD) rehabilitation, per session	\$155.00
103186	Bioimpedance-derived physiologic cardiovascular analysis	\$464.00
103187	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	\$962.00
103188	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)	\$1,765.00
103189	Temperature gradient studies	\$493.00
103190	Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events	\$283.00
103191	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report	\$755.00

103192	Determination of venous pressure	\$310.00
103193	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; including recording, scanning analysis, interpretation and report	\$417.00
103194	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; recording only	\$737.00
103195	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; scanning analysis with report	\$734.00
103196	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; review with interpretation and report	\$516.00
103197	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed	\$107.00
103198	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	\$393.00
103199	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	\$465.00
103200	Duplex scan of extracranial arteries; complete bilateral study	\$2,382.00
103201	Duplex scan of extracranial arteries; unilateral or limited study	\$1,778.00
103202	Transcranial Doppler study of the intracranial arteries; complete study	\$2,616.00
103203	Transcranial Doppler study of the intracranial arteries; limited study	\$1,171.00
103204	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection	\$1,852.00
103205	Transcranial Doppler study of the intracranial arteries; venous-arterial shunt detection with intravenous microbubble injection	\$1,389.00
103206	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	\$418.00
103207	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)	\$979.00
103208	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)	\$371.00

103209	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study	\$1,749.00
103210	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	\$727.00
103211	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	\$1,738.00
103212	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	\$2,536.00
103213	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	\$1,528.00
103214	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	\$2,679.00
103215	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	\$1,899.00
103216	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	\$2,220.00
103217	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	\$1,791.00
103218	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	\$2,218.00
103219	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	\$1,528.00
103220	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study	\$2,071.00
103221	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study	\$1,112.00
103222	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study	\$2,193.00
103223	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study	\$1,366.00
103224	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	\$417.00
103225	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day	\$794.00
103226	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day	\$2,279.00
103227	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day	\$249.00
103228	Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), within a calendar month, 30 minutes or more	\$636.00

103229	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	\$674.00
103230	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	\$365.00
103231	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	\$365.00
103232	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age	\$1,275.00
103233	Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional	\$345.00
103234	Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)	\$890.00
103235	Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional	\$271.00
103236	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	\$701.00
103237	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine)	\$2,027.00
103238	Vital capacity, total (separate procedure)	\$378.00
103239	Maximum breathing capacity, maximal voluntary ventilation	\$389.00
103240	EXPIRED GAS COLLECTION QUANT 1 PROCEDURE SPX	\$506.00
103241	Respiratory flow volume loop	\$686.00
103242	BREATHING RESPONSE TO CO2	\$400.00
103243	Breathing response to hypoxia (hypoxia response curve)	\$1,089.00
103244	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional;	\$1,064.00
103245	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional; with supplemental oxygen titration	\$1,088.00
103246	Intrapulmonary surfactant administration by a physician or other qualified health care professional through endotracheal tube	\$562.00
103247	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; with electrocardiographic recording(s)	\$921.00
103248	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	\$524.00
103249	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)	\$725.00
103250	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings	\$3,007.00
103251	Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device	\$336.00
103252	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis	\$814.00
103253	Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour	\$697.00

103254	Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)	\$496.00
103255	Continuous positive airway pressure ventilation (CPAP), initiation and management	\$592.00
103256	Continuous negative pressure ventilation (CNP), initiation and management	\$2,213.00
103257	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	\$289.00
103258	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	\$344.00
103259	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent	\$178.00
103260	Mechanical chest wall oscillation to facilitate lung function, per session	\$381.00
103261	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple	\$807.00
103262	Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted	\$1,702.00
103263	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)	\$366.00
103264	PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	\$776.00
103265	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes	\$668.00
103266	Airway resistance by oscillometry	\$668.00
103267	Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)	\$618.00
103268	PULMONARY COMPLIANCE STUDY	\$589.00
103269	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	\$178.00
103270	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)	\$412.00
103271	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)	\$703.00
103272	CARBON DIOXIDE EXP GAS DETER INFRARED ANALYZER	\$654.00
103273	Circadian respiratory pattern recording (pediatric pneumogram), 12-24 hour continuous recording, infant	\$3,108.00
103274	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitor attachment only (includes hook-up, initiation of recording and disconnection)	\$518.00
103275	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitoring, download of information, receipt of transmission(s) and analyses by computer only	\$1,171.00
103276	Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; 60 minutes	\$398.00
103277	Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; each additional full 30 minutes (List separately in addition to code for primary procedure)	\$398.00
103278	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	\$100.00
103279	Nitric oxide expired gas determination	\$346.00

103280	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests	\$205.00
103281	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests	\$131.00
103282	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	\$193.00
103283	Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests	\$85.00
103284	Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests	\$187.00
103285	Patch or application test(s) (specify number of tests)	\$109.00
103286	Photo patch test(s) (specify number of tests)	\$212.00
103287	Photo tests	\$416.00
103288	Ophthalmic mucous membrane tests	\$359.00
103289	Direct nasal mucous membrane test	\$212.00
103290	Inhalation bronchial challenge testing (not including necessary pulmonary function tests), with histamine, methacholine, or similar compounds	\$1,300.00
103291	INHJL BRNCL CHALLENGE TSTG W/AGS/GASES	\$493.00
103292	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing	\$1,038.00
103293	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (List separately in addition to code for primary procedure)	\$585.00
103294	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection	\$18.00
103295	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections	\$39.00
103296	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection	\$462.00
103297	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections	\$256.00
103298	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom	\$88.00
103299	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms	\$244.00
103300	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)	\$321.00
103301	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom	\$172.00

103302	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms	\$207.00
103303	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms	\$235.00
103304	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms	\$237.00
103305	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms	\$321.00
103306	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)	\$190.00
103307	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)	\$321.00
103308	Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)	\$633.00
103309	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording	\$462.00
103310	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording	\$414.00
103311	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report	\$185.00
103312	Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels	\$1,935.00
103313	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored	\$2,934.00
103314	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	\$2,616.00
103315	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	\$3,164.00
103316	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	\$4,878.00
103317	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	\$5,982.00
103318	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	\$5,038.00

103319	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored	\$2,981.00
103320	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	\$4,455.00
103321	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	\$5,035.00
103322	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	\$5,923.00
103323	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)	\$1,273.00
103324	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	\$1,299.00
103325	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	\$1,040.00
103326	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	\$720.00
103327	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	\$1,843.00
103328	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	\$5,343.00
103329	Electroencephalogram (EEG) extended monitoring; 41-60 minutes	\$1,653.00
103330	Electroencephalogram (EEG) extended monitoring; 61-119 minutes	\$3,087.00
103331	Electroencephalogram (EEG); including recording awake and drowsy	\$2,332.00
103332	Electroencephalogram (EEG); including recording awake and asleep	\$612.00
103333	Electroencephalogram (EEG); recording in coma or sleep only	\$2,749.00
103334	Electroencephalogram (EEG); cerebral death evaluation only	\$2,157.00
103335	Electrocorticogram at surgery (separate procedure)	\$5,367.00
103336	Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (EEG) recording	\$689.00
103337	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	\$317.00
103338	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	\$141.00
103339	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side	\$112.00
103340	Cholinesterase inhibitor challenge test for myasthenia gravis	\$707.00
103341	Needle electromyography; 1 extremity with or without related paraspinal areas	\$983.00
103342	Needle electromyography; 2 extremities with or without related paraspinal areas	\$1,410.00
103343	Needle electromyography; 3 extremities with or without related paraspinal areas	\$1,343.00
103344	Needle electromyography; 4 extremities with or without related paraspinal areas	\$1,742.00
103345	Needle electromyography; larynx	\$807.00

103346	Needle electromyography; hemidiaphragm	\$611.00
103347	Needle electromyography; cranial nerve supplied muscle(s), unilateral	\$889.00
103348	Needle electromyography; cranial nerve supplied muscles, bilateral	\$1,005.00
103349	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)	\$795.00
103350	Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters	\$632.00
103351	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied	\$1,003.00
103352	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	\$400.00
103353	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	\$494.00
103354	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)	\$611.00
103355	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)	\$715.00
103356	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)	\$801.00
103357	Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)	\$570.00
103358	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	\$460.00
103359	Nerve conduction studies; 1-2 studies	\$759.00
103360	Nerve conduction studies; 3-4 studies	\$854.00
103361	Nerve conduction studies; 5-6 studies	\$1,037.00
103362	Nerve conduction studies; 7-8 studies	\$1,308.00
103363	Nerve conduction studies; 9-10 studies	\$2,522.00
103364	Nerve conduction studies; 11-12 studies	\$2,586.00
103365	Nerve conduction studies; 13 or more studies	\$2,962.00
103366	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio	\$854.00
103367	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt	\$947.00
103368	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential	\$1,029.00
103369	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt	\$1,077.00

103370	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs	\$2,448.00
103371	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs	\$2,325.00
103372	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head	\$2,332.00
103373	Central motor evoked potential study (transcranial motor stimulation); lower limbs	\$2,765.00
103374	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report	\$1,913.00
103375	Orbicularis oculi (blink) reflex, by electrodiagnostic testing	\$636.00
103376	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method	\$733.00
103377	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs	\$2,830.00
103378	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	\$2,562.00
103379	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	\$557.00
103380	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	\$2,120.00
103381	PARASYMP & SYMP NRV FUNCJ HRT RATE VARIABILITY	\$709.00
103382	Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)	\$3,226.00
103383	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)	\$2,949.00
103384	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)	\$1,400.00
103385	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring	\$3,831.00
103386	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of attendance by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	\$2,170.00
103387	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	\$838.00

103388	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	\$1,939.00
103389	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	\$1,154.00
103390	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	\$600.00
103391	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	\$1,054.00
103392	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	\$515.00
103393	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	\$600.00
103394	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional	\$600.00

103395	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)	\$349.00
103396	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;	\$1,283.00
103397	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional	\$1,228.00
103398	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day	\$135.00
103399	Comprehensive computer-based motion analysis by video-taping and 3D kinematics;	\$2,179.00
103400	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	\$2,472.00
103401	Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report	\$529.00
103402	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	\$2,884.00
103403	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	\$758.00
103404	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	\$282.00
103405	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	\$936.00
103406	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	\$486.00

103407	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	\$784.00
103408	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)	\$676.00
103409	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	\$263.00
103410	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	\$83.00
103411	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	\$720.00
103412	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	\$613.00
103413	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	\$750.00
103414	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	\$547.00
103415	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	\$294.00
103416	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	\$249.00
103417	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	\$331.00
103418	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	\$331.00

103419	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	\$167.00
103420	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	\$439.00
103421	Health behavior intervention, individual, face-to-face; initial 30 minutes	\$439.00
103422	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	\$221.00
103423	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	\$64.00
103424	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	\$171.00
103425	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	\$218.00
103426	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	\$170.00
103427	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	\$304.00
103428	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	\$221.00
103429	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	\$507.00
103430	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	\$282.00
103431	Intravenous infusion, hydration; initial, 31 minutes to 1 hour	\$997.00
103432	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)	\$634.00
103433	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	\$1,047.00
103434	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	\$655.00
103435	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)	\$692.00
103436	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)	\$677.00
103437	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)	\$994.00
103438	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	\$360.00
103439	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)	\$337.00
103440	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	\$397.00

103441	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial	\$590.00
103442	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	\$440.00
103443	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)	\$432.00
103444	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)	\$413.00
103445	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	\$354.00
103446	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	\$657.00
103447	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	\$612.00
103448	Chemotherapy administration; intralesional, up to and including 7 lesions	\$517.00
103449	Chemotherapy administration; intralesional, more than 7 lesions	\$1,058.00
103450	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	\$1,061.00
103451	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	\$849.00
103452	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	\$1,478.00
103453	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	\$1,262.00
103454	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	\$1,639.00
103455	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)	\$1,302.00
103456	Chemotherapy administration, intra-arterial; push technique	\$866.00
103457	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour	\$2,080.00
103458	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)	\$576.00
103459	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	\$1,543.00
103460	Chemotherapy administration into pleural cavity, requiring and including thoracentesis	\$1,058.00
103461	Chemotherapy administration into the peritoneal cavity via implanted port or catheter	\$1,720.00
103462	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture	\$2,188.00
103463	Refilling and maintenance of portable pump	\$990.00
103464	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)	\$977.00
103465	Irrigation of implanted venous access device for drug delivery systems	\$177.00
103466	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents	\$1,142.00

103467	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day	\$888.00
103468	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)	\$797.00
103469	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	\$1,262.00
103470	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	\$1,262.00
103471	Actinotherapy (ultraviolet light)	\$254.00
103472	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	\$1,288.00
103473	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B	\$438.00
103474	Photochemotherapy; psoralens and ultraviolet A (PUVA)	\$488.00
103475	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)	\$2,254.00
103476	Excimer laser treatment for psoriasis; total area less than 250 sq cm	\$570.00
103477	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm	\$1,187.00
103478	Excimer laser treatment for psoriasis; over 500 sq cm	\$1,075.00
103479	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	\$359.00
103480	Application of a modality to 1 or more areas; hot or cold packs	\$16.00
103481	Application of a modality to 1 or more areas; traction, mechanical	\$87.00
103482	Application of a modality to 1 or more areas; electrical stimulation (unattended)	\$53.00
103483	Application of a modality to 1 or more areas; vasopneumatic devices	\$109.00
103484	Application of a modality to 1 or more areas; paraffin bath	\$69.00
103485	Application of a modality to 1 or more areas; whirlpool	\$74.00
103486	Application of a modality to 1 or more areas; diathermy (eg, microwave)	\$113.00
103487	Application of a modality to 1 or more areas; infrared	\$64.00
103488	Application of a modality to 1 or more areas; ultraviolet	\$109.00
103489	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	\$23.00
103490	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	\$139.00
103491	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	\$99.00
103492	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	\$103.00
103493	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes	\$227.00
103494	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$113.00
103495	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	\$47.00

103496	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	\$176.00
103497	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	\$47.00
103498	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	\$100.00
103499	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	\$25.00
103500	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	\$34.00
103501	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	\$155.00
103502	Therapeutic procedure(s), group (2 or more individuals)	\$67.00
103503	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	\$304.00
103504	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	\$64.00
103505	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	\$265.00
103506	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	\$64.00
103507	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	\$236.00
103508	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	\$148.00
103509	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	\$64.00
103510	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	\$64.00

103511	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	\$358.00
103512	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	\$303.00
103513	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	\$334.00
103514	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.	\$195.00
103515	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.	\$267.00

103516	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.	\$154.00
103517	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.	\$155.00
103518	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.	\$187.00
103519	Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.	\$238.00

103520	Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	\$482.00
103521	Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family.	\$138.00
103522	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	\$92.00
103523	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	\$47.00
103524	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	\$47.00
103525	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	\$84.00
103526	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	\$46.00
103527	Work hardening/conditioning; initial 2 hours	\$590.00
103528	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	\$236.00
103529	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less	\$805.00
103530	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	\$516.00
103531	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	\$1,060.00

103532	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	\$491.00
103533	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	\$848.00
103534	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	\$880.00
103535	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	\$1,870.00
103536	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	\$663.00
103537	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	\$93.00
103538	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes	\$137.00
103539	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	\$116.00
103540	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	\$103.00
103541	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	\$107.00
103542	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	\$125.00
103543	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	\$130.00
103544	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	\$101.00
103545	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	\$85.00
103546	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)	\$69.00
103547	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	\$81.00
103548	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)	\$88.00
103549	Osteopathic manipulative treatment (OMT); 1-2 body regions involved	\$64.00
103550	Osteopathic manipulative treatment (OMT); 3-4 body regions involved	\$85.00

103551	Osteopathic manipulative treatment (OMT); 5-6 body regions involved	\$95.00
103552	Osteopathic manipulative treatment (OMT); 7-8 body regions involved	\$130.00
103553	Osteopathic manipulative treatment (OMT); 9-10 body regions involved	\$135.00
103554	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	\$96.00
103555	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	\$125.00
103556	Chiropractic manipulative treatment (CMT); spinal, 5 regions	\$142.00
103557	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions	\$67.00
103558	Education and training for patient self-management by a nonphysician qualified health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	\$233.00
103559	Education and training for patient self-management by a nonphysician qualified health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients	\$107.00
103560	Education and training for patient self-management by a nonphysician qualified health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients	\$132.00
103561	Telephone assessment and management service provided by a nonphysician qualified health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	\$61.00
103562	Telephone assessment and management service provided by a nonphysician qualified health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	\$176.00
103563	Telephone assessment and management service provided by a nonphysician qualified health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	\$249.00
103564	Nonphysician qualified health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	\$68.00
103565	Nonphysician qualified health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	\$170.00
103566	Nonphysician qualified health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	\$278.00
103567	Handling and/or conveyance of specimen for transfer from the office to a laboratory	\$91.00
103568	Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)	\$44.00

103569	Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (eg, designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician or other qualified health care professional	\$199.00
103570	Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure	\$432.00
103571	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service	\$136.00
103572	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service	\$115.00
103573	Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service	\$281.00
103574	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service	\$35.00
103575	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service	\$129.00
103576	Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	\$141.00
103577	Educational supplies, such as books, tapes, and pamphlets, for the patient's education at cost to physician or other qualified health care professional	\$107.00
103578	Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other nonfacility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease	\$122.00
103579	Medical testimony	\$503.00
103580	Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)	\$460.00
103581	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form	\$112.00
103582	Unusual travel (eg, transportation and escort of patient)	\$432.00
103583	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days	\$715.00
103584	Anesthesia for patient of extreme age, younger than 1 year and older than 70 (List separately in addition to code for primary anesthesia procedure)	\$225.00
103585	Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure)	\$484.00
103586	Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)	\$352.00

103587	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age	\$696.00
103588	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	\$1,020.00
103589	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	\$526.00
103590	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age	\$1,233.00
103591	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	\$1,022.00
103592	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	\$789.00
103593	Anogenital examination, magnified, in childhood for suspected trauma, including image recording when performed	\$920.00
103594	Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination[s] for contrast sensitivity, vision under glare)	\$148.00
103595	Screening test of visual acuity, quantitative, bilateral	\$52.00
103596	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report	\$224.00
103597	Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison	\$151.00
103598	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	\$73.00
103599	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	\$6,414.00
103600	Application of topical fluoride varnish by a physician or other qualified health care professional	\$121.00
103601	Phlebotomy, therapeutic (separate procedure)	\$538.00
103602	OBSERVATION CARE DISCHARGE MANAGEMENT	\$537.00

103603	INITIAL OBSERVATION CARE/DAY 30 MINUTES	\$2,661.00
103604	INITIAL OBSERVATION CARE/DAY 50 MINUTES	\$894.00
103605	INITIAL OBSERVATION CARE/DAY 70 MINUTES	\$1,228.00
103606	EM for Subsequent observation care	\$1,611.97
103607	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	\$680.00
103608	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 70 minutes must be met or exceeded.	\$1,182.00
103609	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 85 minutes must be met or exceeded.	\$1,641.00
103610	Emergency department visit for the evaluation and management of a patient that may not require the presence of a physician or other qualified health care professional	\$0.01
103611	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making	\$3,355.15
103612	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making	\$4,525.65
103613	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making	\$6,750.75
103614	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making	\$9,575.50
103615	Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support	\$1,150.00
103616	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	\$12,765.25
103617	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	\$3,564.67
103618	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.	\$136.00
103619	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	\$192.00

103620	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.	\$236.00
103621	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	\$65.00
103622	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	\$113.00
103623	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	\$506.00
103624	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	\$675.00
103625	Nursing facility discharge management; 30 minutes or less total time on the date of the encounter	\$433.00
103626	Nursing facility discharge management; more than 30 minutes total time on the date of the encounter	\$551.00
103627	E/M ANNUAL NURSING FACILITY ASSESS STABLE 30 MIN	\$138.00
103628	DOMICIL/REST HOME NEW PT VISIT LOW SEVER 20 MIN	\$321.00
103629	DOMICIL/REST HOME NEW PT VISIT MOD SEVER 30 MIN	\$561.00
103630	DOMICIL/REST HOME NEW PT HI-MOD SEVER 45 MINUTES	\$685.00
103631	DOMICIL/REST HOME NEW PT VISIT HI SEVER 60 MIN	\$1,067.00
103632	DOM/R-HOME E/M NEW PT SIGNIF NEW PROB 75 MINUTES	\$1,206.00
103633	DOM/R-HOME E/M EST PT SELF-LMTD/MINOR 15 MINUTES	\$343.00
103634	DOM/R-HOME E/M EST PT LW MOD SEVERITY 25 MINUTES	\$462.00
103635	DOM/R-HOME E/M EST PT MOD HI SEVERITY 40 MINUTES	\$611.00
103636	DOM/R-HOME E/M EST PT SIGNIF NEW PROB 60 MINUTES	\$709.00
103637	INDIV PHYS SUPVJ HOME/DOM/R-HOME MO 15-29 MIN	\$517.00
103638	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	\$366.00
103639	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	\$566.00
103640	HOME VST NEW PATIENT MOD-HI SEVERITY 45 MINUTES	\$779.00
103641	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	\$984.00

103642	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	\$1,179.00
103643	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	\$393.00
103644	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	\$123.00
103645	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	\$751.00
103646	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	\$967.00
103647	PROLONGED SVC OUTPATIENT SETTING 1ST HOUR	\$598.00
103648	PROLONGED SVC OUTPATIENT SETTING EA ADDL 30 MIN	\$390.00
103649	PROLONGED SVC I/P OR OBS SETTING 1ST HOUR	\$705.00
103650	Prolonged evaluation and management service before and/or after direct patient care; first hour	\$757.00
103651	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)	\$316.00
103652	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)	\$381.00
103653	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional	\$650.00
103654	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	\$757.00
103655	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	\$256.00
103656	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	\$269.00

103657	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	\$411.00
103658	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)	\$499.00
103659	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)	\$536.00
103660	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)	\$574.00
103661	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)	\$702.00
103662	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years	\$657.00
103663	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years	\$704.00
103664	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older	\$757.00
103665	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)	\$447.00

103666	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)	\$499.00
103667	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)	\$568.00
103668	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)	\$529.00
103669	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	\$569.00
103670	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years	\$605.00
103671	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older	\$180.00
103672	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	\$375.00
103673	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	\$558.00
103674	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	\$603.00
103675	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	\$695.00
103676	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	\$128.00
103677	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	\$212.00
103678	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	\$265.00
103679	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	\$722.00
103680	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	\$544.00
103681	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	\$579.00

103682	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)	\$391.00
103683	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service)	\$269.00
103684	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	\$151.00
103685	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	\$195.00
103686	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	\$336.00
103687	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	\$262.00
103688	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	\$406.00
103689	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	\$705.00
103690	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	\$870.00
103691	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	\$1,082.00
103692	Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with "chain of custody" protocols; and Completion of necessary documentation/certificates.	\$1,357.00

103693	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	\$202.00
103694	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	\$361.00
103695	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	\$336.00
103696	Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.	\$353.00
103697	Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.	\$516.00
103698	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes	\$242.00
103699	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)	\$208.00
103700	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant	\$816.00
103701	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date	\$816.00
103702	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output	\$5,235.00
103703	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	\$175.00

103704	<p>Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination, Medical decision making of moderate or high complexity, Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity, Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]), Medication reconciliation and review for high-risk medications, Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s), Evaluation of safety (eg, home), including motor vehicle operation, Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks, Development, updating or revision, or review of an Advance Care Plan, Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 60 minutes of total time is spent on the date of the encounter.</p>	\$789.00
103705	<p>Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.</p>	\$380.00
103706	<p>Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.</p>	\$301.00
103707	<p>Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)</p>	\$280.00

103708	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	\$312.00
103709	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	\$954.00
103710	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, review by the psychiatric consultant with modifications of the plan if recommended, entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant, and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	\$789.00
103711	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation, participation in weekly caseload consultation with the psychiatric consultant, ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales, and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	\$789.00
103712	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)	\$319.00

103713	Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge, At least moderate level of medical decision making during the service period, Face-to-face visit, within 14 calendar days of discharge	\$195.00
103714	Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge, High level of medical decision making during the service period, Face-to-face visit, within 7 calendar days of discharge	\$267.00
103715	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	\$489.00
103716	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	\$100.00
103717	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	\$276.00
103718	Home visit for assistance with activities of daily living and personal care	\$355.00
103719	Home infusion/specialty drug administration, per visit (up to 2 hours);	\$487.00
103720	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)	\$244.00
103721	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient	\$406.00
103722	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient	\$352.00
103723	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)	\$486.00
103724	BASIC SUPPORT ROUTINE SUPPLS	\$18.00
103725	ALS IV DRUG THERAPY SUPPLIES	\$1.02
103726	ALS ESOPHAGEAL INTUB SUPPLS	\$25.00
103727	Syringe with needle, sterile, 1 cc or less, each	\$15.00
103728	Syringe with needle, sterile 2 cc, each	\$18.00
103729	Syringe with needle, sterile 3 cc, each	\$26.90
103730	Syringe with needle, sterile 5 cc or greater, each	\$30.00
103731	Needle-free injection device, each	\$30.00
103732	SUPP FOR SELF-ADM INJECTIONS	\$15.00
103733	Noncoring needle or stylet with or without catheter	\$15.00
103734	Syringe, sterile, 20 cc or greater, each	\$5.98
103735	Needle, sterile, any size, each	\$10.75
103736	Sterile water, saline and/or dextrose, diluent/flush, 10 ml	\$3.00
103737	Sterile water/saline, 500 ml	\$133.39
103738	Supplies for maintenance of noninsulin drug infusion catheter, per week (list drugs separately)	\$20.00

103739	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)	\$424.34
103740	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)	\$40.00
103741	Supplies for maintenance of insulin infusion catheter, per week	\$22.00
103742	SYRINGE W/NEEDLE INSULIN 3CC	\$15.00
103743	Alcohol or peroxide, per pint	\$4.00
103744	Alcohol wipes, per box	\$5.00
103745	Betadine or pHisoHex solution, per pint	\$21.58
103746	Betadine or iodine swabs/wipes, per box	\$21.58
103747	Chlorhexidine containing antiseptic, 1 ml	\$10.00
103748	BLOOD GLUCOSE/REAGENT STRIPS	\$10.00
103749	REPLACEMENT BREASTPUMP TUBE	\$15.00
103750	REPLACEMENT BREASTPUMP CAP	\$15.00
103751	Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access	\$10.00
103752	Insertion tray without drainage bag and without catheter (accessories only)	\$15.00
103753	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	\$139.00
103754	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	\$44.00
103755	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone	\$18.00
103756	Irrigation syringe, bulb or piston, each	\$15.00
103757	Female external urinary collection device; meatal cup, each	\$10.00
103758	LUBE STERILE PACKET	\$12.00
103759	INCONTINENCE SUPPLY	\$3.00
103760	Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	\$15.00
103761	Indwelling catheter, foley type, two-way, all silicone or polyurethane, each	\$146.00
103762	Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	\$20.00
103763	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	\$12.50
103764	Adhesive, liquid or equal, any type, per oz	\$12.61
103765	Ostomy skin barrier, liquid (spray, brush, etc.), per oz	\$10.00
103766	Lubricant, per oz	\$10.00
103767	Ostomy skin barrier, pectin-based, paste, per oz	\$12.00
103768	Tape, nonwaterproof, per 18 sq in	\$10.00
103769	Tape, waterproof, per 18 sq in	\$12.00
103770	REUSABLE ENEMA BAG	\$25.00
103771	Nonelastic binder for extremity	\$20.00
103772	GRAVLEE JET WASHER	\$15.00
103773	Surgical trays	\$50.00
103774	Disposable underpads, all sizes	\$18.00
103775	Electrodes (e.g., apnea monitor), per pair	\$60.00
103776	Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per oz	\$15.00
103777	Pessary, reusable, non rubber, any type	\$12.00
103778	Slings	\$20.00
103779	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment	\$25.00

103780	Splint	\$50.00
103781	Cast supplies (e.g., plaster)	\$35.00
103782	Special casting material (e.g., fiberglass)	\$40.00
103783	Oxygen probe for use with oximeter device, replacement	\$20.00
103784	Battery charger; replacement for patient-owned ventilator	\$60.00
103785	Cannula, nasal	\$20.00
103786	Variable concentration mask	\$10.00
103787	Oral and/or oropharyngeal suction catheter, each	\$20.00
103788	Tracheostomy care kit for established tracheostomy	\$35.00
103789	SURGICAL SUPPLIES	\$40.00
103790	PD CATHETER ANCHOR BELT	\$20.00
103791	Syringe, with or without needle, each	\$10.00
103792	Automatic blood pressure monitor	\$30.00
103793	Extension line with easy lock connectors, used with dialysis	\$15.00
103794	Blood tubing, arterial or venous, for hemodialysis, each	\$20.00
103795	Blood collection tube, vacuum, for dialysis, per 50	\$25.00
103796	Gloves, nonsterile, per 100	\$10.00
103797	Gloves, sterile, per pair	\$12.00
103798	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each	\$20.00
103799	Skin barrier, wipes or swabs, each	\$12.00
103800	Adhesive or nonadhesive; disk or foam pad	\$15.00
103801	Collagen dressing, sterile, size 16 sq in or less, each	\$15.00
103802	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq in or less, each dressing	\$20.00
103803	Composite dressing, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	\$15.00
103804	Contact layer, sterile, more than 48 sq in, each dressing	\$20.00
103805	Foam dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	\$15.00
103806	Foam dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	\$15.00
103807	Gauze, nonimpregnated, nonsterile, pad size 16 sq in or less, without adhesive border, each dressing	\$10.00
103808	Gauze, nonimpregnated, nonsterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	\$12.00
103809	NON-STERILE GAUZE > 48 SQ IN	\$15.00
103810	Gauze, nonimpregnated, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	\$10.00
103811	Gauze, nonimpregnated, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing	\$12.00
103812	Gauze, nonimpregnated, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	\$15.00
103813	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq in or less, without adhesive border, each dressing	\$12.00
103814	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	\$15.00
103815	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq in, without adhesive border, each dressing	\$20.00

103816	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq in or less, each dressing	\$12.00
103817	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq in, each dressing	\$15.00
103818	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	\$18.00
103819	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing	\$20.00
103820	HYDROCOLLD DRG > 48 IN W/BDR	\$22.00
103821	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing	\$25.00
103822	Hydrogel dressing, wound filler, gel, per fl oz	\$15.00
103823	Skin sealants, protectants, moisturizers, ointments, any type, any size	\$10.00
103824	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	\$10.00
103825	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	\$15.00
103826	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing	\$18.00
103827	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	\$10.00
103828	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing	\$15.00
103829	Transparent film, sterile, 16 sq in or less, each dressing	\$18.00
103830	Transparent film, sterile, more than 16 sq in but less than or equal to 48 sq in, each dressing	\$20.00
103831	Wound cleansers, any type, any size	\$150.27
103832	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yd	\$22.00
103833	Gauze, nonimpregnated, sterile, pad size 16 sq in or less, without adhesive border, each dressing	\$15.00
103834	Gauze, nonimpregnated, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	\$15.00
103835	Gauze, nonimpregnated, sterile, pad size more than 48 sq in, without adhesive border, each dressing	\$18.00
103836	Packing strips, nonimpregnated, sterile, up to 2 in in width, per linear yd	\$15.00
103837	Eye patch, occlusive, each	\$15.00
103838	Adhesive bandage, first aid type, any size, each	\$18.00
103839	Padding bandage, nonelastic, nonwoven/nonknitted, width greater than or equal to 3 in and less than 5 in, per yd	\$15.00
103840	Conforming bandage, nonelastic, knitted/woven, nonsterile, width less than 3 in, per yd	\$10.00
103841	Conforming bandage, nonelastic, knitted/woven, sterile, width less than 3 in, per yd	\$12.00
103842	Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 3 in and less than 5 in, per yd	\$15.00
103843	Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 5 in, per yd	\$18.00
103844	Light compression bandage, elastic, knitted/woven, width less than 3 in, per yd	\$12.00
103845	Light compression bandage, elastic, knitted/woven, width greater than or equal to 3 in and less than 5 in, per yd	\$15.00

103846	Light compression bandage, elastic, knitted/woven, width greater than or equal to 5 in, per yd	\$18.00
103847	Self-adherent bandage, elastic, nonknitted/nonwoven, width less than 3 in, per yd	\$25.00
103848	Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 3 in and less than 5 in, per yd	\$12.00
103849	Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 5 in, per yd	\$15.00
103850	Zinc paste impregnated bandage, nonelastic, knitted/woven, width greater than or equal to 3 in and less than 5 in, per yd	\$15.00
103851	Tubular dressing with or without elastic, any width, per linear yd	\$30.00
103852	Gradient compression stocking, below knee, 18-30 mm Hg, each	\$15.00
103853	Gradient compression wrap, nonelastic, below knee, 30-50 mm Hg, used as a surgical dressing, each	\$20.00
103854	Tubing, used with suction pump, each	\$40.00
103855	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable	\$35.00
103856	Small volume nonfiltered pneumatic nebulizer, disposable	\$35.00
103857	NONDISPOSABLE NEBULIZER SET	\$30.00
103858	FILTERED NEBULIZER ADMIN SET	\$25.00
103859	Aerosol mask, used with DME nebulizer	\$25.00
103860	Full face mask used with positive airway pressure device, each	\$20.00
103861	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	\$10.00
103862	Water chamber for humidifier, used with positive airway pressure device, replacement, each	\$30.00
103863	RESP SUCTION ORAL INTERFACE	\$25.00
103864	MISC/EXPER NON-PRESCRIPT DRU	\$35.00
103865	NON-COVERED ITEM OR SERVICE	\$50.00
103866	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type	\$35.00
103867	Reaching/grabbing device, any type, any length, each	\$80.00
103868	Spirometer, nonelectronic, includes all accessories	\$48.06
103869	Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 mCi	\$383.44
103870	DME SUPPLY OR ACCESSORY, NOS	\$10.00
103871	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit), home mix	\$225.90
103872	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	\$1,273.03
103873	Cardioverter-defibrillator, single chamber (implantable)	\$400.00
103874	Catheter, transluminal atherectomy, rotational	\$9,112.53
103875	Catheter, transluminal angioplasty, nonlaser (may include guidance, infusion/perfusion capability)	\$1,024.51
103876	Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis)	\$443.59
103877	Catheter, intravascular ultrasound	\$2,447.48
103878	Guidewire	\$236.82
103879	Retrieval device, insertable (used to retrieve fractured medical devices)	\$1,901.88
103880	Mesh (implantable)	\$200.00
103881	Catheter, guiding (may include infusion/perfusion capability)	\$251.77
103882	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, nonlaser	\$165.65
103883	Probe/needle, cryoablation	\$35.00

103884	Catheter, transluminal angioplasty, drug-coated, nonlaser	\$3,570.62
103885	Catheter, suprapubic/cystoscopic	\$95.00
103886	Magnetic resonance angiography without contrast followed by with contrast, abdomen	\$4,454.08
103887	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	\$8,349.86
103888	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	\$4,299.17
103889	Lidocaine 70 mg/tetracaine 70 mg, per patch	\$20.00
103890	CRUTCH FOREARM PAIR	\$225.00
103891	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips, and handgrips	\$250.00
103892	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	\$200.00
103893	BATH/SHOWER CHAIR	\$80.00
103894	BED PAN STANDARD	\$100.00
103895	URINAL MALE JUG-TYPE	\$50.00
103896	URINAL FEMALE JUG-TYPE	\$50.00
103897	Oximeter device for measuring blood oxygen levels noninvasively	\$187.50
103898	NEBULIZER WITH COMPRESSION	\$200.00
103899	BLOOD GLUCOSE MONITOR HOME	\$80.00
103900	PATIENT LIFT BATHROOM OR TOI	\$200.00
103901	Wheelchair accessory, shoulder elbow, mobile arm support, m...	\$3,379.10
103902	Administration of influenza virus vaccine	\$187.12
103903	Administration of pneumococcal vaccine	\$187.12
103904	Wound closure utilizing tissue adhesive(s) only	\$20.00
103905	ILIAC ART ANGIO,CARDIAC CATH	\$1,055.24
103906	Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066)	\$85.74
103907	LDCT FOR LUNG CA SCREEN	\$2,331.34
103908	Hospital observation service, per hour	\$2,500.00
103909	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment	\$1,500.00
103910	Hospital outpatient clinic visit for assessment and management of a patient	\$467.25
103911	Acetaminophen or just "Assay of acetaminophen" for short, u...	\$150.00
103912	Saliva Alcohol Test	\$492.06
103913	ASA/ANTIPLAT THER USED	\$65.00
103914	NO ELIG TPA INIT W/IN 3 HRS	\$800.00
103915	NO TPA INIT W/IN 3 HRS	\$750.00
103916	Injection, tetracycline, up to 250 mg	\$30.00
103917	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	\$25.00
103918	Injection, acetaminophen, not otherwise specified, 10 mg	\$30.00
103919	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)	\$40.00
103920	Injection, epinephrine, not otherwise specified, 0.1 mg	\$15.00
103921	ADRENALIN EPINEPHRINE INJECT UP TO 1 MG	\$12.44
103922	Injection, amiodarone HCl, 30 mg	\$25.00
103923	Injection, ampicillin sodium/sulbactam sodium, per 1.5 g	\$53.55

103924	Injection, hydralazine HCl, up to 20 mg	\$30.00
103925	Injection, azithromycin, 500 mg	\$25.00
103926	Injection, atropine sulfate, 0.01 mg	\$20.00
103927	Injection, dicyclomine HCl, up to 20 mg	\$45.00
103928	Injection, penicillin G benzathine and penicillin G procaine, 100,000 units	\$85.00
103929	Injection, penicillin G benzathine, 100,000 units	\$30.00
103930	Injection, calcium gluconate, not otherwise specified, 10 mg	\$80.19
103931	Injection, bupivacaine, not otherwise specified, 0.5 mg	\$40.00
103932	Injection, cefazolin sodium, 500 mg	\$25.00
103933	Injection, cefepime HCl, 500 mg	\$20.00
103934	Injection, ceftriaxone sodium, per 250 mg	\$30.00
103935	Injection, sterile cefuroxime sodium, per 750 mg	\$25.00
103936	Injection, clonidine HCl, 1 mg	\$25.00
103937	Injection, clindamycin phosphate, 300 mg	\$20.00
103938	Injection, ciprofloxacin for intravenous infusion, 200 mg	\$30.00
103939	Injection, prochlorperazine, up to 10 mg	\$30.80
103940	Injection, crotalidae polyvalent immune fab (ovine), up to 1 g	\$25.00
103941	Injection, methylprednisolone acetate, 1 mg	\$13.40
103942	Injection, dexamethasone sodium phosphate, 1 mg	\$21.00
103943	Injection, digoxin, up to 0.5 mg	\$384.67
103944	Injection, diltiazem HCl, 0.5 mg	\$15.00
103945	Injection, hydromorphone, 0.1 mg	\$29.75
103946	Injection, diphenhydramine HCl, up to 50 mg	\$20.00
103947	Injection, famotidine, 0.25 mg	\$15.00
103948	Injection, glucagon HCl, per 1 mg	\$50.00
103949	Injection, haloperidol, up to 5 mg	\$39.70
103950	Injection, haloperidol decanoate, per 50 mg	\$45.00
103951	Injection, heparin sodium, (heparin lock flush), per 10 units	\$20.00
103952	Injection, Heparin sodium, per 1000 units	\$30.00
103953	Injection, enoxaparin sodium, 10 mg	\$25.00
103954	Injection, ibuprofen, 100 mg	\$22.00
103955	Injection, folic acid, 0.1 mg	\$15.00
103956	DROPERIDOL/FENTANYL INJ	\$25.00
103957	Injection, insulin, per 5 units	\$51.63
103958	Insulin for administration through DME (i.e., insulin pump) per 50 units	\$22.00
103959	Injection, metronidazole, 10 mg	\$2.50
103960	Injection, ketorolac tromethamine, per 15 mg	\$20.00
103961	Injection, labetalol HCl, 5 mg	\$15.00
103962	Injection, lanreotide, 1 mg	\$45.00
103963	INJ, FUROSEMIDE, 1 MG	\$15.00
103964	Injection, levetiracetam, 10 mg	\$16.86
103965	Injection, levofloxacin, 250 mg	\$45.00
103966	Injection, lidocaine HCl , 1 mg	\$25.00
103967	Injection, lidocaine HCl with epinephrine, 1 mg	\$15.00
103968	Injection, lorazepam, 2 mg	\$35.00
103969	Injection, meperidine HCl, per 100 mg	\$25.00
103970	Injection, meperidine and promethazine HCl, up to 50 mg	\$30.00
103971	Injection, meropenem, 100 mg	\$29.17
103972	Injection, midazolam HCl, per 1 mg	\$30.97
103973	Injection, morphine sulfate, up to 10 mg	\$32.52

103974	Injection, morphine sulfate, preservative free for epidural or intrathecal use, 10 mg	\$30.00
103975	Injection, orphenadrine citrate, up to 60 mg	\$30.00
103976	Injection, ondansetron HCl, per 1 mg	\$21.00
103977	OXYMORPHONE HCL INJECTION	\$25.00
103978	Injection, palifermin, 50 mcg	\$25.00
103979	Injection, pantoprazole sodium, 40 mg	\$35.00
103980	PEGADEMASE BOVINE, 25 IU	\$25.00
103981	Injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)	\$70.98
103982	Injection, promethazine HCl, up to 50 mg	\$35.00
103983	Injection, propofol, 10 mg	\$22.00
103984	Injection, metoclopramide HCl, up to 10 mg	\$30.00
103985	Injection, methocarbamol, up to 10 ml	\$50.00
103986	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML.	\$50.00
103987	Injection, methylprednisolone sodium succinate, 5 mg	\$20.73
103988	Injection, alteplase recombinant, 1 mg	\$365.00
103989	Injection, fentanyl citrate, 0.1 mg	\$33.00
103990	Injection, sumatriptan succinate, 6 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	\$50.00
103991	Injection, tobramycin sulfate, up to 80 mg	\$50.00
103992	Injection, triamcinolone acetonide, not otherwise specified, 10 mg	\$45.00
103993	Injection, diazepam, up to 5 mg	\$25.00
103994	INJ, VANCOMYCIN HCL, 10 MG	\$15.00
103995	Injection, hydroxyzine HCl, up to 25 mg	\$20.00
103996	Injection, thiamine HCl, 100 mg	\$17.68
103997	Injection, phytonadione (vitamin K), per 1 mg	\$30.00
103998	Injection, magnesium sulfate, per 500 mg	\$15.57
103999	Injection, potassium chloride, per 2 mEq	\$125.00
104000	Unclassified drugs	\$31.00
104001	Infusion, normal saline solution, 1,000 cc	\$45.00
104002	Infusion, normal saline solution, sterile (500 ml=1 unit)	\$40.00
104003	5% dextrose/normal saline (500 ml = 1 unit)	\$45.00
104004	Infusion, normal saline solution, 250 cc	\$39.57
104005	5% dextrose/water (500 ml = 1 unit)	\$55.92
104006	Infusion, D-5-W, 1,000 cc	\$106.00
104007	Ringers lactate infusion, up to 1,000 cc	\$30.00
104008	5% dextrose in lactated ringers infusion, up to 1000 cc	\$50.00
104009	Hypertonic saline solution, 1 ml	\$20.00
104010	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	\$20.00
104011	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	\$20.00
104012	Prednisone, oral, per 5 mg.	\$50.00
104013	Prednisolone, oral, per 5 mg	\$15.00
104014	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 1 mg	\$35.00
104015	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg	\$35.00
104016	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 0.5 mg	\$35.00
104017	Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose, 0.5 mg	\$35.00

104018	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, noncompounded, administered through DME	\$35.00
104019	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 0.5 mg	\$38.58
104020	Cromolyn sodium, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg	\$20.00
104021	Dexamethasone, inhalation solution, compounded product, administered through DME, concentrated form, per mg	\$20.00
104022	Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 mcg	\$40.37
104023	Ipratropium bromide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg	\$50.00
104024	Tobramycin, inhalation solution, FDA-approved final product, noncompounded, unit dose form, administered through DME, per 300 mg	\$25.00
104025	NOC drugs, inhalation solution administered through DME	\$25.00
104026	Antiemetic drug, rectal/suppository, not otherwise specified	\$25.00
104027	Prescription drug, oral, nonchemotherapeutic, NOS	\$25.00
104028	Dexamethasone, oral, 0.25 mg	\$1.29
104029	Injection, irinotecan, 20 mg	\$25.00
104030	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	\$250.00
104031	Cervical, flexible, nonadjustable, prefabricated, off-the-shelf (foam collar)	\$350.00
104032	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	\$150.00
104033	Cervical, collar, molded to patient model	\$2,379.53
104034	Cervical, collar, semi-rigid thermoplastic foam, two piece, prefabricated, off-the-shelf	\$150.00
104035	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf	\$300.00
104036	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf	\$655.00
104037	Lumbar orthosis (LO), flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, off-the-shelf	\$240.00
104038	Knee orthosis (KO), elastic with joints, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	\$750.00
104039	Knee orthosis (KO), elastic with condylar pads and joints, with or without patellar control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	\$10.00
104040	Knee orthosis (KO), immobilizer, canvas longitudinal, prefabricated, off-the-shelf	\$500.00
104041	Knee orthosis (KO), locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	\$632.00
104042	Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf	\$20.00
104043	Ankle foot orthosis (AFO), multiligamentous ankle support, prefabricated, off-the-shelf	\$564.40

104044	Ankle foot orthosis (AFO), plastic or other material with ankle joint, with or without dorsiflexion assist, prefabricated, includes fitting and adjustment	\$473.02
104045	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, custom fabricated	\$263.74
104046	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	\$2,136.66
104047	Addition to lower extremity, extended steel shank	\$350.00
104048	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	\$450.00
104049	OXFORD W SUPINAT/PRONAT INF	\$400.00
104050	SURGICAL BOOT EACH CHILD	\$400.00
104051	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	\$400.00
104052	Surgical boot/shoe, each	\$413.25
104053	Lift, elevation, heel and sole, neoprene, per in	\$300.00
104054	Orthopedic shoe addition, insole, leather	\$350.00
104055	Orthopedic shoe addition, sole, full	\$450.00
104056	Shoulder orthosis (SO), figure of eight design abduction restrainer, prefabricated, off-the-shelf	\$90.00
104057	Shoulder orthosis (SO), figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf	\$375.00
104058	Shoulder orthosis (SO), acromio/clavicular (canvas and webbing type), prefabricated, off-the-shelf	\$400.00
104059	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	\$3,953.00
104060	SO HARD PLAS STABILI PRE OTS	\$248.28
104061	Elbow orthosis (EO), double upright with forearm/arm cuffs, free motion, custom fabricated	\$550.00
104062	Wrist-hand-finger orthosis (WHFO), without joint(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	\$651.18
104063	Wrist-hand-finger orthosis (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	\$600.00
104064	Wrist-hand-finger orthosis (WHFO), without joint(s), prefabricated, off-the-shelf, any type	\$700.00
104065	Wrist-hand orthosis (WHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	\$800.00
104066	Wrist-hand orthosis (WHO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	\$900.00
104067	Wrist-hand orthosis (WHO), wrist extension control cock-up, nonmolded, prefabricated, off-the-shelf	\$150.00
104068	Finger orthosis (FO), proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion (e.g., static or ring type), may include soft interface material, prefabricated, off-the-shelf	\$128.11
104069	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, off-the-shelf	\$250.00
104070	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	\$250.00

104071	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf	\$250.00
104072	Walking boot, nonpneumatic, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	\$250.00
104073	Walking boot, nonpneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf	\$250.00
104074	Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf	\$80.00
104075	Ankle-foot orthosis (AFO), walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	\$250.00
104076	Intravenous infusion, bamlanivimab-xxxx, includes infusion ...	\$1,200.00
104077	Catheterization for collection of specimen, single patient, all places of service	\$60.00
104078	Set-up portable x-ray equipment	\$177.92
104079	Azithromycin dihydrate, oral, capsules/powder, 1 g	\$15.00
104080	Promethazine HCl, 12.5 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	\$10.00
104081	Injection, bamlanivimab-xxxx, 700 mg	\$0.01
104082	Telehealth originating site facility fee	\$119.63
104083	Casting supplies, body cast adult, with or without head, plaster	\$900.00
104084	Cast supplies, long arm cast, adult (11 years +), fiberglass	\$950.00
104085	Cast supplies, long arm splint, adult (11 years +), fiberglass	\$320.00
104086	Cast supplies, long arm splint, pediatric (0-10 years), plaster	\$750.00
104087	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass	\$620.00
104088	Cast supplies, short arm splint, adult (11 years +), plaster	\$650.00
104089	Cast supplies, short arm splint, adult (11 years +), fiberglass	\$500.00
104090	Cast supplies, short arm splint, pediatric (0-10 years), plaster	\$525.00
104091	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass	\$550.00
104092	Cast supplies, long leg splint, adult (11 years +), fiberglass	\$800.00
104093	Cast supplies, short leg splint, adult (11 years +), plaster	\$151.00
104094	Cast supplies, short leg splint, adult (11 years +), fiberglass	\$850.00
104095	Finger splint, static	\$100.00
104096	SPLINT SUPPLIES MISC	\$44.00
104097	High osmolar contrast material, 300-349 mg/ml iodine concentration, per ml	\$60.00
104098	High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml	\$40.00
104099	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	\$15.00
104100	Ondansetron, oral, 4 mg (for circumstances falling under the Medicare statute, use HCPCS Q code)	\$21.44
104101	Removal of sutures; by a physician other than the physician who originally closed the wound	\$300.00
104102	IV tubing extension set	\$30.00
104103	PRESCRIPTION DRUG, GENERIC	\$5.00
104104	Prescription drug, brand name	\$10.00
104105	5% dextrose and 0.45% normal saline, 1000 ml	\$129.00
104106	Holding chamber or spacer for use with an inhaler or nebulizer; without mask	\$38.00
104107	Holding chamber or spacer for use with an inhaler or nebulizer; with mask	\$40.00
104108	Padding for compression bandage, roll	\$35.00
104109	Compression bandage, roll	\$45.00
104110	Splint, prefabricated, wrist or ankle	\$125.00

104111	2019-nCoV coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	\$250.00
104112	Posterior chamber intraocular lens	\$176.78
104113	Astigmatism correcting function of intraocular lens	\$967.30
104114	Presbyopia correcting function of intraocular lens	\$1,715.01
104115	MISC VISION ITEM OR SERVICE	\$35.00
104116	Repair of augmentative comm sys	\$3,072.92