

Ref ID	Description	Median
100001	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	\$296.00
100002	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	\$891.00
100003	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	\$1,167.50
100004	Incision and drainage of pilonidal cyst; simple	\$2,110.00
100005	Incision and drainage of pilonidal cyst; complicated	\$4,040.50
100006	Incision and removal of foreign body, subcutaneous tissues; simple	\$1,333.50
100007	Incision and removal of foreign body, subcutaneous tissues; complicated	\$8,613.50
100008	Incision and drainage of hematoma, seroma or fluid collection	\$8,179.00
100009	Puncture aspiration of abscess, hematoma, bulla, or cyst	\$925.50
100010	Incision and drainage, complex, postoperative wound infection	\$13,322.50
100011	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	\$7,431.00
100012	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	\$1,156.50
100013	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	\$2,036.50
100014	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	\$5,207.50
100015	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)	\$1,104.00
100016	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)	\$1,338.50
100017	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)	\$4,405.00
100018	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	\$246.00
100019	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions	\$323.50
100020	Removal of skin tags, multiple fibrocuteaneous tags, any area; up to and including 15 lesions	\$361.00
100021	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	\$2,914.50
100022	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	\$4,808.00
100023	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	\$6,242.50
100024	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	\$5,852.00
100025	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	\$7,179.50

100026	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	\$2,786.50
100027	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	\$6,226.50
100028	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair	\$16,599.00
100029	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	\$5,678.56
100030	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	\$3,725.00
100031	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm	\$2,754.00
100032	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm	\$3,373.00
100033	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm	\$6,801.50
100034	Trimming of nondystrophic nails, any number	\$197.00
100035	Debridement of nail(s) by any method(s); 1 to 5	\$209.50
100036	Debridement of nail(s) by any method(s); 6 or more	\$96.50
100037	Avulsion of nail plate, partial or complete, simple; single	\$703.00
100038	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)	\$305.00
100039	Evacuation of subungual hematoma	\$1,203.00
100040	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;	\$1,528.00
100041	Repair of nail bed	\$2,056.50
100042	Wedge excision of skin of nail fold (eg, for ingrown toenail)	\$775.00
100043	Excision of pilonidal cyst or sinus; simple	\$9,278.00
100044	Excision of pilonidal cyst or sinus; complicated	\$11,016.50
100045	Injection, intralesional; up to and including 7 lesions	\$325.50
100046	Removal, non-biodegradable drug delivery implant	\$1,955.50
100047	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	\$763.50
100048	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	\$802.00
100049	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	\$800.50
100050	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	\$1,125.50
100051	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	\$1,946.00
100052	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	\$1,466.50
100053	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	\$1,029.50

100054	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	\$1,108.00
100055	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	\$826.00
100056	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	\$853.00
100057	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	\$1,200.00
100058	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	\$1,981.00
100059	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	\$1,995.50
100060	Treatment of superficial wound dehiscence; simple closure	\$3,709.00
100061	Treatment of superficial wound dehiscence; with packing	\$1,482.00
100062	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	\$1,304.50
100063	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	\$1,381.50
100064	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	\$1,828.00
100065	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	\$2,270.00
100066	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	\$4,081.00
100067	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	\$7,923.50
100068	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	\$1,189.50
100069	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	\$1,347.50
100070	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	\$2,657.50
100071	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	\$2,209.00
100072	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	\$4,645.00
100073	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	\$2,295.50
100074	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	\$1,730.50
100075	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	\$1,327.00
100076	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	\$1,263.50
100077	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	\$1,513.50

100078	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	\$2,743.50
100079	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	\$4,473.50
100080	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	\$2,606.50
100081	Repair, complex, trunk; 1.1 cm to 2.5 cm	\$5,273.50
100082	Repair, complex, trunk; 2.6 cm to 7.5 cm	\$3,216.00
100083	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)	\$2,963.50
100084	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	\$2,996.50
100085	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	\$2,065.00
100086	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)	\$1,710.50
100087	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	\$1,634.00
100088	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	\$2,339.00
100089	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)	\$2,314.00
100090	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	\$2,359.50
100091	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	\$2,868.00
100092	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)	\$2,034.00
100093	Secondary closure of surgical wound or dehiscence, extensive or complicated	\$8,846.50
100094	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	\$5,906.88
100095	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	\$5,406.50
100096	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)	\$5,492.00
100097	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	\$8,397.50
100098	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)	\$7,806.50
100099	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	\$9,487.50

100100	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)	\$6,343.64
100101	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	\$7,124.00
100102	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	\$5,711.50
100103	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	\$7,946.00
100104	Removal of sutures or staples not requiring anesthesia (List separately in addition to E/M code)	\$121.00
100105	Removal of sutures and staples not requiring anesthesia (List separately in addition to E/M code)	\$1,250.50
100106	Initial treatment, first degree burn, when no more than local treatment is required	\$941.00
100107	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	\$2,016.00
100108	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)	\$985.50
100109	Chemical cauterization of granulation tissue (ie, proud flesh)	\$487.00
100110	Puncture aspiration of cyst of breast;	\$2,431.50
100111	Mastotomy with exploration or drainage of abscess, deep	\$11,189.50
100112	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	\$9,420.00
100113	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	\$15,305.00
100114	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	\$8,602.50
100115	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	\$16,526.50
100116	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	\$9,618.00
100117	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	\$15,847.00
100118	Mastectomy, simple, complete	\$11,714.50
100119	Exploration of penetrating wound (separate procedure); extremity	\$10,669.50
100120	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	\$1,079.50
100121	Injection(s); single or multiple trigger point(s), 3 or more muscles	\$1,163.00
100122	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance	\$1,560.50
100123	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	\$2,584.50
100124	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	\$2,605.00

100125	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	\$1,737.00
100126	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting	\$1,726.00
100127	Aspiration and/or injection of ganglion cyst(s) any location	\$670.00
100128	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	\$10,123.50
100129	Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system	\$14,264.00
100130	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin[s] or wire[s] and/or new ring[s] or bar[s])	\$13,757.50
100131	Closed treatment of nasal bone fracture with manipulation; without stabilization	\$8,408.00
100132	Closed treatment of nasal bone fracture with manipulation; with stabilization	\$6,252.50
100133	Closed treatment of temporomandibular dislocation; initial or subsequent	\$1,121.00
100134	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	\$16,220.50
100135	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	\$19,646.50
100136	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	\$13,383.50
100137	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	\$18,368.50
100138	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	\$10,831.50
100139	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	\$8,541.00
100140	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	\$17,218.00
100141	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	\$17,216.00
100142	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	\$6,828.73
100143	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	\$8,268.00
100144	Incision and drainage, shoulder area; deep abscess or hematoma	\$17,024.00
100145	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	\$8,476.50
100146	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	\$20,914.50
100147	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	\$18,271.50
100148	Arthroplasty, glenohumeral joint; hemiarthroplasty	\$42,033.00
100149	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	\$18,867.00
100150	Open treatment of clavicular fracture, includes internal fixation, when performed	\$20,615.00
100151	Closed treatment of acromioclavicular dislocation; without manipulation	\$1,075.00
100152	Open treatment of acromioclavicular dislocation, acute or chronic;	\$15,716.00
100153	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;	\$21,764.50
100154	Closed treatment of shoulder dislocation, with manipulation; without anesthesia	\$1,056.50
100155	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	\$3,856.14
100156	Open treatment of acute shoulder dislocation	\$15,090.00

100157	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation	\$4,108.00
100158	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	\$8,828.50
100159	Incision and drainage, upper arm or elbow area; bursa	\$8,352.00
100160	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater	\$7,957.50
100161	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	\$18,391.00
100162	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	\$9,812.50
100163	Excision, olecranon bursa	\$16,702.00
100164	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)	\$15,051.50
100165	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	\$24,731.00
100166	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	\$17,107.50
100167	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous	\$3,566.00
100168	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open	\$8,993.50
100169	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)	\$25,799.00
100170	Closed treatment of humeral shaft fracture; without manipulation	\$1,440.00
100171	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction	\$3,072.00
100172	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	\$35,860.50
100173	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension	\$14,654.50
100174	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension	\$25,970.00
100175	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation	\$1,036.00
100176	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);	\$38,063.00
100177	Treatment of closed elbow dislocation; without anesthesia	\$1,271.50
100178	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation	\$1,846.00
100179	Closed treatment of radial head or neck fracture; with manipulation	\$4,186.50
100180	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement	\$17,255.00
100181	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation	\$4,508.90
100182	Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed	\$18,223.50

100183	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)	\$3,566.00
100184	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)	\$8,192.00
100185	Excision of ganglion, wrist (dorsal or volar); primary	\$8,801.00
100186	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle	\$12,004.50
100187	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)	\$18,923.00
100188	Arthroplasty, intercarpal or carpometacarpal joints; interposition (eg, tendon)	\$7,897.00
100189	Closed treatment of radial shaft fracture; without manipulation	\$1,212.00
100190	Closed treatment of radial shaft fracture; with manipulation	\$3,535.00
100191	Closed treatment of ulnar shaft fracture; with manipulation	\$3,949.00
100192	Open treatment of ulnar shaft fracture, includes internal fixation, when performed	\$14,220.50
100193	Closed treatment of radial and ulnar shaft fractures; without manipulation	\$1,153.00
100194	Closed treatment of radial and ulnar shaft fractures; with manipulation	\$4,225.32
100195	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	\$999.50
100196	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	\$4,628.62
100197	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation	\$16,306.50
100198	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation	\$16,303.00
100199	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments	\$18,402.00
100200	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments	\$15,010.00
100201	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation	\$1,414.00
100202	Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation	\$2,025.00
100203	Drainage of finger abscess; simple	\$950.00
100204	Tendon sheath incision (eg, for trigger finger)	\$7,306.50
100205	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	\$11,344.50
100206	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	\$8,657.00
100207	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	\$11,281.00
100208	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);	\$10,684.00
100209	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger	\$6,452.50
100210	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	\$13,635.50
100211	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon	\$9,915.00

100212	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)	\$11,628.00
100213	Tenolysis, flexor tendon; palm OR finger, each tendon	\$4,213.50
100214	Tenolysis, extensor tendon, hand OR finger, each tendon	\$7,361.50
100215	Closed treatment of metacarpal fracture, single; without manipulation, each bone	\$1,012.00
100216	Closed treatment of metacarpal fracture, single; with manipulation, each bone	\$1,879.58
100217	Percutaneous skeletal fixation of metacarpal fracture, each bone	\$9,336.00
100218	Closed treatment of carpometacarpal dislocation, thumb, with manipulation	\$1,841.50
100219	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia	\$1,143.50
100220	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	\$952.50
100221	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each	\$1,299.50
100222	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each	\$8,847.00
100223	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each	\$11,908.50
100224	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each	\$1,334.50
100225	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each	\$18,473.50
100226	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each	\$937.50
100227	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each	\$1,249.50
100228	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each	\$4,645.00
100229	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia	\$926.00
100230	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia	\$2,230.50
100231	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	\$9,981.50
100232	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	\$17,239.50
100233	Excision; trochanteric bursa or calcification	\$18,567.00
100234	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	\$2,685.06
100235	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	\$21,671.00
100236	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning	\$26,963.50
100237	Percutaneous skeletal fixation of femoral fracture, proximal end, neck	\$14,677.00
100238	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	\$23,013.50
100239	Closed treatment of post hip arthroplasty dislocation; without anesthesia	\$1,479.00

100240	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia	\$4,582.91
100241	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	\$16,056.50
100242	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	\$20,351.00
100243	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	\$9,101.50
100244	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	\$18,496.50
100245	Patellectomy or hemipatellectomy	\$13,046.50
100246	Excision or curettage of bone cyst or benign tumor of femur;	\$22,511.00
100247	Suture of infrapatellar tendon; primary	\$25,892.50
100248	Suture of quadriceps or hamstring muscle rupture; primary	\$25,049.00
100249	Repair, primary, torn ligament and/or capsule, knee; cruciate	\$17,226.00
100250	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	\$14,929.00
100251	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	\$18,520.50
100252	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation	\$6,659.00
100253	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair	\$18,511.00
100254	Closed treatment of knee dislocation; without anesthesia	\$1,555.50
100255	Closed treatment of patellar dislocation; without anesthesia	\$1,100.00
100256	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	\$5,485.00
100257	Incision and drainage, leg or ankle; deep abscess or hematoma	\$13,635.50
100258	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle	\$14,475.50
100259	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	\$14,836.00
100260	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	\$18,940.50
100261	Excision or curettage of bone cyst or benign tumor, tibia or fibula;	\$8,893.00
100262	Repair, primary, open or percutaneous, ruptured Achilles tendon;	\$13,283.00
100263	Repair, flexor tendon, leg; primary, without graft, each tendon	\$8,831.50
100264	Repair, extensor tendon, leg; primary, without graft, each tendon	\$13,869.50
100265	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)	\$8,368.50
100266	Repair, primary, disrupted ligament, ankle; both collateral ligaments	\$18,154.00
100267	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)	\$10,012.50
100268	Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage	\$32,964.00
100269	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage	\$19,582.50
100270	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction	\$4,756.50

100271	Open treatment of medial malleolus fracture, includes internal fixation, when performed	\$13,951.50
100272	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation	\$1,141.50
100273	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation	\$1,983.85
100274	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed	\$13,806.00
100275	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation	\$2,993.50
100276	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	\$17,339.00
100277	Closed treatment of trimalleolar ankle fracture; with manipulation	\$3,908.00
100278	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip	\$18,639.50
100279	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation	\$1,419.50
100280	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	\$6,179.50
100281	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	\$19,290.50
100282	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	\$22,609.50
100283	Amputation, leg, through tibia and fibula; secondary closure or scar revision	\$13,332.00
100284	Amputation, leg, through tibia and fibula; re-amputation	\$24,287.50
100285	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space	\$10,768.50
100286	Fasciotomy, foot and/or toe	\$7,610.00
100287	Tenotomy, percutaneous, toe; single tendon	\$3,392.00
100288	Tenotomy, percutaneous, toe; multiple tendons	\$4,287.50
100289	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	\$8,097.00
100290	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	\$9,216.50
100291	Release, tarsal tunnel (posterior tibial nerve decompression)	\$8,049.00
100292	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	\$14,864.00
100293	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	\$11,815.50
100294	Excision, interdigital (Morton) neuroma, single, each	\$13,610.00
100295	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot	\$13,862.50
100296	Ostectomy, calcaneus; for spur, with or without plantar fascial release	\$8,356.00
100297	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus	\$7,619.00
100298	Resection, partial or complete, phalangeal base, each toe	\$9,858.00

100299	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each	\$10,916.50
100300	Removal of foreign body, foot; subcutaneous	\$4,172.50
100301	Removal of foreign body, foot; deep	\$12,985.50
100302	Removal of foreign body, foot; complicated	\$8,933.50
100303	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	\$9,072.00
100304	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head	\$9,636.00
100305	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	\$10,260.00
100306	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	\$15,327.50
100307	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method	\$13,686.00
100308	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	\$23,561.50
100309	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method	\$8,869.50
100310	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation	\$10,858.50
100311	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)	\$11,878.50
100312	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	\$8,727.00
100313	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	\$11,332.00
100314	Open treatment of calcaneal fracture, includes internal fixation, when performed;	\$20,786.00
100315	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each	\$15,758.50
100316	Open treatment of metatarsal fracture, includes internal fixation, when performed, each	\$12,378.00
100317	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation	\$1,409.50
100318	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each	\$864.00
100319	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia	\$1,092.50
100320	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed	\$6,279.50
100321	Closed treatment of interphalangeal joint dislocation; without anesthesia	\$893.50
100322	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed	\$8,662.00
100323	Arthrodesis, great toe; metatarsophalangeal joint	\$12,672.00
100324	Amputation, foot; transmetatarsal	\$11,653.50
100325	Amputation, metatarsal, with toe, single	\$8,203.50
100326	Amputation, toe; metatarsophalangeal joint	\$9,422.50
100327	Amputation, toe; interphalangeal joint	\$13,534.50
100328	Application, cast; elbow to finger (short arm)	\$593.28
100329	Application, cast; finger (eg, contracture)	\$704.00

100330	Application of long arm splint (shoulder to hand)	\$1,039.00
100331	Application of short arm splint (forearm to hand); static	\$873.50
100332	Application of finger splint; static	\$470.50
100333	Application of finger splint; dynamic	\$493.50
100334	Strapping; shoulder (eg, Velpeau)	\$538.50
100335	Strapping; hand or finger	\$436.00
100336	Application of short leg cast (below knee to toes);	\$670.50
100337	Application of clubfoot cast with molding or manipulation, long or short leg	\$1,378.50
100338	Application of long leg splint (thigh to ankle or toes)	\$862.50
100339	Application of short leg splint (calf to foot)	\$1,628.00
100340	Strapping; knee	\$544.00
100341	Strapping; ankle and/or foot	\$440.00
100342	Strapping; toes	\$564.50
100343	Strapping; Unna boot	\$581.00
100344	Application of multi-layer compression system; leg (below knee), including ankle and foot	\$396.00
100345	Removal or bivalving; gauntlet, boot or body cast	\$551.50
100346	Removal or bivalving; full arm or full leg cast	\$1,114.00
100347	Arthroscopy, shoulder, surgical; capsulorrhaphy	\$22,576.50
100348	Arthroscopy, shoulder, surgical; repair of SLAP lesion	\$18,523.00
100349	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])	\$12,680.00
100350	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])	\$12,282.50
100351	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	\$5,045.00
100352	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	\$16,760.00
100353	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)	\$6,170.00
100354	Arthroscopy, shoulder, surgical; with rotator cuff repair	\$8,370.00
100355	Arthroscopy, shoulder, surgical; biceps tenodesis	\$6,751.14
100356	Arthroscopy, elbow, surgical; debridement, extensive	\$20,631.50
100357	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	\$14,055.50
100358	Endoscopy, wrist, surgical, with release of transverse carpal ligament	\$9,611.00
100359	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	\$18,349.00
100360	Arthroscopy, knee, surgical; for infection, lavage and drainage	\$11,621.50
100361	Arthroscopy, knee, surgical; with lateral release	\$16,052.50

100362	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	\$20,198.50
100363	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	\$14,388.50
100364	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	\$14,562.00
100365	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	\$19,965.00
100366	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	\$12,941.50
100367	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	\$15,392.50
100368	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	\$12,936.00
100369	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	\$14,356.00
100370	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	\$15,005.50
100371	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial	\$9,199.00
100372	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited	\$10,227.50
100373	Excision or destruction (eg, laser), intranasal lesion; internal approach	\$7,027.50
100374	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)	\$9,996.00
100375	Submucous resection inferior turbinate, partial or complete, any method	\$4,222.50
100376	Removal foreign body, intranasal; office type procedure	\$599.50
100377	Removal foreign body, intranasal; requiring general anesthesia	\$8,214.50
100378	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	\$10,625.00
100379	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	\$4,604.50
100380	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method	\$707.50
100381	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	\$911.00
100382	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial	\$925.00
100383	Nasal/sinus endoscopy, surgical; with concha bullosa resection	\$2,472.00
100384	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	\$6,710.00
100385	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	\$3,087.00
100386	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)	\$3,337.50
100387	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;	\$3,099.50
100388	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	\$2,863.50

100389	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	\$4,023.50
100390	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	\$2,531.50
100391	Nasal/sinus endoscopy, surgical, with sphenoidotomy;	\$8,632.00
100392	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	\$9,696.00
100393	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	\$5,922.50
100394	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	\$5,580.00
100395	Intubation, endotracheal, emergency procedure	\$1,290.80
100396	Laryngoscopy, direct, operative, with foreign body removal;	\$7,196.50
100397	Laryngoscopy, direct, operative, with biopsy;	\$15,876.00
100398	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope	\$11,134.50
100399	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)	\$10,566.50
100400	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope	\$8,826.50
100401	Laryngoscopy, flexible; diagnostic	\$682.00
100402	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	\$5,275.50
100403	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	\$1,776.50
100404	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	\$2,449.10
100405	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	\$7,834.00
100406	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	\$4,093.50
100407	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	\$9,643.00
100408	Removal, subcutaneous cardiac rhythm monitor	\$5,276.00
100409	Exploration for postoperative hemorrhage, thrombosis or infection; extremity	\$21,794.50
100410	Excision of infected graft; extremity	\$14,273.00
100411	Introduction of needle or intracatheter, vein	\$202.00
100412	Injection procedure for extremity venography (including introduction of needle or intracatheter)	\$2,927.00
100413	Introduction of catheter, superior or inferior vena cava	\$3,564.00
100414	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	\$4,991.50
100415	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	\$5,575.50
100416	Introduction of needle or intracatheter, upper or lower extremity artery	\$5,314.50
100417	Introduction of catheter, aorta	\$5,741.00

100418	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	\$6,573.00
100419	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	\$6,914.00
100420	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	\$8,209.50
100421	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$7,490.00
100422	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$3,223.50
100423	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	\$13,975.00
100424	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)	\$76.00
100425	Collection of venous blood by venipuncture	\$43.00
100426	Collection of capillary blood specimen (eg, finger, heel, ear stick)	\$37.00
100427	Transfusion, blood or blood components	\$2,157.50
100428	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	\$6,605.51
100429	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	\$10,888.00
100430	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	\$10,218.00
100431	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older	\$4,739.00
100432	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older	\$9,424.50
100433	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	\$3,756.50
100434	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	\$9,911.50
100435	Removal of tunneled central venous catheter, without subcutaneous port or pump	\$2,390.00
100436	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	\$8,356.50
100437	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified	\$399.00
100438	Declotting by thrombolytic agent of implanted vascular access device or catheter	\$1,047.00
100439	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access	\$10,097.00
100440	Placement of needle for intraosseous infusion	\$882.50

100441	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	\$12,605.50
100442	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	\$21,439.50
100443	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	\$13,575.00
100444	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	\$20,036.00
100445	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;	\$2,741.50
100446	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)	\$15,012.50
100447	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)	\$23,107.00
100448	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	\$13,844.50
100449	Thrombolysis, cerebral, by intravenous infusion	\$1,521.00
100450	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	\$10,318.50
100451	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)	\$14,125.00
100452	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)	\$3,759.00
100453	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)	\$8,987.00
100454	Ligation or banding of angioaccess arteriovenous fistula	\$20,147.50
100455	Ligation or biopsy, temporal artery	\$9,317.50
100456	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	\$2,991.00
100457	Biopsy or excision of lymph node(s); open, superficial	\$7,808.00

100458	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)	\$4,688.50
100459	Biopsy or excision of lymph node(s); open, deep cervical node(s)	\$8,423.50
100460	Biopsy or excision of lymph node(s); open, deep axillary node(s)	\$7,809.00
100461	Suprahyoid lymphadenectomy	\$29,086.50
100462	Cervical lymphadenectomy (complete)	\$26,867.50
100463	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)	\$7,609.00
100464	Repair lip, full thickness; vermilion only	\$3,111.05
100465	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair	\$6,327.00
100466	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space	\$8,533.50
100467	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex	\$2,309.50
100468	Drainage of abscess, cyst, hematoma from dentoalveolar structures	\$948.00
100469	Biopsy of salivary gland; needle	\$2,525.50
100470	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection	\$19,964.00
100471	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	\$24,170.00
100472	Excision of submandibular (submaxillary) gland	\$28,390.00
100473	Incision and drainage abscess; peritonsillar	\$1,978.50
100474	Removal of foreign body from pharynx	\$1,144.36
100475	Tonsillectomy and adenoidectomy; younger than age 12	\$9,146.00
100476	Tonsillectomy and adenoidectomy; age 12 or over	\$8,541.00
100477	Tonsillectomy, primary or secondary; younger than age 12	\$11,126.50
100478	Tonsillectomy, primary or secondary; age 12 or over	\$9,024.00
100479	Adenoidectomy, primary; younger than age 12	\$4,512.00
100480	Adenoidectomy, primary; age 12 or over	\$6,479.50
100481	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention	\$12,884.50
100482	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$6,407.00
100483	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	\$5,801.50
100484	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$3,751.00
100485	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	\$4,133.50
100486	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	\$6,795.50
100487	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	\$5,595.50
100488	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	\$8,033.00
100489	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	\$5,094.00
100490	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	\$10,490.00

100491	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	\$12,004.50
100492	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	\$44,870.50
100493	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	\$21,816.00
100494	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)	\$999.00
100495	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed	\$1,178.67
100496	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract	\$1,175.00
100497	Closure of enterostomy, large or small intestine;	\$26,138.50
100498	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal	\$19,003.00
100499	Appendectomy;	\$21,131.00
100500	Laparoscopy, surgical, appendectomy	\$11,943.00
100501	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)	\$11,023.50
100502	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	\$4,049.00
100503	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$5,709.50
100504	Colonoscopy, flexible; with biopsy, single or multiple	\$5,421.00
100505	Colonoscopy, flexible; with control of bleeding, any method	\$4,808.50
100506	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$4,412.00
100507	Reduction of procidentia (separate procedure) under anesthesia	\$4,586.50
100508	Removal of fecal impaction or foreign body (separate procedure) under anesthesia	\$10,019.00
100509	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)	\$10,920.50
100510	Incision and drainage, perianal abscess, superficial	\$8,157.50
100511	Incision of thrombosed hemorrhoid, external	\$956.00
100512	Excision of single external papilla or tag, anus	\$10,519.00
100513	Hemorrhoidectomy, external, 2 or more columns/groups	\$15,058.00
100514	Hemorrhoidectomy, internal and external, single column/group;	\$10,115.00
100515	Hemorrhoidectomy, internal and external, 2 or more columns/groups;	\$9,498.50
100516	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous	\$8,035.00
100517	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric	\$8,961.50
100518	Excision of thrombosed hemorrhoid, external	\$6,357.50
100519	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$513.50
100520	Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	\$12,040.50

100521	Biopsy of liver, needle; percutaneous	\$4,692.00
100522	Biopsy of liver, wedge	\$19,201.00
100523	Laparoscopy, surgical; cholecystectomy	\$15,430.00
100524	Laparoscopy, surgical; cholecystectomy with cholangiography	\$16,042.50
100525	Laparoscopy, surgical; cholecystectomy with exploration of common duct	\$38,378.50
100526	Cholecystectomy;	\$31,981.00
100527	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance	\$2,621.00
100528	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	\$2,780.00
100529	Biopsy, abdominal or retroperitoneal mass, percutaneous needle	\$5,562.00
100530	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$14,795.00
100531	Laparoscopy, surgical; with biopsy (single or multiple)	\$22,291.00
100532	Removal of peritoneal foreign body from peritoneal cavity	\$20,898.00
100533	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	\$10,570.00
100534	Removal of tunneled intraperitoneal catheter	\$15,978.50
100535	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	\$7,410.50
100536	Repair initial inguinal hernia, age 5 years or older; reducible	\$15,727.50
100537	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	\$25,093.50
100538	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	\$26,440.50
100539	Repair inguinal hernia, sliding, any age	\$24,927.00
100540	Laparoscopy, surgical; repair initial inguinal hernia	\$18,389.00
100541	Laparoscopy, surgical; repair recurrent inguinal hernia	\$33,985.00
100542	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	\$6,262.00
100543	Cystostomy, cystotomy with drainage	\$9,158.50
100544	Aspiration of bladder; with insertion of suprapubic catheter	\$6,837.50
100545	Bladder irrigation, simple, lavage and/or instillation	\$617.00
100546	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	\$459.74
100547	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	\$452.00
100548	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	\$136.00
100549	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	\$176.00
100550	Cystorrhaphy, suture of bladder wound, injury or rupture; simple	\$18,237.00
100551	Cystourethroscopy (separate procedure)	\$8,686.00
100552	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots	\$11,038.00
100553	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	\$7,526.50
100554	Cystourethroscopy, with biopsy(s)	\$8,110.00
100555	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	\$8,436.00

100556	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	\$9,222.50
100557	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	\$10,061.00
100558	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	\$21,342.50
100559	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	\$7,153.00
100560	Cystourethroscopy with direct vision internal urethrotomy	\$9,084.00
100561	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	\$8,267.00
100562	Cystourethroscopy, with injection(s) for chemodenervation of the bladder	\$8,541.00
100563	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	\$5,820.50
100564	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	\$17,044.50
100565	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	\$12,099.50
100566	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus	\$7,201.00
100567	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)	\$16,114.50
100568	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus	\$6,587.50
100569	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	\$10,190.00
100570	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	\$10,806.50
100571	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	\$4,810.00
100572	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	\$20,200.50
100573	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	\$13,665.00
100574	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	\$12,539.00
100575	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	\$11,775.00
100576	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	\$9,614.50
100577	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	\$6,113.00
100578	Excision of penile plaque (Peyronie disease);	\$18,570.50
100579	Circumcision, using clamp or other device with regional dorsal penile or ring block	\$1,567.50

100580	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	\$10,392.00
100581	Lysis or excision of penile post-circumcision adhesions	\$5,552.00
100582	Repair incomplete circumcision	\$7,353.50
100583	Irrigation of corpora cavernosa for priapism	\$990.50
100584	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)	\$826.07
100585	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	\$18,264.00
100586	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	\$14,475.50
100587	Orchiectomy, partial	\$10,272.50
100588	Orchiectomy, radical, for tumor; inguinal approach	\$20,289.00
100589	Fixation of contralateral testis (separate procedure)	\$10,060.00
100590	Excision of local lesion of epididymis	\$7,291.50
100591	Epididymectomy; unilateral	\$8,258.50
100592	Excision of hydrocele; unilateral	\$8,802.00
100593	Repair of tunica vaginalis hydrocele (Bottle type)	\$8,067.00
100594	Removal of foreign body in scrotum	\$11,037.50
100595	Biopsy, prostate; needle or punch, single or multiple, any approach	\$6,021.00
100596	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages	\$49,574.50
100597	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	\$4,539.41
100598	Incision and drainage of vulva or perineal abscess	\$2,693.50
100599	Incision and drainage of Bartholin's gland abscess	\$909.50
100600	Marsupialization of Bartholin's gland cyst	\$13,562.00
100601	Vulvectomy simple; partial	\$9,114.50
100602	Partial hymenectomy or revision of hymenal ring	\$9,284.50
100603	Excision of Bartholin's gland or cyst	\$13,885.50
100604	Colpocleisis (Le Fort type)	\$9,723.50
100605	Excision of vaginal septum	\$10,011.00
100606	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	\$8,036.00
100607	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	\$14,097.00
100608	Sling operation for stress incontinence (eg, fascia or synthetic)	\$10,107.00
100609	Pelvic examination under anesthesia (other than local)	\$9,431.50
100610	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)	\$7,227.00
100611	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	\$1,691.50
100612	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	\$2,467.88
100613	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	\$8,310.50

100614	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	\$421.00
100615	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	\$6,176.00
100616	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	\$13,622.50
100617	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	\$12,358.00
100618	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	\$18,015.50
100619	Removal of intrauterine device (IUD)	\$7,129.50
100620	Endometrial ablation, thermal, without hysteroscopic guidance	\$7,134.00
100621	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	\$19,665.00
100622	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas	\$24,013.00
100623	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	\$9,615.50
100624	Hysteroscopy, surgical; with removal of leiomyomata	\$13,840.50
100625	Hysteroscopy, surgical; with removal of impacted foreign body	\$9,588.00
100626	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrocauterization, thermoablation)	\$9,272.00
100627	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	\$18,782.00
100628	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	\$28,442.50
100629	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	\$25,376.50
100630	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	\$12,194.00
100631	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	\$13,754.50
100632	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	\$11,377.00
100633	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	\$15,590.50
100634	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	\$15,199.50
100635	Ovarian cystectomy, unilateral or bilateral	\$15,726.00
100636	Fetal non-stress test	\$1,597.50
100637	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy	\$12,437.50
100638	Curettage, postpartum	\$6,559.50
100639	Treatment of incomplete abortion, any trimester, completed surgically	\$9,443.50
100640	Treatment of missed abortion, completed surgically; first trimester	\$9,443.50
100641	Biopsy thyroid, percutaneous core needle	\$1,866.00
100642	Total thyroid lobectomy, unilateral; with or without isthmusectomy	\$15,532.00
100643	Thyroidectomy, total or complete	\$40,941.00

100644	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid	\$20,249.50
100645	Excision of thyroglossal duct cyst or sinus;	\$17,184.50
100646	Parathyroidectomy or exploration of parathyroid(s);	\$13,895.00
100647	Spinal puncture, lumbar, diagnostic;	\$2,918.00
100648	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);	\$2,931.00
100649	Injection, epidural, of blood or clot patch	\$2,267.78
100650	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)	\$1,939.00
100651	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)	\$3,002.00
100652	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	\$2,107.00
100653	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)	\$1,683.00
100654	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	\$1,445.00
100655	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed	\$3,918.00
100656	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	\$1,885.00
100657	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	\$3,859.00
100658	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)	\$1,120.50
100659	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	\$4,397.50
100660	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)	\$3,611.50
100661	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)	\$2,238.50
100662	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	\$5,975.00
100663	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)	\$1,424.00

100664	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)	\$2,283.50
100665	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	\$2,989.50
100666	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	\$4,270.00
100667	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)	\$4,157.00
100668	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	\$4,200.00
100669	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)	\$4,155.00
100670	Neuroplasty and/or transposition; ulnar nerve at elbow	\$5,884.79
100671	Neuroplasty and/or transposition; median nerve at carpal tunnel	\$8,315.00
100672	Removal of foreign body, external eye; conjunctival superficial	\$587.50
100673	Removal of foreign body, external eye; corneal, without slit lamp	\$1,172.65
100674	Removal of foreign body, external eye; corneal, with slit lamp	\$697.50
100675	Excision or transposition of pterygium; with graft	\$9,510.00
100676	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)	\$4,999.00
100677	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	\$16,175.50
100678	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure	\$12,270.00
100679	Removal of lens material; aspiration technique, 1 or more stages	\$6,771.50
100680	Removal of lens material; intracapsular	\$13,165.00
100681	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	\$9,751.00
100682	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	\$9,882.00
100683	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal	\$14,063.50
100684	Exchange of intraocular lens	\$13,596.50
100685	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal	\$10,316.00
100686	Blepharotomy, drainage of abscess, eyelid	\$2,011.50
100687	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	\$7,478.00
100688	Repair of ectropion; extensive (eg, tarsal strip operations)	\$6,493.00

100689	Removal of embedded foreign body, eyelid	\$1,347.00
100690	Drainage external ear, abscess or hematoma; simple	\$2,034.50
100691	Drainage external ear, abscess or hematoma; complicated	\$5,523.00
100692	Excision soft tissue lesion, external auditory canal	\$14,675.00
100693	Removal foreign body from external auditory canal; without general anesthesia	\$973.00
100694	Removal foreign body from external auditory canal; with general anesthesia	\$6,039.50
100695	Removal impacted cerumen using irrigation/lavage, unilateral	\$159.50
100696	Removal impacted cerumen requiring instrumentation, unilateral	\$314.50
100697	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	\$8,196.00
100698	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch	\$8,602.00
100699	Myringoplasty (surgery confined to drumhead and donor area)	\$9,366.00
100700	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	\$16,610.50
100701	Myelography, posterior fossa, radiological supervision and interpretation	\$2,153.00
100702	Cisternography, positive contrast, radiological supervision and interpretation	\$2,715.50
100703	Radiologic examination, eye, for detection of foreign body	\$564.00
100704	Radiologic examination, mandible; partial, less than 4 views	\$691.00
100705	Radiologic examination, mandible; complete, minimum of 4 views	\$928.00
100706	Radiologic examination, mastoids; less than 3 views per side	\$653.00
100707	Radiologic examination, mastoids; complete, minimum of 3 views per side	\$680.50
100708	Radiologic examination, internal auditory meati, complete	\$918.50
100709	Radiologic examination, facial bones; less than 3 views	\$693.00
100710	Radiologic examination, facial bones; complete, minimum of 3 views	\$914.00
100711	Radiologic examination, nasal bones, complete, minimum of 3 views	\$853.50
100712	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation	\$2,495.00
100713	Radiologic examination; optic foramina	\$709.50
100714	Radiologic examination; orbits, complete, minimum of 4 views	\$878.50
100715	Radiologic examination, sinuses, paranasal, less than 3 views	\$534.00
100716	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	\$849.00
100717	Radiologic examination, sella turcica	\$671.50
100718	Radiologic examination, skull; less than 4 views	\$777.00
100719	Radiologic examination, skull; complete, minimum of 4 views	\$1,262.00
100720	Radiologic examination, teeth; single view	\$315.00
100721	Radiologic examination, teeth; partial examination, less than full mouth	\$723.50
100722	Radiologic examination, teeth; complete, full mouth	\$811.50
100723	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral	\$589.50
100724	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral	\$722.50
100725	Temporomandibular joint arthrography, radiological supervision and interpretation	\$2,591.00
100726	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	\$5,185.50
100727	Cephalogram, orthodontic	\$512.50
100728	Orthopantomogram (eg, panoramic x-ray)	\$523.50
100729	Radiologic examination; neck, soft tissue	\$648.50
100730	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique	\$756.00

100731	Complex dynamic pharyngeal and speech evaluation by cine or video recording	\$1,538.00
100732	Radiologic examination, salivary gland for calculus	\$671.50
100733	Sialography, radiological supervision and interpretation	\$1,416.50
100734	Computed tomography, head or brain; without contrast material	\$3,828.00
100735	Computed tomography, head or brain; with contrast material(s)	\$4,428.00
100736	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	\$5,238.00
100737	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	\$8,199.00
100738	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	\$3,996.50
100739	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	\$11,546.00
100740	Computed tomography, maxillofacial area; without contrast material	\$4,131.00
100741	Computed tomography, maxillofacial area; with contrast material(s)	\$5,777.00
100742	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	\$6,610.00
100743	Computed tomography, soft tissue neck; without contrast material	\$4,819.50
100744	Computed tomography, soft tissue neck; with contrast material(s)	\$5,137.00
100745	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	\$6,736.50
100746	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$5,819.00
100747	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$5,585.50
100748	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	\$5,303.50
100749	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	\$6,495.50
100750	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	\$10,304.00
100751	Magnetic resonance angiography, head; without contrast material(s)	\$6,975.00
100752	Magnetic resonance angiography, head; with contrast material(s)	\$5,457.00
100753	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	\$4,855.00
100754	Magnetic resonance angiography, neck; without contrast material(s)	\$2,986.50
100755	Magnetic resonance angiography, neck; with contrast material(s)	\$5,156.00
100756	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	\$4,081.50
100757	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	\$5,178.00
100758	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	\$6,943.50
100759	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	\$8,862.00

100760	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	\$5,626.00
100761	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	\$5,989.50
100762	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	\$5,329.50
100763	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)	\$3,507.50
100764	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	\$4,021.50
100765	Radiologic examination, chest; single view	\$659.00
100766	Radiologic examination, chest; 2 views	\$785.00
100767	Radiologic examination, chest; 3 views	\$856.00
100768	Radiologic examination, chest; 4 or more views	\$984.50
100769	Radiologic examination, ribs, unilateral; 2 views	\$785.50
100770	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	\$772.00
100771	Radiologic examination, ribs, bilateral; 3 views	\$836.00
100772	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	\$745.50
100773	Radiologic examination; sternum, minimum of 2 views	\$711.00
100774	Radiologic examination; sternoclavicular joint or joints, minimum of 3 views	\$670.50
100775	Computed tomography, thorax, diagnostic; without contrast material	\$4,837.00
100776	Computed tomography, thorax, diagnostic; with contrast material(s)	\$5,105.00
100777	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	\$5,736.00
100778	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	\$903.00
100779	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$6,296.50
100780	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	\$4,620.50
100781	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	\$5,163.00
100782	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	\$8,237.50
100783	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	\$7,628.50
100784	Radiologic examination, spine, single view, specify level	\$684.00
100785	Radiologic examination, spine, cervical; 2 or 3 views	\$893.00
100786	Radiologic examination, spine, cervical; 4 or 5 views	\$989.50

100787	Radiologic examination, spine, cervical; 6 or more views	\$1,220.00
100788	Radiologic examination, spine; thoracic, 2 views	\$807.00
100789	Radiologic examination, spine; thoracic, 3 views	\$823.50
100790	Radiologic examination, spine; thoracic, minimum of 4 views	\$995.50
100791	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	\$747.50
100792	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	\$276.50
100793	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	\$666.00
100794	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	\$2,040.50
100795	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	\$2,040.50
100796	Radiologic examination, spine, lumbosacral; 2 or 3 views	\$864.00
100797	Radiologic examination, spine, lumbosacral; minimum of 4 views	\$1,149.50
100798	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	\$1,293.50
100799	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	\$698.00
100800	Computed tomography, cervical spine; without contrast material	\$4,863.50
100801	Computed tomography, cervical spine; with contrast material	\$5,110.00
100802	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	\$5,413.50
100803	Computed tomography, thoracic spine; without contrast material	\$4,337.00
100804	Computed tomography, thoracic spine; with contrast material	\$4,689.00
100805	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	\$5,282.50
100806	Computed tomography, lumbar spine; without contrast material	\$5,517.00
100807	Computed tomography, lumbar spine; with contrast material	\$5,798.00
100808	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	\$6,906.50
100809	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	\$5,084.50
100810	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	\$6,970.50
100811	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	\$5,262.00
100812	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	\$6,898.00
100813	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	\$5,922.00
100814	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	\$6,648.00
100815	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	\$8,276.50
100816	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	\$8,201.00

100817	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	\$8,421.00
100818	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	\$7,939.50
100819	Radiologic examination, pelvis; 1 or 2 views	\$888.00
100820	Radiologic examination, pelvis; complete, minimum of 3 views	\$669.00
100821	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$4,683.50
100822	Computed tomography, pelvis; without contrast material	\$4,381.50
100823	Computed tomography, pelvis; with contrast material(s)	\$5,062.50
100824	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	\$5,726.00
100825	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	\$5,128.50
100826	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	\$6,701.00
100827	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	\$8,601.00
100828	Magnetic resonance angiography, pelvis, with or without contrast material(s)	\$8,248.00
100829	Radiologic examination, sacroiliac joints; less than 3 views	\$466.00
100830	Radiologic examination, sacroiliac joints; 3 or more views	\$544.00
100831	Radiologic examination, sacrum and coccyx, minimum of 2 views	\$765.00
100832	Myelography, cervical, radiological supervision and interpretation	\$3,557.50
100833	Myelography, thoracic, radiological supervision and interpretation	\$3,254.00
100834	Myelography, lumbosacral, radiological supervision and interpretation	\$3,332.50
100835	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	\$4,172.50
100836	Discography, cervical or thoracic, radiological supervision and interpretation	\$5,008.00
100837	Discography, lumbar, radiological supervision and interpretation	\$5,722.00
100838	Radiologic examination; clavicle, complete	\$735.50
100839	Radiologic examination; scapula, complete	\$593.00
100840	Radiologic examination, shoulder; 1 view	\$865.50
100841	Radiologic examination, shoulder; complete, minimum of 2 views	\$780.50
100842	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation	\$2,029.00
100843	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	\$701.00
100844	Radiologic examination; humerus, minimum of 2 views	\$754.00
100845	Radiologic examination, elbow; 2 views	\$749.50
100846	Radiologic examination, elbow; complete, minimum of 3 views	\$757.00
100847	Radiologic examination, elbow, arthrography, radiological supervision and interpretation	\$1,734.00
100848	Radiologic examination; forearm, 2 views	\$706.00
100849	Radiologic examination; upper extremity, infant, minimum of 2 views	\$671.50
100850	Radiologic examination, wrist; 2 views	\$651.00
100851	Radiologic examination, wrist; complete, minimum of 3 views	\$833.50
100852	Radiologic examination, wrist, arthrography, radiological supervision and interpretation	\$839.00

100853	Radiologic examination, hand; 2 views	\$595.00
100854	Radiologic examination, hand; minimum of 3 views	\$638.50
100855	Radiologic examination, finger(s), minimum of 2 views	\$547.00
100856	Computed tomography, upper extremity; without contrast material	\$3,712.50
100857	Computed tomography, upper extremity; with contrast material(s)	\$4,497.00
100858	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	\$4,795.00
100859	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$5,301.00
100860	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	\$5,327.00
100861	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	\$6,214.50
100862	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	\$7,894.00
100863	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	\$5,181.00
100864	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	\$5,929.50
100865	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	\$7,816.00
100866	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	\$7,152.50
100867	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	\$299.00
100868	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	\$683.50
100869	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	\$1,296.00
100870	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	\$807.00
100871	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	\$596.00
100872	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	\$2,040.50
100873	Radiologic examination, hip, arthrography, radiological supervision and interpretation	\$1,786.50
100874	Radiologic examination, femur; 1 view	\$306.00
100875	Radiologic examination, femur; minimum 2 views	\$820.00
100876	Radiologic examination, knee; 1 or 2 views	\$693.50
100877	Radiologic examination, knee; 3 views	\$726.00
100878	Radiologic examination, knee; complete, 4 or more views	\$885.00
100879	Radiologic examination, knee; both knees, standing, anteroposterior	\$545.00
100880	Radiologic examination, knee, arthrography, radiological supervision and interpretation	\$1,956.00
100881	Radiologic examination; tibia and fibula, 2 views	\$694.50
100882	Radiologic examination; lower extremity, infant, minimum of 2 views	\$671.50
100883	Radiologic examination, ankle; 2 views	\$639.00
100884	Radiologic examination, ankle; complete, minimum of 3 views	\$729.00
100885	Radiologic examination, ankle, arthrography, radiological supervision and interpretation	\$1,626.00

100886	Radiologic examination, foot; 2 views	\$604.50
100887	Radiologic examination, foot; complete, minimum of 3 views	\$654.50
100888	Radiologic examination; calcaneus, minimum of 2 views	\$592.00
100889	Radiologic examination; toe(s), minimum of 2 views	\$611.00
100890	Computed tomography, lower extremity; without contrast material	\$3,891.50
100891	Computed tomography, lower extremity; with contrast material(s)	\$4,396.00
100892	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	\$5,084.00
100893	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$6,815.00
100894	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	\$5,535.00
100895	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	\$6,395.00
100896	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	\$8,312.00
100897	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	\$5,532.00
100898	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	\$6,219.50
100899	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	\$8,232.00
100900	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	\$6,771.50
100901	Radiologic examination, abdomen; 1 view	\$670.00
100902	Radiologic examination, abdomen; 2 views	\$700.00
100903	Radiologic examination, abdomen; 3 or more views	\$383.00
100904	Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest	\$1,523.00
100905	Computed tomography, abdomen; without contrast material	\$4,427.50
100906	Computed tomography, abdomen; with contrast material(s)	\$4,425.50
100907	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	\$6,001.00
100908	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$12,756.00
100909	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$6,637.00
100910	Computed tomography, abdomen and pelvis; without contrast material	\$8,888.00
100911	Computed tomography, abdomen and pelvis; with contrast material(s)	\$10,057.00
100912	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	\$10,468.50
100913	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	\$7,106.50
100914	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	\$6,594.00
100915	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	\$8,325.50
100916	Magnetic resonance angiography, abdomen, with or without contrast material(s)	\$7,259.50

100917	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation	\$2,748.50
100918	Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study	\$991.00
100919	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	\$1,139.50
100920	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study	\$1,455.00
100921	Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study	\$1,209.00
100922	Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation	\$1,845.50
100923	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	\$1,123.00
100924	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	\$1,942.00
100925	Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination)	\$384.00
100926	Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study	\$1,622.50
100927	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	\$1,945.00
100928	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	\$2,508.00
100929	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	\$4,019.00
100930	Computed tomographic (CT) colonography, screening, including image postprocessing	\$3,038.00
100931	Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	\$2,098.00
100932	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	\$1,845.50
100933	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)	\$1,698.50
100934	Cholecystography, oral contrast	\$1,222.50
100935	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation	\$1,765.50

100936	Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)	\$801.50
100937	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	\$2,138.00
100938	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	\$1,897.50
100939	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation	\$2,342.00
100940	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and images, radiological supervision and interpretation	\$1,511.50
100941	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation	\$1,989.50
100942	Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation	\$1,482.00
100943	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation	\$4,011.50
100944	Urography (pyelography), intravenous, with or without KUB, with or without tomography	\$1,969.00
100945	Urography, infusion, drip technique and/or bolus technique;	\$1,849.00
100946	Urography, infusion, drip technique and/or bolus technique; with nephrotomography	\$2,307.50
100947	Urography, retrograde, with or without KUB	\$1,977.50
100948	Urography, antegrade, radiological supervision and interpretation	\$1,646.50
100949	Cystography, minimum of 3 views, radiological supervision and interpretation	\$1,512.50
100950	Vasography, vesiculography, or epididymography, radiological supervision and interpretation	\$2,007.00
100951	Corpora cavernosography, radiological supervision and interpretation	\$2,007.00
100952	Urethrocytography, retrograde, radiological supervision and interpretation	\$1,528.00
100953	Urethrocytography, voiding, radiological supervision and interpretation	\$1,589.00
100954	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation	\$2,987.00
100955	Dilation of ureter(s) or urethra, radiological supervision and interpretation	\$5,277.50
100956	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	\$5,727.00
100957	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)	\$2,338.00
100958	Hysterosalpingography, radiological supervision and interpretation	\$1,959.00
100959	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	\$1,563.50
100960	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)	\$1,372.50
100961	Cardiac magnetic resonance imaging for morphology and function without contrast material;	\$4,708.00
100962	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	\$5,239.50

100963	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	\$6,599.50
100964	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	\$7,642.00
100965	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	\$1,303.00
100966	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	\$525.00
100967	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)	\$4,046.00
100968	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)	\$4,567.00
100969	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)	\$4,845.00
100970	Aortography, thoracic, without serialography, radiological supervision and interpretation	\$16,187.00
100971	Aortography, thoracic, by serialography, radiological supervision and interpretation	\$13,581.00
100972	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	\$9,309.50
100973	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$5,835.50
100974	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation	\$15,638.00
100975	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	\$11,004.00
100976	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	\$11,004.00
100977	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation	\$12,879.50
100978	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation	\$8,687.50
100979	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation	\$8,344.50
100980	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation	\$9,826.00
100981	Angiography, internal mammary, radiological supervision and interpretation	\$9,901.50
100982	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	\$4,598.00

100983	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation	\$4,950.50
100984	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation	\$5,273.00
100985	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation	\$5,841.50
100986	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation	\$5,902.50
100987	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation	\$1,102.50
100988	Splenoportography, radiological supervision and interpretation	\$11,004.00
100989	Venography, extremity, unilateral, radiological supervision and interpretation	\$5,433.00
100990	Venography, extremity, bilateral, radiological supervision and interpretation	\$4,059.00
100991	Venography, caval, inferior, with serialography, radiological supervision and interpretation	\$7,412.00
100992	Venography, caval, superior, with serialography, radiological supervision and interpretation	\$5,365.00
100993	Venography, renal, unilateral, selective, radiological supervision and interpretation	\$12,463.00
100994	Venography, renal, bilateral, selective, radiological supervision and interpretation	\$8,337.00
100995	Venography, adrenal, unilateral, selective, radiological supervision and interpretation	\$11,004.00
100996	Venography, adrenal, bilateral, selective, radiological supervision and interpretation	\$20,380.00
100997	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation	\$8,339.50
100998	Venography, superior sagittal sinus, radiological supervision and interpretation	\$4,866.50
100999	Venography, epidural, radiological supervision and interpretation	\$3,161.00
101000	Venography, orbital, radiological supervision and interpretation	\$4,866.50
101001	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation	\$8,172.50
101002	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation	\$4,863.00
101003	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation	\$14,630.50
101004	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation	\$7,318.00
101005	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation	\$10,760.00
101006	Transcatheter therapy, embolization, any method, radiological supervision and interpretation	\$9,617.50
101007	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	\$4,964.00
101008	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation	\$2,625.50
101009	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation	\$1,019.00

101010	Transcatheter biopsy, radiological supervision and interpretation	\$6,223.00
101011	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation	\$1,700.50
101012	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation	\$2,525.00
101013	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time	\$683.00
101014	Radiologic examination from nose to rectum for foreign body, single view, child	\$855.00
101015	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation	\$1,382.50
101016	Radiological examination, surgical specimen	\$2,169.00
101017	Radiologic examination, single plane body section (eg, tomography), other than with urography	\$1,088.50
101018	Cineradiography/videoradiography, except where specifically included	\$934.00
101019	Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)	\$453.50
101020	Consultation on X-ray examination made elsewhere, written report	\$154.50
101021	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report	\$1,959.00
101022	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	\$643.50
101023	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	\$1,380.50
101024	Computed tomography, limited or localized follow-up study	\$1,707.50
101025	Magnetic resonance spectroscopy	\$4,569.00
101026	Magnetic resonance (eg, vibration) elastography	\$2,435.50
101027	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	\$1,294.00
101028	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	\$1,432.50
101029	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	\$902.50
101030	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	\$949.50
101031	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral	\$1,031.00
101032	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	\$226.00
101033	Ophthalmic biometry by ultrasound echography, A-scan;	\$741.00
101034	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	\$742.00

101035	Ophthalmic ultrasonic foreign body localization	\$859.00
101036	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	\$1,419.00
101037	Ultrasound, chest (includes mediastinum), real time with image documentation	\$778.00
101038	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	\$896.00
101039	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	\$424.00
101040	Ultrasound, abdominal, real time with image documentation; complete	\$1,832.50
101041	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	\$1,537.00
101042	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	\$1,477.00
101043	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	\$1,684.00
101044	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited	\$997.00
101045	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation	\$1,563.50
101046	Ultrasound, spinal canal and contents	\$1,122.00
101047	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation	\$1,106.50
101048	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)	\$864.50
101049	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	\$2,174.50
101050	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)	\$1,392.00
101051	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	\$801.00
101052	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)	\$938.00
101053	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation	\$1,007.50
101054	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)	\$646.00

101055	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	\$1,452.00
101056	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	\$713.00
101057	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	\$1,045.00
101058	Fetal biophysical profile; with non-stress testing	\$1,057.00
101059	Fetal biophysical profile; without non-stress testing	\$1,538.00
101060	Doppler velocimetry, fetal; umbilical artery	\$778.00
101061	Doppler velocimetry, fetal; middle cerebral artery	\$840.00
101062	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;	\$2,335.00
101063	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study	\$1,492.00
101064	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	\$1,071.00
101065	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study	\$824.50
101066	Ultrasound, transvaginal	\$1,324.50
101067	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	\$1,400.00
101068	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	\$1,467.00
101069	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	\$758.50
101070	Ultrasound, scrotum and contents	\$1,488.50
101071	Ultrasound, transrectal;	\$634.00
101072	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	\$1,683.50
101073	Ultrasound, complete joint (ie, joint space and peri-articular soft tissue structures) real-time with image documentation	\$1,162.50
101074	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	\$647.00
101075	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)	\$1,274.50
101076	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation)	\$859.00
101077	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation	\$1,400.00
101078	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)	\$1,990.50

101079	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)	\$863.50
101080	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	\$1,639.00
101081	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation	\$1,363.00
101082	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	\$1,784.00
101083	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation	\$1,089.50
101084	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation	\$1,108.00
101085	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	\$536.50
101086	Ultrasonic guidance for interstitial radioelement application	\$1,995.00
101087	Gastrointestinal endoscopic ultrasound, supervision and interpretation	\$1,773.00
101088	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	\$301.50
101089	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	\$2,206.00
101090	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	\$1,214.00
101091	Ultrasound, elastography; parenchyma (eg, organ)	\$870.00
101092	Ultrasound, elastography; first target lesion	\$1,432.50
101093	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	\$427.50
101094	Ultrasonic guidance, intraoperative	\$1,670.50
101095	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)	\$1,593.00
101096	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	\$2,057.00
101097	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)	\$1,549.00
101098	Computed tomography guidance for stereotactic localization	\$4,260.50
101099	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	\$3,859.00
101100	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation	\$4,157.50
101101	Computed tomography guidance for placement of radiation therapy fields	\$2,711.00
101102	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	\$2,711.00

101103	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation	\$7,657.50
101104	Magnetic resonance imaging, breast, without contrast material; unilateral	\$4,749.00
101105	Magnetic resonance imaging, breast, without contrast material; bilateral	\$6,860.00
101106	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	\$8,631.00
101107	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	\$3,844.00
101108	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	\$1,246.50
101109	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation	\$1,351.00
101110	Diagnostic digital breast tomosynthesis; unilateral	\$198.00
101111	Diagnostic digital breast tomosynthesis; bilateral	\$295.00
101112	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	\$111.50
101113	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	\$714.50
101114	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	\$896.00
101115	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	\$754.00
101116	Manual application of stress performed by physician or other qualified health care professional for joint radiography, including contralateral joint if indicated	\$617.50
101117	Bone age studies	\$844.00
101118	Bone length studies (orthoroentgenogram, scanogram)	\$893.50
101119	Radiologic examination, osseous survey; limited (eg, for metastases)	\$1,060.00
101120	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)	\$1,191.00
101121	Radiologic examination, osseous survey, infant	\$918.50
101122	Joint survey, single view, 2 or more joints (specify)	\$615.50
101123	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	\$1,011.50
101124	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	\$1,057.50
101125	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	\$1,072.00
101126	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	\$3,495.50
101127	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment	\$407.00
101128	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)	\$830.00
101129	Therapeutic radiology treatment planning; simple	\$924.00
101130	Therapeutic radiology treatment planning; intermediate	\$1,239.50
101131	Therapeutic radiology treatment planning; complex	\$1,548.00
101132	Therapeutic radiology simulation-aided field setting; simple	\$1,124.00

101133	Therapeutic radiology simulation-aided field setting; intermediate	\$3,183.00
101134	Therapeutic radiology simulation-aided field setting; complex	\$1,700.00
101135	Respiratory motion management simulation (List separately in addition to code for primary procedure)	\$1,902.00
101136	3-dimensional radiotherapy plan, including dose-volume histograms	\$4,004.00
101137	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	\$294.00
101138	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	\$2,118.50
101139	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)	\$625.50
101140	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	\$2,951.50
101141	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	\$4,730.00
101142	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	\$4,548.50
101143	Special teletherapy port plan, particles, hemibody, total body	\$1,220.00
101144	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	\$1,084.00
101145	Treatment devices, design and construction; simple (simple block, simple bolus)	\$1,287.50
101146	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	\$1,788.50
101147	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	\$560.50
101148	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	\$468.00
101149	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	\$4,969.00
101150	Special medical radiation physics consultation	\$1,837.00
101151	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	\$3,196.00
101152	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	\$2,718.00
101153	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	\$727.00
101154	Radiation treatment delivery, superficial and/or ortho voltage, per day	\$890.00
101155	Radiation treatment delivery, => 1 MeV; simple	\$1,217.00
101156	Radiation treatment delivery, => 1 MeV; intermediate	\$1,723.00
101157	Radiation treatment delivery, => 1 MeV; complex	\$1,169.00

101158	Therapeutic radiology port image(s)	\$201.50
101159	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)	\$4,868.50
101160	Radiation treatment management, 5 treatments	\$1,069.00
101161	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	\$1,160.00
101162	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	\$3,808.00
101163	Intraoperative radiation treatment management	\$2,606.00
101164	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	\$1,491.00
101165	Proton treatment delivery; simple, without compensation	\$8,207.00
101166	Proton treatment delivery; simple, with compensation	\$10,364.50
101167	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	\$3,373.50
101168	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	\$6,596.50
101169	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	\$3,154.50
101170	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	\$3,154.50
101171	Hyperthermia generated by intracavitary probe(s)	\$3,154.50
101172	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	\$1,845.50
101173	Intracavitary radiation source application; simple	\$3,841.50
101174	Intracavitary radiation source application; intermediate	\$3,261.00
101175	Intracavitary radiation source application; complex	\$4,910.50
101176	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	\$2,058.00
101177	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	\$2,058.00
101178	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	\$8,807.50
101179	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	\$8,854.00
101180	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	\$9,598.00
101181	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	\$11,284.00
101182	Surface application of low dose rate radionuclide source	\$2,220.00
101183	Supervision, handling, loading of radiation source	\$2,216.00
101184	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	\$1,800.50
101185	Thyroid imaging (including vascular flow, when performed);	\$1,690.00
101186	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	\$1,773.00

101187	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)	\$2,176.50
101188	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)	\$2,600.00
101189	Thyroid carcinoma metastases imaging; whole body	\$3,142.00
101190	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)	\$1,228.00
101191	Parathyroid planar imaging (including subtraction, when performed);	\$1,448.00
101192	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	\$3,671.00
101193	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	\$4,155.50
101194	Adrenal imaging, cortex and/or medulla	\$5,092.50
101195	Bone marrow imaging; limited area	\$1,950.50
101196	Bone marrow imaging; multiple areas	\$2,216.50
101197	Bone marrow imaging; whole body	\$2,972.00
101198	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling	\$3,401.00
101199	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings	\$7,703.50
101200	Red cell volume determination (separate procedure); single sampling	\$3,401.00
101201	Red cell volume determination (separate procedure); multiple samplings	\$3,401.00
101202	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)	\$3,408.00
101203	Red cell survival study	\$3,401.00
101204	Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)	\$3,401.00
101205	Spleen imaging only, with or without vascular flow	\$2,472.00
101206	Platelet survival study	\$1,916.00
101207	Lymphatics and lymph nodes imaging	\$2,786.00
101208	Liver imaging; static only	\$4,591.00
101209	Liver imaging; with vascular flow	\$4,377.00
101210	Liver and spleen imaging; static only	\$2,986.00
101211	Liver and spleen imaging; with vascular flow	\$3,003.50
101212	Hepatobiliary system imaging, including gallbladder when present;	\$2,179.00
101213	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	\$3,631.00
101214	Salivary gland imaging;	\$2,323.00
101215	Salivary gland imaging; with serial images	\$2,323.00
101216	Salivary gland function study	\$4,154.50
101217	Esophageal motility	\$1,757.00
101218	Gastric mucosa imaging	\$2,323.00
101219	Gastroesophageal reflux study	\$3,150.50
101220	Gastric emptying imaging study (eg, solid, liquid, or both);	\$3,389.50
101221	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	\$2,991.50
101222	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	\$3,642.50
101223	Urea breath test, C-14 (isotopic); acquisition for analysis	\$608.00

101224	Urea breath test, C-14 (isotopic); analysis	\$1,085.00
101225	Acute gastrointestinal blood loss imaging	\$3,069.00
101226	Gastrointestinal protein loss	\$2,323.00
101227	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)	\$2,612.00
101228	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)	\$2,505.50
101229	Bone and/or joint imaging; limited area	\$2,415.00
101230	Bone and/or joint imaging; multiple areas	\$2,708.00
101231	Bone and/or joint imaging; whole body	\$4,062.00
101232	Bone and/or joint imaging; 3 phase study	\$3,090.50
101233	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry	\$3,295.50
101234	Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites	\$260.00
101235	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	\$2,622.50
101236	Cardiac shunt detection	\$2,626.50
101237	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	\$11,020.00
101238	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	\$10,792.50
101239	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	\$1,716.00
101240	Non-cardiac vascular flow imaging (ie, angiography, venography)	\$3,246.00
101241	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)	\$6,214.50
101242	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	\$6,948.00
101243	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)	\$8,375.50
101244	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	\$6,577.00
101245	Acute venous thrombosis imaging, peptide	\$2,790.00
101246	Venous thrombosis imaging, venogram; unilateral	\$2,790.00

101247	Venous thrombosis imaging, venogram; bilateral	\$2,790.00
101248	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	\$9,198.50
101249	Myocardial imaging, infarct avid, planar; qualitative or quantitative	\$2,439.50
101250	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	\$1,492.00
101251	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	\$4,567.00
101252	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	\$3,530.00
101253	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	\$4,611.00
101254	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	\$3,699.00
101255	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	\$4,249.50
101256	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)	\$9,981.50
101257	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)	\$10,890.00
101258	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	\$4,953.00
101259	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)	\$1,897.50
101260	Pulmonary ventilation imaging (eg, aerosol or gas)	\$2,983.00
101261	Pulmonary perfusion imaging (eg, particulate)	\$2,640.00
101262	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	\$3,181.00
101263	Quantitative differential pulmonary perfusion, including imaging when performed	\$3,063.00
101264	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed	\$4,397.50
101265	Brain imaging, less than 4 static views;	\$2,370.50
101266	Brain imaging, less than 4 static views; with vascular flow	\$3,528.00
101267	Brain imaging, minimum 4 static views;	\$4,210.50
101268	Brain imaging, minimum 4 static views; with vascular flow	\$3,528.00
101269	Brain imaging, positron emission tomography (PET); metabolic evaluation	\$12,433.00
101270	Brain imaging, positron emission tomography (PET); perfusion evaluation	\$12,704.50
101271	Brain imaging, vascular flow only	\$2,370.50
101272	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography	\$3,780.00

101273	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography	\$3,528.00
101274	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation	\$2,888.00
101275	Cerebrospinal fluid leakage detection and localization	\$6,380.00
101276	Radiopharmaceutical dacryocystography	\$1,863.00
101277	Kidney imaging morphology;	\$2,953.50
101278	Kidney imaging morphology; with vascular flow	\$3,180.50
101279	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention	\$3,482.50
101280	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	\$3,375.00
101281	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	\$4,283.00
101282	Kidney function study, non-imaging radioisotopic study	\$2,131.50
101283	Urinary bladder residual study (List separately in addition to code for primary procedure)	\$1,294.00
101284	Ureteral reflux study (radiopharmaceutical voiding cystogram)	\$3,730.00
101285	Testicular imaging with vascular flow	\$2,802.00
101286	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	\$2,605.00
101287	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	\$3,633.00
101288	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	\$4,813.50
101289	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	\$4,823.00
101290	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	\$6,533.50
101291	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)	\$1,952.50
101292	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	\$9,520.50
101293	Positron emission tomography (PET) imaging; skull base to mid-thigh	\$10,403.50
101294	Positron emission tomography (PET) imaging; whole body	\$12,143.00
101295	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	\$12,550.50

101296	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	\$6,236.00
101297	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	\$6,043.00
101298	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	\$7,683.50
101299	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	\$7,599.00
101300	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	\$8,605.50
101301	Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure)	\$1,371.50
101302	Radiopharmaceutical therapy, by oral administration	\$2,538.00
101303	Radiopharmaceutical therapy, by intravenous administration	\$2,480.50
101304	Radiopharmaceutical therapy, by intracavitary administration	\$2,952.50
101305	Radiopharmaceutical therapy, by interstitial radioactive colloid administration	\$2,191.00
101306	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	\$4,149.00
101307	Radiopharmaceutical therapy, by intra-articular administration	\$2,605.00
101308	Radiopharmaceutical therapy, by intra-arterial particulate administration	\$2,737.00
101309	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)	\$592.00
101310	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)	\$363.50
101311	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)	\$799.50

101312	Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)	\$224.00
101313	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)	\$892.00
101314	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)	\$176.00
101315	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	\$464.00
101316	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)	\$275.50
101317	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 (86803)	\$590.50
101318	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)	\$491.50
101319	Obstetric panel (includes HIV testing)	\$1,066.00
101320	Acetaminophen	\$509.00
101321	Adalimumab	\$941.00
101322	Amikacin	\$196.00
101323	Amiodarone	\$279.50
101324	Caffeine	\$343.00
101325	Carbamazepine; total	\$352.50
101326	Carbamazepine; free	\$341.50
101327	Cyclosporine	\$578.00
101328	Clozapine	\$337.00
101329	Carbamazepine; -10,11-epoxide	\$349.50
101330	Digoxin; total	\$195.50
101331	Digoxin; free	\$639.00
101332	Valproic acid (dipropylacetic acid); total	\$443.00
101333	Valproic acid (dipropylacetic acid); free	\$381.50
101334	Felbamate	\$418.00
101335	Ethosuximide	\$325.50
101336	Everolimus	\$461.00

101337	Gentamicin	\$502.50
101338	Gabapentin, whole blood, serum, or plasma	\$286.00
101339	Haloperidol	\$246.00
101340	Lamotrigine	\$194.00
101341	Lidocaine	\$446.50
101342	Levetiracetam	\$91.50
101343	Lithium	\$214.00
101344	Salicylate	\$509.00
101345	Mycophenolate (mycophenolic acid)	\$488.00
101346	Flecainide	\$327.50
101347	Oxcarbazepine	\$61.00
101348	Phenobarbital	\$550.50
101349	Phenytoin; total	\$264.00
101350	Phenytoin; free	\$344.50
101351	Posaconazole	\$476.50
101352	Primidone	\$316.50
101353	Itraconazole	\$384.50
101354	Procainamide;	\$275.00
101355	Procainamide; with metabolites (eg, n-acetyl procainamide)	\$409.50
101356	Leflunomide	\$734.00
101357	Quinidine	\$462.50
101358	Sirolimus	\$562.50
101359	Tacrolimus	\$416.00
101360	Theophylline	\$394.00
101361	Tiagabine	\$356.00
101362	Tobramycin	\$516.00
101363	Topiramate	\$282.00
101364	Vancomycin	\$504.50
101365	Zonisamide	\$354.50
101366	Methotrexate	\$432.00
101367	Rufinamide	\$476.50
101368	Infliximab	\$918.50
101369	Lacosamide	\$231.00
101370	Vedolizumab	\$715.50
101371	Voriconazole	\$448.00
101372	Quantitation of therapeutic drug, not elsewhere specified	\$418.00
101373	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	\$328.00
101374	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	\$524.00

101375	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	\$553.50
101376	Alcohols	\$395.00
101377	Alcohol biomarkers; 1 or 2	\$432.00
101378	Alcohol biomarkers; 3 or more	\$524.50
101379	Alkaloids, not otherwise specified	\$337.00
101380	Amphetamines; 1 or 2	\$587.00
101381	Amphetamines; 3 or 4	\$384.50
101382	Amphetamines; 5 or more	\$114.50
101383	Anabolic steroids; 1 or 2	\$467.50
101384	Analgesics, non-opioid; 1 or 2	\$241.50
101385	Analgesics, non-opioid; 3-5	\$657.50
101386	Analgesics, non-opioid; 6 or more	\$79.50
101387	Antidepressants, serotonergic class; 1 or 2	\$503.50
101388	Antidepressants, serotonergic class; 3-5	\$337.00
101389	Antidepressants, serotonergic class; 6 or more	\$51.00
101390	Antidepressants, tricyclic and other cyclicals; 1 or 2	\$409.50
101391	Antidepressants, tricyclic and other cyclicals; 3-5	\$451.00
101392	Antidepressants, tricyclic and other cyclicals; 6 or more	\$485.00
101393	Antidepressants, not otherwise specified	\$51.00
101394	Antiepileptics, not otherwise specified; 1-3	\$383.00
101395	Antiepileptics, not otherwise specified; 4-6	\$330.50
101396	Antiepileptics, not otherwise specified; 7 or more	\$51.00
101397	Antipsychotics, not otherwise specified; 1-3	\$387.50
101398	Antipsychotics, not otherwise specified; 4-6	\$435.50
101399	Antipsychotics, not otherwise specified; 7 or more	\$57.00
101400	Barbiturates	\$289.50
101401	Benzodiazepines; 1-12	\$317.50
101402	Benzodiazepines; 13 or more	\$413.50
101403	Buprenorphine	\$317.50
101404	Cannabinoids, natural	\$279.50
101405	Cannabinoids, synthetic; 1-3	\$270.00
101406	Cannabinoids, synthetic; 4-6	\$543.50
101407	Cannabinoids, synthetic; 7 or more	\$594.50
101408	Cocaine	\$273.00
101409	Fentanyl	\$90.00
101410	Gabapentin, non-blood	\$297.00
101411	Heroin metabolite	\$251.00
101412	Ketamine and norketamine	\$123.00
101413	Methadone	\$443.50
101414	Methylenedioxyamphetamines (MDA, MDEA, MDMA)	\$133.00
101415	Methylphenidate	\$502.50
101416	Opiates, 1 or more	\$649.00

101417	Opioids and opiate analogs; 1 or 2	\$419.50
101418	Opioids and opiate analogs; 3 or 4	\$452.50
101419	Opioids and opiate analogs; 5 or more	\$381.50
101420	Oxycodone	\$64.00
101421	Pregabalin	\$343.00
101422	Propoxyphene	\$101.50
101423	Sedative hypnotics (non-benzodiazepines)	\$337.00
101424	Skeletal muscle relaxants; 1 or 2	\$235.00
101425	Skeletal muscle relaxants; 3 or more	\$372.00
101426	Stimulants, synthetic	\$79.50
101427	Tapentadol	\$162.00
101428	Tramadol	\$303.00
101429	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3	\$416.50
101430	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more	\$330.50
101431	ACTH stimulation panel; for adrenal insufficiency This panel must include the following: Cortisol (82533 x 2)	\$874.00
101432	ACTH stimulation panel; for 21 hydroxylase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxyprogesterone (83498 x 2)	\$1,102.50
101433	ACTH stimulation panel; for 3 beta-hydroxydehydrogenase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxypregnenolone (84143 x 2)	\$1,036.00
101434	Aldosterone suppression evaluation panel (eg, saline infusion) This panel must include the following: Aldosterone (82088 x 2) Renin (84244 x 2)	\$1,376.00
101435	Calcitonin stimulation panel (eg, calcium, pentagastrin) This panel must include the following: Calcitonin (82308 x 3)	\$1,051.50
101436	Corticotropin releasing hormone (CRH) stimulation panel This panel must include the following: Cortisol (82533 x 6) Adrenocorticotropin hormone (ACTH) (82024 x 6)	\$12,008.00
101437	Chorionic gonadotropin stimulation panel; testosterone response This panel must include the following: Testosterone (84403 x 2 on 3 pooled blood samples)	\$807.50
101438	Chorionic gonadotropin stimulation panel; estradiol response This panel must include the following: Estradiol, total (82670 x 2 on 3 pooled blood samples)	\$1,500.00
101439	Renal vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 6)	\$1,417.50
101440	Peripheral vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 2)	\$732.50
101441	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)	\$1,992.50
101442	Glucagon tolerance panel; for insulinoma This panel must include the following: Glucose (82947 x 3) Insulin (83525 x 3)	\$691.00
101443	Glucagon tolerance panel; for pheochromocytoma This panel must include the following: Catecholamines, fractionated (82384 x 2)	\$1,497.00
101444	Gonadotropin releasing hormone stimulation panel This panel must include the following: Follicle stimulating hormone (FSH) (83001 x 4) Luteinizing hormone (LH) (83002 x 4)	\$1,522.00

101445	Growth hormone stimulation panel (eg, arginine infusion, l-dopa administration) This panel must include the following: Human growth hormone (HGH) (83003 x 4)	\$1,744.50
101446	Growth hormone suppression panel (glucose administration) This panel must include the following: Glucose (82947 x 3) Human growth hormone (HGH) (83003 x 4)	\$1,037.50
101447	Insulin-induced C-peptide suppression panel This panel must include the following: Insulin (83525) C-peptide (84681 x 5) Glucose (82947 x 5)	\$1,438.00
101448	Insulin tolerance panel; for ACTH insufficiency This panel must include the following: Cortisol (82533 x 5) Glucose (82947 x 5)	\$1,207.50
101449	Insulin tolerance panel; for growth hormone deficiency This panel must include the following: Glucose (82947 x 5) Human growth hormone (HGH) (83003 x 5)	\$4,689.00
101450	Metyrapone panel This panel must include the following: Cortisol (82533 x 2) 11 deoxycortisol (82634 x 2)	\$1,134.50
101451	Thyrotropin releasing hormone (TRH) stimulation panel; 1 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3)	\$796.00
101452	Thyrotropin releasing hormone (TRH) stimulation panel; 2 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4)	\$945.50
101453	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	\$40.00
101454	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	\$214.00
101455	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	\$30.00
101456	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	\$237.50
101457	Urinalysis; qualitative or semiquantitative, except immunoassays	\$121.00
101458	Urinalysis; bacteriuria screen, except by culture or dipstick	\$340.00
101459	Urinalysis; microscopic only	\$58.00
101460	Urinalysis; 2 or 3 glass test	\$165.50
101461	Urine pregnancy test, by visual color comparison methods	\$356.50
101462	Volume measurement for timed collection, each	\$21.00
101463	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)	\$1,445.50
101464	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)	\$1,445.50
101465	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)	\$1,445.50

101466	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)	\$1,445.50
101467	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))	\$1,445.50
101468	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)	\$1,445.50
101469	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)	\$1,445.50
101470	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)	\$1,445.50
101471	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	\$1,676.00
101472	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	\$2,159.00
101473	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	\$2,313.50
101474	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	\$2,172.50
101475	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	\$763.00
101476	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	\$948.50
101477	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	\$1,864.00
101478	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	\$936.00
101479	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	\$1,773.50
101480	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	\$1,323.50
101481	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	\$1,092.00
101482	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	\$489.00
101483	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	\$2,131.00

101484	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	\$950.00
101485	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	\$950.00
101486	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	\$2,313.50
101487	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	\$1,469.50
101488	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	\$119.00
101489	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	\$2,252.00
101490	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	\$2,270.50
101491	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)	\$2,049.50
101492	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	\$1,374.50
101493	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	\$1,578.00
101494	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	\$1,578.00
101495	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	\$1,578.00
101496	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	\$1,916.00
101497	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	\$2,048.50
101498	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	\$1,223.50
101499	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	\$1,341.00
101500	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	\$415.00
101501	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	\$386.00
101502	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	\$993.00
101503	FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	\$1,454.00
101504	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)	\$1,398.00

101505	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	\$1,543.00
101506	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	\$1,469.50
101507	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	\$1,578.00
101508	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	\$2,488.50
101509	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)	\$713.50
101510	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	\$1,104.50
101511	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	\$2,138.50
101512	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	\$1,145.50
101513	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)])	\$828.00
101514	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	\$1,136.00
101515	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	\$1,144.00
101516	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)	\$2,323.00
101517	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant	\$2,488.50
101518	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)	\$833.50
101519	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)	\$2,495.00
101520	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)	\$1,099.50
101521	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	\$2,153.00
101522	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)	\$2,356.50
101523	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants	\$1,722.50

101524	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	\$528.00
101525	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	\$1,414.50
101526	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)	\$2,313.50
101527	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	\$2,081.50
101528	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	\$2,548.50
101529	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	\$1,649.50
101530	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	\$930.50
101531	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	\$956.50
101532	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis	\$2,584.00
101533	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	\$2,030.50
101534	MCOLN1 (mucolipin 1) (eg, Mucopolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	\$758.00
101535	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	\$1,025.00
101536	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	\$2,780.50
101537	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	\$1,756.00
101538	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	\$1,497.00
101539	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	\$2,712.50
101540	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	\$1,158.00
101541	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	\$1,376.00
101542	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	\$2,731.50
101543	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	\$1,320.50
101544	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	\$1,246.00

101545	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	\$2,569.50
101546	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	\$1,608.00
101547	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	\$1,085.50
101548	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	\$2,108.50
101549	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	\$1,112.50
101550	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	\$1,282.00
101551	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	\$1,821.00
101552	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	\$1,970.50
101553	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)	\$2,154.50
101554	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	\$2,110.50
101555	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	\$2,313.50
101556	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	\$2,151.50
101557	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	\$2,386.50
101558	PMS2 (postmeiotic segregation increased 2 [<i>S. cerevisiae</i>]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	\$1,433.00
101559	PMS2 (postmeiotic segregation increased 2 [<i>S. cerevisiae</i>]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	\$1,600.00
101560	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	\$718.50
101561	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	\$1,886.00
101562	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	\$948.50
101563	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	\$1,033.00
101564	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	\$1,578.00
101565	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	\$1,849.50

101566	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	\$897.50
101567	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	\$1,409.50
101568	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)	\$961.50
101569	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)	\$2,302.50
101570	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	\$1,578.00
101571	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	\$1,217.00
101572	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	\$1,554.00
101573	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	\$1,767.00
101574	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)	\$2,186.50
101575	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)	\$1,192.00
101576	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	\$2,472.50
101577	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	\$2,522.00
101578	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	\$1,578.00
101579	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)	\$1,331.50
101580	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	\$2,685.50
101581	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	\$2,513.50
101582	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	\$1,004.00
101583	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)	\$1,239.50
101584	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)	\$1,239.50

101585	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	\$1,578.00
101586	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	\$2,488.50
101587	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	\$1,722.50
101588	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	\$2,282.00
101589	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	\$3,869.00
101590	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	\$2,218.00
101591	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	\$2,148.50
101592	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	\$689.50
101593	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	\$1,942.00
101594	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	\$1,720.50
101595	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	\$959.50
101596	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	\$2,304.00
101597	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	\$1,187.00
101598	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	\$2,162.50
101599	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	\$931.50
101600	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis)	\$1,074.00
101601	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)	\$1,702.00
101602	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])	\$1,678.00
101603	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)	\$2,584.00
101604	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)	\$2,741.00
101605	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score	\$1,487.00

101606	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	\$3,910.50
101607	Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-A, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score	\$533.50
101608	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)	\$832.50
101609	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	\$384.00
101610	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	\$154.00
101611	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)	\$1,538.50
101612	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	\$1,312.50
101613	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); qualitative	\$143.50
101614	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); quantitative	\$170.50
101615	Acetylcholinesterase	\$716.50
101616	Acylcarnitines; qualitative, each specimen	\$365.00
101617	Acylcarnitines; quantitative, each specimen	\$594.50
101618	Adrenocorticotrophic hormone (ACTH)	\$579.00
101619	Adenosine, 5-monophosphate, cyclic (cyclic AMP)	\$585.00
101620	Albumin; serum, plasma or whole blood	\$222.00
101621	Albumin; other source, quantitative, each specimen	\$149.00
101622	Albumin; urine (eg, microalbumin), quantitative	\$302.50
101623	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)	\$121.00
101624	Albumin; ischemia modified	\$689.50
101625	Alcohol (ethanol); breath	\$240.00
101626	Alcohol (ethanol); any specimen except urine and breath, immunoassay (eg, IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)	\$416.50
101627	Aldolase	\$252.00
101628	Aldosterone	\$539.50
101629	Alpha-1-antitrypsin; total	\$322.00
101630	Alpha-1-antitrypsin; phenotype	\$1,123.50

101631	Alpha-fetoprotein (AFP); serum	\$200.00
101632	Alpha-fetoprotein (AFP); amniotic fluid	\$352.50
101633	Alpha-fetoprotein (AFP); AFP-L3 fraction isoform and total AFP (including ratio)	\$820.00
101634	Aluminum	\$1,143.00
101635	Amines, vaginal fluid, qualitative	\$84.00
101636	Amino acids; single, qualitative, each specimen	\$507.00
101637	Amino acids; multiple, qualitative, each specimen	\$476.50
101638	Amino acids; single, quantitative, each specimen	\$659.50
101639	Aminolevulinic acid, delta (ALA)	\$548.00
101640	Amino acids, 2 to 5 amino acids, quantitative, each specimen	\$659.50
101641	Amino acids, 6 or more amino acids, quantitative, each specimen	\$1,139.50
101642	Ammonia	\$216.50
101643	Amniotic fluid scan (spectrophotometric)	\$901.00
101644	Amylase	\$343.50
101645	Androstanediol glucuronide	\$944.00
101646	Androstenedione	\$580.00
101647	Androsterone	\$521.00
101648	Angiotensin II	\$591.50
101649	Angiotensin I - converting enzyme (ACE)	\$269.00
101650	Apolipoprotein, each	\$762.00
101651	Arsenic	\$89.00
101652	Ascorbic acid (Vitamin C), blood	\$146.00
101653	Atomic absorption spectroscopy, each analyte	\$384.50
101654	Beta-2 microglobulin	\$232.00
101655	Bile acids; total	\$184.50
101656	Bile acids; cholyglycine	\$542.00
101657	Bilirubin; total	\$53.00
101658	Bilirubin; direct	\$205.00
101659	Bilirubin; feces, qualitative	\$187.50
101660	Biotinidase, each specimen	\$162.00
101661	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)	\$370.00
101662	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources	\$112.00
101663	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening	\$90.50
101664	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	\$150.00
101665	Bradykinin	\$113.00
101666	Cadmium	\$110.00
101667	Vitamin D; 25 hydroxy, includes fraction(s), if performed	\$350.50
101668	Calcitonin	\$523.00
101669	Calcium; total	\$231.00
101670	Calcium; ionized	\$252.00
101671	Calcium; after calcium infusion test	\$44.50
101672	Calcium; urine quantitative, timed specimen	\$175.50
101673	Calculus; qualitative analysis	\$421.00

101674	Calculus; quantitative analysis, chemical	\$440.50
101675	Calculus; infrared spectroscopy	\$118.00
101676	Calculus; X-ray diffraction	\$303.50
101677	Carbohydrate deficient transferrin	\$567.50
101678	Carbon dioxide (bicarbonate)	\$219.00
101679	Carboxyhemoglobin; quantitative	\$317.50
101680	Carboxyhemoglobin; qualitative	\$324.00
101681	Carcinoembryonic antigen (CEA)	\$389.50
101682	Carnitine (total and free), quantitative, each specimen	\$526.00
101683	Carotene	\$203.50
101684	Catecholamines; total urine	\$521.00
101685	Catecholamines; blood	\$743.50
101686	Catecholamines; fractionated	\$390.00
101687	Cathepsin-D	\$365.00
101688	Ceruloplasmin	\$196.00
101689	Chemiluminescent assay	\$72.00
101690	Chloramphenicol	\$346.50
101691	Chloride; blood	\$202.50
101692	Chloride; urine	\$87.00
101693	Chloride; other source	\$168.50
101694	Chlorinated hydrocarbons, screen	\$106.50
101695	Cholesterol, serum or whole blood, total	\$99.00
101696	Cholinesterase; serum	\$240.00
101697	Cholinesterase; RBC	\$292.50
101698	Chondroitin B sulfate, quantitative	\$125.00
101699	Chromium	\$343.00
101700	Citrate	\$141.00
101701	Collagen cross links, any method	\$174.50
101702	Copper	\$134.00
101703	Corticosterone	\$265.50
101704	Cortisol; free	\$375.00
101705	Cortisol; total	\$281.00
101706	Creatine	\$146.00
101707	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	\$555.50
101708	Creatine kinase (CK), (CPK); total	\$336.50
101709	Creatine kinase (CK), (CPK); isoenzymes	\$219.00
101710	Creatine kinase (CK), (CPK); MB fraction only	\$442.00
101711	Creatine kinase (CK), (CPK); isoforms	\$855.00
101712	Creatinine; blood	\$229.00
101713	Creatinine; other source	\$180.50
101714	Creatinine; clearance	\$420.50
101715	Cryofibrinogen	\$210.00
101716	Cryoglobulin, qualitative or semi-quantitative (eg, cryocrit)	\$149.50
101717	Cyanide	\$392.50
101718	Cyanocobalamin (Vitamin B-12);	\$211.00

101719	Cyanocobalamin (Vitamin B-12); unsaturated binding capacity	\$325.50
101720	Cystatin C	\$248.00
101721	Cystine and homocystine, urine, qualitative	\$183.00
101722	Dehydroepiandrosterone (DHEA)	\$312.00
101723	Dehydroepiandrosterone-sulfate (DHEA-S)	\$283.00
101724	Desoxycorticosterone, 11-	\$642.00
101725	Deoxycortisol, 11-	\$394.00
101726	Dibucaine number	\$192.50
101727	Dihydrotestosterone (DHT)	\$399.00
101728	Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed	\$297.00
101729	Elastase, pancreatic (EL-1), fecal; qualitative or semi-quantitative	\$699.00
101730	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; nonradioactive substrate, each specimen	\$713.50
101731	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; radioactive substrate, each specimen	\$1,239.50
101732	Electrophoretic technique, not elsewhere specified	\$705.50
101733	Erythropoietin	\$324.00
101734	Estradiol; total	\$343.50
101735	Estrogens; fractionated	\$156.00
101736	Estrogens; total	\$304.00
101737	Estriol	\$273.00
101738	Estrone	\$348.00
101739	Estradiol; free, direct measurement (eg, equilibrium dialysis)	\$610.00
101740	Ethylene glycol	\$133.00
101741	Etiocolanolone	\$503.50
101742	Fat or lipids, feces; qualitative	\$102.00
101743	Fat or lipids, feces; quantitative	\$454.50
101744	Fat differential, feces, quantitative	\$408.50
101745	Fatty acids, nonesterified	\$375.00
101746	Very long chain fatty acids	\$932.50
101747	Ferritin	\$602.00
101748	Fetal fibronectin, cervicovaginal secretions, semi-quantitative	\$1,134.00
101749	Fluoride	\$276.50
101750	Folic acid; serum	\$261.50
101751	Folic acid; RBC	\$106.00
101752	Fructose, semen	\$419.50
101753	Galactokinase, RBC	\$476.50
101754	Galactose	\$322.50
101755	Galactose-1-phosphate uridyl transferase; quantitative	\$470.50
101756	Galactose-1-phosphate uridyl transferase; screen	\$175.00
101757	Galectin-3	\$523.00
101758	Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each	\$212.00
101759	Gammaglobulin (immunoglobulin); IgE	\$468.50
101760	Gammaglobulin (immunoglobulin); immunoglobulin subclasses (eg, IgG1, 2, 3, or 4), each	\$279.00
101761	Gases, blood, pH only	\$287.50

101762	Gases, blood, any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ (including calculated O ₂ saturation);	\$882.00
101763	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	\$361.00
101764	Gases, blood, O ₂ saturation only, by direct measurement, except pulse oximetry	\$346.00
101765	Hemoglobin-oxygen affinity (pO ₂ for 50% hemoglobin saturation with oxygen)	\$560.50
101766	Gastric acid analysis, includes pH if performed, each specimen	\$381.50
101767	Gastrin after secretin stimulation	\$424.00
101768	Gastrin	\$370.00
101769	Glucagon	\$372.00
101770	Glucose, body fluid, other than blood	\$176.00
101771	Glucagon tolerance test	\$384.50
101772	Glucose; quantitative, blood (except reagent strip)	\$174.50
101773	Glucose; blood, reagent strip	\$31.00
101774	Glucose; post glucose dose (includes glucose)	\$59.00
101775	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	\$196.00
101776	Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)	\$39.50
101777	Glucose-6-phosphate dehydrogenase (G6PD); quantitative	\$347.00
101778	Glucose-6-phosphate dehydrogenase (G6PD); screen	\$184.00
101779	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use	\$73.00
101780	Glucosidase, beta	\$999.50
101781	Glutamate dehydrogenase	\$40.00
101782	Glutamyltransferase, gamma (GGT)	\$207.00
101783	Glutathione	\$443.50
101784	Glutathione reductase, RBC	\$240.00
101785	Glycated protein	\$583.00
101786	Gonadotropin; follicle stimulating hormone (FSH)	\$278.50
101787	Gonadotropin; luteinizing hormone (LH)	\$267.00
101788	Growth hormone, human (HGH) (somatotropin)	\$372.00
101789	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)	\$718.50
101790	Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (eg, C-13)	\$808.50
101791	Haptoglobin; quantitative	\$208.50
101792	Haptoglobin; phenotypes	\$416.50
101793	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope (eg, C-13)	\$441.50
101794	Helicobacter pylori; drug administration	\$87.00
101795	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); qualitative, any number of analytes	\$621.50
101796	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); quantitative, each, not elsewhere specified	\$430.50
101797	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)	\$397.00
101798	Hemoglobin fractionation and quantitation; chromatography (eg, A2, S, C, and/or F)	\$298.00
101799	Hemoglobin; by copper sulfate method, non-automated	\$52.50
101800	Hemoglobin; F (fetal), chemical	\$346.50

101801	Hemoglobin; F (fetal), qualitative	\$400.50
101802	Hemoglobin; glycosylated (A1C)	\$194.50
101803	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use	\$144.50
101804	Hemoglobin; methemoglobin, qualitative	\$237.00
101805	Hemoglobin; methemoglobin, quantitative	\$214.50
101806	Hemoglobin; plasma	\$265.50
101807	Hemoglobin; sulfhemoglobin, quantitative	\$235.00
101808	Hemoglobin; thermolabile	\$63.50
101809	Hemoglobin; unstable, screen	\$251.00
101810	Hemoglobin; urine	\$143.00
101811	Hemosiderin, qualitative	\$175.00
101812	b-Hexosaminidase, each assay	\$705.50
101813	Histamine	\$586.50
101814	Homocysteine	\$466.50
101815	Homovanillic acid (HVA)	\$284.50
101816	Hydroxycorticosteroids, 17- (17-OHCS)	\$437.00
101817	Hydroxyindolacetic acid, 5-(HIAA)	\$319.50
101818	Hydroxyprogesterone, 17-d	\$170.50
101819	Hydroxyproline; free	\$449.50
101820	Hydroxyproline; total	\$173.00
101821	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method	\$657.00
101822	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, single step method (eg, reagent strip)	\$194.50
101823	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, by radioimmunoassay (eg, RIA)	\$463.00
101824	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified	\$309.00
101825	Insulin; total	\$135.50
101826	Insulin; free	\$246.00
101827	Intrinsic factor	\$397.00
101828	Iron	\$290.00
101829	Iron binding capacity	\$392.00
101830	Isocitric dehydrogenase (IDH)	\$203.50
101831	Ketogenic steroids, fractionation	\$372.00
101832	Ketosteroids, 17- (17-KS); total	\$346.50
101833	Ketosteroids, 17- (17-KS); fractionation	\$538.50
101834	Lactate (lactic acid)	\$238.00
101835	Lactate dehydrogenase (LD), (LDH);	\$289.00
101836	Lactate dehydrogenase (LD), (LDH); isoenzymes, separation and quantitation	\$276.50
101837	Lactoferrin, fecal; qualitative	\$250.00
101838	Lactoferrin, fecal; quantitative	\$449.50
101839	Lactogen, human placental (HPL) human chorionic somatomammotropin	\$459.00
101840	Lactose, urine, qualitative	\$210.00
101841	Lead	\$145.50
101842	Fetal lung maturity assessment; lecithin sphingomyelin (L/S) ratio	\$483.00
101843	Fetal lung maturity assessment; foam stability test	\$441.50

101844	Fetal lung maturity assessment; fluorescence polarization	\$441.50
101845	Fetal lung maturity assessment; lamellar body density	\$327.50
101846	Leucine aminopeptidase (LAP)	\$478.50
101847	Lipase	\$295.00
101848	Lipoprotein (a)	\$640.00
101849	Lipoprotein-associated phospholipase A2 (Lp-PLA2)	\$626.00
101850	Lipoprotein, blood; electrophoretic separation and quantitation	\$329.00
101851	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (eg, electrophoresis, ultracentrifugation)	\$289.50
101852	Lipoprotein, blood; quantitation of lipoprotein particle number(s) (eg, by nuclear magnetic resonance spectroscopy), includes lipoprotein particle subclass(es), when performed	\$459.00
101853	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	\$204.50
101854	Lipoprotein, direct measurement; VLDL cholesterol	\$447.00
101855	Lipoprotein, direct measurement; LDL cholesterol	\$106.50
101856	Lipoprotein, direct measurement; small dense LDL cholesterol	\$198.50
101857	Luteinizing releasing factor (LRH)	\$856.50
101858	Magnesium	\$243.00
101859	Malate dehydrogenase	\$251.00
101860	Manganese	\$373.50
101861	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	\$95.00
101862	Mercury, quantitative	\$75.00
101863	Metanephrines	\$514.00
101864	Methemalbumin	\$314.50
101865	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity	\$184.00
101866	Mucopolysaccharides, acid, quantitative	\$899.50
101867	Mucin, synovial fluid (Ropes test)	\$132.00
101868	Myelin basic protein, cerebrospinal fluid	\$227.00
101869	Myoglobin	\$504.50
101870	Myeloperoxidase (MPO)	\$423.00
101871	Natriuretic peptide	\$305.50
101872	Nephelometry, each analyte not elsewhere specified	\$152.50
101873	Nickel	\$367.00
101874	Nucleotidase 5'-	\$238.50
101875	Oligoclonal immune (oligoclonal bands)	\$391.50
101876	Organic acids; total, quantitative, each specimen	\$847.00
101877	Organic acids; qualitative, each specimen	\$689.50
101878	Organic acid, single, quantitative	\$299.50
101879	Osmolality; blood	\$121.00
101880	Osmolality; urine	\$121.00
101881	Osteocalcin (bone g1a protein)	\$453.00
101882	Oxalate	\$323.00
101883	Oncoprotein; HER-2/neu	\$2,070.00

101884	Oncoprotein; des-gamma-carboxy-prothrombin (DCP)	\$713.50
101885	Parathormone (parathyroid hormone)	\$1,838.50
101886	pH; body fluid, not otherwise specified	\$113.00
101887	pH; exhaled breath condensate	\$397.00
101888	Phencyclidine (PCP)	\$222.50
101889	Calprotectin, fecal	\$501.50
101890	Phenylalanine (PKU), blood	\$167.00
101891	Phenylketones, qualitative	\$165.50
101892	Phosphatase, acid; total	\$613.50
101893	Phosphatase, acid; prostatic	\$267.00
101894	Phosphatase, alkaline;	\$232.00
101895	Phosphatase, alkaline; heat stable (total not included)	\$283.00
101896	Phosphatase, alkaline; isoenzymes	\$193.00
101897	Phosphatidylglycerol	\$313.00
101898	Phosphogluconate, 6-, dehydrogenase, RBC	\$237.00
101899	Phosphohexose isomerase	\$527.50
101900	Phosphorus inorganic (phosphate);	\$216.00
101901	Phosphorus inorganic (phosphate); urine	\$41.50
101902	Porphobilinogen, urine; qualitative	\$173.50
101903	Porphobilinogen, urine; quantitative	\$233.50
101904	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	\$488.50
101905	Porphyrins, urine; qualitative	\$295.50
101906	Porphyrins, urine; quantitation and fractionation	\$375.00
101907	Porphyrins, feces, quantitative	\$524.50
101908	Potassium; serum, plasma or whole blood	\$206.00
101909	Potassium; urine	\$128.00
101910	Prealbumin	\$117.50
101911	Pregnanediol	\$445.00
101912	Pregnanetriol	\$441.50
101913	Pregnenolone	\$120.00
101914	17-hydroxypregnenolone	\$389.00
101915	Progesterone	\$236.00
101916	Procalcitonin (PCT)	\$455.50
101917	Prolactin	\$270.00
101918	Prostaglandin, each	\$1,128.00
101919	Prostate specific antigen (PSA); complexed (direct measurement)	\$196.00
101920	Prostate specific antigen (PSA); total	\$399.00
101921	Prostate specific antigen (PSA); free	\$205.50
101922	Protein, total, except by refractometry; serum, plasma or whole blood	\$164.00
101923	Protein, total, except by refractometry; urine	\$292.00
101924	Protein, total, except by refractometry; other source (eg, synovial fluid, cerebrospinal fluid)	\$148.00
101925	Protein, total, by refractometry, any source	\$152.00
101926	Pregnancy-associated plasma protein-A (PAPP-A)	\$373.50
101927	Protein; electrophoretic fractionation and quantitation, serum	\$542.50

101928	Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)	\$443.00
101929	Protein; Western Blot, with interpretation and report, blood or other body fluid	\$607.00
101930	Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each	\$120.00
101931	Protoporphyrin, RBC; quantitative	\$324.00
101932	Protoporphyrin, RBC; screen	\$208.00
101933	Proinsulin	\$427.00
101934	Pyridoxal phosphate (Vitamin B-6)	\$341.00
101935	Pyruvate	\$365.00
101936	Pyruvate kinase	\$376.50
101937	Quinine	\$329.00
101938	Receptor assay; estrogen	\$1,685.50
101939	Receptor assay; progesterone	\$1,252.00
101940	Receptor assay; endocrine, other than estrogen or progesterone (specify hormone)	\$1,269.50
101941	Receptor assay; non-endocrine (specify receptor)	\$109.50
101942	Renin	\$274.50
101943	Riboflavin (Vitamin B-2)	\$440.50
101944	Selenium	\$43.00
101945	Serotonin	\$612.00
101946	Sex hormone binding globulin (SHBG)	\$270.00
101947	Sialic acid	\$384.50
101948	Silica	\$503.50
101949	Sodium; serum, plasma or whole blood	\$194.50
101950	Sodium; urine	\$81.00
101951	Sodium; other source	\$139.50
101952	Somatomedin	\$370.00
101953	Somatostatin	\$657.50
101954	Spectrophotometry, analyte not elsewhere specified	\$184.00
101955	Specific gravity (except urine)	\$116.00
101956	Sugars, chromatographic, TLC or paper chromatography	\$1,700.00
101957	Sugars (mono-, di-, and oligosaccharides); single qualitative, each specimen	\$213.00
101958	Sugars (mono-, di-, and oligosaccharides); multiple qualitative, each specimen	\$367.00
101959	Sugars (mono-, di-, and oligosaccharides); single quantitative, each specimen	\$292.50
101960	Sugars (mono-, di-, and oligosaccharides); multiple quantitative, each specimen	\$642.00
101961	Sulfate, urine	\$26.00
101962	Testosterone; free	\$283.50
101963	Testosterone; total	\$521.00
101964	Testosterone; bioavailable, direct measurement (eg, differential precipitation)	\$403.50
101965	Thiamine (Vitamin B-1)	\$118.00
101966	Thiocyanate	\$392.50
101967	Thromboxane metabolite(s), including thromboxane if performed, urine	\$654.50
101968	Thyroglobulin	\$43.50
101969	Thyroxine; total	\$245.50
101970	Thyroxine; requiring elution (eg, neonatal)	\$136.50
101971	Thyroxine; free	\$240.00
101972	Thyroxine binding globulin (TBG)	\$305.00

101973	Thyroid stimulating hormone (TSH)	\$546.00
101974	Thyroid stimulating immune globulins (TSI)	\$966.50
101975	Tocopherol alpha (Vitamin E)	\$147.00
101976	Transcortin (cortisol binding globulin)	\$327.50
101977	Transferase; aspartate amino (AST) (SGOT)	\$164.00
101978	Transferase; alanine amino (ALT) (SGPT)	\$155.00
101979	Transferrin	\$186.50
101980	Triglycerides	\$259.00
101981	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	\$184.00
101982	Triiodothyronine T3; total (TT-3)	\$176.00
101983	Triiodothyronine T3; free	\$442.00
101984	Triiodothyronine T3; reverse	\$389.00
101985	Troponin, quantitative	\$373.00
101986	Trypsin; duodenal fluid	\$252.50
101987	Trypsin; feces, qualitative	\$216.00
101988	Trypsin; feces, quantitative, 24-hour collection	\$255.50
101989	Tyrosine	\$272.00
101990	Troponin, qualitative	\$209.00
101991	Urea nitrogen; quantitative	\$177.00
101992	Urea nitrogen; semiquantitative (eg, reagent strip test)	\$184.00
101993	Urea nitrogen, urine	\$213.00
101994	Urea nitrogen, clearance	\$321.00
101995	Uric acid; blood	\$252.00
101996	Uric acid; other source	\$133.00
101997	Urobilinogen, feces, quantitative	\$343.00
101998	Urobilinogen, urine; qualitative	\$91.00
101999	Urobilinogen, urine; quantitative, timed specimen	\$505.50
102000	Urobilinogen, urine; semiquantitative	\$198.50
102001	Vanillylmandelic acid (VMA), urine	\$365.00
102002	Vasoactive intestinal peptide (VIP)	\$637.00
102003	Vasopressin (antidiuretic hormone, ADH)	\$481.50
102004	Vitamin A	\$141.00
102005	Vitamin, not otherwise specified	\$80.00
102006	Vitamin K	\$43.00
102007	Volatiles (eg, acetic anhydride, diethylether)	\$379.50
102008	Xylose absorption test, blood and/or urine	\$290.50
102009	Zinc	\$161.00
102010	C-peptide	\$239.00
102011	Gonadotropin, chorionic (hCG); quantitative	\$445.00
102012	Gonadotropin, chorionic (hCG); qualitative	\$355.50
102013	Gonadotropin, chorionic (hCG); free beta chain	\$335.00
102014	Ovulation tests, by visual color comparison methods for human luteinizing hormone	\$302.00
102015	Bleeding time	\$294.00
102016	Blood count; automated differential WBC count	\$205.00
102017	Blood count; blood smear, microscopic examination with manual differential WBC count	\$98.00

102018	Blood count; blood smear, microscopic examination without manual differential WBC count	\$109.50
102019	Blood count; manual differential WBC count, buffy coat	\$116.00
102020	Blood count; spun microhematocrit	\$136.50
102021	Blood count; hematocrit (Hct)	\$101.00
102022	Blood count; hemoglobin (Hgb)	\$106.00
102023	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	\$296.00
102024	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	\$250.50
102025	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	\$219.00
102026	Blood count; red blood cell (RBC), automated	\$63.00
102027	Blood count; reticulocyte, manual	\$72.00
102028	Blood count; reticulocyte, automated	\$143.50
102029	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	\$360.00
102030	Blood count; leukocyte (WBC), automated	\$53.00
102031	Blood count; platelet, automated	\$208.00
102032	Reticulated platelet assay	\$283.00
102033	Blood smear, peripheral, interpretation by physician with written report	\$182.00
102034	Bone marrow, smear interpretation	\$2,469.00
102035	Chromogenic substrate assay	\$756.00
102036	Clot retraction	\$163.50
102037	Clot lysis time, whole blood dilution	\$235.00
102038	Clotting; factor II, prothrombin, specific	\$441.50
102039	Clotting; factor V (AcG or proaccelerin), labile factor	\$666.00
102040	Clotting; factor VII (proconvertin, stable factor)	\$680.00
102041	Clotting; factor VIII (AHG), 1-stage	\$370.00
102042	Clotting; factor VIII related antigen	\$701.00
102043	Clotting; factor VIII, VW factor, ristocetin cofactor	\$185.50
102044	Clotting; factor VIII, VW factor antigen	\$426.00
102045	Clotting; factor VIII, von Willebrand factor, multimeric analysis	\$562.50
102046	Clotting; factor IX (PTC or Christmas)	\$689.50
102047	Clotting; factor X (Stuart-Prower)	\$613.50
102048	Clotting; factor XI (PTA)	\$653.50
102049	Clotting; factor XII (Hageman)	\$613.50
102050	Clotting; factor XIII (fibrin stabilizing)	\$575.00
102051	Clotting; factor XIII (fibrin stabilizing), screen solubility	\$299.00
102052	Clotting; prekallikrein assay (Fletcher factor assay)	\$661.00
102053	Clotting; high molecular weight kininogen assay (Fitzgerald factor assay)	\$829.50
102054	Clotting inhibitors or anticoagulants; antithrombin III, activity	\$470.50
102055	Clotting inhibitors or anticoagulants; antithrombin III, antigen assay	\$396.00
102056	Clotting inhibitors or anticoagulants; protein C, antigen	\$375.00
102057	Clotting inhibitors or anticoagulants; protein C, activity	\$1,042.00
102058	Clotting inhibitors or anticoagulants; protein S, total	\$308.00
102059	Clotting inhibitors or anticoagulants; protein S, free	\$1,254.00
102060	Activated Protein C (APC) resistance assay	\$550.00

102061	Factor inhibitor test	\$635.50
102062	Thrombomodulin	\$308.00
102063	Coagulation time; Lee and White	\$227.50
102064	Coagulation time; activated	\$153.00
102065	Coagulation time; other methods	\$286.00
102066	Euglobulin lysis	\$251.00
102067	Fibrin(ogen) degradation (split) products (FDP) (FSP); agglutination slide, semiquantitative	\$317.50
102068	Fibrin(ogen) degradation (split) products (FDP) (FSP); paracoagulation	\$391.00
102069	Fibrin(ogen) degradation (split) products (FDP) (FSP); quantitative	\$263.50
102070	Fibrin degradation products, D-dimer; qualitative or semiquantitative	\$333.00
102071	Fibrin degradation products, D-dimer; quantitative	\$355.00
102072	Fibrin degradation products, D-dimer; ultrasensitive (eg, for evaluation for venous thromboembolism), qualitative or semiquantitative	\$148.00
102073	Fibrinogen; activity	\$310.00
102074	Fibrinogen; antigen	\$305.00
102075	Fibrinolysins or coagulopathy screen, interpretation and report	\$49.00
102076	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	\$530.50
102077	Coagulation and fibrinolysis, functional activity, not otherwise specified (eg, ADAMTS-13), each analyte	\$724.50
102078	Fibrinolytic factors and inhibitors; plasmin	\$279.50
102079	Fibrinolytic factors and inhibitors; alpha-2 antiplasmin	\$470.50
102080	Fibrinolytic factors and inhibitors; plasminogen activator	\$492.50
102081	Fibrinolytic factors and inhibitors; plasminogen, except antigenic assay	\$367.00
102082	Fibrinolytic factors and inhibitors; plasminogen, antigenic assay	\$303.50
102083	Heinz bodies; direct	\$179.50
102084	Heinz bodies; induced, acetyl phenylhydrazine	\$238.50
102085	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)	\$369.50
102086	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; rosette	\$284.50
102087	Hemolysin, acid	\$279.50
102088	Heparin assay	\$299.00
102089	Heparin neutralization	\$352.50
102090	Heparin-protamine tolerance test	\$372.00
102091	Iron stain, peripheral blood	\$228.50
102092	Leukocyte alkaline phosphatase with count	\$599.00
102093	Mechanical fragility, RBC	\$275.00
102094	Muramidase	\$354.50
102095	Osmotic fragility, RBC; unincubated	\$379.50
102096	Osmotic fragility, RBC; incubated	\$470.50
102097	Platelet, aggregation (in vitro), each agent	\$353.00
102098	Phospholipid neutralization; platelet	\$227.00
102099	Phospholipid neutralization; hexagonal phospholipid	\$436.00
102100	Prothrombin time;	\$165.00
102101	Prothrombin time; substitution, plasma fractions, each	\$222.50

102102	Russell viper venom time (includes venom); undiluted	\$279.50
102103	Russell viper venom time (includes venom); diluted	\$156.50
102104	Reptilase test	\$340.00
102105	Sedimentation rate, erythrocyte; non-automated	\$137.00
102106	Sedimentation rate, erythrocyte; automated	\$241.50
102107	Sickling of RBC, reduction	\$123.00
102108	Thrombin time; plasma	\$203.00
102109	Thrombin time; titer	\$240.00
102110	Thromboplastin inhibition, tissue	\$46.00
102111	Thromboplastin time, partial (PTT); plasma or whole blood	\$230.00
102112	Thromboplastin time, partial (PTT); substitution, plasma fractions, each	\$235.00
102113	Viscosity	\$290.50
102114	Agglutinins, febrile (eg, Brucella, Francisella, Murine typhus, Q fever, Rocky Mountain spotted fever, scrub typhus), each antigen	\$259.00
102115	Allergen specific IgG quantitative or semiquantitative, each allergen	\$77.50
102116	Allergen specific IgE; quantitative or semiquantitative, crude allergen extract, each	\$47.00
102117	Allergen specific IgE; qualitative, multiallergen screen (eg, disk, sponge, card)	\$136.50
102118	Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each	\$153.00
102119	Antibody identification; leukocyte antibodies	\$411.00
102120	Antibody identification; platelet antibodies	\$755.00
102121	Antibody identification; platelet associated immunoglobulin assay	\$307.00
102122	Antinuclear antibodies (ANA);	\$436.00
102123	Antinuclear antibodies (ANA); titer	\$75.50
102124	Antistreptolysin O; titer	\$114.00
102125	Antistreptolysin O; screen	\$260.50
102126	Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report	\$575.00
102127	Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report	\$1,115.50
102128	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	\$666.00
102129	C-reactive protein;	\$241.50
102130	C-reactive protein; high sensitivity (hsCRP)	\$359.50
102131	Beta 2 Glycoprotein I antibody, each	\$494.00
102132	Cardiolipin (phospholipid) antibody, each Ig class	\$176.00
102133	Anti-phosphatidylserine (phospholipid) antibody	\$240.00
102134	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	\$921.50
102135	Chemotaxis assay, specify method	\$399.00
102136	Cold agglutinin; screen	\$197.50
102137	Cold agglutinin; titer	\$233.50
102138	Complement; antigen, each component	\$361.50
102139	Complement; functional activity, each component	\$324.00
102140	Complement; total hemolytic (CH50)	\$178.00

102141	Complement fixation tests, each antigen	\$221.00
102142	Cyclic citrullinated peptide (CCP), antibody	\$249.50
102143	Deoxyribonuclease, antibody	\$162.00
102144	Deoxyribonucleic acid (DNA) antibody; native or double stranded	\$300.50
102145	Deoxyribonucleic acid (DNA) antibody; single stranded	\$379.50
102146	Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody	\$196.50
102147	Fluorescent noninfectious agent antibody; screen, each antibody	\$210.00
102148	Fluorescent noninfectious agent antibody; titer, each antibody	\$195.00
102149	Gliadin (deamidated) (DGP) antibody, each immunoglobulin (Ig) class	\$49.00
102150	Growth hormone, human (HGH), antibody	\$248.00
102151	Hemagglutination inhibition test (HAI)	\$267.00
102152	Immunoassay for tumor antigen, qualitative or semiquantitative (eg, bladder tumor antigen)	\$227.50
102153	Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29)	\$315.00
102154	Immunoassay for tumor antigen, quantitative; CA 19-9	\$351.00
102155	Immunoassay for tumor antigen, quantitative; CA 125	\$456.50
102156	Human epididymis protein 4 (HE4)	\$778.50
102157	Heterophile antibodies; screening	\$302.50
102158	Heterophile antibodies; titer	\$295.50
102159	Heterophile antibodies; titers after absorption with beef cells and guinea pig kidney	\$276.50
102160	Immunoassay for tumor antigen, other antigen, quantitative (eg, CA 50, 72-4, 549), each	\$277.00
102161	Immunoassay for infectious agent antibody, quantitative, not otherwise specified	\$141.00
102162	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (eg, reagent strip);	\$189.00
102163	Immuno-electrophoresis; serum	\$731.00
102164	Immuno-electrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration	\$711.50
102165	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])	\$755.00
102166	Immunodiffusion; not elsewhere specified	\$527.50
102167	Immunodiffusion; gel diffusion, qualitative (Ouchterlony), each antigen or antibody	\$181.00
102168	Immune complex assay	\$446.50
102169	Immunofixation electrophoresis; serum	\$250.50
102170	Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)	\$632.00
102171	Inhibin A	\$176.00
102172	Insulin antibodies	\$243.50
102173	Intrinsic factor antibodies	\$329.00
102174	Islet cell antibody	\$364.00
102175	Leukocyte histamine release test (LHR)	\$445.00
102176	Leukocyte phagocytosis	\$311.50
102177	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, ATP)	\$1,344.00
102178	Lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogenesis	\$1,557.00

102179	B cells, total count	\$481.50
102180	Mononuclear cell antigen, quantitative (eg, flow cytometry), not otherwise specified, each antigen	\$128.00
102181	Natural killer (NK) cells, total count	\$465.50
102182	T cells; total count	\$433.00
102183	T cells; absolute CD4 and CD8 count, including ratio	\$374.00
102184	T cells; absolute CD4 count	\$124.00
102185	Tissue transglutaminase, each immunoglobulin (Ig) class	\$56.00
102186	Stem cells (ie, CD34), total count	\$999.50
102187	Microsomal antibodies (eg, thyroid or liver-kidney), each	\$291.00
102188	Neutralization test, viral	\$521.00
102189	Nitroblue tetrazolium dye test (NTD)	\$325.50
102190	Nuclear Matrix Protein 22 (NMP22), qualitative	\$275.00
102191	Particle agglutination; screen, each antibody	\$136.00
102192	Particle agglutination; titer, each antibody	\$557.50
102193	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); screen	\$545.00
102194	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); titer	\$429.00
102195	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) antibody, quantitative	\$953.50
102196	Rheumatoid factor; qualitative	\$113.50
102197	Rheumatoid factor; quantitative	\$196.50
102198	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon	\$462.50
102199	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension	\$236.00
102200	Skin test; candida	\$461.00
102201	Skin test; unlisted antigen, each	\$237.00
102202	Skin test; histoplasmosis	\$151.00
102203	Skin test; tuberculosis, intradermal	\$33.00
102204	Streptokinase, antibody	\$535.50
102205	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	\$129.00
102206	Syphilis test, non-treponemal antibody; quantitative	\$138.50
102207	Antibody; actinomyces	\$222.50
102208	Antibody; adenovirus	\$287.50
102209	Antibody; Aspergillus	\$243.00
102210	Antibody; bacterium, not elsewhere specified	\$189.00
102211	Antibody; Bartonella	\$347.00
102212	Antibody; Blastomyces	\$248.00
102213	Antibody; Bordetella	\$278.00
102214	Antibody; Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western Blot or immunoblot)	\$72.00
102215	Antibody; Borrelia burgdorferi (Lyme disease)	\$356.50
102216	Antibody; Borrelia (relapsing fever)	\$553.00
102217	Antibody; Brucella	\$241.50
102218	Antibody; Campylobacter	\$283.00

102219	Antibody; Candida	\$221.00
102220	Antibody; Chlamydia	\$149.00
102221	Antibody; Chlamydia, IgM	\$162.00
102222	Antibody; Coccidioides	\$107.50
102223	Antibody; Coxiella burnetii (Q fever)	\$271.00
102224	Antibody; Cryptococcus	\$351.50
102225	Antibody; cytomegalovirus (CMV)	\$314.00
102226	Antibody; cytomegalovirus (CMV), IgM	\$311.50
102227	Antibody; Diphtheria	\$383.00
102228	Antibody; encephalitis, California (La Crosse)	\$175.00
102229	Antibody; encephalitis, Eastern equine	\$279.50
102230	Antibody; encephalitis, St. Louis	\$272.00
102231	Antibody; encephalitis, Western equine	\$262.50
102232	Antibody; enterovirus (eg, coxsackie, echo, polio)	\$245.00
102233	Antibody; Epstein-Barr (EB) virus, early antigen (EA)	\$334.00
102234	Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA)	\$347.00
102235	Antibody; Epstein-Barr (EB) virus, viral capsid (VCA)	\$426.00
102236	Antibody; Ehrlichia	\$327.50
102237	Antibody; Francisella tularensis	\$337.00
102238	Antibody; fungus, not elsewhere specified	\$313.00
102239	Antibody; Giardia lamblia	\$337.00
102240	Antibody; Helicobacter pylori	\$274.00
102241	Antibody; helminth, not elsewhere specified	\$386.00
102242	Antibody; Haemophilus influenza	\$508.50
102243	Antibody; HTLV-I	\$249.50
102244	Antibody; HTLV-II	\$216.00
102245	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)	\$485.00
102246	Antibody; hepatitis, delta agent	\$375.00
102247	Antibody; herpes simplex, non-specific type test	\$160.50
102248	Antibody; herpes simplex, type 1	\$213.50
102249	Antibody; herpes simplex, type 2	\$217.50
102250	Antibody; histoplasma	\$64.00
102251	Antibody; HIV-1	\$41.00
102252	Antibody; HIV-2	\$120.00
102253	Antibody; HIV-1 and HIV-2, single result	\$151.00
102254	Hepatitis B core antibody (HBcAb); total	\$576.00
102255	Hepatitis B core antibody (HBcAb); IgM antibody	\$212.00
102256	Hepatitis B surface antibody (HBsAb)	\$482.00
102257	Hepatitis Be antibody (HBeAb)	\$267.00
102258	Hepatitis A antibody (HAAb)	\$314.00
102259	Hepatitis A antibody (HAAb), IgM antibody	\$232.00
102260	Antibody; influenza virus	\$157.00
102261	Antibody; Legionella	\$330.50
102262	Antibody; Leishmania	\$300.00
102263	Antibody; Leptospira	\$295.50
102264	Antibody; Listeria monocytogenes	\$667.00
102265	Antibody; lymphocytic choriomeningitis	\$184.00

102266	Antibody; mucormycosis	\$356.00
102267	Antibody; mumps	\$183.50
102268	Antibody; mycoplasma	\$623.00
102269	Antibody; Neisseria meningitidis	\$281.00
102270	Antibody; Nocardia	\$156.00
102271	Antibody; parvovirus	\$69.00
102272	Antibody; Plasmodium (malaria)	\$292.50
102273	Antibody; protozoa, not elsewhere specified	\$316.50
102274	Antibody; respiratory syncytial virus	\$238.00
102275	Antibody; Rickettsia	\$233.00
102276	Antibody; rotavirus	\$384.50
102277	Antibody; rubella	\$147.00
102278	Antibody; rubeola	\$122.50
102279	Antibody; Salmonella	\$176.50
102280	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])	\$88.00
102281	Antibody; Shigella	\$332.00
102282	Antibody; tetanus	\$397.00
102283	Antibody; Toxoplasma	\$201.00
102284	Antibody; Toxoplasma, IgM	\$399.00
102285	Antibody; Treponema pallidum	\$181.00
102286	Antibody; Trichinella	\$364.00
102287	Antibody; varicella-zoster	\$173.00
102288	Antibody; West Nile virus, IgM	\$314.50
102289	Antibody; West Nile virus	\$303.50
102290	Antibody; virus, not elsewhere specified	\$344.50
102291	Antibody; Yersinia	\$287.50
102292	Antibody; Zika virus, IgM	\$445.00
102293	Thyroglobulin antibody	\$505.50
102294	Hepatitis C antibody;	\$238.50
102295	Hepatitis C antibody; confirmatory test (eg, immunoblot)	\$618.00
102296	Lymphocytotoxicity assay, visual crossmatch; with titration	\$2,758.50
102297	Lymphocytotoxicity assay, visual crossmatch; without titration	\$1,179.00
102298	Serum screening for cytotoxic percent reactive antibody (PRA); standard method	\$1,895.50
102299	Serum screening for cytotoxic percent reactive antibody (PRA); quick method	\$3,368.50
102300	HLA typing; A, B, or C (eg, A10, B7, B27), single antigen	\$315.50
102301	HLA typing; A, B, or C, multiple antigens	\$1,486.00
102302	HLA typing; DR/DQ, single antigen	\$897.50
102303	HLA typing; DR/DQ, multiple antigens	\$1,900.50
102304	HLA typing; lymphocyte culture, mixed (MLC)	\$2,536.00
102305	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); first serum sample or dilution	\$1,690.50
102306	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)	\$953.50

102307	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	\$1,658.50
102308	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	\$1,379.50
102309	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	\$1,212.50
102310	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	\$1,110.50
102311	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	\$2,046.50
102312	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	\$1,915.00
102313	Antibody screen, RBC, each serum technique	\$231.50
102314	Antibody elution (RBC), each elution	\$538.50
102315	Antibody identification, RBC antibodies, each panel for each serum technique	\$420.00
102316	Antihuman globulin test (Coombs test); direct, each antiserum	\$173.50
102317	Antihuman globulin test (Coombs test); indirect, qualitative, each reagent red cell	\$98.00
102318	Antihuman globulin test (Coombs test); indirect, each antibody titer	\$426.00
102319	Autologous blood or component, collection processing and storage; predeposited	\$1,576.00
102320	Blood typing, serologic; ABO	\$287.50
102321	Blood typing, serologic; Rh (D)	\$156.00
102322	Blood typing, serologic; antigen testing of donor blood using reagent serum, each antigen test	\$210.00
102323	Blood typing, serologic; antigen screening for compatible unit using patient serum, per unit screened	\$135.00
102324	Blood typing, serologic; RBC antigens, other than ABO or Rh (D), each	\$190.00
102325	Blood typing, serologic; Rh phenotyping, complete	\$400.50
102326	Blood typing, for paternity testing, per individual; ABO, Rh and MN	\$664.00
102327	Blood typing, for paternity testing, per individual; each additional antigen system	\$273.00
102328	Compatibility test each unit; immediate spin technique	\$640.00
102329	Compatibility test each unit; incubation technique	\$533.50
102330	Compatibility test each unit; antiglobulin technique	\$640.00
102331	Compatibility test each unit; electronic	\$246.00
102332	Fresh frozen plasma, thawing, each unit	\$508.50
102333	Frozen blood, each unit; freezing (includes preparation)	\$3,226.00
102334	Frozen blood, each unit; thawing	\$453.00
102335	Frozen blood, each unit; freezing (includes preparation) and thawing	\$201.50
102336	Hemolysins and agglutinins; auto, screen, each	\$255.50
102337	Hemolysins and agglutinins; incubated	\$311.50
102338	Irradiation of blood product, each unit	\$419.00
102339	Leukocyte transfusion	\$1,118.50

102340	Volume reduction of blood or blood product (eg, red blood cells or platelets), each unit	\$622.50
102341	Pooling of platelets or other blood products	\$864.50
102342	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with chemical agents or drugs, each	\$351.50
102343	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with enzymes, each	\$610.00
102344	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; by density gradient separation	\$893.00
102345	Pretreatment of serum for use in RBC antibody identification; incubation with drugs, each	\$1,006.00
102346	Pretreatment of serum for use in RBC antibody identification; by dilution	\$289.50
102347	Pretreatment of serum for use in RBC antibody identification; incubation with inhibitors, each	\$710.50
102348	Pretreatment of serum for use in RBC antibody identification; by differential red cell absorption using patient RBCs or RBCs of known phenotype, each absorption	\$508.50
102349	Splitting of blood or blood products, each unit	\$701.00
102350	Animal inoculation, small animal, with observation and dissection	\$411.50
102351	Concentration (any type), for infectious agents	\$79.00
102352	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)	\$455.00
102353	Culture, bacterial; stool, aerobic, with isolation and preliminary examination (eg, KIA, LIA), Salmonella and Shigella species	\$359.00
102354	Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate	\$150.00
102355	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	\$396.00
102356	Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	\$115.00
102357	Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	\$361.50
102358	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates	\$527.00
102359	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate	\$242.50
102360	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate	\$218.00
102361	Culture, presumptive, pathogenic organisms, screening only;	\$200.00
102362	Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart	\$391.00
102363	Culture, bacterial; quantitative colony count, urine	\$282.00
102364	Culture, bacterial; with isolation and presumptive identification of each isolate, urine	\$153.50
102365	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail	\$322.00
102366	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood)	\$272.50

102367	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; blood	\$437.00
102368	Culture, fungi, definitive identification, each organism; yeast	\$222.00
102369	Culture, fungi, definitive identification, each organism; mold	\$313.00
102370	Culture, mycoplasma, any source	\$454.50
102371	Culture, chlamydia, any source	\$459.00
102372	Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates	\$219.50
102373	Culture, mycobacterial, definitive identification, each isolate	\$330.50
102374	Culture, typing; immunofluorescent method, each antiserum	\$159.00
102375	Culture, typing; gas liquid chromatography (GLC) or high pressure liquid chromatography (HPLC) method	\$313.00
102376	Culture, typing; immunologic method, other than immunofluorescence (eg, agglutination grouping), per antiserum	\$116.00
102377	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed	\$287.00
102378	Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed	\$477.00
102379	Culture, typing; identification by pulse field gel typing	\$203.50
102380	Culture, typing; identification by nucleic acid sequencing method, each isolate (eg, sequencing of the 16S rRNA gene)	\$1,122.00
102381	Culture, typing; other methods	\$284.50
102382	Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection	\$166.50
102383	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection	\$154.00
102384	Macroscopic examination; arthropod	\$146.00
102385	Macroscopic examination; parasite	\$156.00
102386	Pinworm exam (eg, cellophane tape prep)	\$165.50
102387	Homogenization, tissue, for culture	\$197.50
102388	Ova and parasites, direct smears, concentration and identification	\$319.00
102389	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)	\$126.00
102390	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)	\$240.50
102391	Susceptibility studies, antimicrobial agent; enzyme detection (eg, beta lactamase), per enzyme	\$109.00
102392	Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate	\$870.50
102393	Susceptibility studies, antimicrobial agent; microdilution or agar dilution, minimum lethal concentration (MLC), each plate (List separately in addition to code for primary procedure)	\$235.00
102394	Susceptibility studies, antimicrobial agent; macrobroth dilution method, each agent	\$193.50
102395	Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent	\$139.50
102396	Serum bactericidal titer (Schlichter test)	\$705.50
102397	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	\$178.00

102398	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types	\$126.00
102399	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	\$233.50
102400	Smear, primary source with interpretation; complex special stain (eg, trichrome, iron hemotoxylin) for ova and parasites	\$130.00
102401	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	\$133.50
102402	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)	\$149.00
102403	Toxin or antitoxin assay, tissue culture (eg, Clostridium difficile toxin)	\$115.00
102404	Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection	\$594.50
102405	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect	\$328.00
102406	Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluorescence stain), each isolate	\$92.00
102407	Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus	\$356.00
102408	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)	\$557.50
102409	Infectious agent antigen detection by immunofluorescent technique; adenovirus	\$297.00
102410	Infectious agent antigen detection by immunofluorescent technique; Bordetella pertussis/parapertussis	\$781.50
102411	Infectious agent antigen detection by immunofluorescent technique; Enterovirus, direct fluorescent antibody (DFA)	\$233.50
102412	Infectious agent antigen detection by immunofluorescent technique; giardia	\$235.00
102413	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	\$492.50
102414	Infectious agent antigen detection by immunofluorescent technique; Cytomegalovirus, direct fluorescent antibody (DFA)	\$691.00
102415	Infectious agent antigen detection by immunofluorescent technique; cryptosporidium	\$246.00
102416	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2	\$317.50
102417	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1	\$351.50
102418	Infectious agent antigen detection by immunofluorescent technique; influenza B virus	\$275.00
102419	Infectious agent antigen detection by immunofluorescent technique; influenza A virus	\$92.00
102420	Infectious agent antigen detection by immunofluorescent technique; Legionella pneumophila	\$468.50
102421	Infectious agent antigen detection by immunofluorescent technique; Parainfluenza virus, each type	\$230.50
102422	Infectious agent antigen detection by immunofluorescent technique; respiratory syncytial virus	\$130.00

102423	Infectious agent antigen detection by immunofluorescent technique; Pneumocystis carinii	\$416.50
102424	Infectious agent antigen detection by immunofluorescent technique; Rubeola	\$335.00
102425	Infectious agent antigen detection by immunofluorescent technique; Treponema pallidum	\$335.00
102426	Infectious agent antigen detection by immunofluorescent technique; Varicella zoster virus	\$322.50
102427	Infectious agent antigen detection by immunofluorescent technique; not otherwise specified, each organism	\$276.50
102428	Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum	\$305.00
102429	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	\$245.00
102430	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	\$314.50
102431	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	\$502.50
102432	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)	\$347.00
102433	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; Cryptococcus neoformans	\$62.00
102434	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; cryptosporidium	\$263.50
102435	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; giardia	\$242.50
102436	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	\$205.00
102437	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; Escherichia coli 0157	\$273.00

102438	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; Entamoeba histolytica dispar group	\$585.00
102439	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; Entamoeba histolytica group	\$238.50
102440	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; Helicobacter pylori, stool	\$108.00
102441	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; Helicobacter pylori	\$370.00
102442	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)	\$463.00
102443	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	\$311.50
102444	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)	\$268.50
102445	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	\$715.50
102446	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	\$589.50
102447	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	\$336.00
102448	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	\$311.50

102449	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	\$470.50
102450	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	\$307.00
102451	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	\$189.00
102452	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	\$587.00
102453	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])	\$349.00
102454	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	\$62.00
102455	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	\$779.50
102456	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	\$372.00
102457	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	\$83.00
102458	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	\$259.00
102459	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique	\$1,136.00
102460	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, quantification	\$721.50

102461	Infectious agent detection by nucleic acid (DNA or RNA); <i>Borrelia burgdorferi</i> , direct probe technique	\$458.00
102462	Infectious agent detection by nucleic acid (DNA or RNA); <i>Borrelia burgdorferi</i> , amplified probe technique	\$1,047.50
102463	Infectious agent detection by nucleic acid (DNA or RNA); <i>Borrelia miyamotoi</i> , amplified probe technique	\$564.50
102464	Infectious agent detection by nucleic acid (DNA or RNA); <i>Candida</i> species, direct probe technique	\$44.00
102465	Infectious agent detection by nucleic acid (DNA or RNA); <i>Candida</i> species, amplified probe technique	\$324.50
102466	Infectious agent detection by nucleic acid (DNA or RNA); <i>Candida</i> species, quantification	\$648.50
102467	Infectious agent detection by nucleic acid (DNA or RNA); <i>Chlamydia pneumoniae</i> , direct probe technique	\$1,635.00
102468	Infectious agent detection by nucleic acid (DNA or RNA); <i>Chlamydia pneumoniae</i> , amplified probe technique	\$350.00
102469	Infectious agent detection by nucleic acid (DNA or RNA); <i>Chlamydia pneumoniae</i> , quantification	\$721.50
102470	Infectious agent detection by nucleic acid (DNA or RNA); <i>Chlamydia trachomatis</i> , direct probe technique	\$338.50
102471	Infectious agent detection by nucleic acid (DNA or RNA); <i>Chlamydia trachomatis</i> , amplified probe technique	\$417.00
102472	Infectious agent detection by nucleic acid (DNA or RNA); <i>Chlamydia trachomatis</i> , quantification	\$1,042.50
102473	Infectious agent detection by nucleic acid (DNA or RNA); <i>Clostridium difficile</i> , toxin gene(s), amplified probe technique	\$300.50
102474	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, direct probe technique	\$991.50
102475	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, amplified probe technique	\$1,278.00
102476	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification	\$528.00
102477	Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique, includes reverse transcription when performed	\$769.00
102478	Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (eg, enterococcus species van A, van B), amplified probe technique	\$535.50
102479	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, includes reverse transcription, when performed, and amplified probe technique, each type or subtype	\$983.50
102480	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	\$205.00
102481	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)	\$319.50

102482	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	\$1,417.00
102483	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	\$1,846.50
102484	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	\$867.50
102485	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique	\$44.00
102486	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique	\$308.00
102487	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification	\$495.50
102488	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique	\$786.50
102489	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification	\$574.00
102490	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique	\$1,177.50
102491	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	\$958.50
102492	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed	\$1,009.50
102493	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, direct probe technique	\$458.00
102494	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, amplified probe technique	\$640.00
102495	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, quantification	\$710.50
102496	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique	\$2,631.50
102497	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique	\$409.50
102498	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification	\$710.50
102499	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, direct probe technique	\$458.00
102500	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique	\$790.00
102501	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, quantification	\$1,322.00
102502	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique	\$299.00

102503	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed	\$691.00
102504	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed	\$985.00
102505	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique	\$321.00
102506	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed	\$1,193.50
102507	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed	\$1,477.50
102508	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, direct probe technique	\$864.50
102509	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, amplified probe technique	\$820.00
102510	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, quantification	\$240.00
102511	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, direct probe technique	\$453.00
102512	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, amplified probe technique	\$1,335.00
102513	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, quantification	\$1,104.50
102514	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique	\$573.50
102515	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique	\$993.00
102516	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, quantification	\$492.50
102517	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, direct probe technique	\$497.50
102518	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, amplified probe technique	\$1,003.00
102519	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, quantification	\$721.50
102520	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	\$403.50
102521	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, direct probe technique	\$2,114.50
102522	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique	\$350.00
102523	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification	\$710.50
102524	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	\$351.50
102525	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	\$436.00

102526	Infectious agent detection by nucleic acid (DNA or RNA); <i>Neisseria gonorrhoeae</i> , quantification	\$1,188.50
102527	Infectious agent detection by nucleic acid (DNA or RNA); orthopoxvirus (eg, monkeypox virus, cowpox virus, vaccinia virus), amplified probe technique, each	\$515.00
102528	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)	\$365.00
102529	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	\$261.00
102530	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	\$321.00
102531	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	\$1,217.50
102532	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	\$2,749.50
102533	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	\$178.00
102534	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	\$528.00
102535	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	\$1,001.00
102536	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	\$1,228.50
102537	Infectious agent detection by nucleic acid (DNA or RNA); <i>Staphylococcus aureus</i> , amplified probe technique	\$268.00
102538	Infectious agent detection by nucleic acid (DNA or RNA); <i>Staphylococcus aureus</i> , methicillin resistant, amplified probe technique	\$162.50
102539	Infectious agent detection by nucleic acid (DNA or RNA); <i>Streptococcus</i> , group A, direct probe technique	\$335.00
102540	Infectious agent detection by nucleic acid (DNA or RNA); <i>Streptococcus</i> , group A, amplified probe technique	\$370.50
102541	Infectious agent detection by nucleic acid (DNA or RNA); <i>Streptococcus</i> , group A, quantification	\$710.50
102542	Infectious agent detection by nucleic acid (DNA or RNA); <i>Streptococcus</i> , group B, amplified probe technique	\$196.50
102543	Infectious agent detection by nucleic acid (DNA or RNA); <i>Trichomonas vaginalis</i> , direct probe technique	\$44.00

102544	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique	\$409.00
102545	Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique	\$862.50
102546	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism	\$454.50
102547	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism	\$349.50
102548	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism	\$1,054.00
102549	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique	\$158.00
102550	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	\$185.00
102551	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group B	\$307.00
102552	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Clostridium difficile toxin A	\$423.00
102553	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Influenza	\$257.00
102554	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	\$403.00
102555	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus	\$369.00
102556	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Trichomonas vaginalis	\$224.00
102557	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; adenovirus	\$335.00
102558	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Chlamydia trachomatis	\$616.50
102559	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])	\$124.50
102560	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Neisseria gonorrhoeae	\$745.50
102561	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group A	\$202.50
102562	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; not otherwise specified	\$72.00
102563	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics	\$1,740.00
102564	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus	\$1,183.00
102565	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)	\$110.00
102566	Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)	\$310.00

102567	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, other region (eg, integrase, fusion)	\$1,687.50
102568	Infectious agent genotype analysis by nucleic acid (DNA or RNA); cytomegalovirus	\$2,801.00
102569	Necropsy (autopsy), gross examination only; with brain	\$2,537.50
102570	Necropsy (autopsy), gross examination only; with brain and spinal cord	\$2,703.00
102571	Necropsy (autopsy), limited, gross and/or microscopic; regional	\$2,469.00
102572	Necropsy (autopsy), limited, gross and/or microscopic; single organ	\$2,180.00
102573	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	\$362.00
102574	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	\$542.00
102575	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	\$197.00
102576	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal	\$443.00
102577	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual	\$2,421.50
102578	Cytopathology, forensic (eg, sperm)	\$146.00
102579	Sex chromatin identification; Barr bodies	\$384.50
102580	Sex chromatin identification; peripheral blood smear, polymorphonuclear drumsticks	\$195.50
102581	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	\$37.00
102582	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	\$163.00
102583	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	\$470.50
102584	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	\$139.50
102585	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision	\$387.50
102586	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	\$246.00
102587	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision	\$311.50
102588	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision	\$311.50
102589	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)	\$138.50
102590	Cytopathology, smears, any other source; screening and interpretation	\$365.00
102591	Cytopathology, smears, any other source; preparation, screening and interpretation	\$372.00
102592	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains	\$451.00

102593	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	\$166.50
102594	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	\$335.00
102595	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	\$311.50
102596	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	\$311.50
102597	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site	\$596.50
102598	Cytopathology, evaluation of fine needle aspirate; interpretation and report	\$353.00
102599	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	\$341.50
102600	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	\$282.00
102601	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)	\$273.50
102602	Flow cytometry, cell cycle or DNA analysis	\$1,430.00
102603	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker	\$218.00
102604	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)	\$357.50
102605	Flow cytometry, interpretation; 2 to 8 markers	\$610.00
102606	Flow cytometry, interpretation; 9 to 15 markers	\$497.50
102607	Flow cytometry, interpretation; 16 or more markers	\$890.00
102608	Tissue culture for non-neoplastic disorders; lymphocyte	\$1,525.50
102609	Tissue culture for non-neoplastic disorders; skin or other solid tissue biopsy	\$1,668.50
102610	Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells	\$1,802.00
102611	Tissue culture for neoplastic disorders; bone marrow, blood cells	\$838.00
102612	Tissue culture for neoplastic disorders; solid tumor	\$2,200.50
102613	Cryopreservation, freezing and storage of cells, each cell line	\$299.00
102614	Thawing and expansion of frozen cells, each aliquot	\$677.00
102615	Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells	\$1,524.00
102616	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding	\$2,828.00
102617	Chromosome analysis; count 45 cells for mosaicism, 2 karyotypes, with banding	\$1,533.50
102618	Chromosome analysis; analyze 20-25 cells	\$738.00
102619	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding	\$2,687.00
102620	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding	\$2,199.00
102621	Molecular cytogenetics; DNA probe, each (eg, FISH)	\$586.50

102622	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (eg, for derivatives and markers)	\$796.00
102623	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (eg, for microdeletions)	\$972.00
102624	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	\$845.50
102625	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells	\$882.00
102626	Chromosome analysis; additional karyotypes, each study	\$537.00
102627	Chromosome analysis; additional specialized banding technique (eg, NOR, C-banding)	\$1,549.00
102628	Chromosome analysis; additional cells counted, each study	\$383.00
102629	Chromosome analysis; additional high resolution study	\$926.50
102630	Cytogenetics and molecular cytogenetics, interpretation and report	\$402.00
102631	Level I - Surgical pathology, gross examination only	\$262.50
102632	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	\$372.50
102633	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 Spermatocoele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity	\$491.50

102634	<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>	\$787.00
102635	<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>	\$1,307.00
102636	Decalcification procedure (List separately in addition to code for surgical pathology examination)	\$224.50
102637	Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)	\$224.00
102638	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	\$229.00
102639	Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)	\$548.00

102640	Special stain including interpretation and report; Group III, for enzyme constituents	\$1,264.50
102641	Consultation and report on referred slides prepared elsewhere	\$153.00
102642	Consultation and report on referred material requiring preparation of slides	\$349.00
102643	Consultation, comprehensive, with review of records and specimens, with report on referred material	\$358.00
102644	Pathology consultation during surgery;	\$157.00
102645	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	\$584.00
102646	Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)	\$668.50
102647	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site	\$216.00
102648	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)	\$289.50
102649	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$632.00
102650	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	\$668.50
102651	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure	\$399.00
102652	Immunofluorescence, per specimen; initial single antibody stain procedure	\$1,181.50
102653	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$275.00
102654	Morphometric analysis; skeletal muscle	\$1,773.50
102655	Morphometric analysis; nerve	\$1,743.00
102656	Morphometric analysis; tumor (eg, DNA ploidy)	\$1,055.00
102657	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual	\$674.00
102658	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	\$332.00
102659	Nerve teasing preparations	\$1,428.50
102660	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)	\$286.00
102661	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	\$839.00
102662	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	\$953.50
102663	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	\$1,853.00
102664	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	\$1,506.50
102665	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure	\$1,430.00

102666	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)	\$1,093.00
102667	Protein analysis of tissue by Western Blot, with interpretation and report;	\$486.00
102668	Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each	\$492.50
102669	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)	\$705.50
102670	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	\$831.00
102671	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	\$287.50
102672	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	\$1,596.50
102673	Microdissection (ie, sample preparation of microscopically identified target); laser capture	\$3,581.50
102674	Microdissection (ie, sample preparation of microscopically identified target); manual	\$1,082.50
102675	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)	\$221.00
102676	Bilirubin, total, transcutaneous	\$20.00
102677	Hemoglobin (Hgb), quantitative, transcutaneous	\$58.00
102678	Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin	\$154.00
102679	Hemoglobin, quantitative, transcutaneous, per day; methemoglobin	\$109.00
102680	Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report	\$287.50
102681	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood;	\$70.00
102682	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; with differential count	\$265.00
102683	Leukocyte assessment, fecal, qualitative or semiquantitative	\$72.00
102684	Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine)	\$170.50
102685	Fat stain, feces, urine, or respiratory secretions	\$197.50
102686	Meat fibers, feces	\$108.00
102687	Nasal smear for eosinophils	\$156.00
102688	Sputum, obtaining specimen, aerosol induced technique (separate procedure)	\$736.00
102689	Sweat collection by iontophoresis	\$609.00
102690	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	\$1,400.00
102691	Assisted embryo hatching, microtechniques (any method)	\$1,668.50
102692	Oocyte identification from follicular fluid	\$2,526.50
102693	Preparation of embryo for transfer (any method)	\$1,655.50
102694	Sperm identification from aspiration (other than seminal fluid)	\$414.50
102695	Cryopreservation; sperm	\$1,050.50

102696	Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis	\$961.50
102697	Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis	\$1,273.00
102698	Sperm identification from testis tissue, fresh or cryopreserved	\$2,844.50
102699	Insemination of oocytes	\$1,725.50
102700	Extended culture of oocyte(s)/embryo(s), 4-7 days	\$4,261.50
102701	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)	\$281.00
102702	Semen analysis; motility and count (not including Huhner test)	\$268.50
102703	Semen analysis; volume, count, motility, and differential	\$458.00
102704	Semen analysis; sperm presence and motility of sperm, if performed	\$297.00
102705	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger)	\$694.50
102706	Sperm antibodies	\$621.50
102707	Sperm evaluation; hamster penetration test	\$891.50
102708	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test	\$299.00
102709	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)	\$449.50
102710	Cryopreservation, reproductive tissue, testicular	\$732.50
102711	Storage (per year); embryo(s)	\$1,509.50
102712	Storage (per year); sperm/semen	\$1,350.50
102713	Storage (per year); reproductive tissue, testicular/ovarian	\$732.50
102714	Storage (per year); oocyte(s)	\$1,853.00
102715	Thawing of cryopreserved; embryo(s)	\$1,910.00
102716	Thawing of cryopreserved; sperm/semen, each aliquot	\$732.50
102717	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	\$732.50
102718	Thawing of cryopreserved; oocytes, each aliquot	\$2,402.50
102719	Immune globulin (Ig), human, for intramuscular use	\$136.00
102720	Immune globulin (IgIV), human, for intravenous use	\$812.50
102721	Botulinum antitoxin, equine, any route	\$136.00
102722	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use	\$136.00
102723	Hepatitis B immune globulin (HBIG), human, for intramuscular use	\$1,520.00
102724	Rabies immune globulin (RIG), human, for intramuscular and/or subcutaneous use	\$1,721.00
102725	Rabies immune globulin, heat-treated (RIG-HT), human, for intramuscular and/or subcutaneous use	\$2,392.50
102726	Rabies immune globulin, heat- and solvent/detergent-treated (RIG-HT S/D), human, for intramuscular and/or subcutaneous use	\$1,451.50
102727	Rho(D) immune globulin (RhIG), human, full-dose, for intramuscular use	\$511.50
102728	Rho(D) immune globulin (RhIG), human, mini-dose, for intramuscular use	\$428.50
102729	Tetanus immune globulin (TIG), human, for intramuscular use	\$716.00
102730	Varicella-zoster immune globulin, human, for intramuscular use	\$1,111.50
102731	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	\$125.50

102732	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)	\$73.50
102733	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	\$221.00
102734	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)	\$111.00
102735	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	\$78.50
102736	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	\$61.50
102737	Adenovirus vaccine, type 4, live, for oral use	\$136.00
102738	Anthrax vaccine, for subcutaneous or intramuscular use	\$812.00
102739	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use	\$483.00
102740	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use	\$1,174.50
102741	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), for intramuscular use	\$1,141.50
102742	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	\$723.00
102743	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use	\$1,105.50
102744	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use	\$328.00
102745	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	\$182.50
102746	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use	\$274.50
102747	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	\$509.50
102748	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	\$351.50
102749	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use	\$233.00
102750	Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use	\$226.00
102751	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use	\$686.50
102752	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use	\$890.00
102753	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	\$1,037.00
102754	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	\$221.00
102755	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use	\$60.50
102756	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	\$157.00

102757	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	\$105.00
102758	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	\$91.00
102759	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	\$316.00
102760	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use	\$264.00
102761	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	\$361.00
102762	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use	\$215.50
102763	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use	\$214.50
102764	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use	\$59.00
102765	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	\$704.00
102766	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	\$81.50
102767	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	\$182.00
102768	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	\$208.00
102769	Rabies vaccine, for intramuscular use	\$2,014.00
102770	Rabies vaccine, for intradermal use	\$2,314.50
102771	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	\$610.50
102772	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	\$744.50
102773	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	\$401.00
102774	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use	\$130.50
102775	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	\$130.00
102776	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	\$77.00
102777	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	\$141.00
102778	Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use	\$160.00
102779	Typhoid vaccine, live, oral	\$166.00
102780	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use	\$507.50
102781	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use	\$105.00
102782	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	\$227.00

102783	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	\$1,105.50
102784	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use	\$495.00
102785	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	\$203.50
102786	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use	\$298.00
102787	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	\$394.00
102788	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	\$1,118.00
102789	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	\$291.00
102790	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use	\$424.00
102791	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	\$230.50
102792	Varicella virus vaccine (VAR), live, for subcutaneous use	\$489.00
102793	Yellow fever vaccine, live, for subcutaneous use	\$718.50
102794	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use	\$375.50
102795	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	\$380.00
102796	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use	\$794.00
102797	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use	\$705.50
102798	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	\$711.50
102799	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	\$1,073.50
102800	Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use	\$1,723.00
102801	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	\$5,095.00
102802	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use	\$259.00
102803	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	\$305.50
102804	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use	\$381.00
102805	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use	\$2,911.00
102806	Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use	\$354.00
102807	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use	\$734.50
102808	Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use	\$154.00
102809	Interactive complexity (List separately in addition to the code for primary procedure)	\$124.50

102810	Psychiatric diagnostic evaluation	\$420.50
102811	Psychiatric diagnostic evaluation with medical services	\$350.00
102812	Psychotherapy, 30 minutes with patient	\$154.00
102813	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	\$183.50
102814	Psychotherapy, 45 minutes with patient	\$181.50
102815	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	\$177.50
102816	Psychotherapy, 60 minutes with patient	\$420.50
102817	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	\$209.50
102818	Psychotherapy for crisis; first 60 minutes	\$354.00
102819	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)	\$177.50
102820	Psychoanalysis	\$385.50
102821	Family psychotherapy (without the patient present), 50 minutes	\$467.50
102822	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	\$461.00
102823	Multiple-family group psychotherapy	\$271.50
102824	Group psychotherapy (other than of a multiple-family group)	\$183.00
102825	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)	\$141.00
102826	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)	\$659.00
102827	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	\$409.00
102828	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	\$376.50
102829	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	\$534.50
102830	Electroconvulsive therapy (includes necessary monitoring)	\$1,207.00
102831	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	\$200.00
102832	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	\$747.50
102833	Hypnotherapy	\$336.50
102834	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	\$138.00
102835	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	\$628.00
102836	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	\$172.50

102837	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	\$167.50
102838	Biofeedback training by any modality	\$295.00
102839	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	\$457.00
102840	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)	\$242.50
102841	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional	\$9,060.00
102842	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	\$4,551.50
102843	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method	\$1,877.50
102844	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	\$4,230.00
102845	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	\$1,579.00
102846	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	\$3,149.50
102847	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	\$1,137.50
102848	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	\$3,582.50
102849	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	\$2,277.50
102850	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	\$2,277.50
102851	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older	\$1,871.00
102852	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	\$2,751.50
102853	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	\$5,679.50
102854	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	\$2,448.00

102855	Dialysis training, patient, including helper where applicable, any mode, completed course	\$2,961.00
102856	Hemoperfusion (eg, with activated charcoal or resin)	\$651.00
102857	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;	\$875.00
102858	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)	\$3,734.50
102859	Gastric motility (manometric) studies	\$5,442.00
102860	Duodenal motility (manometric) study	\$4,782.50
102861	Esophagus, acid perfusion (Bernstein) test for esophagitis	\$1,979.00
102862	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation	\$3,341.50
102863	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	\$1,504.00
102864	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;	\$2,276.50
102865	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)	\$2,758.00
102866	Esophageal balloon distension study, diagnostic, with provocation when performed	\$4,856.50
102867	Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)	\$1,079.50
102868	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	\$5,120.00
102869	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	\$4,427.50
102870	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	\$3,551.00
102871	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	\$2,184.00
102872	Anorectal manometry	\$2,655.50
102873	Electrogastrography, diagnostic, transcutaneous;	\$968.50
102874	Electrogastrography, diagnostic, transcutaneous; with provocative testing	\$968.50
102875	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	\$1,162.00
102876	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	\$337.00
102877	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits	\$189.00
102878	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	\$464.00

102879	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits	\$464.00
102880	Determination of refractive state	\$92.50
102881	Gonioscopy (separate procedure)	\$255.50
102882	Computerized corneal topography, unilateral or bilateral, with interpretation and report	\$387.00
102883	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)	\$490.00
102884	Orthoptic training; performed by a physician or other qualified health care professional	\$549.50
102885	Fitting of contact lens for treatment of ocular surface disease	\$265.00
102886	Fitting of contact lens for management of keratoconus, initial fitting	\$437.00
102887	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)	\$310.50
102888	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)	\$416.50
102889	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)	\$623.00
102890	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)	\$536.50
102891	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), anterior segment, with interpretation and report, unilateral or bilateral	\$357.50
102892	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	\$371.50
102893	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina	\$424.00
102894	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	\$558.00
102895	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	\$403.50
102896	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	\$336.00
102897	Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral	\$175.50

102898	Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral	\$379.00
102899	Fluorescein angiography with interpretation and report	\$1,145.00
102900	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	\$1,354.00
102901	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	\$1,940.00
102902	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral	\$2,361.00
102903	Fundus photography with interpretation and report	\$491.00
102904	Ophthalmodynamometry	\$377.50
102905	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report	\$377.50
102906	Electro-oculography with interpretation and report	\$773.50
102907	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)	\$1,652.50
102908	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)	\$890.00
102909	Color vision examination, extended, eg, anomaloscope or equivalent	\$420.00
102910	Diagnostic dark adaptation examination with interpretation and report	\$826.00
102911	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniphotography, stereo-photography)	\$448.50
102912	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis	\$958.00
102913	Anterior segment imaging with interpretation and report; with fluorescein angiography	\$555.00
102914	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia	\$193.00
102915	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye	\$1,173.00
102916	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes	\$377.50
102917	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal scleral lens	\$555.00
102918	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	\$286.50
102919	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	\$555.00
102920	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	\$555.00
102921	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal scleral lens	\$377.50

102922	Modification of contact lens (separate procedure), with medical supervision of adaptation	\$555.00
102923	Replacement of contact lens	\$377.50
102924	Fitting of spectacles, except for aphakia; monofocal	\$178.50
102925	Fitting of spectacles, except for aphakia; bifocal	\$201.00
102926	Fitting of spectacles, except for aphakia; multifocal, other than bifocal	\$282.00
102927	Fitting of spectacle prosthesis for aphakia; monofocal	\$555.00
102928	Fitting of spectacle prosthesis for aphakia; multifocal	\$555.00
102929	Fitting of spectacle mounted low vision aid; single element system	\$377.50
102930	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system	\$377.50
102931	Prosthesis service for aphakia, temporary (disposable or loan, including materials)	\$377.50
102932	Repair and refitting spectacles; except for aphakia	\$244.00
102933	Repair and refitting spectacles; spectacle prosthesis for aphakia	\$555.00
102934	Otolaryngologic examination under general anesthesia	\$4,806.00
102935	Binocular microscopy (separate diagnostic procedure)	\$131.00
102936	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	\$433.50
102937	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	\$179.50
102938	Nasopharyngoscopy with endoscope (separate procedure)	\$997.50
102939	Nasal function studies (eg, rhinomanometry)	\$578.50
102940	Facial nerve function studies (eg, electroneuronography)	\$1,508.00
102941	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)	\$1,373.00
102942	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)	\$1,373.00
102943	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)	\$1,528.50
102944	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)	\$685.50
102945	Evaluation of speech fluency (eg, stuttering, cluttering)	\$948.50
102946	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	\$718.00
102947	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	\$885.00
102948	Behavioral and qualitative analysis of voice and resonance	\$597.00
102949	Treatment of swallowing dysfunction and/or oral function for feeding	\$493.00
102950	Spontaneous nystagmus, including gaze	\$530.00
102951	Positional nystagmus test	\$504.50
102952	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests)	\$470.00
102953	Optokinetic nystagmus test	\$973.50
102954	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	\$1,210.00
102955	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)	\$1,210.00

102956	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	\$1,495.50
102957	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	\$634.50
102958	Positional nystagmus test, minimum of 4 positions, with recording	\$577.50
102959	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	\$732.00
102960	Oscillating tracking test, with recording	\$459.00
102961	Sinusoidal vertical axis rotational testing	\$1,073.50
102962	Use of vertical electrodes (List separately in addition to code for primary procedure)	\$802.00
102963	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;	\$1,091.50
102964	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)	\$1,298.50
102965	Tympanometry and reflex threshold measurements	\$585.00
102966	Screening test, pure tone, air only	\$95.00
102967	Pure tone audiometry (threshold); air only	\$369.50
102968	Pure tone audiometry (threshold); air and bone	\$434.50
102969	Speech audiometry threshold;	\$215.50
102970	Speech audiometry threshold; with speech recognition	\$457.50
102971	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	\$593.00
102972	Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis	\$453.50
102973	Loudness balance test, alternate binaural or monaural	\$682.00
102974	Tone decay test	\$240.50
102975	Stenger test, pure tone	\$277.00
102976	Tympanometry (impedance testing)	\$240.50
102977	Acoustic reflex testing, threshold	\$265.00
102978	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	\$512.50
102979	Filtered speech test	\$287.50
102980	Staggered spondaic word test	\$1,405.00
102981	Sensorineural acuity level test	\$287.50
102982	Synthetic sentence identification test	\$287.50
102983	Stenger test, speech	\$3,956.00
102984	Visual reinforcement audiometry (VRA)	\$541.00
102985	Conditioning play audiometry	\$689.00
102986	Select picture audiometry	\$275.50
102987	Electrocochleography	\$1,250.00
102988	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	\$555.00

102989	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	\$1,290.00
102990	Hearing aid examination and selection; monaural	\$535.50
102991	Hearing aid examination and selection; binaural	\$509.50
102992	Hearing aid check; monaural	\$190.50
102993	Hearing aid check; binaural	\$246.50
102994	Electroacoustic evaluation for hearing aid; monaural	\$161.00
102995	Electroacoustic evaluation for hearing aid; binaural	\$239.00
102996	Ear protector attenuation measurements	\$287.50
102997	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	\$1,016.00
102998	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming	\$1,488.00
102999	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming	\$838.50
103000	Diagnostic analysis of cochlear implant, age 7 years or older; with programming	\$1,138.50
103001	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	\$850.00
103002	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	\$705.50
103003	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	\$523.00
103004	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	\$882.00
103005	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)	\$413.50
103006	Therapeutic services for the use of speech-generating device, including programming and modification	\$428.00
103007	Evaluation of oral and pharyngeal swallowing function	\$499.00
103008	Motion fluoroscopic evaluation of swallowing function by cine or video recording	\$484.00
103009	Flexible endoscopic evaluation of swallowing by cine or video recording;	\$1,285.00
103010	Flexible endoscopic evaluation of swallowing by cine or video recording; interpretation and report only	\$1,601.00
103011	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording;	\$506.50
103012	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only	\$267.50
103013	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;	\$1,504.50
103014	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only	\$327.00
103015	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)	\$266.00
103016	Evaluation of central auditory function, with report; initial 60 minutes	\$1,259.50

103017	Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)	\$266.50
103018	Assessment of tinnitus (includes pitch, loudness matching, and masking)	\$685.50
103019	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour	\$641.50
103020	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)	\$186.00
103021	Auditory rehabilitation; prelingual hearing loss	\$814.50
103022	Auditory rehabilitation; postlingual hearing loss	\$701.00
103023	Diagnostic analysis with programming of auditory brainstem implant, per hour	\$652.00
103024	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	\$936.50
103025	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report	\$1,373.00
103026	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	\$2,361.50
103027	Auditory evoked potentials; neurodiagnostic, with interpretation and report	\$1,879.00
103028	Cardiopulmonary resuscitation (eg, in cardiac arrest)	\$2,522.00
103029	Temporary transcutaneous pacing	\$1,191.00
103030	Cardioversion, elective, electrical conversion of arrhythmia; external	\$2,237.00
103031	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	\$2,889.00
103032	Cardioassist-method of circulatory assist; external	\$3,191.50
103033	Thrombolysis, coronary; by intravenous infusion	\$1,051.50
103034	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)	\$8,441.50
103035	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)	\$988.00
103036	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	\$302.00
103037	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	\$677.00
103038	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	\$82.50
103039	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	\$1,997.00
103040	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report	\$255.50
103041	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report	\$2,199.00

103042	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	\$252.00
103043	Ergonovine provocation test	\$1,375.50
103044	Microvolt T-wave alternans for assessment of ventricular arrhythmias	\$1,765.00
103045	Rhythm ECG, 1-3 leads; with interpretation and report	\$728.00
103046	Rhythm ECG, 1-3 leads; tracing only without interpretation and report	\$689.50
103047	Rhythm ECG, 1-3 leads; interpretation and report only	\$106.50
103048	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	\$348.00
103049	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	\$1,593.50
103050	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)	\$1,024.00
103051	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report	\$2,740.00
103052	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	\$564.50
103053	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	\$2,078.00
103054	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	\$2,102.00
103055	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	\$623.00
103056	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report	\$1,373.00
103057	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation	\$399.50
103058	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	\$623.00

103059	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report	\$1,129.50
103060	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation	\$386.00
103061	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	\$283.00
103062	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	\$283.00
103063	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	\$375.00
103064	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	\$1,392.00
103065	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)	\$375.00
103066	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	\$1,459.50
103067	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	\$281.50
103068	Signal-averaged electrocardiography (SAECG), with or without ECG	\$990.50
103069	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	\$338.50
103070	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	\$199.00
103071	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	\$407.50

103072	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	\$491.00
103073	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	\$483.00
103074	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	\$543.50
103075	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	\$379.00
103076	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	\$466.50
103077	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	\$600.50
103078	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	\$362.00
103079	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	\$526.00
103080	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	\$286.50
103081	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	\$294.00
103082	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	\$391.00

103083	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	\$371.50
103084	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	\$240.50
103085	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	\$313.50
103086	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	\$233.00
103087	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	\$222.50
103088	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	\$394.00
103089	Transthoracic echocardiography for congenital cardiac anomalies; complete	\$2,919.00
103090	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	\$2,181.50
103091	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	\$4,578.00
103092	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	\$3,461.50
103093	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	\$1,148.00
103094	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	\$3,878.00
103095	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	\$5,219.50
103096	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	\$4,936.00
103097	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	\$4,326.50
103098	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	\$3,443.50
103099	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	\$4,383.50

103100	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	\$5,844.50
103101	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	\$1,650.00
103102	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)	\$1,294.00
103103	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	\$928.00
103104	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;	\$3,125.00
103105	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	\$4,875.00
103106	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)	\$717.50
103107	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	\$5,322.50
103108	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)	\$1,418.00
103109	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)	\$1,485.50
103110	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	\$1,481.50
103111	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)	\$4,779.50

103112	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)	\$294.00
103113	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)	\$3,559.50
103114	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)	\$2,668.50
103115	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supra-avalvular aortography (List separately in addition to code for primary procedure)	\$2,668.50
103116	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)	\$2,984.00
103117	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)	\$3,579.50
103118	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)	\$3,301.00
103119	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	\$3,535.50
103120	Esophageal recording of atrial electrogram with or without ventricular electrogram(s);	\$8,296.00
103121	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing	\$5,501.50
103122	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction	\$8,491.50
103123	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;	\$3,841.00
103124	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	\$4,450.00

103125	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)	\$4,922.50
103126	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)	\$4,227.00
103127	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	\$2,744.00
103128	Peripheral arterial disease (PAD) rehabilitation, per session	\$438.50
103129	Bioimpedance-derived physiologic cardiovascular analysis	\$450.00
103130	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	\$934.00
103131	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)	\$2,903.00
103132	Temperature gradient studies	\$478.50
103133	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	\$274.50
103134	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	\$733.00
103135	Determination of venous pressure	\$301.00
103136	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; including recording, scanning analysis, interpretation and report	\$405.00
103137	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; recording only	\$715.00
103138	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; scanning analysis with report	\$712.50
103139	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; review with interpretation and report	\$501.00
103140	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	\$104.00
103141	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	\$446.00
103142	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	\$394.00
103143	Duplex scan of extracranial arteries; complete bilateral study	\$2,568.00

103144	Duplex scan of extracranial arteries; unilateral or limited study	\$1,726.00
103145	Transcranial Doppler study of the intracranial arteries; complete study	\$2,539.00
103146	Transcranial Doppler study of the intracranial arteries; limited study	\$1,136.50
103147	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection	\$1,797.00
103148	Transcranial Doppler study of the intracranial arteries; venous-arterial shunt detection with intravenous microbubble injection	\$1,348.00
103149	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	\$695.00
103150	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)	\$751.00
103151	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)	\$1,506.50
103152	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	\$1,697.50
103153	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	\$2,655.50
103154	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	\$1,662.00
103155	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	\$2,461.00
103156	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	\$1,156.00
103157	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	\$2,674.50
103158	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	\$1,399.00

103159	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	\$1,989.00
103160	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	\$1,242.50
103161	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	\$1,544.00
103162	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	\$1,483.00
103163	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study	\$2,010.00
103164	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study	\$1,829.50
103165	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study	\$823.00
103166	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study	\$1,326.00
103167	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	\$1,408.00
103168	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day	\$2,224.00
103169	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day	\$1,035.50
103170	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day	\$113.50
103171	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	\$289.00
103172	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	\$371.00
103173	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	\$354.00
103174	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	\$354.00
103175	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	\$1,237.00
103176	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	\$655.00
103177	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)	\$864.00
103178	Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional	\$263.00

103179	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	\$1,267.00
103180	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine)	\$1,967.50
103181	Vital capacity, total (separate procedure)	\$491.00
103182	Maximum breathing capacity, maximal voluntary ventilation	\$633.50
103183	Respiratory flow volume loop	\$1,138.00
103184	Breathing response to hypoxia (hypoxia response curve)	\$1,057.00
103185	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional;	\$1,032.50
103186	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional; with supplemental oxygen titration	\$1,056.00
103187	Intrapulmonary surfactant administration by a physician or other qualified health care professional through endotracheal tube	\$545.50
103188	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; with electrocardiographic recording(s)	\$805.00
103189	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	\$367.00
103190	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)	\$263.00
103191	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO ₂ production, O ₂ uptake, and electrocardiographic recordings	\$2,918.00
103192	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	\$699.50
103193	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis	\$790.00
103194	Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour	\$518.00
103195	Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)	\$481.50
103196	Continuous positive airway pressure ventilation (CPAP), initiation and management	\$1,253.00
103197	Continuous negative pressure ventilation (CNP), initiation and management	\$2,147.50
103198	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	\$369.00
103199	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	\$450.00
103200	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent	\$469.00
103201	Mechanical chest wall oscillation to facilitate lung function, per session	\$613.50
103202	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple	\$783.50
103203	Oxygen uptake, expired gas analysis; including CO ₂ output, percentage oxygen extracted	\$632.00
103204	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)	\$355.00

103205	Plethysmography for determination of lung volumes and, when performed, airway resistance	\$1,024.00
103206	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes	\$776.00
103207	Airway resistance by oscillometry	\$1,213.00
103208	Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)	\$826.00
103209	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	\$123.50
103210	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)	\$234.50
103211	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)	\$816.50
103212	Circadian respiratory pattern recording (pediatric pneumogram), 12-24 hour continuous recording, infant	\$3,016.50
103213	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)	\$503.00
103214	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	\$1,136.50
103215	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	\$386.00
103216	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)	\$386.00
103217	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	\$43.00
103218	Nitric oxide expired gas determination	\$336.00
103219	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	\$199.00
103220	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	\$127.00
103221	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	\$28.00
103222	Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests	\$141.00
103223	Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests	\$181.50
103224	Patch or application test(s) (specify number of tests)	\$105.50
103225	Photo patch test(s) (specify number of tests)	\$206.00
103226	Photo tests	\$403.50

103227	Ophthalmic mucous membrane tests	\$348.00
103228	Direct nasal mucous membrane test	\$206.00
103229	Inhalation bronchial challenge testing (not including necessary pulmonary function tests), with histamine, methacholine, or similar compounds	\$2,189.00
103230	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing	\$1,727.00
103231	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)	\$991.50
103232	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection	\$75.00
103233	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections	\$44.00
103234	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	\$865.00
103235	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	\$434.00
103236	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	\$85.50
103237	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	\$237.00
103238	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)	\$311.50
103239	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom	\$167.00
103240	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms	\$333.50
103241	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms	\$228.50
103242	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms	\$230.00
103243	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms	\$311.50
103244	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)	\$184.50
103245	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)	\$311.50
103246	Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)	\$1,042.00
103247	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	\$448.50

103248	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	\$885.50
103249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report	\$179.50
103250	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	\$1,877.50
103251	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored	\$2,847.50
103252	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	\$2,539.00
103253	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	\$3,070.50
103254	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	\$4,734.00
103255	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	\$5,805.50
103256	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	\$4,889.50
103257	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored	\$2,893.00
103258	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	\$4,323.50
103259	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	\$4,886.50
103260	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	\$5,748.50
103261	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)	\$1,235.50
103262	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	\$1,578.50
103263	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	\$1,009.50
103264	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	\$698.50
103265	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	\$1,164.00
103266	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	\$5,185.00

103267	Electroencephalogram (EEG) extended monitoring; 41-60 minutes	\$2,498.00
103268	Electroencephalogram (EEG) extended monitoring; 61-119 minutes	\$2,996.00
103269	Electroencephalogram (EEG); including recording awake and drowsy	\$2,063.00
103270	Electroencephalogram (EEG); including recording awake and asleep	\$1,624.00
103271	Electroencephalogram (EEG); recording in coma or sleep only	\$2,668.00
103272	Electroencephalogram (EEG); cerebral death evaluation only	\$2,093.00
103273	Electrocorticogram at surgery (separate procedure)	\$5,208.50
103274	Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (EEG) recording	\$669.00
103275	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	\$307.50
103276	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	\$137.00
103277	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side	\$109.00
103278	Cholinesterase inhibitor challenge test for myasthenia gravis	\$686.50
103279	Needle electromyography; 1 extremity with or without related paraspinal areas	\$954.00
103280	Needle electromyography; 2 extremities with or without related paraspinal areas	\$1,368.50
103281	Needle electromyography; 3 extremities with or without related paraspinal areas	\$1,303.50
103282	Needle electromyography; 4 extremities with or without related paraspinal areas	\$1,690.50
103283	Needle electromyography; larynx	\$783.50
103284	Needle electromyography; hemidiaphragm	\$593.00
103285	Needle electromyography; cranial nerve supplied muscle(s), unilateral	\$1,458.00
103286	Needle electromyography; cranial nerve supplied muscles, bilateral	\$1,703.50
103287	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)	\$771.50
103288	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	\$613.50
103289	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied	\$1,640.00
103290	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	\$388.00
103291	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	\$479.50
103292	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)	\$593.00
103293	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)	\$694.00
103294	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)	\$211.00

103295	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)	\$553.00
103296	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	\$906.00
103297	Nerve conduction studies; 1-2 studies	\$736.50
103298	Nerve conduction studies; 3-4 studies	\$1,424.00
103299	Nerve conduction studies; 5-6 studies	\$1,673.50
103300	Nerve conduction studies; 7-8 studies	\$2,144.00
103301	Nerve conduction studies; 9-10 studies	\$1,724.00
103302	Nerve conduction studies; 11-12 studies	\$2,509.50
103303	Nerve conduction studies; 13 or more studies	\$2,874.50
103304	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	\$828.50
103305	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	\$919.00
103306	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	\$999.00
103307	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt	\$1,045.50
103308	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs	\$2,376.00
103309	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs	\$2,256.50
103310	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	\$2,263.50
103311	Central motor evoked potential study (transcranial motor stimulation); lower limbs	\$2,683.50
103312	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report	\$1,856.50
103313	Orbicularis oculi (blink) reflex, by electrodiagnostic testing	\$617.00
103314	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method	\$711.50
103315	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	\$2,746.50
103316	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	\$4,121.00

103317	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)	\$381.00
103318	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)	\$2,057.50
103319	Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)	\$3,131.00
103320	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)	\$2,862.00
103321	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)	\$1,359.00
103322	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring	\$3,718.00
103323	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)	\$2,106.00
103324	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	\$813.50
103325	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	\$1,882.00
103326	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	\$1,120.00

103327	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	\$582.50
103328	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	\$1,023.00
103329	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	\$499.50
103330	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	\$582.50
103331	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	\$582.50
103332	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)	\$338.50
103333	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;	\$1,245.50
103334	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	\$1,192.00

103335	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day	\$340.00
103336	Comprehensive computer-based motion analysis by video-taping and 3D kinematics;	\$2,114.50
103337	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	\$2,399.50
103338	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	\$513.50
103339	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	\$2,798.50
103340	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	\$344.50
103341	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	\$128.50
103342	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	\$426.00
103343	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)	\$221.00
103344	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	\$702.00
103345	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)	\$307.50
103346	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	\$551.50
103347	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	\$37.50

103348	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	\$327.50
103349	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)	\$279.00
103350	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	\$608.50
103351	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)	\$248.50
103352	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	\$240.50
103353	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)	\$208.00
103354	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	\$274.00
103355	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)	\$150.00
103356	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	\$76.00
103357	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	\$199.50
103358	Health behavior intervention, individual, face-to-face; initial 30 minutes	\$199.50
103359	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	\$100.50
103360	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	\$29.00
103361	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	\$78.00
103362	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	\$99.50

103363	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	\$77.00
103364	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	\$138.00
103365	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	\$100.50
103366	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	\$230.50
103367	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	\$128.50
103368	Intravenous infusion, hydration; initial, 31 minutes to 1 hour	\$670.50
103369	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)	\$270.50
103370	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	\$855.00
103371	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	\$484.00
103372	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)	\$239.00
103373	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)	\$362.50
103374	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)	\$964.50
103375	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	\$349.50
103376	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)	\$616.00
103377	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	\$663.00
103378	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial	\$573.00
103379	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	\$586.00
103380	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)	\$424.50
103381	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)	\$315.00
103382	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	\$343.50
103383	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	\$1,171.00

103384	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	\$351.00
103385	Chemotherapy administration; intralesional, up to and including 7 lesions	\$502.00
103386	Chemotherapy administration; intralesional, more than 7 lesions	\$1,026.50
103387	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	\$778.00
103388	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	\$450.00
103389	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	\$1,133.00
103390	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	\$226.00
103391	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	\$1,322.00
103392	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)	\$450.00
103393	Chemotherapy administration, intra-arterial; push technique	\$1,480.50
103394	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour	\$2,018.50
103395	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)	\$559.00
103396	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	\$1,497.50
103397	Chemotherapy administration into pleural cavity, requiring and including thoracentesis	\$1,026.50
103398	Chemotherapy administration into the peritoneal cavity via implanted port or catheter	\$1,669.00
103399	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture	\$2,123.50
103400	Refilling and maintenance of portable pump	\$451.00
103401	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)	\$1,582.00
103402	Irrigation of implanted venous access device for drug delivery systems	\$381.00
103403	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents	\$1,108.00
103404	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	\$862.00
103405	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)	\$773.50

103406	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	\$1,225.00
103407	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	\$1,225.00
103408	Actinotherapy (ultraviolet light)	\$246.50
103409	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	\$1,250.00
103410	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B	\$425.00
103411	Photochemotherapy; psoralens and ultraviolet A (PUVA)	\$473.50
103412	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)	\$2,187.50
103413	Excimer laser treatment for psoriasis; total area less than 250 sq cm	\$1,073.00
103414	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm	\$1,152.00
103415	Excimer laser treatment for psoriasis; over 500 sq cm	\$1,043.00
103416	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	\$624.00
103417	Application of a modality to 1 or more areas; hot or cold packs	\$103.00
103418	Application of a modality to 1 or more areas; traction, mechanical	\$151.00
103419	Application of a modality to 1 or more areas; electrical stimulation (unattended)	\$98.00
103420	Application of a modality to 1 or more areas; vasopneumatic devices	\$84.00
103421	Application of a modality to 1 or more areas; paraffin bath	\$76.00
103422	Application of a modality to 1 or more areas; whirlpool	\$157.00
103423	Application of a modality to 1 or more areas; diathermy (eg, microwave)	\$28.00
103424	Application of a modality to 1 or more areas; infrared	\$78.50
103425	Application of a modality to 1 or more areas; ultraviolet	\$135.00
103426	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	\$196.50
103427	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	\$171.50
103428	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	\$121.50
103429	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	\$284.50
103430	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes	\$280.00
103431	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$210.00
103432	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	\$185.00
103433	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	\$130.00

103434	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	\$164.00
103435	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	\$122.50
103436	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	\$86.00
103437	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)	\$83.00
103438	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	\$214.50
103439	Therapeutic procedure(s), group (2 or more individuals)	\$436.00
103440	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	\$138.00
103441	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	\$122.00
103442	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	\$120.50
103443	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	\$29.00
103444	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	\$107.50
103445	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	\$67.00
103446	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	\$29.00
103447	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	\$53.00

103448	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.	\$533.00
103449	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.	\$598.50
103450	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.	\$422.00
103451	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.	\$265.50
103452	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.	\$484.50

103453	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.	\$605.00
103454	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.	\$768.00
103455	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.	\$175.00
103456	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.	\$293.50

103457	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.	\$594.50
103458	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.	\$169.50
103459	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	\$299.50
103460	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	\$200.00
103461	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	\$122.00
103462	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	\$103.50
103463	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	\$40.00
103464	Work hardening/conditioning; initial 2 hours	\$891.00
103465	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	\$291.50
103466	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	\$944.00
103467	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)	\$812.50
103468	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	\$560.50

103469	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	\$432.00
103470	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	\$531.00
103471	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	\$937.50
103472	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	\$1,853.00
103473	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	\$817.00
103474	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	\$153.00
103475	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	\$169.00
103476	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	\$270.50
103477	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	\$225.50
103478	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	\$234.00
103479	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	\$111.00
103480	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	\$79.00
103481	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	\$46.00
103482	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	\$104.50
103483	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)	\$85.00
103484	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	\$186.50

103485	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)	\$108.50
103486	Osteopathic manipulative treatment (OMT); 1-2 body regions involved	\$79.00
103487	Osteopathic manipulative treatment (OMT); 3-4 body regions involved	\$104.50
103488	Osteopathic manipulative treatment (OMT); 5-6 body regions involved	\$117.00
103489	Osteopathic manipulative treatment (OMT); 7-8 body regions involved	\$160.50
103490	Osteopathic manipulative treatment (OMT); 9-10 body regions involved	\$167.00
103491	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	\$119.00
103492	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	\$153.50
103493	Chiropractic manipulative treatment (CMT); spinal, 5 regions	\$174.50
103494	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions	\$149.00
103495	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	\$105.50
103496	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	\$48.50
103497	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	\$118.50
103498	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	\$49.00
103499	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	\$80.00
103500	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	\$113.50
103501	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	\$31.50
103502	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	\$152.50

103503	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	\$234.50
103504	Handling and/or conveyance of specimen for transfer from the office to a laboratory	\$38.00
103505	Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)	\$58.50
103506	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	\$193.00
103507	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	\$196.50
103508	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	\$62.00
103509	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service	\$52.00
103510	Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service	\$211.00
103511	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service	\$16.00
103512	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service	\$58.50
103513	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)	\$140.50
103514	Educational supplies, such as books, tapes, and pamphlets, for the patient's education at cost to physician or other qualified health care professional	\$177.50
103515	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	\$118.50
103516	Medical testimony	\$488.00
103517	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)	\$209.00
103518	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form	\$51.00
103519	Unusual travel (eg, transportation and escort of patient)	\$419.00

103520	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	\$572.50
103521	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	\$675.50
103522	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	\$387.00
103523	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)	\$202.00
103524	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	\$1,196.50
103525	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	\$295.00
103526	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)	\$140.00
103527	Anogenital examination, magnified, in childhood for suspected trauma, including image recording when performed	\$892.50
103528	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)	\$143.50
103529	Screening test of visual acuity, quantitative, bilateral	\$48.00
103530	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report	\$361.50
103531	Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison	\$146.50
103532	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	\$71.00

103533	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	\$613.00
103534	Application of topical fluoride varnish by a physician or other qualified health care professional	\$117.50
103535	Phlebotomy, therapeutic (separate procedure)	\$407.00
103536	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.	\$395.50
103537	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.	\$688.00
103538	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.	\$1,625.50
103539	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	\$613.00
103540	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	\$894.00
103541	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	\$2,982.50
103542	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	\$2,729.00
103543	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	\$5,219.00
103544	Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support	\$672.00
103545	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	\$4,437.50
103546	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)	\$1,817.50
103547	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.	\$248.00

103548	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.	\$330.00
103549	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.	\$388.00
103550	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.	\$126.00
103551	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.	\$178.00
103552	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.	\$156.00
103553	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.	\$393.00
103554	Nursing facility discharge management; 30 minutes or less total time on the date of the encounter	\$252.00
103555	Nursing facility discharge management; more than 30 minutes total time on the date of the encounter	\$320.50
103556	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.	\$213.00
103557	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.	\$329.00
103558	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.	\$572.50
103559	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.	\$686.00

103560	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.	\$117.00
103561	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.	\$265.50
103562	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.	\$437.00
103563	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.	\$563.00
103564	Prolonged evaluation and management service before and/or after direct patient care; first hour	\$440.50
103565	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)	\$319.00
103566	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)	\$222.00
103567	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	\$378.50
103568	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	\$440.50
103569	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	\$318.00
103570	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	\$156.50

103571	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	\$239.00
103572	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)	\$290.50
103573	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)	\$311.50
103574	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)	\$334.50
103575	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)	\$408.00
103576	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	\$382.00
103577	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	\$409.00
103578	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	\$440.50
103579	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)	\$260.00

103580	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)	\$290.50
103581	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)	\$330.50
103582	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)	\$308.00
103583	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	\$331.50
103584	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	\$596.00
103585	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	\$211.00
103586	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	\$25.00
103587	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	\$324.00
103588	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	\$351.00
103589	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	\$404.50
103590	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	\$77.00
103591	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	\$123.00
103592	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	\$154.50
103593	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	\$420.50
103594	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	\$316.50

103595	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	\$337.00
103596	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)	\$227.50
103597	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)	\$156.50
103598	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	\$88.00
103599	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	\$113.50
103600	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	\$195.00
103601	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)	\$152.00
103602	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	\$422.00
103603	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	\$410.00
103604	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	\$506.50
103605	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	\$1,143.00

103606	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.	\$789.50
103607	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	\$117.50
103608	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	\$210.00
103609	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	\$164.00
103610	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.	\$205.50
103611	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.	\$718.50
103612	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	\$140.50
103613	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)	\$121.50
103614	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant	\$475.00
103615	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date	\$475.00
103616	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output	\$3,045.00
103617	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	\$101.50

103618	<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>	\$459.00
103619	<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>	\$221.00
103620	<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>	\$306.00
103621	<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>	\$163.50

103622	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.	\$86.00
103623	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.	\$555.00
103624	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.	\$459.00
103625	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.	\$459.00

103626	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)	\$185.50
103627	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	\$328.50
103628	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	\$456.50
103629	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	\$284.00
103630	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)	\$206.00
103631	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	\$125.50
103632	Home visit for assistance with activities of daily living and personal care	\$161.50
103633	Home infusion/specialty drug administration, per visit (up to 2 hours);	\$472.50
103634	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)	\$133.00
103635	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	\$184.50
103636	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	\$525.00
103637	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)	\$525.00
103638	Syringe with needle, sterile, 1 cc or less, each	\$6.50
103639	Syringe with needle, sterile 2 cc, each	\$87.50
103640	Syringe with needle, sterile 3 cc, each	\$44.00
103641	Syringe with needle, sterile 5 cc or greater, each	\$50.00
103642	Needle-free injection device, each	\$31.00
103643	Noncoring needle or stylet with or without catheter	\$26.50
103644	Syringe, sterile, 20 cc or greater, each	\$31.00
103645	Needle, sterile, any size, each	\$35.50
103646	Sterile water, saline and/or dextrose, diluent/flush, 10 ml	\$2.50
103647	Sterile water/saline, 500 ml	\$30.00

103648	Supplies for maintenance of noninsulin drug infusion catheter, per week (list drugs separately)	\$74.50
103649	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)	\$478.50
103650	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)	\$41.00
103651	Supplies for maintenance of insulin infusion catheter, per week	\$119.50
103652	Alcohol or peroxide, per pint	\$173.50
103653	Alcohol wipes, per box	\$11.00
103654	Betadine or pHisoHex solution, per pint	\$125.00
103655	Betadine or iodine swabs/wipes, per box	\$58.00
103656	Chlorhexidine containing antiseptic, 1 ml	\$14.00
103657	Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access	\$318.50
103658	Insertion tray without drainage bag and without catheter (accessories only)	\$38.50
103659	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	\$119.50
103660	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	\$53.00
103661	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone	\$312.00
103662	Irrigation syringe, bulb or piston, each	\$20.00
103663	Female external urinary collection device; meatal cup, each	\$176.00
103664	Lubricant, individual sterile packet, each	\$1.00
103665	Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	\$110.50
103666	Indwelling catheter, foley type, two-way, all silicone or polyurethane, each	\$88.00
103667	Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	\$60.50
103668	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	\$43.00
103669	Adhesive, liquid or equal, any type, per oz	\$114.00
103670	Ostomy skin barrier, liquid (spray, brush, etc.), per oz	\$56.50
103671	Lubricant, per oz	\$21.00
103672	Ostomy skin barrier, pectin-based, paste, per oz	\$36.50
103673	Tape, nonwaterproof, per 18 sq in	\$9.50
103674	Tape, waterproof, per 18 sq in	\$35.00
103675	Nonelastic binder for extremity	\$45.50
103676	Surgical trays	\$460.00
103677	Disposable underpads, all sizes	\$10.50
103678	Electrodes (e.g., apnea monitor), per pair	\$333.50
103679	Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per oz	\$95.00
103680	Pessary, reusable, non rubber, any type	\$211.00
103681	Slings	\$85.50
103682	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment	\$109.00
103683	Splint	\$189.00
103684	Cast supplies (e.g., plaster)	\$33.50

103685	Special casting material (e.g., fiberglass)	\$28.50
103686	Oxygen probe for use with oximeter device, replacement	\$228.00
103687	Battery charger; replacement for patient-owned ventilator	\$102.00
103688	Cannula, nasal	\$21.50
103689	Variable concentration mask	\$8.50
103690	Oral and/or oropharyngeal suction catheter, each	\$17.50
103691	Tracheostomy care kit for established tracheostomy	\$11.00
103692	Syringe, with or without needle, each	\$115.00
103693	Automatic blood pressure monitor	\$128.00
103694	Extension line with easy lock connectors, used with dialysis	\$28.00
103695	Blood tubing, arterial or venous, for hemodialysis, each	\$104.00
103696	Blood collection tube, vacuum, for dialysis, per 50	\$1,265.00
103697	Gloves, nonsterile, per 100	\$74.00
103698	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each	\$100.50
103699	Skin barrier, wipes or swabs, each	\$3.00
103700	Adhesive or nonadhesive; disk or foam pad	\$114.00
103701	Collagen dressing, sterile, size 16 sq in or less, each	\$102.00
103702	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq in or less, each dressing	\$78.50
103703	Composite dressing, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	\$55.50
103704	Contact layer, sterile, more than 48 sq in, each dressing	\$131.50
103705	Foam dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	\$60.50
103706	Foam dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	\$41.00
103707	Gauze, nonimpregnated, nonsterile, pad size 16 sq in or less, without adhesive border, each dressing	\$250.00
103708	Gauze, nonimpregnated, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	\$4.00
103709	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	\$28.00
103710	Gauze, nonimpregnated, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	\$1.00
103711	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq in or less, without adhesive border, each dressing	\$10.00
103712	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	\$11.00
103713	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq in, without adhesive border, each dressing	\$19.50
103714	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq in or less, each dressing	\$47.50
103715	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq in, each dressing	\$36.50
103716	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	\$74.00

103717	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	\$149.50
103718	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	\$124.00
103719	Hydrogel dressing, wound filler, gel, per fl oz	\$75.50
103720	Skin sealants, protectants, moisturizers, ointments, any type, any size	\$79.50
103721	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	\$19.00
103722	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	\$36.50
103723	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing	\$25.50
103724	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	\$10.00
103725	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	\$182.50
103726	Transparent film, sterile, 16 sq in or less, each dressing	\$22.50
103727	Transparent film, sterile, more than 16 sq in but less than or equal to 48 sq in, each dressing	\$13.00
103728	Wound cleansers, any type, any size	\$285.00
103729	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yd	\$12.00
103730	Gauze, nonimpregnated, sterile, pad size 16 sq in or less, without adhesive border, each dressing	\$5.00
103731	Gauze, nonimpregnated, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	\$9.00
103732	Gauze, nonimpregnated, sterile, pad size more than 48 sq in, without adhesive border, each dressing	\$4.50
103733	Packing strips, nonimpregnated, sterile, up to 2 in in width, per linear yd	\$42.00
103734	Eye patch, occlusive, each	\$120.50
103735	Adhesive bandage, first aid type, any size, each	\$7.00
103736	Padding bandage, nonelastic, nonwoven/nonknitted, width greater than or equal to 3 in and less than 5 in, per yd	\$17.50
103737	Conforming bandage, nonelastic, knitted/woven, nonsterile, width less than 3 in, per yd	\$9.50
103738	Conforming bandage, nonelastic, knitted/woven, sterile, width less than 3 in, per yd	\$19.00
103739	Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 3 in and less than 5 in, per yd	\$19.00
103740	Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 5 in, per yd	\$9.00
103741	Light compression bandage, elastic, knitted/woven, width less than 3 in, per yd	\$29.00
103742	Light compression bandage, elastic, knitted/woven, width greater than or equal to 3 in and less than 5 in, per yd	\$42.00
103743	Light compression bandage, elastic, knitted/woven, width greater than or equal to 5 in, per yd	\$24.50
103744	Self-adherent bandage, elastic, nonknitted/nonwoven, width less than 3 in, per yd	\$18.50

103745	Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 3 in and less than 5 in, per yd	\$21.00
103746	Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 5 in, per yd	\$38.00
103747	Zinc paste impregnated bandage, nonelastic, knitted/woven, width greater than or equal to 3 in and less than 5 in, per yd	\$57.00
103748	Tubular dressing with or without elastic, any width, per linear yd	\$67.50
103749	Gradient compression stocking, below knee, 18-30 mm Hg, each	\$217.50
103750	Gradient compression wrap, nonelastic, below knee, 30-50 mm Hg, used as a surgical dressing, each	\$302.00
103751	Tubing, used with suction pump, each	\$147.00
103752	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable	\$205.00
103753	Small volume nonfiltered pneumatic nebulizer, disposable	\$34.00
103754	Aerosol mask, used with DME nebulizer	\$132.50
103755	Full face mask used with positive airway pressure device, each	\$195.00
103756	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	\$316.50
103757	Water chamber for humidifier, used with positive airway pressure device, replacement, each	\$163.00
103758	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type	\$51.00
103759	Reaching/grabbing device, any type, any length, each	\$86.00
103760	Spirometer, nonelectronic, includes all accessories	\$41.00
103761	Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 mCi	\$284.00
103762	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit), home mix	\$178.50
103763	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	\$2,277.50
103764	Cardioverter-defibrillator, single chamber (implantable)	\$36,648.00
103765	Catheter, transluminal atherectomy, rotational	\$12,382.00
103766	Catheter, transluminal angioplasty, nonlaser (may include guidance, infusion/perfusion capability)	\$1,654.50
103767	Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis)	\$929.00
103768	Catheter, intravascular ultrasound	\$10,484.00
103769	Guidewire	\$362.00
103770	Retrieval device, insertable (used to retrieve fractured medical devices)	\$782.00
103771	Mesh (implantable)	\$2,320.50
103772	Catheter, guiding (may include infusion/perfusion capability)	\$372.00
103773	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, nonlaser	\$323.00
103774	Probe/needle, cryoablation	\$8,365.00
103775	Catheter, transluminal angioplasty, drug-coated, nonlaser	\$6,094.00
103776	Catheter, suprapubic/cystoscopic	\$266.00
103777	Magnetic resonance angiography without contrast followed by with contrast, abdomen	\$4,293.50
103778	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	\$4,556.50

103779	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	\$5,256.00
103780	Lidocaine 70 mg/tetracaine 70 mg, per patch	\$52.00
103781	Administration of influenza virus vaccine	\$244.00
103782	Administration of pneumococcal vaccine	\$249.00
103783	Wound closure utilizing tissue adhesive(s) only	\$485.00
103784	Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066)	\$113.00
103785	Hospital observation service, per hour	\$111.00
103786	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment	\$218.50
103787	Hospital outpatient clinic visit for assessment and management of a patient	\$334.00
103788	Injection, tetracycline, up to 250 mg	\$139.00
103789	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)	\$281.00
103790	Injection, acetaminophen, not otherwise specified, 10 mg	\$4.00
103791	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)	\$9.50
103792	Injection, amiodarone HCl, 30 mg	\$22.50
103793	Injection, ampicillin sodium/sulbactam sodium, per 1.5 g	\$61.00
103794	Injection, hydralazine HCl, up to 20 mg	\$67.50
103795	Injection, azithromycin, 500 mg	\$103.00
103796	Injection, atropine sulfate, 0.01 mg	\$1.00
103797	Injection, dicyclomine HCl, up to 20 mg	\$342.00
103798	Injection, penicillin G benzathine and penicillin G procaine, 100,000 units	\$95.50
103799	Injection, penicillin G benzathine, 100,000 units	\$180.00
103800	Injection, calcium gluconate, not otherwise specified, 10 mg	\$1.00
103801	Injection, cefazolin sodium, 500 mg	\$12.50
103802	Injection, cefepime HCl, 500 mg	\$34.00
103803	Injection, ceftriaxone sodium, per 250 mg	\$16.00
103804	Injection, sterile cefuroxime sodium, per 750 mg	\$24.00
103805	Injection, clonidine HCl, 1 mg	\$196.00
103806	Injection, clindamycin phosphate, 300 mg	\$91.50
103807	Injection, ciprofloxacin for intravenous infusion, 200 mg	\$36.50
103808	Injection, prochlorperazine, up to 10 mg	\$220.00
103809	Injection, crotalidae polyvalent immune fab (ovine), up to 1 g	\$4,948.00
103810	Injection, methylprednisolone acetate, 1 mg	\$1.50
103811	Injection, dexamethasone sodium phosphate, 1 mg	\$3.00
103812	Injection, digoxin, up to 0.5 mg	\$58.00
103813	Injection, hydromorphone, 0.1 mg	\$4.00
103814	Injection, diphenhydramine HCl, up to 50 mg	\$20.50
103815	Injection, glucagon HCl, per 1 mg	\$1,731.00
103816	Injection, haloperidol, up to 5 mg	\$39.85
103817	Injection, haloperidol decanoate, per 50 mg	\$127.50
103818	Injection, heparin sodium, (heparin lock flush), per 10 units	\$3.00
103819	Injection, Heparin sodium, per 1000 units	\$8.00

103820	Injection, enoxaparin sodium, 10 mg	\$17.00
103821	Injection, ibuprofen, 100 mg	\$29.00
103822	Injection, insulin, per 5 units	\$4.50
103823	Insulin for administration through DME (i.e., insulin pump) per 50 units	\$14.00
103824	Injection, ketorolac tromethamine, per 15 mg	\$19.00
103825	Injection, labetalol HCl, 5 mg	\$8.00
103826	Injection, lanreotide, 1 mg	\$397.50
103827	Injection, levetiracetam, 10 mg	\$1.50
103828	Injection, levofloxacin, 250 mg	\$44.00
103829	Injection, lorazepam, 2 mg	\$26.00
103830	Injection, meperidine HCl, per 100 mg	\$25.00
103831	Injection, meperidine and promethazine HCl, up to 50 mg	\$47.00
103832	Injection, meropenem, 100 mg	\$15.50
103833	Injection, midazolam HCl, per 1 mg	\$6.00
103834	Injection, morphine sulfate, up to 10 mg	\$16.50
103835	Injection, morphine sulfate, preservative free for epidural or intrathecal use, 10 mg	\$26.00
103836	Injection, orphenadrine citrate, up to 60 mg	\$360.50
103837	Injection, ondansetron HCl, per 1 mg	\$4.00
103838	Injection, palifermin, 50 mcg	\$144.00
103839	Injection, pantoprazole sodium, 40 mg	\$55.00
103840	Injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)	\$39.00
103841	Injection, promethazine HCl, up to 50 mg	\$33.50
103842	Injection, propofol, 10 mg	\$2.00
103843	Injection, metoclopramide HCl, up to 10 mg	\$31.50
103844	Injection, methocarbamol, up to 10 ml	\$114.00
103845	Injection, methylprednisolone sodium succinate, 5 mg	\$5.00
103846	Injection, alteplase recombinant, 1 mg	\$427.00
103847	Injection, fentanyl citrate, 0.1 mg	\$12.00
103848	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)	\$730.00
103849	Injection, tobramycin sulfate, up to 80 mg	\$28.00
103850	Injection, triamcinolone acetonide, not otherwise specified, 10 mg	\$30.50
103851	Injection, diazepam, up to 5 mg	\$76.00
103852	Injection, hydroxyzine HCl, up to 25 mg	\$84.00
103853	Injection, thiamine HCl, 100 mg	\$32.50
103854	Injection, phytonadione (vitamin K), per 1 mg	\$17.00
103855	Injection, magnesium sulfate, per 500 mg	\$15.79
103856	Injection, potassium chloride, per 2 mEq	\$9.00
103857	Infusion, normal saline solution, 1,000 cc	\$82.00
103858	Infusion, normal saline solution, sterile (500 ml=1 unit)	\$40.50
103859	5% dextrose/normal saline (500 ml = 1 unit)	\$42.50
103860	Infusion, normal saline solution, 250 cc	\$59.50
103861	5% dextrose/water (500 ml = 1 unit)	\$70.50
103862	Infusion, D-5-W, 1,000 cc	\$91.50
103863	Ringers lactate infusion, up to 1,000 cc	\$73.50
103864	5% dextrose in lactated ringers infusion, up to 1000 cc	\$20.00

103865	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	\$8.00
103866	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	\$2,186.00
103867	Prednisolone, oral, per 5 mg	\$10.00
103868	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 1 mg	\$1.00
103869	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg	\$4.00
103870	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 0.5 mg	\$26.50
103871	Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose, 0.5 mg	\$42.50
103872	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, noncompounded, administered through DME	\$27.50
103873	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 0.5 mg	\$53.00
103874	Cromolyn sodium, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg	\$27.50
103875	Dexamethasone, inhalation solution, compounded product, administered through DME, concentrated form, per mg	\$41.50
103876	Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 mcg	\$54.50
103877	Ipratropium bromide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg	\$5.00
103878	Tobramycin, inhalation solution, FDA-approved final product, noncompounded, unit dose form, administered through DME, per 300 mg	\$187.50
103879	Dexamethasone, oral, 0.25 mg	\$1.00
103880	Injection, irinotecan, 20 mg	\$63.00
103881	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	\$4,379.00
103882	Cervical, flexible, nonadjustable, prefabricated, off-the-shelf (foam collar)	\$150.50
103883	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	\$387.50
103884	Cervical, collar, molded to patient model	\$2,518.50
103885	Cervical, collar, semi-rigid thermoplastic foam, two piece, prefabricated, off-the-shelf	\$508.50
103886	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf	\$1,233.50
103887	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	\$1,818.50
103888	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	\$226.00

103889	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	\$447.00
103890	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	\$609.00
103891	Knee orthosis (KO), immobilizer, canvas longitudinal, prefabricated, off-the-shelf	\$400.50
103892	Knee orthosis (KO), locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	\$877.00
103893	Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf	\$196.00
103894	Ankle foot orthosis (AFO), multiligamentous ankle support, prefabricated, off-the-shelf	\$375.00
103895	Ankle foot orthosis (AFO), plastic or other material with ankle joint, with or without dorsiflexion assist, prefabricated, includes fitting and adjustment	\$1,915.00
103896	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, custom fabricated	\$3,944.00
103897	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	\$4,068.00
103898	Addition to lower extremity, extended steel shank	\$243.00
103899	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	\$387.50
103900	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	\$348.00
103901	Surgical boot/shoe, each	\$130.00
103902	Lift, elevation, heel and sole, neoprene, per in	\$388.00
103903	Orthopedic shoe addition, insole, leather	\$106.00
103904	Orthopedic shoe addition, sole, full	\$165.50
103905	Shoulder orthosis (SO), figure of eight design abduction restrainer, prefabricated, off-the-shelf	\$253.50
103906	Shoulder orthosis (SO), figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf	\$380.00
103907	Shoulder orthosis (SO), acromio/clavicular (canvas and webbing type), prefabricated, off-the-shelf	\$143.50
103908	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	\$2,793.50
103909	Elbow orthosis (EO), double upright with forearm/arm cuffs, free motion, custom fabricated	\$4,457.50
103910	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	\$642.09
103911	Wrist-hand-finger orthosis (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	\$1,048.00
103912	Wrist-hand-finger orthosis (WHFO), without joint(s), prefabricated, off-the-shelf, any type	\$718.00

103913	Wrist-hand orthosis (WHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	\$2,556.00
103914	Wrist-hand orthosis (WHO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	\$1,284.00
103915	Wrist-hand orthosis (WHO), wrist extension control cock-up, nonmolded, prefabricated, off-the-shelf	\$235.50
103916	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	\$139.00
103917	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, off-the-shelf	\$529.00
103918	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	\$479.00
103919	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf	\$521.50
103920	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	\$281.00
103921	Walking boot, nonpneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf	\$587.00
103922	Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf	\$274.50
103923	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	\$6,954.00
103924	Catheterization for collection of specimen, single patient, all places of service	\$120.00
103925	Set-up portable x-ray equipment	\$165.96
103926	Azithromycin dihydrate, oral, capsules/powder, 1 g	\$322.00
103927	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	\$2.00
103928	Telehealth originating site facility fee	\$172.00
103929	Casting supplies, body cast adult, with or without head, plaster	\$254.00
103930	Cast supplies, long arm cast, adult (11 years +), fiberglass	\$195.00
103931	Cast supplies, long arm splint, adult (11 years +), fiberglass	\$226.50
103932	Cast supplies, long arm splint, pediatric (0-10 years), plaster	\$71.00
103933	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass	\$96.50
103934	Cast supplies, short arm splint, adult (11 years +), plaster	\$92.50
103935	Cast supplies, short arm splint, adult (11 years +), fiberglass	\$204.50
103936	Cast supplies, short arm splint, pediatric (0-10 years), plaster	\$57.50
103937	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass	\$82.50
103938	Cast supplies, long leg splint, adult (11 years +), fiberglass	\$338.00
103939	Cast supplies, short leg splint, adult (11 years +), plaster	\$212.50
103940	Cast supplies, short leg splint, adult (11 years +), fiberglass	\$358.50
103941	Finger splint, static	\$201.50

103942	High osmolar contrast material, 300-349 mg/ml iodine concentration, per ml	\$13.00
103943	High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml	\$2.00
103944	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	\$5.00
103945	Ondansetron, oral, 4 mg (for circumstances falling under the Medicare statute, use HCPCS Q code)	\$126.00
103946	Removal of sutures; by a physician other than the physician who originally closed the wound	\$296.50
103947	5% dextrose and 0.45% normal saline, 1000 ml	\$39.00
103948	Holding chamber or spacer for use with an inhaler or nebulizer; without mask	\$119.50
103949	Holding chamber or spacer for use with an inhaler or nebulizer; with mask	\$305.50
103950	Padding for compression bandage, roll	\$39.50
103951	Compression bandage, roll	\$15.50
103952	Splint, prefabricated, wrist or ankle	\$299.00
103953	2019-nCoV coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	\$278.50
103954	Posterior chamber intraocular lens	\$770.00
103955	Astigmatism correcting function of intraocular lens	\$405.00
103956	Presbyopia correcting function of intraocular lens	\$918.00