

| Ref ID | CPT Description  | Charge Amount |
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| 100001 | Gastrointestinal pathogen, multiplex reverse transcription ...   | \$1,270.64    |
| 100002 | Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected     | \$1,500.00    |
| 100003 | Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected | \$1,000.00    |
| 100004 | Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 11 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative                                       | \$2,500.68    |
| 100005 | Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 10 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative                                       | \$2,500.68    |
| 100006 | Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single   | \$1,352.18    |
| 100007 | Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple  | \$1,540.53    |
| 100008 | Incision and drainage of pilonidal cyst; simple  | \$2,625.14    |
| 100009 | Incision and drainage of pilonidal cyst; complicated   | \$4,860.00    |
| 100010 | Incision and removal of foreign body, subcutaneous tissues; simple   | \$1,777.50    |
| 100011 | Incision and removal of foreign body, subcutaneous tissues; complicated  | \$3,072.92    |
| 100012 | Incision and drainage of hematoma, seroma or fluid collection  | \$2,675.21    |
| 100013 | Puncture aspiration of abscess, hematoma, bulla, or cyst   | \$1,114.33    |
| 100014 | Incision and drainage, complex, postoperative wound infection  | \$2,065.20    |
| 100015 | Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues   | \$4,138.19    |
| 100016 | Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less   | \$1,937.42    |
| 100017 | Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less  | \$2,653.33    |
| 100018 | Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less  | \$2,360.25    |
| 100019 | Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)  | \$660.80      |
| 100020 | Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)   | \$1,016.12    |
| 100021 | Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)   | \$2,319.83    |
| 100022 | Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion  | \$586.67      |

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| 100023 | Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions  | \$586.67   |
| 100024 | Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions  | \$552.16   |
| 100025 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm                                     | \$3,323.82 |
| 100026 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm                                       | \$1,470.11 |
| 100027 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm                     | \$1,395.55 |
| 100028 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm                       | \$1,609.79 |
| 100029 | Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less | \$5,375.88 |
| 100030 | Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm    | \$1,296.36 |
| 100031 | Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair   | \$2,992.06 |
| 100032 | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm  | \$5,733.12 |
| 100033 | Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm   | \$1,534.73 |
| 100034 | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm   | \$6,393.28 |
| 100035 | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm   | \$1,956.11 |
| 100036 | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm   | \$6,473.16 |
| 100037 | Trimming of nondystrophic nails, any number   | \$360.00   |
| 100038 | Debridement of nail(s) by any method(s); 1 to 5   | \$198.11   |
| 100039 | Debridement of nail(s) by any method(s); 6 or more  | \$198.11   |
| 100040 | Avulsion of nail plate, partial or complete, simple; single   | \$836.37   |
| 100041 | Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)                                   | \$539.89   |
| 100042 | Evacuation of subungual hematoma  | \$1,648.25 |
| 100043 | Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;  | \$2,273.27 |
| 100044 | Repair of nail bed  | \$5,154.78 |
| 100045 | Wedge excision of skin of nail fold (eg, for ingrown toenail)   | \$853.08   |
| 100046 | Excision of pilonidal cyst or sinus; simple   | \$1,309.12 |
| 100047 | Excision of pilonidal cyst or sinus; complicated  | \$1,284.27 |
| 100048 | Injection, intralesional; up to and including 7 lesions   | \$364.00   |
| 100049 | Removal, non-biodegradable drug delivery implant  | \$7,591.22 |
| 100050 | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less                          | \$1,512.18 |
| 100051 | 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                        | \$1,636.13 |
| 100052 | 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                       | \$1,707.17 |

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| 100053 | 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 | \$2,000.13 |
| 100054 | 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 | \$1,275.09 |
| 100055 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less   | \$1,364.55 |
| 100056 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm   | \$1,540.90 |
| 100057 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm   | \$541.86   |
| 100058 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm  | \$2,635.95 |
| 100059 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm                                       | \$1,645.73 |
| 100060 | Treatment of superficial wound dehiscence; simple closure  | \$2,341.97 |
| 100061 | Treatment of superficial wound dehiscence; with packing  | \$830.92   |
| 100062 | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less                                      | \$1,983.38 |
| 100063 | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm                                    | \$2,265.40 |
| 100064 | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm                                   | \$2,360.32 |
| 100065 | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm                                  | \$2,995.89 |
| 100066 | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm  | \$4,138.19 |
| 100067 | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less  | \$1,872.42 |
| 100068 | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm  | \$1,132.69 |
| 100069 | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm   | \$1,884.32 |
| 100070 | Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less  | \$1,955.64 |
| 100071 | Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm  | \$2,151.21 |
| 100072 | Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm  | \$1,275.09 |
| 100073 | Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm   | \$2,259.18 |
| 100074 | Repair, complex, trunk; 1.1 cm to 2.5 cm   | \$5,987.83 |
| 100075 | Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm  | \$1,185.00 |
| 100076 | Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm  | \$2,002.82 |
| 100077 | Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)                      | \$2,173.35 |
| 100078 | Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm  | \$1,132.69 |
| 100079 | Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm  | \$1,931.02 |
| 100080 | Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm   | \$3,495.20 |
| 100081 | Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm   | \$1,190.00 |

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| 100082 | Secondary closure of surgical wound or dehiscence, extensive or complicated   | \$3,490.98 |
| 100083 | Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children  | \$5,818.75 |
| 100084 | Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children   | \$6,756.27 |
| 100085 | Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure) | \$7,882.32 |
| 100086 | Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)  | \$3,832.33 |
| 100087 | Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)  | \$7,500.41 |
| 100088 | Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less   | \$7,671.94 |
| 100089 | Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)  | \$6,393.28 |
| 100090 | Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area  | \$5,264.68 |
| 100091 | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area  | \$5,264.68 |
| 100092 | Blepharoplasty, upper eyelid; with excessive skin weighting down lid  | \$5,671.13 |
| 100093 | REMOVAL SUTURES UNDER ANESTHESIA SAME SURGEON   | \$895.00   |
| 100094 | Removal of sutures or staples requiring anesthesia (ie, general anesthesia, moderate sedation)  | \$4,743.00 |
| 100095 | Removal of sutures or staples not requiring anesthesia (List separately in addition to E/M code)  | \$117.50   |
| 100096 | Initial treatment, first degree burn, when no more than local treatment is required   | \$1,350.00 |
| 100097 | Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)  | \$914.74   |
| 100098 | Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)  | \$400.00   |
| 100099 | Chemical cauterization of granulation tissue (ie, proud flesh)  | \$704.00   |
| 100100 | Unlisted procedure, skin, mucous membrane and subcutaneous tissue   | \$6,087.55 |
| 100101 | Puncture aspiration of cyst of breast;  | \$2,600.00 |
| 100102 | Mastotomy with exploration or drainage of abscess, deep   | \$2,557.68 |
| 100103 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance  | \$6,999.12 |

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| 100104 | Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct   | \$2,252.09 |
| 100105 | Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions                                     | \$1,541.15 |
| 100106 | Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion  | \$1,236.44 |
| 100107 | Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);   | \$1,759.01 |
| 100108 | Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy   | \$8,129.77 |
| 100109 | Mastectomy, simple, complete  | \$2,081.42 |
| 100110 | Exploration of penetrating wound (separate procedure); extremity  | \$2,014.36 |
| 100111 | Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)   | \$1,740.74 |
| 100112 | Injection(s); single or multiple trigger point(s), 3 or more muscles  | \$1,527.73 |
| 100113 | Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance  | \$1,000.00 |
| 100114 | Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance                                      | \$623.06   |
| 100115 | Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting | \$1,409.00 |
| 100116 | Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance   | \$836.34   |
| 100117 | Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting  | \$1,310.42 |
| 100118 | Aspiration and/or injection of ganglion cyst(s) any location  | \$984.85   |
| 100119 | Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)  | \$1,695.74 |
| 100120 | Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system  | \$3,378.14 |
| 100121 | Adjustment or revision of external fixation system requiring anesthesia (eg, new pin[s] or wire[s] and/or new ring[s] or bar[s])  | \$5,535.39 |
| 100122 | Closed treatment of nasal bone fracture with manipulation; without stabilization  | \$2,920.30 |
| 100123 | Closed treatment of nasal bone fracture with manipulation; with stabilization   | \$3,333.98 |
| 100124 | Closed treatment of temporomandibular dislocation; initial or subsequent  | \$590.67   |
| 100125 | Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater  | \$1,366.59 |
| 100126 | Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater  | \$2,252.09 |
| 100127 | Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm   | \$1,876.74 |
| 100128 | Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm   | \$1,225.49 |
| 100129 | Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm   | \$3,072.92 |
| 100130 | Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater  | \$1,180.46 |
| 100131 | Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater  | \$1,074.02 |

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| 100132 | Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm   | \$1,366.59 |
| 100133 | Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm   | \$6,677.45 |
| 100134 | Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater  | \$6,946.72 |
| 100135 | Incision and drainage, shoulder area; deep abscess or hematoma   | \$3,072.92 |
| 100136 | Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater   | \$2,252.09 |
| 100137 | Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute  | \$1,419.31 |
| 100138 | Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)   | \$1,075.56 |
| 100139 | Arthroplasty, glenohumeral joint; hemiarthroplasty   | \$1,431.27 |
| 100140 | Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))   | \$831.31   |
| 100141 | Open treatment of clavicular fracture, includes internal fixation, when performed  | \$1,841.68 |
| 100142 | Closed treatment of acromioclavicular dislocation; without manipulation  | \$2,585.93 |
| 100143 | Open treatment of acromioclavicular dislocation, acute or chronic;   | \$890.00   |
| 100144 | Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; | \$1,595.43 |
| 100145 | Closed treatment of shoulder dislocation, with manipulation; without anesthesia  | \$1,786.12 |
| 100146 | Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia  | \$3,880.27 |
| 100147 | Open treatment of acute shoulder dislocation   | \$1,841.68 |
| 100148 | Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation   | \$1,320.00 |
| 100149 | Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)  | \$3,072.92 |
| 100150 | Incision and drainage, upper arm or elbow area; bursa  | \$2,259.39 |
| 100151 | Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater   | \$1,150.55 |
| 100152 | Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater   | \$1,452.79 |
| 100153 | Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm  | \$1,000.00 |
| 100154 | Excision, olecranon bursa  | \$1,086.42 |
| 100155 | Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)   | \$3,072.92 |
| 100156 | Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)  | \$7,366.71 |
| 100157 | Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft   | \$1,385.62 |
| 100158 | Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous   | \$1,001.12 |
| 100159 | Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open   | \$2,146.06 |
| 100160 | Repair of nonunion or malunion, humerus; without graft (eg, compression technique)   | \$1,157.66 |
| 100161 | Closed treatment of humeral shaft fracture; without manipulation   | \$2,259.39 |
| 100162 | Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction   | \$1,595.43 |
| 100163 | Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws  | \$1,926.46 |

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| 100164 | Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension   | \$2,252.09 |
| 100165 | Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension   | \$7,061.49 |
| 100166 | Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation  | \$3,274.82 |
| 100167 | Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);   | \$1,841.68 |
| 100168 | Treatment of closed elbow dislocation; without anesthesia  | \$960.43   |
| 100169 | Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation   | \$1,812.75 |
| 100170 | Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement                                  | \$1,329.53 |
| 100171 | Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation  | \$4,520.80 |
| 100172 | Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed   | \$1,876.74 |
| 100173 | Incision, extensor tendon sheath, wrist (eg, deQuervains disease)  | \$1,928.19 |
| 100174 | Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)  | \$1,000.00 |
| 100175 | Excision of ganglion, wrist (dorsal or volar); primary   | \$1,820.03 |
| 100176 | Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle   | \$5,325.01 |
| 100177 | Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)  | \$1,534.73 |
| 100178 | Arthroplasty, intercarpal or carpometacarpal joints; interposition (eg, tendon)  | \$1,725.07 |
| 100179 | Closed treatment of radial shaft fracture; without manipulation  | \$1,504.00 |
| 100180 | Closed treatment of radial shaft fracture; with manipulation   | \$2,874.01 |
| 100181 | Closed treatment of ulnar shaft fracture; with manipulation  | \$3,711.00 |
| 100182 | Open treatment of ulnar shaft fracture, includes internal fixation, when performed   | \$1,157.33 |
| 100183 | Closed treatment of radial and ulnar shaft fractures; without manipulation   | \$2,354.71 |
| 100184 | Closed treatment of radial and ulnar shaft fractures; with manipulation  | \$4,278.63 |
| 100185 | Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation | \$939.00   |
| 100186 | Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation    | \$4,355.23 |
| 100187 | Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation  | \$2,560.76 |
| 100188 | Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation  | \$1,446.81 |
| 100189 | Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments   | \$779.06   |
| 100190 | Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments   | \$1,554.27 |
| 100191 | Closed treatment of carpal scaphoid (navicular) fracture; without manipulation   | \$2,630.79 |
| 100192 | Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation   | \$987.64   |
| 100193 | Drainage of finger abscess; simple   | \$2,755.72 |
| 100194 | Tendon sheath incision (eg, for trigger finger)  | \$2,544.61 |

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| 100195 | Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each  | \$2,560.76 |
| 100196 | Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater  | \$1,183.24 |
| 100197 | Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm   | \$1,183.24 |
| 100198 | Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); | \$1,578.51 |
| 100199 | Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger   | \$1,458.36 |
| 100200 | Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon  | \$9,724.24 |
| 100201 | Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon  | \$3,841.14 |
| 100202 | Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)  | \$2,560.76 |
| 100203 | Tenolysis, flexor tendon; palm OR finger, each tendon   | \$1,183.24 |
| 100204 | Tenolysis, extensor tendon, hand OR finger, each tendon   | \$1,522.06 |
| 100205 | Closed treatment of metacarpal fracture, single; with manipulation, each bone   | \$1,967.15 |
| 100206 | Percutaneous skeletal fixation of metacarpal fracture, each bone  | \$1,360.01 |
| 100207 | Closed treatment of carpometacarpal dislocation, thumb, with manipulation   | \$3,168.83 |
| 100208 | Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia  | \$2,853.76 |
| 100209 | Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each  | \$5,291.08 |
| 100210 | Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each  | \$2,353.22 |
| 100211 | Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each  | \$954.99   |
| 100212 | Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each  | \$5,291.11 |
| 100213 | Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each  | \$1,328.00 |
| 100214 | Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each  | \$6,147.56 |
| 100215 | Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each   | \$1,080.00 |
| 100216 | Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each  | \$1,174.00 |
| 100217 | Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each   | \$1,150.97 |
| 100218 | Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia  | \$732.91   |
| 100219 | Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia  | \$2,096.00 |
| 100220 | Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure  | \$1,531.86 |
| 100221 | Incision and drainage, pelvis or hip joint area; deep abscess or hematoma   | \$1,735.44 |
| 100222 | Excision; trochanteric bursa or calcification   | \$1,876.74 |

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| 100223 | Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed   | \$2,514.11 |
| 100224 | Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft   | \$1,681.31 |
| 100225 | Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning  | \$2,560.76 |
| 100226 | Percutaneous skeletal fixation of femoral fracture, proximal end, neck  | \$1,204.29 |
| 100227 | Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage   | \$860.56   |
| 100228 | Closed treatment of post hip arthroplasty dislocation; without anesthesia   | \$1,012.65 |
| 100229 | Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia   | \$4,612.82 |
| 100230 | Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region   | \$3,827.60 |
| 100231 | Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies  | \$2,703.60 |
| 100232 | Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater   | \$1,382.46 |
| 100233 | Excision of synovial cyst of popliteal space (eg, Baker's cyst)   | \$2,560.76 |
| 100234 | Patellectomy or hemipatellectomy  | \$840.59   |
| 100235 | Excision or curettage of bone cyst or benign tumor of femur;  | \$1,110.11 |
| 100236 | Suture of infrapatellar tendon; primary   | \$744.14   |
| 100237 | Suture of quadriceps or hamstring muscle rupture; primary   | \$1,331.47 |
| 100238 | Repair, primary, torn ligament and/or capsule, knee; cruciate   | \$5,375.88 |
| 100239 | Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)  | \$1,009.95 |
| 100240 | Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)  | \$928.87   |
| 100241 | Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation  | \$3,920.07 |
| 100242 | Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair  | \$1,329.53 |
| 100243 | Closed treatment of patellar dislocation; without anesthesia  | \$928.95   |
| 100244 | Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)  | \$3,046.67 |
| 100245 | Incision and drainage, leg or ankle; deep abscess or hematoma   | \$2,560.76 |
| 100246 | Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle   | \$1,048.33 |
| 100247 | Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater  | \$1,201.78 |
| 100248 | Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater  | \$984.68   |
| 100249 | Excision or curettage of bone cyst or benign tumor, tibia or fibula;  | \$3,244.78 |
| 100250 | Repair, primary, open or percutaneous, ruptured Achilles tendon;  | \$751.07   |
| 100251 | Repair, flexor tendon, leg; primary, without graft, each tendon   | \$1,083.18 |
| 100252 | Repair, extensor tendon, leg; primary, without graft, each tendon   | \$6,147.56 |
| 100253 | Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot) | \$2,848.98 |
| 100254 | Repair, primary, disrupted ligament, ankle; both collateral ligaments   | \$1,192.72 |
| 100255 | Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)   | \$798.52   |

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| 100256 | Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage  | \$865.02   |
| 100257 | Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage   | \$1,192.72 |
| 100258 | Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction  | \$5,263.40 |
| 100259 | Open treatment of medial malleolus fracture, includes internal fixation, when performed  | \$950.56   |
| 100260 | Closed treatment of distal fibular fracture (lateral malleolus); without manipulation  | \$2,732.94 |
| 100261 | Closed treatment of distal fibular fracture (lateral malleolus); with manipulation   | \$2,003.70 |
| 100262 | Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed  | \$2,045.16 |
| 100263 | Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation                          | \$532.57   |
| 100264 | Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed  | \$1,070.65 |
| 100265 | Closed treatment of trimalleolar ankle fracture; with manipulation   | \$4,187.12 |
| 100266 | Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip                                    | \$1,222.43 |
| 100267 | Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation                                 | \$723.69   |
| 100268 | Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation | \$2,304.41 |
| 100269 | Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only                      | \$1,329.53 |
| 100270 | Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula           | \$2,560.76 |
| 100271 | Amputation, leg, through tibia and fibula; secondary closure or scar revision  | \$1,329.53 |
| 100272 | Amputation, leg, through tibia and fibula; re-amputation   | \$973.31   |
| 100273 | Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space   | \$1,048.33 |
| 100274 | Fasciotomy, foot and/or toe  | \$2,182.71 |
| 100275 | Tenotomy, percutaneous, toe; single tendon   | \$2,328.52 |
| 100276 | Tenotomy, percutaneous, toe; multiple tendons  | \$2,560.76 |
| 100277 | Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint  | \$2,560.76 |
| 100278 | Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint  | \$894.15   |
| 100279 | Release, tarsal tunnel (posterior tibial nerve decompression)  | \$1,599.34 |
| 100280 | Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater   | \$2,560.76 |
| 100281 | Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm  | \$4,640.94 |
| 100282 | Excision, interdigital (Morton) neuroma, single, each  | \$999.28   |
| 100283 | Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot   | \$958.40   |

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| 100284 | Ostectomy, calcaneus; for spur, with or without plantar fascial release   | \$762.75   |
| 100285 | Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus | \$5,630.23 |
| 100286 | Resection, partial or complete, phalangeal base, each toe   | \$4,414.71 |
| 100287 | Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each   | \$5,121.53 |
| 100288 | Removal of foreign body, foot; subcutaneous   | \$2,715.29 |
| 100289 | Removal of foreign body, foot; deep   | \$5,087.02 |
| 100290 | Removal of foreign body, foot; complicated  | \$5,895.00 |
| 100291 | Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)  | \$2,532.41 |
| 100292 | Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head  | \$2,560.76 |
| 100293 | Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant  | \$1,215.06 |
| 100294 | Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant   | \$1,876.74 |
| 100295 | Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method   | \$1,426.31 |
| 100296 | Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method                   | \$6,308.49 |
| 100297 | Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method  | \$5,675.60 |
| 100298 | Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation  | \$6,986.77 |
| 100299 | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)                                | \$5,630.23 |
| 100300 | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each   | \$1,534.73 |
| 100301 | Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)   | \$6,308.49 |
| 100302 | Open treatment of calcaneal fracture, includes internal fixation, when performed;   | \$2,045.16 |
| 100303 | Closed treatment of metatarsal fracture; with manipulation, each  | \$1,208.65 |
| 100304 | Open treatment of metatarsal fracture, includes internal fixation, when performed, each   | \$1,192.72 |
| 100305 | Closed treatment of fracture great toe, phalanx or phalanges; with manipulation   | \$699.15   |
| 100306 | Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each  | \$2,259.39 |
| 100307 | Closed treatment of metatarsophalangeal joint dislocation; without anesthesia   | \$623.73   |
| 100308 | Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed   | \$5,983.00 |
| 100309 | Closed treatment of interphalangeal joint dislocation; without anesthesia   | \$702.01   |
| 100310 | Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed   | \$905.35   |
| 100311 | Arthrodesis, great toe; metatarsophalangeal joint   | \$784.59   |
| 100312 | Amputation, foot; transmetatarsal   | \$1,126.41 |
| 100313 | Amputation, metatarsal, with toe, single  | \$1,054.97 |
| 100314 | Amputation, toe; metatarsophalangeal joint  | \$1,238.98 |

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| 100315 | Amputation, toe; interphalangeal joint  | \$1,539.90 |
| 100316 | Application, cast; elbow to finger (short arm)  | \$578.55   |
| 100317 | Application, cast; finger (eg, contracture)   | \$920.00   |
| 100318 | Application of long arm splint (shoulder to hand)   | \$1,693.72 |
| 100319 | Application of short arm splint (forearm to hand); static   | \$1,698.25 |
| 100320 | Application of finger splint; static  | \$2,259.39 |
| 100321 | Application of finger splint; dynamic   | \$560.00   |
| 100322 | Strapping; shoulder (eg, Velpeau)   | \$1,100.00 |
| 100323 | Strapping; hand or finger   | \$1,000.00 |
| 100324 | Application of short leg cast (below knee to toes);   | \$578.58   |
| 100325 | Application of clubfoot cast with molding or manipulation, long or short leg  | \$1,150.00 |
| 100326 | Application of long leg splint (thigh to ankle or toes)   | \$1,501.76 |
| 100327 | Application of short leg splint (calf to foot)  | \$1,458.99 |
| 100328 | Strapping; knee   | \$1,600.00 |
| 100329 | Strapping; ankle and/or foot  | \$1,190.00 |
| 100330 | Strapping; toes   | \$1,200.00 |
| 100331 | Strapping; Unna boot  | \$634.23   |
| 100332 | Application of multi-layer compression system; leg (below knee), including ankle and foot   | \$605.97   |
| 100333 | Removal or bivalving; gauntlet, boot or body cast   | \$1,100.00 |
| 100334 | Removal or bivalving; full arm or full leg cast   | \$558.00   |
| 100335 | Arthroscopy, shoulder, surgical; capsulorrhaphy   | \$1,000.60 |
| 100336 | Arthroscopy, shoulder, surgical; repair of SLAP lesion  | \$1,373.05 |
| 100337 | Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])      | \$1,276.75 |
| 100338 | Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies]) | \$1,196.83 |
| 100339 | Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)  | \$1,022.44 |
| 100340 | Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation  | \$970.66   |
| 100341 | Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)   | \$921.25   |
| 100342 | Arthroscopy, shoulder, surgical; with rotator cuff repair   | \$912.03   |
| 100343 | Arthroscopy, shoulder, surgical; biceps tenodesis   | \$6,393.28 |
| 100344 | Arthroscopy, elbow, surgical; debridement, extensive  | \$1,009.95 |
| 100345 | Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)  | \$5,203.00 |
| 100346 | Endoscopy, wrist, surgical, with release of transverse carpal ligament  | \$2,115.27 |
| 100347 | Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)   | \$1,053.19 |
| 100348 | Arthroscopy, knee, surgical; for infection, lavage and drainage   | \$1,009.95 |
| 100349 | Arthroscopy, knee, surgical; with lateral release   | \$1,821.14 |

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| 100350 | Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)  | \$1,534.73 |
| 100351 | Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)   | \$2,560.76 |
| 100352 | Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)   | \$938.34   |
| 100353 | Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)   | \$1,485.44 |
| 100354 | Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture   | \$2,150.35 |
| 100355 | Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed | \$1,149.32 |
| 100356 | Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed  | \$1,529.86 |
| 100357 | Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)   | \$1,320.01 |
| 100358 | Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction   | \$1,258.52 |
| 100359 | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial  | \$1,002.98 |
| 100360 | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited  | \$1,120.17 |
| 100361 | Excision or destruction (eg, laser), intranasal lesion; internal approach   | \$1,427.87 |
| 100362 | Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)   | \$2,560.76 |
| 100363 | Submucous resection inferior turbinate, partial or complete, any method   | \$5,203.59 |
| 100364 | Removal foreign body, intranasal; office type procedure   | \$1,293.22 |
| 100365 | Removal foreign body, intranasal; requiring general anesthesia  | \$2,412.18 |
| 100366 | Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)  | \$3,470.87 |
| 100367 | Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft   | \$2,359.70 |
| 100368 | Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method  | \$783.25   |
| 100369 | Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method   | \$1,986.49 |
| 100370 | Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial   | \$1,541.31 |
| 100371 | 12-Lead ECG Performed (EM)  | \$250.00   |
| 100372 | Nasal/sinus endoscopy, surgical; with concha bullosa resection  | \$2,695.87 |
| 100373 | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed  | \$2,955.13 |
| 100374 | Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)  | \$1,869.06 |
| 100375 | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)  | \$5,121.53 |
| 100376 | Nasal/sinus endoscopy, surgical, with maxillary antrotomy;  | \$5,339.62 |
| 100377 | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy   | \$5,302.89 |

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| 100378 | Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus  | \$5,672.62 |
| 100379 | Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed  | \$5,172.40 |
| 100380 | Nasal/sinus endoscopy, surgical, with sphenoidotomy;   | \$5,121.53 |
| 100381 | Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus  | \$5,223.27 |
| 100382 | Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium  | \$5,223.27 |
| 100383 | Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium   | \$5,121.53 |
| 100384 | Intubation, endotracheal, emergency procedure  | \$1,294.59 |
| 100385 | Laryngoscopy, direct, operative, with foreign body removal;  | \$4,612.82 |
| 100386 | Laryngoscopy, direct, operative, with biopsy;  | \$2,004.67 |
| 100387 | Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope  | \$1,420.31 |
| 100388 | Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s) | \$1,055.96 |
| 100389 | Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope   | \$1,184.03 |
| 100390 | Laryngoscopy, flexible; diagnostic   | \$567.50   |
| 100391 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)                                 | \$4,629.44 |
| 100392 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings   | \$2,327.08 |
| 100393 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage   | \$2,357.19 |
| 100394 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites                                | \$1,777.69 |
| 100395 | Percut bx lung/mediastinum   | \$3,634.19 |
| 100396 | Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)  | \$2,062.93 |
| 100397 | Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode   | \$6,992.73 |
| 100398 | Removal, subcutaneous cardiac rhythm monitor   | \$1,983.42 |
| 100399 | Coronary artery bypass, vein only; 3 coronary venous grafts  | \$2,700.00 |
| 100400 | Exploration for postoperative hemorrhage, thrombosis or infection; extremity   | \$8,015.24 |
| 100401 | Excision of infected graft; extremity  | \$7,700.82 |
| 100402 | Introduction of needle or intracatheter, vein  | \$200.00   |
| 100403 | Injection procedure for extremity venography (including introduction of needle or intracatheter)   | \$1,055.24 |
| 100404 | Introduction of catheter, superior or inferior vena cava   | \$1,231.11 |
| 100405 | Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)   | \$879.36   |
| 100406 | Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)   | \$879.36   |
| 100407 | Introduction of needle or intracatheter, upper or lower extremity artery   | \$7,197.49 |
| 100408 | Introduction of catheter, aorta  | \$825.68   |
| 100409 | Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family   | \$879.36   |

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| 100410 | Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family   | \$879.36   |
| 100411 | Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family  | \$879.36   |
| 100412 | Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family  | \$879.36   |
| 100413 | Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family   | \$879.36   |
| 100414 | Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral | \$9,292.11 |
| 100415 | Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)  | \$91.82    |
| 100416 | Collection of venous blood by venipuncture   | \$150.00   |
| 100417 | Transfusion, blood or blood components   | \$2,793.99 |
| 100418 | Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older   | \$5,897.01 |
| 100419 | Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older  | \$5,671.45 |
| 100420 | Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older  | \$1,241.22 |
| 100421 | Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older   | \$3,369.19 |
| 100422 | Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older  | \$1,534.73 |
| 100423 | Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older  | \$3,563.47 |
| 100424 | Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access   | \$7,895.10 |
| 100425 | Removal of tunneled central venous catheter, without subcutaneous port or pump   | \$2,116.61 |
| 100426 | Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion  | \$2,378.37 |
| 100427 | Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified   | \$112.28   |
| 100428 | Dec clotting by thrombolytic agent of implanted vascular access device or catheter   | \$1,007.18 |
| 100429 | Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access  | \$7,895.10 |
| 100430 | Placement of needle for intraosseous infusion  | \$1,513.74 |
| 100431 | Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)   | \$5,800.32 |
| 100432 | Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)  | \$8,432.73 |

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| 100433 | Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)  | \$4,756.83 |
| 100434 | Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)   | \$9,606.22 |
| 100435 | Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; | \$3,147.36 |
| 100436 | Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)   | \$719.60   |
| 100437 | Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)  | \$719.60   |
| 100438 | Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed   | \$9,085.05 |
| 100439 | Thrombolysis, cerebral, by intravenous infusion   | \$671.03   |
| 100440 | Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed  | \$9,459.55 |
| 100441 | Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)   | \$4,338.02 |
| 100442 | Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)   | \$879.36   |
| 100443 | Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)   | \$885.23   |
| 100444 | Ligation or banding of angioaccess arteriovenous fistula  | \$7,700.82 |
| 100445 | Ligation or biopsy, temporal artery   | \$5,375.88 |
| 100446 | Unlisted procedure, vascular surgery  | \$1,815.60 |
| 100447 | Diagnostic bone marrow; biopsy(ies) and aspiration(s)   | \$4,660.12 |
| 100448 | Biopsy or excision of lymph node(s); open, superficial  | \$6,138.93 |
| 100449 | Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)  | \$7,156.33 |
| 100450 | Biopsy or excision of lymph node(s); open, deep cervical node(s)  | \$1,876.74 |
| 100451 | Biopsy or excision of lymph node(s); open, deep axillary node(s)  | \$2,365.27 |
| 100452 | Suprahyoid lymphadenectomy  | \$7,156.33 |
| 100453 | Cervical lymphadenectomy (complete)   | \$5,875.95 |

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| 100454 | Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)  | \$5,884.58 |
| 100455 | Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair   | \$1,959.65 |
| 100456 | Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex   | \$2,089.03 |
| 100457 | Drainage of abscess, cyst, hematoma from dentoalveolar structures  | \$426.90   |
| 100458 | Unlisted procedure, dentoalveolar structures   | \$1,251.93 |
| 100459 | Biopsy of salivary gland; needle   | \$2,007.97 |
| 100460 | Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection   | \$899.35   |
| 100461 | Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve   | \$1,340.89 |
| 100462 | Excision of submandibular (submaxillary) gland   | \$1,033.81 |
| 100463 | Incision and drainage abscess; peritonsillar   | \$4,612.82 |
| 100464 | Removal of foreign body from pharynx   | \$1,156.72 |
| 100465 | Tonsillectomy and adenoidectomy; younger than age 12   | \$1,833.26 |
| 100466 | Tonsillectomy and adenoidectomy; age 12 or over  | \$1,687.79 |
| 100467 | Tonsillectomy, primary or secondary; younger than age 12   | \$1,958.63 |
| 100468 | Tonsillectomy, primary or secondary; age 12 or over  | \$1,783.51 |
| 100469 | Adenoidectomy, primary; younger than age 12  | \$2,697.11 |
| 100470 | Adenoidectomy, primary; age 12 or over   | \$1,801.18 |
| 100471 | Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention  | \$1,296.36 |
| 100472 | Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)  | \$4,867.17 |
| 100473 | Esophagoscopy, flexible, transoral; with removal of foreign body(s)  | \$3,777.00 |
| 100474 | Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)   | \$1,653.70 |
| 100475 | Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple   | \$1,184.33 |
| 100476 | Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices  | \$777.75   |
| 100477 | Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube  | \$2,689.00 |
| 100478 | Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)   | \$593.06   |
| 100479 | Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method  | \$777.75   |
| 100480 | Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy   | \$2,258.32 |
| 100481 | Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent | \$389.83   |
| 100482 | Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)   | \$934.28   |
| 100483 | Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh  | \$836.35   |
| 100484 | Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)  | \$2,059.58 |
| 100485 | Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed   | \$1,239.34 |

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| 100486 | Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract | \$1,056.99 |
| 100487 | Closure of enterostomy, large or small intestine;  | \$890.06   |
| 100488 | Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal   | \$1,329.53 |
| 100489 | Appendectomy;  | \$835.05   |
| 100490 | Laparoscopy, surgical, appendectomy  | \$1,303.67 |
| 100491 | Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)   | \$4,951.95 |
| 100492 | Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed         | \$777.75   |
| 100493 | Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)                                   | \$944.40   |
| 100494 | Colonoscopy, flexible; with biopsy, single or multiple   | \$1,850.86 |
| 100495 | Colonoscopy, flexible; with control of bleeding, any method  | \$777.75   |
| 100496 | Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique   | \$648.12   |
| 100497 | Reduction of procidentia (separate procedure) under anesthesia   | \$800.00   |
| 100498 | Removal of fecal impaction or foreign body (separate procedure) under anesthesia   | \$2,017.76 |
| 100499 | Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)   | \$3,490.27 |
| 100500 | Incision and drainage, perianal abscess, superficial   | \$2,240.84 |
| 100501 | Incision of thrombosed hemorrhoid, external  | \$856.36   |
| 100502 | Excision of single external papilla or tag, anus   | \$1,349.01 |
| 100503 | Hemorrhoidectomy, external, 2 or more columns/groups   | \$1,210.66 |
| 100504 | Hemorrhoidectomy, internal and external, single column/group;  | \$1,232.84 |
| 100505 | Hemorrhoidectomy, internal and external, 2 or more columns/groups;   | \$1,036.91 |
| 100506 | Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous  | \$1,296.36 |
| 100507 | Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric  | \$939.67   |
| 100508 | Excision of thrombosed hemorrhoid, external  | \$1,692.35 |
| 100509 | Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)                               | \$4,951.95 |
| 100510 | Biopsy of liver, needle; percutaneous  | \$4,288.81 |
| 100511 | Biopsy of liver, wedge   | \$1,220.86 |
| 100512 | Unlisted laparoscopic procedure, liver   | \$6,567.11 |
| 100513 | Laparoscopy, surgical; cholecystectomy   | \$1,378.11 |
| 100514 | Laparoscopy, surgical; cholecystectomy with cholangiography  | \$1,117.14 |
| 100515 | Laparoscopy, surgical; cholecystectomy with exploration of common duct   | \$842.79   |
| 100516 | Cholecystectomy;   | \$1,461.98 |
| 100517 | Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance   | \$1,661.59 |
| 100518 | Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance  | \$1,925.05 |
| 100519 | Biopsy, abdominal or retroperitoneal mass, percutaneous needle   | \$3,540.46 |
| 100520 | Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)                     | \$1,086.61 |
| 100521 | Laparoscopy, surgical; with biopsy (single or multiple)  | \$1,095.00 |
| 100522 | Unlisted laparoscopy procedure, abdomen, peritoneum and omentum  | \$8,184.49 |
| 100523 | Removal of peritoneal foreign body from peritoneal cavity  | \$868.82   |

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| 100524 | Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous | \$9,163.02  |
| 100525 | Removal of tunneled intraperitoneal catheter  | \$6,992.73  |
| 100526 | Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report  | \$4,404.00  |
| 100527 | Repair initial inguinal hernia, age 5 years or older; reducible   | \$975.79    |
| 100528 | Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated  | \$1,165.24  |
| 100529 | Repair recurrent inguinal hernia, any age; reducible  | \$87,272.03 |
| 100530 | Repair recurrent inguinal hernia, any age; incarcerated or strangulated   | \$1,329.53  |
| 100531 | Repair inguinal hernia, sliding, any age  | \$1,329.53  |
| 100532 | Rerepair ventrl hern reduce   | \$805.32    |
| 100533 | Rpr umbil hern reduc > 5 yr   | \$1,027.03  |
| 100534 | Rpr umbil hern block > 5 yr   | \$1,876.74  |
| 100535 | Laparoscopy, surgical; repair initial inguinal hernia   | \$1,163.73  |
| 100536 | Laparoscopy, surgical; repair recurrent inguinal hernia   | \$943.40    |
| 100537 | Lap vent/abd hernia repair  | \$1,313.00  |
| 100538 | Lap vent/abd hern proc comp   | \$1,509.89  |
| 100539 | Lap inc hernia repair   | \$1,687.13  |
| 100540 | Lap inc hern repair comp  | \$1,206.34  |
| 100541 | Lap inc hern recur comp   | \$985.34    |
| 100542 | Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy   | \$8,527.14  |
| 100543 | Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation  | \$5,016.72  |
| 100544 | Cystostomy, cystotomy with drainage   | \$855.08    |
| 100545 | Aspiration of bladder; with insertion of suprapubic catheter  | \$988.01    |
| 100546 | Injection procedure for cystography or voiding urethrocytography  | \$0.01      |
| 100547 | Bladder irrigation, simple, lavage and/or instillation  | \$1,917.43  |
| 100548 | Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)  | \$455.47    |
| 100549 | Insertion of temporary indwelling bladder catheter; simple (eg, Foley)  | \$803.55    |
| 100550 | Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)   | \$1,198.90  |
| 100551 | Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging   | \$210.89    |
| 100552 | Cystorrhaphy, suture of bladder wound, injury or rupture; simple  | \$6,138.93  |
| 100553 | Cystourethroscopy (separate procedure)  | \$3,296.92  |
| 100554 | Cystourethroscopy with irrigation and evacuation of multiple obstructing clots  | \$1,229.40  |
| 100555 | Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;   | \$1,390.51  |
| 100556 | Cystourethroscopy, with biopsy(s)   | \$4,867.17  |
| 100557 | Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands   | \$2,815.11  |
| 100558 | Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)   | \$1,119.93  |
| 100559 | Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)   | \$1,452.19  |

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| 100560 | Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)  | \$961.48   |
| 100561 | Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia  | \$1,603.22 |
| 100562 | Cystourethroscopy with direct vision internal urethrotomy   | \$1,947.62 |
| 100563 | Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female   | \$2,260.44 |
| 100564 | Cystourethroscopy, with injection(s) for chemodenervation of the bladder  | \$1,503.42 |
| 100565 | Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple   | \$3,858.02 |
| 100566 | Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)   | \$2,560.76 |
| 100567 | Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)   | \$1,048.29 |
| 100568 | Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus   | \$1,070.51 |
| 100569 | Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)   | \$1,252.25 |
| 100570 | Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus   | \$1,061.88 |
| 100571 | Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)   | \$1,616.38 |
| 100572 | Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)   | \$961.59   |
| 100573 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)   | \$1,876.74 |
| 100574 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)   | \$1,116.99 |
| 100575 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion   | \$2,111.34 |
| 100576 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)  | \$1,069.56 |
| 100577 | Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) | \$859.75   |
| 100578 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision  | \$1,876.74 |
| 100579 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)   | \$1,876.74 |
| 100580 | Excision of penile plaque (Peyronie disease);   | \$2,560.76 |
| 100581 | Circumcision, using clamp or other device with regional dorsal penile or ring block   | \$2,111.49 |
| 100582 | Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age   | \$1,438.87 |
| 100583 | Lysis or excision of penile post-circumcision adhesions   | \$2,263.59 |
| 100584 | Repair incomplete circumcision  | \$958.79   |
| 100585 | Irrigation of corpora cavernosa for priapism  | \$669.75   |
| 100586 | Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)   | \$823.13   |

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| 100587 | Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir  | \$750.02   |
| 100588 | Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach   | \$1,876.74 |
| 100589 | Orchiectomy, partial   | \$4,612.82 |
| 100590 | Orchiectomy, radical, for tumor; inguinal approach   | \$1,062.14 |
| 100591 | Fixation of contralateral testis (separate procedure)  | \$1,876.74 |
| 100592 | Excision of local lesion of epididymis   | \$1,216.79 |
| 100593 | Epididymectomy; unilateral   | \$1,196.55 |
| 100594 | Excision of hydrocele; unilateral  | \$1,681.31 |
| 100595 | Repair of tunica vaginalis hydrocele (Bottle type)   | \$1,309.12 |
| 100596 | Removal of foreign body in scrotum   | \$987.79   |
| 100597 | Biopsy, prostate; needle or punch, single or multiple, any approach  | \$3,272.33 |
| 100598 | Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages | \$825.04   |
| 100599 | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple                          | \$4,612.82 |
| 100600 | Incision and drainage of vulva or perineal abscess   | \$805.20   |
| 100601 | Incision and drainage of Bartholin's gland abscess   | \$975.96   |
| 100602 | Marsupialization of Bartholin's gland cyst   | \$1,739.94 |
| 100603 | Vulvectomy simple; partial   | \$2,560.76 |
| 100604 | Partial hymenectomy or revision of hymenal ring  | \$4,612.82 |
| 100605 | Excision of Bartholin's gland or cyst  | \$958.79   |
| 100606 | Colpocleisis (Le Fort type)  | \$816.73   |
| 100607 | Excision of vaginal septum   | \$4,612.82 |
| 100608 | Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed  | \$1,220.63 |
| 100609 | Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy   | \$6,782.47 |
| 100610 | Sling operation for stress incontinence (eg, fascia or synthetic)  | \$1,282.74 |
| 100611 | Pelvic examination under anesthesia (other than local)   | \$2,399.97 |
| 100612 | Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)  | \$2,560.76 |
| 100613 | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix   | \$1,572.54 |
| 100614 | Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)  | \$2,560.76 |
| 100615 | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision   | \$1,715.09 |
| 100616 | Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)   | \$1,386.15 |
| 100617 | Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)   | \$1,678.63 |
| 100618 | Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach                   | \$731.26   |
| 100619 | Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)   | \$827.93   |
| 100620 | Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele  | \$764.53   |
| 100621 | Removal of intrauterine device (IUD)   | \$738.77   |
| 100622 | Endometrial ablation, thermal, without hysteroscopic guidance  | \$5,375.88 |

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| 100623 | Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)  | \$977.95   |
| 100624 | Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas   | \$1,876.74 |
| 100625 | Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C   | \$1,602.28 |
| 100626 | Hysteroscopy, surgical; with removal of leiomyomata   | \$1,876.74 |
| 100627 | Hysteroscopy, surgical; with removal of impacted foreign body   | \$2,560.76 |
| 100628 | Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electro-surgical ablation, thermoablation)  | \$1,814.97 |
| 100629 | Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)   | \$1,179.40 |
| 100630 | Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;  | \$871.03   |
| 100631 | Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)  | \$1,526.88 |
| 100632 | Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)  | \$1,137.12 |
| 100633 | Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method  | \$1,128.68 |
| 100634 | Laparoscopy, surgical; with fulguration of oviducts (with or without transection)   | \$2,560.76 |
| 100635 | Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)  | \$1,221.73 |
| 100636 | Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)  | \$1,876.74 |
| 100637 | Ovarian cystectomy, unilateral or bilateral   | \$6,393.28 |
| 100638 | Unlisted procedure, female genital system (nonobstetrical)  | \$5,884.58 |
| 100639 | Fetal non-stress test   | \$908.01   |
| 100640 | Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy   | \$1,164.31 |
| 100641 | Curettage, postpartum   | \$1,415.55 |
| 100642 | Treatment of incomplete abortion, any trimester, completed surgically   | \$2,040.24 |
| 100643 | Treatment of missed abortion, completed surgically; first trimester   | \$1,975.22 |
| 100644 | Biopsy thyroid, percutaneous core needle  | \$1,258.97 |
| 100645 | Total thyroid lobectomy, unilateral; with or without isthmusectomy  | \$951.88   |
| 100646 | Thyroidectomy, total or complete  | \$911.74   |
| 100647 | Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid   | \$1,068.10 |
| 100648 | Excision of thyroglossal duct cyst or sinus;  | \$850.13   |
| 100649 | Parathyroidectomy or exploration of parathyroid(s);   | \$1,159.98 |
| 100650 | Spinal puncture, lumbar, diagnostic;  | \$2,269.25 |
| 100651 | Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);  | \$1,451.97 |
| 100652 | Injection, epidural, of blood or clot patch   | \$2,341.56 |
| 100653 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT) | \$2,250.81 |

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| 100654 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT) | \$2,341.56 |
| 100655 | Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance  | \$1,808.57 |
| 100656 | Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)  | \$1,181.88 |
| 100657 | Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve  | \$1,710.00 |
| 100658 | Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch   | \$1,313.36 |
| 100659 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level   | \$2,341.56 |
| 100660 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)  | \$1,204.01 |
| 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; single level  | \$2,341.56 |
| 100662 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)  | \$826.96   |
| 100663 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)                               | \$826.96   |
| 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; single level  | \$2,341.56 |
| 100665 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)  | \$826.96   |
| 100666 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)                                   | \$826.96   |
| 100667 | Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)  | \$2,250.81 |
| 100668 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint   | \$5,352.87 |
| 100669 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)  | \$809.07   |
| 100670 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint   | \$4,001.87 |
| 100671 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)  | \$2,291.71 |
| 100672 | Neuroplasty and/or transposition; ulnar nerve at elbow   | \$5,884.58 |
| 100673 | Neuroplasty and/or transposition; median nerve at carpal tunnel  | \$1,881.05 |
| 100674 | Unlisted procedure, nervous system   | \$4,001.87 |

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| 100675 | Removal of foreign body, external eye; conjunctival superficial  | \$1,663.11 |
| 100676 | Removal of foreign body, external eye; corneal, without slit lamp  | \$1,158.30 |
| 100677 | Removal of foreign body, external eye; corneal, with slit lamp   | \$607.36   |
| 100678 | Excision or transposition of pterygium; with graft   | \$6,012.39 |
| 100679 | Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)  | \$2,823.00 |
| 100680 | Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)   | \$6,675.75 |
| 100681 | Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure   | \$5,597.00 |
| 100682 | Removal of lens material; aspiration technique, 1 or more stages   | \$4,368.70 |
| 100683 | Removal of lens material; intracapsular  | \$5,847.51 |
| 100684 | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation | \$9,197.53 |
| 100685 | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation  | \$9,191.51 |
| 100686 | Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal  | \$7,261.14 |
| 100687 | Exchange of intraocular lens   | \$6,712.82 |
| 100688 | Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal  | \$6,559.44 |
| 100689 | Blepharotomy, drainage of abscess, eyelid  | \$982.89   |
| 100690 | Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)  | \$6,012.39 |
| 100691 | Repair of ectropion; extensive (eg, tarsal strip operations)   | \$6,012.39 |
| 100692 | Removal of embedded foreign body, eyelid   | \$884.72   |
| 100693 | Drainage external ear, abscess or hematoma; simple   | \$1,712.44 |
| 100694 | Drainage external ear, abscess or hematoma; complicated  | \$1,296.36 |
| 100695 | Excision soft tissue lesion, external auditory canal   | \$988.01   |
| 100696 | Removal foreign body from external auditory canal; without general anesthesia  | \$1,465.79 |
| 100697 | Removal foreign body from external auditory canal; with general anesthesia   | \$3,977.95 |
| 100698 | Removal impacted cerumen using irrigation/lavage, unilateral   | \$317.40   |
| 100699 | Removal impacted cerumen requiring instrumentation, unilateral   | \$1,093.27 |
| 100700 | Unlisted procedure, external ear   | \$1,200.00 |
| 100701 | Tympanostomy (requiring insertion of ventilating tube), general anesthesia   | \$2,457.25 |
| 100702 | Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch   | \$3,124.85 |
| 100703 | Myringoplasty (surgery confined to drumhead and donor area)  | \$3,753.48 |
| 100704 | Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction   | \$1,899.32 |
| 100705 | Radiologic examination, eye, for detection of foreign body   | \$1,900.00 |
| 100706 | Radiologic examination, mandible; partial, less than 4 views   | \$1,337.19 |
| 100707 | Radiologic examination, mandible; complete, minimum of 4 views   | \$987.19   |
| 100708 | Radiologic examination, mastoids; complete, minimum of 3 views per side  | \$1,590.00 |
| 100709 | Radiologic examination, facial bones; less than 3 views  | \$602.00   |

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| 100710 | Radiologic examination, facial bones; complete, minimum of 3 views   | \$1,709.51 |
| 100711 | Radiologic examination, nasal bones, complete, minimum of 3 views  | \$1,244.68 |
| 100712 | Radiologic examination; orbits, complete, minimum of 4 views   | \$1,418.86 |
| 100713 | Radiologic examination, sinuses, paranasal, less than 3 views  | \$2,500.00 |
| 100714 | Radiologic examination, sinuses, paranasal, complete, minimum of 3 views   | \$1,523.82 |
| 100715 | Radiologic examination, skull; less than 4 views   | \$1,020.52 |
| 100716 | Radiologic examination, skull; complete, minimum of 4 views  | \$1,204.61 |
| 100717 | Radiologic examination, temporomandibular joint, open and closed mouth;<br>unilateral  | \$577.00   |
| 100718 | Radiologic examination, temporomandibular joint, open and closed mouth;<br>bilateral   | \$6,938.39 |
| 100719 | Radiologic examination; neck, soft tissue  | \$1,155.54 |
| 100720 | Computed tomography, head or brain; without contrast material  | \$6,141.85 |
| 100721 | Computed tomography, head or brain; with contrast material(s)  | \$7,107.83 |
| 100722 | Computed tomography, head or brain; without contrast material, followed by<br>contrast material(s) and further sections  | \$7,817.53 |
| 100723 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner<br>ear; without contrast material   | \$6,016.24 |
| 100724 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner<br>ear; with contrast material(s)   | \$7,199.97 |
| 100725 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner<br>ear; without contrast material, followed by contrast material(s) and further<br>sections | \$4,991.38 |
| 100726 | Computed tomography, maxillofacial area; without contrast material   | \$6,102.20 |
| 100727 | Computed tomography, maxillofacial area; with contrast material(s)   | \$6,933.83 |
| 100728 | Computed tomography, maxillofacial area; without contrast material, followed by<br>contrast material(s) and further sections   | \$7,868.63 |
| 100729 | Computed tomography, soft tissue neck; without contrast material   | \$4,616.60 |
| 100730 | Computed tomography, soft tissue neck; with contrast material(s)   | \$4,918.20 |
| 100731 | Computed tomography, soft tissue neck; without contrast material followed by<br>contrast material(s) and further sections  | \$4,991.38 |
| 100732 | Computed tomographic angiography, head, with contrast material(s), including<br>noncontrast images, if performed, and image postprocessing                                   | \$4,781.39 |
| 100733 | Computed tomographic angiography, neck, with contrast material(s), including<br>noncontrast images, if performed, and image postprocessing                                   | \$4,111.03 |
| 100734 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without<br>contrast material(s)   | \$3,717.87 |
| 100735 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without<br>contrast material(s), followed by contrast material(s) and further sequences                   | \$5,673.43 |
| 100736 | Magnetic resonance angiography, head; without contrast material(s)   | \$3,717.87 |
| 100737 | Magnetic resonance angiography, neck; without contrast material(s)   | \$3,717.87 |
| 100738 | Magnetic resonance angiography, neck; with contrast material(s)  | \$4,299.17 |
| 100739 | Magnetic resonance angiography, neck; without contrast material(s), followed by<br>contrast material(s) and further sequences  | \$5,673.43 |
| 100740 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without<br>contrast material  | \$3,717.87 |
| 100741 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); with<br>contrast material(s)  | \$4,299.17 |
| 100742 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without<br>contrast material, followed by contrast material(s) and further sequences                  | \$5,673.43 |
| 100743 | RADIOLOGIC EXAMINATION CHEST SINGLE VIEW FRONTAL   | \$1,325.00 |

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| 100744 | RADIOLOGIC EXAM CHEST 2 VIEWS FRONTAL&LATERAL   | \$1,455.00 |
| 100745 | RADEX CHEST SPECIAL VIEWS   | \$2,600.00 |
| 100746 | Radiologic examination, chest; single view  | \$1,225.00 |
| 100747 | Radiologic examination, chest; 2 views  | \$1,600.00 |
| 100748 | Radiologic examination, chest; 3 views  | \$214.00   |
| 100749 | Radiologic examination, chest; 4 or more views  | \$914.00   |
| 100750 | Radiologic examination, ribs, unilateral; 2 views   | \$1,391.08 |
| 100751 | Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views   | \$1,646.85 |
| 100752 | Radiologic examination, ribs, bilateral; 3 views  | \$903.45   |
| 100753 | Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views  | \$2,206.62 |
| 100754 | Radiologic examination; sternum, minimum of 2 views   | \$1,370.60 |
| 100755 | Computed tomography, thorax, diagnostic; without contrast material  | \$6,349.85 |
| 100756 | Computed tomography, thorax, diagnostic; with contrast material(s)  | \$6,960.64 |
| 100757 | Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections                                   | \$8,471.62 |
| 100758 | Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing      | \$5,859.00 |
| 100759 | Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)  | \$4,299.17 |
| 100760 | Radiologic examination, spine, single view, specify level   | \$1,523.43 |
| 100761 | Radiologic examination, spine, cervical; 2 or 3 views   | \$1,204.61 |
| 100762 | Radiologic examination, spine, cervical; 4 or 5 views   | \$1,204.61 |
| 100763 | Radiologic examination, spine, cervical; 6 or more views  | \$1,690.62 |
| 100764 | Radiologic examination, spine; thoracic, 2 views  | \$1,647.06 |
| 100765 | Radiologic examination, spine; thoracic, 3 views  | \$1,808.53 |
| 100766 | Radiologic examination, spine; thoracic, minimum of 4 views   | \$1,505.00 |
| 100767 | Radiologic examination, spine; thoracolumbar junction, minimum of 2 views   | \$2,100.00 |
| 100768 | Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views | \$1,791.82 |
| 100769 | Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views | \$794.49   |
| 100770 | Radiologic examination, spine, lumbosacral; 2 or 3 views  | \$1,509.32 |
| 100771 | Radiologic examination, spine, lumbosacral; minimum of 4 views  | \$2,203.80 |
| 100772 | Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views   | \$1,204.61 |
| 100773 | Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views  | \$1,204.61 |
| 100774 | Computed tomography, cervical spine; without contrast material  | \$7,292.79 |
| 100775 | Computed tomography, cervical spine; with contrast material   | \$8,540.05 |
| 100776 | Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections                                       | \$9,924.52 |
| 100777 | Computed tomography, thoracic spine; without contrast material  | \$7,355.08 |
| 100778 | Computed tomography, thoracic spine; with contrast material   | \$8,899.54 |
| 100779 | Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections                                       | \$5,500.00 |
| 100780 | Computed tomography, lumbar spine; without contrast material  | \$6,625.45 |
| 100781 | Computed tomography, lumbar spine; with contrast material   | \$7,514.85 |
| 100782 | Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections   | \$5,075.00 |

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| 100783 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material   | \$3,717.87 |
| 100784 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material   | \$3,717.87 |
| 100785 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material   | \$3,717.87 |
| 100786 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)   | \$4,299.17 |
| 100787 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical | \$5,673.43 |
| 100788 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic | \$5,673.43 |
| 100789 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar   | \$5,673.43 |
| 100790 | Radiologic examination, pelvis; 1 or 2 views  | \$1,231.74 |
| 100791 | Radiologic examination, pelvis; complete, minimum of 3 views  | \$1,343.49 |
| 100792 | Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing                       | \$5,400.00 |
| 100793 | Computed tomography, pelvis; without contrast material  | \$6,445.86 |
| 100794 | Computed tomography, pelvis; with contrast material(s)  | \$7,801.06 |
| 100795 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)   | \$3,717.87 |
| 100796 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences                           | \$5,673.43 |
| 100797 | Radiologic examination, sacroiliac joints; 3 or more views  | \$472.40   |
| 100798 | Radiologic examination, sacrum and coccyx, minimum of 2 views   | \$1,316.60 |
| 100799 | Myelography, lumbosacral, radiological supervision and interpretation   | \$5,148.88 |
| 100800 | Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation | \$2,450.00 |
| 100801 | Radiologic examination; clavicle, complete  | \$1,208.63 |
| 100802 | Radiologic examination; scapula, complete   | \$1,519.66 |
| 100803 | Radiologic examination, shoulder; 1 view  | \$1,524.28 |
| 100804 | Radiologic examination, shoulder; complete, minimum of 2 views  | \$1,367.85 |
| 100805 | Radiologic examination, shoulder, arthrography, radiological supervision and interpretation   | \$1,894.21 |
| 100806 | Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction   | \$805.78   |
| 100807 | Radiologic examination; humerus, minimum of 2 views   | \$1,273.02 |
| 100808 | Radiologic examination, elbow; 2 views  | \$1,213.63 |
| 100809 | Radiologic examination, elbow; complete, minimum of 3 views   | \$1,279.47 |
| 100810 | Radiologic examination; forearm, 2 views  | \$1,212.94 |
| 100811 | Radiologic examination; upper extremity, infant, minimum of 2 views   | \$1,195.17 |
| 100812 | Radiologic examination, wrist; 2 views  | \$1,268.18 |
| 100813 | Radiologic examination, wrist; complete, minimum of 3 views   | \$1,319.03 |
| 100814 | Radiologic examination, hand; 2 views   | \$1,003.25 |
| 100815 | Radiologic examination, hand; minimum of 3 views  | \$1,280.46 |
| 100816 | Radiologic examination, finger(s), minimum of 2 views   | \$823.00   |
| 100817 | Computed tomography, upper extremity; without contrast material   | \$5,481.64 |

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| 100818 | Computed tomography, upper extremity; with contrast material(s)  | \$7,127.11  |
| 100819 | Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections   | \$10,337.36 |
| 100820 | Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing               | \$4,830.43  |
| 100821 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)   | \$3,717.87  |
| 100822 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | \$5,673.43  |
| 100823 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)  | \$3,717.87  |
| 100824 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)   | \$4,299.17  |
| 100825 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences      | \$5,673.43  |
| 100826 | Magnetic resonance angiography, upper extremity, with or without contrast material(s)  | \$5,444.90  |
| 100827 | Radiologic examination, hip, unilateral, with pelvis when performed; 1 view  | \$1,033.02  |
| 100828 | Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views   | \$1,383.11  |
| 100829 | Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views  | \$1,946.97  |
| 100830 | X-RAY HIP UNILATERAL 2 VIEWS   | \$1,650.00  |
| 100831 | Radiologic examination, hips, bilateral, with pelvis when performed; 2 views   | \$1,195.00  |
| 100832 | Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views   | \$1,644.82  |
| 100833 | Radiologic examination, hip, arthrography, radiological supervision and interpretation   | \$2,209.91  |
| 100834 | Radiologic examination, femur; 1 view  | \$830.93    |
| 100835 | Radiologic examination, femur; minimum 2 views   | \$992.78    |
| 100836 | Radiologic examination, knee; 1 or 2 views   | \$1,137.22  |
| 100837 | Radiologic examination, knee; 3 views  | \$1,304.21  |
| 100838 | Radiologic examination, knee; complete, 4 or more views  | \$1,426.23  |
| 100839 | Radiologic examination, knee; both knees, standing, anteroposterior  | \$1,420.52  |
| 100840 | Radiologic examination, knee, arthrography, radiological supervision and interpretation  | \$2,512.99  |
| 100841 | Radiologic examination; tibia and fibula, 2 views  | \$1,279.36  |
| 100842 | Radiologic examination; lower extremity, infant, minimum of 2 views  | \$2,396.86  |
| 100843 | Radiologic examination, ankle; 2 views   | \$1,322.31  |
| 100844 | Radiologic examination, ankle; complete, minimum of 3 views  | \$1,399.06  |
| 100845 | Radiologic examination, foot; 2 views  | \$901.73    |
| 100846 | Radiologic examination, foot; complete, minimum of 3 views   | \$1,287.76  |
| 100847 | Radiologic examination; calcaneus, minimum of 2 views  | \$1,127.13  |
| 100848 | Radiologic examination; toe(s), minimum of 2 views   | \$1,056.32  |
| 100849 | Computed tomography, lower extremity; without contrast material  | \$6,253.74  |
| 100850 | Computed tomography, lower extremity; with contrast material(s)  | \$7,847.93  |
| 100851 | Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing               | \$4,830.43  |
| 100852 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)  | \$3,717.87  |
| 100853 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)   | \$4,299.17  |

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| 100854 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences   | \$5,673.43  |
| 100855 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material  | \$3,717.87  |
| 100856 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences   | \$5,673.43  |
| 100857 | RADEX ABDOMEN 1 ANTEROPOSTERIOR VIEW  | \$1,650.00  |
| 100858 | Radiologic examination, abdomen; 1 view   | \$805.78    |
| 100859 | Radiologic examination, abdomen; 2 views  | \$1,225.52  |
| 100860 | RADEX ABDOMEN COMPL W/DCBTS&/ERC VIEWS  | \$1,550.00  |
| 100861 | Radiologic examination, abdomen; 3 or more views  | \$933.98    |
| 100862 | Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest   | \$1,781.14  |
| 100863 | Computed tomography, abdomen; without contrast material   | \$7,246.02  |
| 100864 | Computed tomography, abdomen; with contrast material(s)   | \$8,201.55  |
| 100865 | Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections  | \$4,991.38  |
| 100866 | Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing   | \$4,566.86  |
| 100867 | Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing  | \$9,436.95  |
| 100868 | Computed tomography, abdomen and pelvis; without contrast material  | \$9,114.29  |
| 100869 | Computed tomography, abdomen and pelvis; with contrast material(s)  | \$10,290.50 |
| 100870 | 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   | \$12,010.35 |
| 100871 | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)  | \$4,360.11  |
| 100872 | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences   | \$5,673.43  |
| 100873 | Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation   | \$2,400.00  |
| 100874 | Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study   | \$937.65    |
| 100875 | Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study  | \$937.65    |
| 100876 | Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study  | \$1,421.65  |
| 100877 | RADEX GI TRACT UPPER W/WO DELAYED IMAGES W/KUB  | \$2,400.00  |
| 100878 | RADEX GI TRACT UPR W/SM INT W/MULT SERIAL IMAGES  | \$2,250.00  |
| 100879 | 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 | \$1,216.81  |
| 100880 | Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination)   | \$565.60    |

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| 100881 | Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study   | \$1,421.65 |
| 100882 | 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 | \$2,300.00 |
| 100883 | Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study   | \$1,123.74 |
| 100884 | 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                                       | \$1,733.93 |
| 100885 | Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation   | \$1,084.38 |
| 100886 | Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation  | \$3,200.00 |
| 100887 | Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation   | \$2,450.00 |
| 100888 | Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation   | \$1,847.60 |
| 100889 | Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and images, radiological supervision and interpretation  | \$1,200.00 |
| 100890 | Urography, retrograde, with or without KUB  | \$1,825.19 |
| 100891 | Cystography, minimum of 3 views, radiological supervision and interpretation  | \$1,622.99 |
| 100892 | Vasography, vesiculography, or epididymography, radiological supervision and interpretation   | \$2,300.00 |
| 100893 | Urethrocytography, retrograde, radiological supervision and interpretation  | \$1,825.19 |
| 100894 | Urethrocytography, voiding, radiological supervision and interpretation   | \$1,391.13 |
| 100895 | Hysterosalpingography, radiological supervision and interpretation  | \$1,878.87 |
| 100896 | Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium   | \$266.88   |
| 100897 | Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing   | \$4,290.99 |
| 100898 | Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)   | \$1,561.38 |
| 100899 | Venography, extremity, unilateral, radiological supervision and interpretation  | \$7,403.52 |
| 100900 | Venography, extremity, bilateral, radiological supervision and interpretation   | \$7,403.52 |
| 100901 | Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time   | \$921.80   |
| 100902 | Radiologic examination from nose to rectum for foreign body, single view, child   | \$1,110.14 |
| 100903 | Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation  | \$1,084.38 |
| 100904 | Radiological examination, surgical specimen   | \$2,091.81 |
| 100905 | Computed tomography, limited or localized follow-up study   | \$3,250.00 |
| 100906 | Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter   | \$1,295.00 |
| 100907 | Ophthalmic ultrasound, diagnostic; quantitative A-scan only   | \$883.00   |
| 100908 | Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation   | \$3,426.53 |
| 100909 | Ultrasound, chest (includes mediastinum), real time with image documentation  | \$2,473.40 |

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| 100910 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete   | \$950.00   |
| 100911 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited  | \$650.00   |
| 100912 | Ultrasound, abdominal, real time with image documentation; complete   | \$5,165.55 |
| 100913 | Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)  | \$4,215.66 |
| 100914 | Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)  | \$1,716.09 |
| 100915 | Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete   | \$4,148.96 |
| 100916 | Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited  | \$3,503.89 |
| 100917 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation   | \$3,733.96 |
| 100918 | 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)   | \$980.00   |
| 100919 | 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  | \$4,390.70 |
| 100920 | 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)  | \$2,400.00 |
| 100921 | Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation  | \$1,844.12 |
| 100922 | 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)  | \$1,233.60 |
| 100923 | 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   | \$3,085.20 |
| 100924 | 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 | \$975.00   |
| 100925 | Ultrasound, pregnant uterus, real time with image documentation, transvaginal   | \$3,479.24 |
| 100926 | Ultrasound, transvaginal  | \$3,347.14 |
| 100927 | Ultrasound, pelvic (nonobstetric), real time with image documentation; complete   | \$4,287.33 |
| 100928 | Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)   | \$3,104.60 |
| 100929 | Ultrasound, scrotum and contents  | \$3,004.98 |
| 100930 | Ultrasound, transrectal;  | \$1,311.00 |
| 100931 | Ultrasound, complete joint (ie, joint space and peri-articular soft tissue structures) real-time with image documentation   | \$2,874.39 |

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| 100932 | 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   | \$2,249.14 |
| 100933 | 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)   | \$2,008.00 |
| 100934 | Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation  | \$2,164.00 |
| 100935 | 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) | \$1,182.80 |
| 100936 | Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)  | \$1,279.42 |
| 100937 | 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)   | \$511.77   |
| 100938 | Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation  | \$3,693.33 |
| 100939 | 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  | \$8,349.86 |
| 100940 | Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)  | \$98.91    |
| 100941 | Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral  | \$535.29   |
| 100942 | Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral   | \$567.50   |
| 100943 | Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed  | \$343.37   |
| 100944 | Bone age studies   | \$472.40   |
| 100945 | Bone length studies (orthoroentgenogram, scanogram)  | \$794.49   |
| 100946 | Radiologic examination, osseous survey; limited (eg, for metastases)   | \$794.49   |
| 100947 | Radiologic examination, osseous survey; complete (axial and appendicular skeleton)   | \$910.81   |
| 100948 | Radiologic examination, osseous survey, infant   | \$794.49   |
| 100949 | Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)   | \$1,148.00 |
| 100950 | Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)  | \$939.44   |
| 100951 | Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)  | \$2,093.60 |
| 100952 | Parathyroid planar imaging (including subtraction, when performed);  | \$2,041.71 |
| 100953 | Lymphatics and lymph nodes imaging   | \$3,075.98 |
| 100954 | Hepatobiliary system imaging, including gallbladder when present;  | \$3,158.30 |

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| 100955 | Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed   | \$3,158.30 |
| 100956 | Gastric emptying imaging study (eg, solid, liquid, or both);  | \$2,369.68 |
| 100957 | Acute gastrointestinal blood loss imaging   | \$2,624.29 |
| 100958 | Bone and/or joint imaging; limited area   | \$2,509.25 |
| 100959 | Bone and/or joint imaging; whole body   | \$2,509.25 |
| 100960 | Bone and/or joint imaging; 3 phase study  | \$2,624.29 |
| 100961 | 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)   | \$4,527.70 |
| 100962 | 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                     | \$6,696.46 |
| 100963 | 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   | \$2,644.23 |
| 100964 | Pulmonary perfusion imaging (eg, particulate)   | \$1,733.16 |
| 100965 | Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging  | \$3,397.31 |
| 100966 | Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed  | \$2,878.89 |
| 100967 | Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention   | \$2,300.66 |
| 100968 | Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)   | \$2,300.66 |
| 100969 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh  | \$5,450.26 |
| 100970 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body   | \$5,833.71 |
| 100971 | Radiopharmaceutical therapy, by oral administration   | \$1,124.26 |
| 100972 | 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)  | \$850.00   |
| 100973 | 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)  | \$650.00   |
| 100974 | 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) | \$1,257.00 |
| 100975 | Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)   | \$1,097.05 |

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| 100976 | 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) | \$2,238.81 |
| 100977 | Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)  | \$1,305.62 |
| 100978 | 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)   | \$123.28   |
| 100979 | 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)   | \$1,610.21 |
| 100980 | 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)   | \$1,321.22 |
| 100981 | Acetaminophen   | \$186.40   |
| 100982 | Carbamazepine; total  | \$1,004.28 |
| 100983 | Cyclosporine  | \$495.00   |
| 100984 | Digoxin; total  | \$159.00   |
| 100985 | Valproic acid (dipropylacetic acid); total  | \$888.13   |
| 100986 | Valproic acid (dipropylacetic acid); free   | \$192.28   |
| 100987 | Gentamicin  | \$430.00   |
| 100988 | Lidocaine   | \$382.00   |
| 100989 | Levetiracetam   | \$364.65   |
| 100990 | Lithium   | \$699.31   |
| 100991 | Salicylate  | \$233.00   |
| 100992 | Phenobarbital   | \$335.00   |
| 100993 | Phenytoin; total  | \$294.00   |
| 100994 | Sirolimus   | \$482.00   |
| 100995 | Tacrolimus  | \$271.00   |
| 100996 | Theophylline  | \$337.00   |
| 100997 | Tobramycin  | \$442.00   |
| 100998 | Vancomycin  | \$249.00   |
| 100999 | Methotrexate  | \$370.00   |
| 101000 | 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  | \$390.00   |
| 101001 | 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            | \$399.00   |
| 101002 | Alcohols  | \$1,037.67 |
| 101003 | Amphetamines; 1 or 2  | \$580.00   |

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| 101004 | Analgesics, non-opioid; 1 or 2   | \$646.89   |
| 101005 | Antidepressants, tricyclic and other cyclicals; 1 or 2   | \$230.00   |
| 101006 | Barbiturates   | \$580.00   |
| 101007 | Benzodiazepines; 1-12  | \$580.00   |
| 101008 | Benzodiazepines; 13 or more  | \$450.00   |
| 101009 | Cannabinoids, natural  | \$420.00   |
| 101010 | Cannabinoids, synthetic; 4-6   | \$600.00   |
| 101011 | Cannabinoids, synthetic; 7 or more   | \$178.00   |
| 101012 | Cocaine  | \$625.00   |
| 101013 | Heroin metabolite  | \$110.00   |
| 101014 | Methadone  | \$550.00   |
| 101015 | Methylenedioxyamphetamines (MDA, MDEA, MDMA)   | \$560.00   |
| 101016 | Opiates, 1 or more   | \$570.00   |
| 101017 | Opioids and opiate analogs; 1 or 2   | \$500.00   |
| 101018 | Oxycodone  | \$550.00   |
| 101019 | Pregabalin   | \$250.00   |
| 101020 | Propoxyphene   | \$225.00   |
| 101021 | Tramadol   | \$400.00   |
| 101022 | Stereoisomer (enantiomer) analysis, single drug class  | \$420.00   |
| 101023 | 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   | \$350.00   |
| 101024 | 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   | \$275.00   |
| 101025 | 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  | \$210.00   |
| 101026 | 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  | \$330.63   |
| 101027 | Urinalysis; bacteriuria screen, except by culture or dipstick  | \$119.12   |
| 101028 | Urinalysis; microscopic only   | \$307.46   |
| 101029 | Urine pregnancy test, by visual color comparison methods   | \$781.60   |
| 101030 | F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant  | \$672.00   |
| 101031 | Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis)   | \$770.00   |
| 101032 | Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA markers for Gardnerella vaginalis, Atopobium vaginae, Megaspheera type 1, Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), and Lactobacillus species (L. crispatus and L. jensenii), utilizing vaginal-fluid specimens, algorithm reported as a positive or negative for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis and/or Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata, Candida krusei, when reported | \$1,393.00 |
| 101033 | Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); qualitative  | \$289.82   |
| 101034 | Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); quantitative   | \$284.78   |
| 101035 | Albumin; serum, plasma or whole blood  | \$360.98   |

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| 101036 | Albumin; other source, quantitative, each specimen   | \$72.00    |
| 101037 | Alcohol (ethanol); breath  | \$172.00   |
| 101038 | Alcohol (ethanol); any specimen except urine and breath, immunoassay (eg, IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)   | \$215.90   |
| 101039 | Aldosterone  | \$1,244.80 |
| 101040 | Alpha-fetoprotein (AFP); serum   | \$230.00   |
| 101041 | Ammonia  | \$573.01   |
| 101042 | Amylase  | \$808.35   |
| 101043 | Bilirubin; total   | \$491.32   |
| 101044 | Bilirubin; direct  | \$76.00    |
| 101045 | 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) | \$475.00   |
| 101046 | Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources   | \$87.00    |
| 101047 | Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening  | \$438.82   |
| 101048 | Vitamin D; 25 hydroxy, includes fraction(s), if performed  | \$1,246.56 |
| 101049 | Calcium; total   | \$109.00   |
| 101050 | Calcium; ionized   | \$235.00   |
| 101051 | Calcium; urine quantitative, timed specimen  | \$154.00   |
| 101052 | Carbon dioxide (bicarbonate)   | \$245.00   |
| 101053 | Carboxyhemoglobin; quantitative  | \$872.09   |
| 101054 | Carcinoembryonic antigen (CEA)   | \$336.00   |
| 101055 | Chloride; blood  | \$72.00    |
| 101056 | Chloride; urine  | \$155.00   |
| 101057 | Cholesterol, serum or whole blood, total   | \$235.00   |
| 101058 | Cortisol; total  | \$604.23   |
| 101059 | Creatine kinase (CK), (CPK); total   | \$607.25   |
| 101060 | Creatine kinase (CK), (CPK); MB fraction only  | \$987.43   |
| 101061 | Creatinine; blood  | \$576.12   |
| 101062 | Creatinine; other source   | \$95.00    |
| 101063 | Creatinine; clearance  | \$383.00   |
| 101064 | Cyanocobalamin (Vitamin B-12);   | \$512.41   |
| 101065 | Ferritin   | \$515.51   |
| 101066 | Fetal fibronectin, cervicovaginal secretions, semi-quantitative  | \$1,110.00 |
| 101067 | Folic acid; serum  | \$921.13   |
| 101068 | Folic acid; RBC  | \$275.00   |
| 101069 | Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each   | \$216.00   |
| 101070 | Gases, blood, any combination of pH, pCO <sub>2</sub> , pO <sub>2</sub> , CO <sub>2</sub> , HCO <sub>3</sub> (including calculated O <sub>2</sub> saturation);   | \$510.00   |
| 101071 | Gases, blood, any combination of pH, pCO <sub>2</sub> , pO <sub>2</sub> , CO <sub>2</sub> , HCO <sub>3</sub> (including calculated O <sub>2</sub> saturation); with O <sub>2</sub> saturation, by direct measurement, except pulse oximetry              | \$590.67   |
| 101072 | Gases, blood, O <sub>2</sub> saturation only, by direct measurement, except pulse oximetry   | \$270.00   |
| 101073 | Glucose, body fluid, other than blood  | \$315.11   |
| 101074 | Glucose; quantitative, blood (except reagent strip)  | \$332.36   |
| 101075 | Glucose; blood, reagent strip  | \$300.00   |
| 101076 | Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use  | \$120.00   |
| 101077 | Glutamyltransferase, gamma (GGT)   | \$526.35   |

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| 101078 | Gonadotropin; follicle stimulating hormone (FSH)  | \$1,215.45 |
| 101079 | Gonadotropin; luteinizing hormone (LH)  | \$1,048.63 |
| 101080 | Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (eg, C-13)                                | \$405.00   |
| 101081 | Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope (eg, C-13)                               | \$495.00   |
| 101082 | Hemoglobin; glycosylated (A1C)  | \$621.75   |
| 101083 | Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use  | \$104.00   |
| 101084 | Hemoglobin; methemoglobin, quantitative   | \$133.00   |
| 101085 | Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified | \$217.28   |
| 101086 | Iron  | \$607.16   |
| 101087 | Iron binding capacity   | \$3,094.88 |
| 101088 | Lactate (lactic acid)   | \$210.35   |
| 101089 | Lactate dehydrogenase (LD), (LDH);  | \$660.13   |
| 101090 | Lactoferrin, fecal; qualitative   | \$136.00   |
| 101091 | Lipase  | \$784.14   |
| 101092 | Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)   | \$175.00   |
| 101093 | Magnesium   | \$562.37   |
| 101094 | Myoglobin   | \$495.00   |
| 101095 | Natriuretic peptide   | \$1,320.54 |
| 101096 | Osmolality; blood   | \$136.00   |
| 101097 | Osmolality; urine   | \$140.00   |
| 101098 | Parathormone (parathyroid hormone)  | \$768.00   |
| 101099 | Phencyclidine (PCP)   | \$398.00   |
| 101100 | Phosphatase, alkaline;  | \$508.50   |
| 101101 | Phosphorus inorganic (phosphate);   | \$409.20   |
| 101102 | Phosphorus inorganic (phosphate); urine   | \$125.00   |
| 101103 | Potassium; serum, plasma or whole blood   | \$186.00   |
| 101104 | Potassium; urine  | \$131.00   |
| 101105 | Prealbumin  | \$162.00   |
| 101106 | Procalcitonin (PCT)   | \$440.61   |
| 101107 | Prolactin   | \$928.84   |
| 101108 | Prostate specific antigen (PSA); total  | \$327.03   |
| 101109 | Protein, total, except by refractometry; serum, plasma or whole blood   | \$461.94   |
| 101110 | Protein, total, except by refractometry; urine  | \$42.00    |
| 101111 | Protein, total, except by refractometry; other source (eg, synovial fluid, cerebrospinal fluid)                                 | \$699.45   |
| 101112 | Sodium; serum, plasma or whole blood  | \$61.00    |
| 101113 | Sodium; urine   | \$108.00   |
| 101114 | Sugars (mono-, di-, and oligosaccharides); multiple quantitative, each specimen   | \$98.00    |
| 101115 | Thyroxine; total  | \$155.00   |
| 101116 | Thyroxine; free   | \$803.21   |
| 101117 | Thyroid stimulating hormone (TSH)   | \$1,015.22 |
| 101118 | Transferase; aspartate amino (AST) (SGOT)   | \$623.26   |
| 101119 | Transferase; alanine amino (ALT) (SGPT)   | \$623.27   |
| 101120 | Transferrin   | \$587.87   |
| 101121 | Triglycerides   | \$325.00   |
| 101122 | Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)   | \$678.05   |
| 101123 | Triiodothyronine T3; free   | \$810.77   |
| 101124 | Troponin, quantitative  | \$1,396.01 |

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| 101125 | Troponin, qualitative  | \$275.00   |
| 101126 | Urea nitrogen; quantitative  | \$580.63   |
| 101127 | Uric acid; blood   | \$542.48   |
| 101128 | Uric acid; other source  | \$143.00   |
| 101129 | Gonadotropin, chorionic (hCG); quantitative  | \$932.15   |
| 101130 | Gonadotropin, chorionic (hCG); qualitative   | \$928.97   |
| 101131 | Gonadotropin, chorionic (hCG); free beta chain   | \$240.00   |
| 101132 | Unlisted chemistry procedure   | \$500.00   |
| 101133 | Blood count; blood smear, microscopic examination with manual differential WBC count   | \$39.00    |
| 101134 | Blood count; hematocrit (Hct)  | \$122.00   |
| 101135 | Blood count; hemoglobin (Hgb)  | \$42.95    |
| 101136 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count  | \$787.80   |
| 101137 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)   | \$700.00   |
| 101138 | Blood count; reticulocyte, automated   | \$276.25   |
| 101139 | 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 | \$317.00   |
| 101140 | Blood count; leukocyte (WBC), automated  | \$47.00    |
| 101141 | Blood count; platelet, automated   | \$100.00   |
| 101142 | Clotting; factor VIII (AHG), 1-stage   | \$589.00   |
| 101143 | Clotting inhibitors or anticoagulants; antithrombin III, activity  | \$366.00   |
| 101144 | Fibrin degradation products, D-dimer; qualitative or semiquantitative  | \$325.00   |
| 101145 | Fibrin degradation products, D-dimer; quantitative   | \$654.40   |
| 101146 | Fibrinogen; activity   | \$177.00   |
| 101147 | Heparin assay  | \$460.00   |
| 101148 | Heparin neutralization   | \$302.00   |
| 101149 | Platelet, aggregation (in vitro), each agent   | \$307.00   |
| 101150 | Prothrombin time;  | \$586.33   |
| 101151 | Sedimentation rate, erythrocyte; non-automated   | \$460.13   |
| 101152 | Sedimentation rate, erythrocyte; automated   | \$257.11   |
| 101153 | Thrombin time; plasma  | \$197.00   |
| 101154 | Thromboplastin time, partial (PTT); plasma or whole blood  | \$563.45   |
| 101155 | Thromboplastin time, partial (PTT); substitution, plasma fractions, each   | \$212.00   |
| 101156 | Antibody identification; leukocyte antibodies  | \$183.00   |
| 101157 | Antibody identification; platelet antibodies   | \$646.00   |
| 101158 | Antinuclear antibodies (ANA);  | \$884.53   |
| 101159 | Antinuclear antibodies (ANA); titer  | \$619.43   |
| 101160 | Antistreptolysin O; titer  | \$530.85   |
| 101161 | C-reactive protein;  | \$587.00   |
| 101162 | C-reactive protein; high sensitivity (hsCRP)   | \$666.39   |
| 101163 | Anti-phosphatidylserine (phospholipid) antibody  | \$290.22   |
| 101164 | Complement; antigen, each component  | \$1,543.48 |
| 101165 | Cyclic citrullinated peptide (CCP), antibody   | \$104.00   |
| 101166 | Deoxyribonucleic acid (DNA) antibody; native or double stranded  | \$461.00   |
| 101167 | Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Scl70, Jo1), each antibody  | \$221.00   |
| 101168 | Heterophile antibodies; screening  | \$542.30   |
| 101169 | Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (eg, reagent strip);   | \$250.00   |

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| 101170 | 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]) | \$250.00   |
| 101171 | B cells, total count   | \$412.00   |
| 101172 | Natural killer (NK) cells, total count   | \$399.00   |
| 101173 | T cells; total count   | \$468.00   |
| 101174 | T cells; absolute CD4 and CD8 count, including ratio   | \$459.00   |
| 101175 | Microsomal antibodies (eg, thyroid or liver-kidney), each  | \$89.00    |
| 101176 | Rheumatoid factor; quantitative  | \$744.09   |
| 101177 | Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)   | \$366.80   |
| 101178 | Syphilis test, non-treponemal antibody; quantitative   | \$516.56   |
| 101179 | Antibody; Bordetella   | \$320.00   |
| 101180 | Antibody; Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western Blot or immunoblot)   | \$320.00   |
| 101181 | Antibody; Borrelia burgdorferi (Lyme disease)  | \$691.66   |
| 101182 | Antibody; cytomegalovirus (CMV)  | \$250.00   |
| 101183 | Antibody; cytomegalovirus (CMV), IgM   | \$200.00   |
| 101184 | Antibody; Helicobacter pylori  | \$250.00   |
| 101185 | Antibody; herpes simplex, non-specific type test   | \$416.60   |
| 101186 | Antibody; herpes simplex, type 2   | \$433.27   |
| 101187 | Antibody; HIV-1  | \$704.60   |
| 101188 | Antibody; HIV-2  | \$291.00   |
| 101189 | Antibody; HIV-1 and HIV-2, single result   | \$703.02   |
| 101190 | Hepatitis B core antibody (HBcAb); total   | \$596.00   |
| 101191 | Hepatitis B core antibody (HBcAb); IgM antibody  | \$288.00   |
| 101192 | Hepatitis B surface antibody (HBsAb)   | \$582.11   |
| 101193 | Hepatitis A antibody (HAAb)  | \$132.00   |
| 101194 | Hepatitis A antibody (HAAb), IgM antibody  | \$190.00   |
| 101195 | Antibody; mycoplasma   | \$1,257.00 |
| 101196 | Antibody; protozoa, not elsewhere specified  | \$182.21   |
| 101197 | Antibody; Rickettsia   | \$330.84   |
| 101198 | Antibody; rubella  | \$130.00   |
| 101199 | Antibody; rubeola  | \$275.00   |
| 101200 | Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])  | \$125.00   |
| 101201 | Antibody; Treponema pallidum   | \$66.00    |
| 101202 | Antibody; varicella-zoster   | \$109.00   |
| 101203 | Hepatitis C antibody;  | \$609.28   |
| 101204 | Unlisted immunology procedure  | \$817.84   |
| 101205 | Antibody screen, RBC, each serum technique   | \$518.68   |
| 101206 | Antibody elution (RBC), each elution   | \$461.00   |
| 101207 | Antibody identification, RBC antibodies, each panel for each serum technique   | \$690.00   |
| 101208 | Antihuman globulin test (Coombs test); direct, each antiserum  | \$61.00    |
| 101209 | Antihuman globulin test (Coombs test); indirect, each antibody titer   | \$365.00   |
| 101210 | Blood typing, serologic; ABO   | \$315.72   |
| 101211 | Blood typing, serologic; Rh (D)  | \$376.02   |
| 101212 | Blood typing, serologic; RBC antigens, other than ABO or Rh (D), each  | \$296.00   |
| 101213 | Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)   | \$1,063.96 |
| 101214 | Culture, bacterial; stool, aerobic, with isolation and preliminary examination (eg, KIA, LIA), Salmonella and Shigella species   | \$1,021.05 |

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| 101215 | Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate  | \$825.36   |
| 101216 | Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates                                   | \$965.51   |
| 101217 | Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool                          | \$446.93   |
| 101218 | Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates   | \$1,399.60 |
| 101219 | Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate  | \$305.00   |
| 101220 | Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate  | \$608.46   |
| 101221 | Culture, presumptive, pathogenic organisms, screening only;   | \$789.70   |
| 101222 | Culture, bacterial; quantitative colony count, urine  | \$541.14   |
| 101223 | Culture, bacterial; with isolation and presumptive identification of each isolate, urine  | \$569.66   |
| 101224 | Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood)  | \$451.00   |
| 101225 | Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; blood  | \$374.00   |
| 101226 | Culture, fungi, definitive identification, each organism; yeast   | \$248.00   |
| 101227 | Culture, fungi, definitive identification, each organism; mold  | \$268.00   |
| 101228 | Culture, chlamydia, any source  | \$741.06   |
| 101229 | Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates                          | \$551.00   |
| 101230 | Culture, typing; immunologic method, other than immunofluorescence (eg, agglutination grouping), per antiserum  | \$221.00   |
| 101231 | Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed                                | \$193.00   |
| 101232 | Macroscopic examination; arthropod  | \$125.00   |
| 101233 | Macroscopic examination; parasite   | \$112.00   |
| 101234 | Ova and parasites, direct smears, concentration and identification  | \$860.77   |
| 101235 | Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)  | \$64.00    |
| 101236 | Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)  | \$682.00   |
| 101237 | Susceptibility studies, antimicrobial agent; enzyme detection (eg, beta lactamase), per enzyme  | \$107.00   |
| 101238 | Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate | \$816.89   |
| 101239 | Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent  | \$120.00   |
| 101240 | Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types  | \$501.53   |
| 101241 | Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types                                     | \$310.00   |
| 101242 | Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)         | \$200.00   |
| 101243 | Smear, primary source with interpretation; complex special stain (eg, trichrome, iron hemotoxylin) for ova and parasites  | \$283.59   |

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| 101244 | Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)   | \$408.19 |
| 101245 | Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect   | \$450.00 |
| 101246 | Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)  | \$490.00 |
| 101247 | 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)  | \$957.76 |
| 101248 | 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   | \$260.00 |
| 101249 | 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   | \$208.00 |
| 101250 | 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  | \$325.00 |
| 101251 | 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)   | \$512.00 |
| 101252 | 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                    | \$629.89 |
| 101253 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Influenza, A or B, each   | \$198.00 |
| 101254 | 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   | \$255.00 |
| 101255 | 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   | \$755.17 |
| 101256 | 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]) | \$450.00 |
| 101257 | 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  | \$317.48 |

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| 101258 | 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  | \$980.00   |
| 101259 | 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   | \$152.00   |
| 101260 | Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique  | \$100.00   |
| 101261 | Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique   | \$207.00   |
| 101262 | Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique  | \$346.00   |
| 101263 | Infectious agent detection by nucleic acid (DNA or RNA); central nervous system pathogen (eg, Neisseria meningitidis, Streptococcus pneumoniae, Listeria, Haemophilus influenzae, E. coli, Streptococcus agalactiae, enterovirus, human parechovirus, herpes simplex virus type 1 and 2, human herpesvirus 6, cytomegalovirus, varicella zoster virus, Cryptococcus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets | \$2,982.00 |
| 101264 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique   | \$450.00   |
| 101265 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique   | \$656.12   |
| 101266 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique  | \$805.00   |
| 101267 | Infectious agent detection by nucleic acid (DNA or RNA); Clostridium difficile, toxin gene(s), amplified probe technique   | \$566.35   |
| 101268 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique  | \$245.63   |
| 101269 | Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, amplified probe technique  | \$1,094.00 |
| 101270 | Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification   | \$2,456.22 |
| 101271 | Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique, includes reverse transcription when performed   | \$658.00   |
| 101272 | 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   | \$312.00   |
| 101273 | 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)  | \$273.00   |
| 101274 | 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  | \$325.15   |

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| 101275 | 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   | \$1,418.74 |
| 101276 | 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  | \$463.09   |
| 101277 | Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique   | \$194.00   |
| 101278 | Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique  | \$227.00   |
| 101279 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed  | \$934.00   |
| 101280 | Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique   | \$1,446.35 |
| 101281 | Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, quantification  | \$1,132.00 |
| 101282 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed  | \$2,193.46 |
| 101283 | Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, amplified probe technique   | \$702.00   |
| 101284 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique   | \$491.00   |
| 101285 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique  | \$850.00   |
| 101286 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, direct probe technique   | \$426.00   |
| 101287 | Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique  | \$346.00   |
| 101288 | Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique  | \$450.00   |
| 101289 | Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification   | \$1,060.00 |
| 101290 | Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique   | \$562.17   |
| 101291 | Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique  | \$897.62   |
| 101292 | Infectious agent detection by nucleic acid (DNA or RNA); orthopoxvirus (eg, monkeypox virus, cowpox virus, vaccinia virus), amplified probe technique, each  | \$350.00   |
| 101293 | 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   | \$1,821.37 |
| 101294 | 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 | \$2,802.05 |

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| 101295 | 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   | \$250.00   |
| 101296 | 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                               | \$780.00   |
| 101297 | 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 | \$250.00   |
| 101298 | Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique   | \$420.00   |
| 101299 | Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique  | \$2,002.00 |
| 101300 | Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique  | \$1,051.00 |
| 101301 | Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique  | \$1,051.00 |
| 101302 | Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique  | \$366.90   |
| 101303 | Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique   | \$436.00   |
| 101304 | Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism  | \$1,029.35 |
| 101305 | Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique   | \$500.00   |
| 101306 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Clostridium difficile toxin A   | \$220.00   |
| 101307 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Influenza   | \$265.00   |
| 101308 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies   | \$239.00   |
| 101309 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus   | \$446.36   |
| 101310 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Trichomonas vaginalis   | \$161.00   |
| 101311 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])   | \$117.00   |
| 101312 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) and influenza virus types A and B                             | \$372.40   |
| 101313 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group A  | \$358.76   |
| 101314 | Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)  | \$222.00   |
| 101315 | Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)  | \$467.00   |
| 101316 | Cytopathology, smears, any other source; preparation, screening and interpretation  | \$267.00   |
| 101317 | Level I - Surgical pathology, gross examination only  | \$287.00   |

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| 101318 | <p>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</p>  | \$723.00 |
| 101319 | <p>Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity</p>   | \$891.00 |
| 101320 | <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> | \$166.00 |

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| 101321 | 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 | \$1,575.00 |
| 101322 | Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection  | \$1,900.00 |
| 101323 | Decalcification procedure (List separately in addition to code for surgical pathology examination)   | \$251.00   |
| 101324 | Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)  | \$78.00    |
| 101325 | 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   | \$78.00    |
| 101326 | Special stain including interpretation and report; Group III, for enzyme constituents  | \$1,083.00 |
| 101327 | Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)   | \$625.00   |
| 101328 | Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure   | \$856.00   |
| 101329 | Immunofluorescence, per specimen; initial single antibody stain procedure  | \$642.00   |
| 101330 | In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)   | \$718.00   |
| 101331 | In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure   | \$1,465.00 |
| 101332 | Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood;  | \$423.82   |
| 101333 | Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; with differential count  | \$574.58   |
| 101334 | Leukocyte assessment, fecal, qualitative or semiquantitative   | \$275.00   |
| 101335 | Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine)   | \$473.52   |
| 101336 | Rabies immune globulin (Rig), human, for intramuscular and/or subcutaneous use   | \$5,002.78 |

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| 101337 | Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)   | \$233.85   |
| 101338 | 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)   | \$133.19   |
| 101339 | Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use   | \$72.52    |
| 101340 | Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use   | \$385.00   |
| 101341 | Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use  | \$375.00   |
| 101342 | TD - TETANUS & DIPHTHERIA TOXOIDS ADSORBED 7 YR + IM (INVAL...  | \$229.76   |
| 101343 | Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation   | \$2,006.18 |
| 101344 | Cardiopulmonary resuscitation (eg, in cardiac arrest)   | \$1,154.93 |
| 101345 | Temporary transcutaneous pacing   | \$100.37   |
| 101346 | Cardioversion, elective, electrical conversion of arrhythmia; external  | \$3,954.37 |
| 101347 | 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)         | \$1,055.24 |
| 101348 | Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure) | \$1,055.24 |
| 101349 | Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report   | \$530.00   |
| 101350 | Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report  | \$525.00   |
| 101351 | Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only   | \$100.00   |
| 101352 | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report  | \$263.00   |
| 101353 | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report  | \$2,491.00 |
| 101354 | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only   | \$1,000.00 |
| 101355 | Rhythm ECG, 1-3 leads; with interpretation and report   | \$710.00   |
| 101356 | Rhythm ECG, 1-3 leads; tracing only without interpretation and report   | \$118.80   |
| 101357 | Rhythm ECG, 1-3 leads; interpretation and report only   | \$550.00   |
| 101358 | 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  | \$800.00   |
| 101359 | 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   | \$3,263.38 |

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| 101360 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography  | \$2,200.00 |
| 101361 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study  | \$1,125.48 |
| 101362 | Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report   | \$2,265.38 |
| 101363 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete  | \$1,000.00 |
| 101364 | Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)   | \$1,210.30 |
| 101365 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;   | \$3,798.00 |
| 101366 | 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  | \$1,000.00 |
| 101367 | 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)   | \$1,055.24 |
| 101368 | 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)   | \$1,055.24 |
| 101369 | Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction   | \$650.00   |
| 101370 | Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; including recording, scanning analysis, interpretation and report   | \$500.00   |
| 101371 | Duplex scan of extracranial arteries; complete bilateral study   | \$2,169.09 |
| 101372 | 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) | \$2,400.00 |

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| 101373 | 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) | \$2,500.00 |
| 101374 | Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study  | \$4,625.32 |
| 101375 | Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study   | \$4,094.42 |
| 101376 | Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study  | \$2,650.00 |
| 101377 | Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study   | \$2,550.00 |
| 101378 | Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study  | \$4,504.92 |
| 101379 | Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study   | \$4,056.44 |
| 101380 | Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study   | \$3,200.00 |
| 101381 | Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study  | \$3,170.69 |
| 101382 | Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation   | \$615.00   |
| 101383 | 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   | \$315.00   |
| 101384 | 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  | \$370.19   |
| 101385 | Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour   | \$245.64   |
| 101386 | Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)   | \$903.00   |
| 101387 | Noninvasive ear or pulse oximetry for oxygen saturation; single determination  | \$225.00   |
| 101388 | Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)   | \$225.00   |
| 101389 | Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)   | \$625.00   |
| 101390 | Intravenous infusion, hydration; initial, 31 minutes to 1 hour   | \$1,156.89 |
| 101391 | Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)  | \$744.19   |

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| 101392 | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour   | \$1,521.08 |
| 101393 | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)  | \$782.37   |
| 101394 | 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)  | \$1,550.33 |
| 101395 | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)   | \$1,512.78 |
| 101396 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular   | \$787.61   |
| 101397 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug  | \$728.66   |
| 101398 | 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)   | \$683.45   |
| 101399 | 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)   | \$828.65   |
| 101400 | Application of on-body injector (includes cannula insertion) for timed subcutaneous injection   | \$720.00   |
| 101401 | Irrigation of implanted venous access device for drug delivery systems  | \$212.17   |
| 101402 | Application of a modality to 1 or more areas; hot or cold packs   | \$16.00    |
| 101403 | Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)  | \$580.00   |
| 101404 | 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. | \$155.00   |
| 101405 | Wheelchair management (eg, assessment, fitting, training), each 15 minutes  | \$430.00   |
| 101406 | 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  | \$940.60   |

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| 101407 | 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) | \$493.88   |
| 101408 | 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  | \$704.00   |
| 101409 | 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   | \$703.39   |
| 101410 | 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  | \$1,236.60 |
| 101411 | 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  | \$1,265.36 |
| 101412 | Osteopathic manipulative treatment (OMT); 3-4 body regions involved   | \$124.00   |
| 101413 | Handling and/or conveyance of specimen for transfer from the office to a laboratory   | \$91.00    |
| 101414 | 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   | \$650.00   |
| 101415 | Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service  | \$150.00   |
| 101416 | 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)   | \$160.00   |
| 101417 | 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   | \$281.02   |
| 101418 | 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  | \$551.63   |

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| 101419 | 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) | \$267.15    |
| 101420 | Screening test of visual acuity, quantitative, bilateral  | \$1,300.00  |
| 101421 | OBSERVATION CARE DISCHARGE MANAGEMENT   | \$825.00    |
| 101422 | INITIAL OBSERVATION CARE/DAY 50 MINUTES   | \$1,800.00  |
| 101423 | INITIAL OBSERVATION CARE/DAY 70 MINUTES   | \$3,250.00  |
| 101424 | EM for Subsequent observation care  | \$1,611.97  |
| 101425 | 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.  | \$1,800.00  |
| 101426 | 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.  | \$2,000.00  |
| 101427 | 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.  | \$1,775.00  |
| 101428 | Emergency department visit for the evaluation and management of a patient that may not require the presence of a physician or other qualified health care professional  | \$0.01      |
| 101429 | Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making  | \$3,355.15  |
| 101430 | Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making   | \$4,525.65  |
| 101431 | Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making  | \$6,750.75  |
| 101432 | Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making  | \$9,575.50  |
| 101433 | Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes   | \$12,765.25 |
| 101434 | Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)  | \$3,152.10  |
| 101435 | Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes   | \$252.01    |
| 101436 | BASIC SUPPORT ROUTINE SUPPLS  | \$18.00     |
| 101437 | ALS IV DRUG THERAPY SUPPLIES  | \$1.02      |

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| 101438 | ALS ESOPHAGEAL INTUB SUPPLS  | \$25.00  |
| 101439 | Syringe with needle, sterile, 1 cc or less, each   | \$15.00  |
| 101440 | Syringe with needle, sterile 2 cc, each  | \$18.00  |
| 101441 | Syringe with needle, sterile 3 cc, each  | \$26.90  |
| 101442 | Syringe with needle, sterile 5 cc or greater, each   | \$30.00  |
| 101443 | Needle-free injection device, each   | \$30.00  |
| 101444 | SUPP FOR SELF-ADM INJECTIONS   | \$15.00  |
| 101445 | Noncoring needle or stylet with or without catheter  | \$15.00  |
| 101446 | Syringe, sterile, 20 cc or greater, each   | \$5.98   |
| 101447 | Needle, sterile, any size, each  | \$10.75  |
| 101448 | Sterile water, saline and/or dextrose, diluent/flush, 10 ml  | \$3.00   |
| 101449 | Sterile water/saline, 500 ml   | \$133.39 |
| 101450 | Supplies for maintenance of noninsulin drug infusion catheter, per week (list drugs separately)  | \$20.00  |
| 101451 | Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)   | \$424.34 |
| 101452 | Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)  | \$40.00  |
| 101453 | Supplies for maintenance of insulin infusion catheter, per week  | \$22.00  |
| 101454 | SYRINGE W/NEEDLE INSULIN 3CC   | \$15.00  |
| 101455 | Alcohol or peroxide, per pint  | \$4.00   |
| 101456 | Alcohol wipes, per box   | \$5.00   |
| 101457 | Betadine or pHisoHex solution, per pint  | \$21.58  |
| 101458 | Betadine or iodine swabs/wipes, per box  | \$21.58  |
| 101459 | Chlorhexidine containing antiseptic, 1 ml  | \$30.00  |
| 101460 | BLOOD GLUCOSE/REAGENT STRIPS   | \$10.00  |
| 101461 | REPLACEMENT BREASTPUMP TUBE  | \$15.00  |
| 101462 | REPLACEMENT BREASTPUMP CAP   | \$15.00  |
| 101463 | Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access  | \$10.00  |
| 101464 | Insertion tray without drainage bag and without catheter (accessories only)  | \$15.00  |
| 101465 | Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.) | \$139.00 |
| 101466 | Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)    | \$44.00  |
| 101467 | Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone   | \$18.00  |
| 101468 | Irrigation syringe, bulb or piston, each   | \$15.00  |
| 101469 | Female external urinary collection device; meatal cup, each  | \$10.00  |
| 101470 | LUBE STERILE PACKET  | \$12.00  |
| 101471 | INCONTINENCE SUPPLY  | \$3.00   |
| 101472 | Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each                                   | \$15.00  |
| 101473 | Indwelling catheter, foley type, two-way, all silicone or polyurethane, each   | \$146.00 |
| 101474 | Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each                  | \$20.00  |
| 101475 | Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each   | \$12.50  |
| 101476 | Adhesive, liquid or equal, any type, per oz  | \$12.61  |
| 101477 | Ostomy skin barrier, liquid (spray, brush, etc.), per oz   | \$10.00  |
| 101478 | Lubricant, per oz  | \$10.00  |

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| 101479 | Ostomy skin barrier, pectin-based, paste, per oz  | \$12.00 |
| 101480 | Tape, nonwaterproof, per 18 sq in   | \$10.00 |
| 101481 | Tape, waterproof, per 18 sq in  | \$12.00 |
| 101482 | REUSABLE ENEMA BAG  | \$25.00 |
| 101483 | Nonelastic binder for extremity   | \$20.00 |
| 101484 | GRAVLEE JET WASHER  | \$15.00 |
| 101485 | Surgical trays  | \$50.00 |
| 101486 | Disposable underpads, all sizes   | \$18.00 |
| 101487 | Electrodes (e.g., apnea monitor), per pair  | \$60.00 |
| 101488 | Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per oz  | \$15.00 |
| 101489 | Pessary, reusable, non rubber, any type   | \$12.00 |
| 101490 | Slings  | \$20.00 |
| 101491 | Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment       | \$25.00 |
| 101492 | Splint  | \$50.00 |
| 101493 | Cast supplies (e.g., plaster)   | \$35.00 |
| 101494 | Special casting material (e.g., fiberglass)   | \$40.00 |
| 101495 | Oxygen probe for use with oximeter device, replacement  | \$20.00 |
| 101496 | Battery charger; replacement for patient-owned ventilator   | \$60.00 |
| 101497 | Cannula, nasal  | \$20.00 |
| 101498 | Oral and/or oropharyngeal suction catheter, each  | \$20.00 |
| 101499 | Tracheostomy care kit for established tracheostomy  | \$35.00 |
| 101500 | SURGICAL SUPPLIES   | \$40.00 |
| 101501 | PD CATHETER ANCHOR BELT   | \$20.00 |
| 101502 | Syringe, with or without needle, each   | \$10.00 |
| 101503 | Automatic blood pressure monitor  | \$30.00 |
| 101504 | Extension line with easy lock connectors, used with dialysis  | \$15.00 |
| 101505 | Blood tubing, arterial or venous, for hemodialysis, each  | \$20.00 |
| 101506 | Blood collection tube, vacuum, for dialysis, per 50   | \$25.00 |
| 101507 | Gloves, nonsterile, per 100   | \$10.00 |
| 101508 | Gloves, sterile, per pair   | \$12.00 |
| 101509 | Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each  | \$20.00 |
| 101510 | Skin barrier, wipes or swabs, each  | \$12.00 |
| 101511 | Adhesive or nonadhesive; disk or foam pad   | \$15.00 |
| 101512 | Collagen dressing, sterile, size 16 sq in or less, each   | \$15.00 |
| 101513 | Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq in or less, each dressing                                  | \$20.00 |
| 101514 | Composite dressing, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing                                      | \$15.00 |
| 101515 | Contact layer, sterile, more than 48 sq in, each dressing   | \$20.00 |
| 101516 | Foam dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing                                    | \$15.00 |
| 101517 | Foam dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing                              | \$15.00 |
| 101518 | Gauze, nonimpregnated, nonsterile, pad size 16 sq in or less, without adhesive border, each dressing                                      | \$10.00 |
| 101519 | Gauze, nonimpregnated, nonsterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing | \$12.00 |
| 101520 | NON-STERILE GAUZE > 48 SQ IN  | \$15.00 |

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| 101521 | Gauze, nonimpregnated, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing   | \$10.00  |
| 101522 | Gauze, nonimpregnated, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing  | \$12.00  |
| 101523 | Gauze, nonimpregnated, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing   | \$15.00  |
| 101524 | Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq in or less, without adhesive border, each dressing                                      | \$12.00  |
| 101525 | Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing | \$15.00  |
| 101526 | Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq in, without adhesive border, each dressing                                    | \$20.00  |
| 101527 | Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq in or less, each dressing   | \$12.00  |
| 101528 | Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq in, each dressing   | \$15.00  |
| 101529 | Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing                                   | \$18.00  |
| 101530 | Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing                             | \$20.00  |
| 101531 | HYDROCOLLD DRG > 48 IN W/BDR  | \$22.00  |
| 101532 | Hydrogel dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing                                 | \$25.00  |
| 101533 | Hydrogel dressing, wound filler, gel, per fl oz   | \$15.00  |
| 101534 | Skin sealants, protectants, moisturizers, ointments, any type, any size   | \$10.00  |
| 101535 | Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing  | \$10.00  |
| 101536 | Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing                           | \$15.00  |
| 101537 | Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing  | \$18.00  |
| 101538 | Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing  | \$10.00  |
| 101539 | Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing                     | \$15.00  |
| 101540 | Transparent film, sterile, 16 sq in or less, each dressing  | \$18.00  |
| 101541 | Transparent film, sterile, more than 16 sq in but less than or equal to 48 sq in, each dressing   | \$20.00  |
| 101542 | Wound cleansers, any type, any size   | \$150.27 |
| 101543 | Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yd   | \$22.00  |
| 101544 | Gauze, nonimpregnated, sterile, pad size 16 sq in or less, without adhesive border, each dressing   | \$15.00  |
| 101545 | Gauze, nonimpregnated, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing  | \$15.00  |
| 101546 | Gauze, nonimpregnated, sterile, pad size more than 48 sq in, without adhesive border, each dressing   | \$18.00  |
| 101547 | Packing strips, nonimpregnated, sterile, up to 2 in in width, per linear yd   | \$15.00  |
| 101548 | Eye patch, occlusive, each  | \$15.00  |
| 101549 | Adhesive bandage, first aid type, any size, each  | \$18.00  |

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| 101550 | Padding bandage, nonelastic, nonwoven/nonknitted, width greater than or equal to 3 in and less than 5 in, per yd          | \$15.00    |
| 101551 | Conforming bandage, nonelastic, knitted/woven, nonsterile, width less than 3 in, per yd                                   | \$10.00    |
| 101552 | Conforming bandage, nonelastic, knitted/woven, sterile, width less than 3 in, per yd                                      | \$12.00    |
| 101553 | Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 3 in and less than 5 in, per yd    | \$15.00    |
| 101554 | Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 5 in, per yd                       | \$18.00    |
| 101555 | Light compression bandage, elastic, knitted/woven, width less than 3 in, per yd   | \$12.00    |
| 101556 | Light compression bandage, elastic, knitted/woven, width greater than or equal to 3 in and less than 5 in, per yd         | \$15.00    |
| 101557 | Light compression bandage, elastic, knitted/woven, width greater than or equal to 5 in, per yd                            | \$18.00    |
| 101558 | Self-adherent bandage, elastic, nonknitted/nonwoven, width less than 3 in, per yd   | \$25.00    |
| 101559 | Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 3 in and less than 5 in, per yd       | \$12.00    |
| 101560 | Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 5 in, per yd                          | \$15.00    |
| 101561 | Zinc paste impregnated bandage, nonelastic, knitted/woven, width greater than or equal to 3 in and less than 5 in, per yd | \$15.00    |
| 101562 | Tubular dressing with or without elastic, any width, per linear yd  | \$30.00    |
| 101563 | Gradient compression stocking, below knee, 18-30 mm Hg, each  | \$15.00    |
| 101564 | Gradient compression wrap, nonelastic, below knee, 30-50 mm Hg, used as a surgical dressing, each                         | \$20.00    |
| 101565 | Tubing, used with suction pump, each  | \$40.00    |
| 101566 | Administration set, with small volume nonfiltered pneumatic nebulizer, disposable   | \$35.00    |
| 101567 | Small volume nonfiltered pneumatic nebulizer, disposable  | \$35.00    |
| 101568 | NONDISPOSABLE NEBULIZER SET   | \$30.00    |
| 101569 | FILTERED NEBULIZER ADMIN SET  | \$25.00    |
| 101570 | Aerosol mask, used with DME nebulizer   | \$25.00    |
| 101571 | Full face mask used with positive airway pressure device, each  | \$20.00    |
| 101572 | Water chamber for humidifier, used with positive airway pressure device, replacement, each                                | \$30.00    |
| 101573 | RESP SUCTION ORAL INTERFACE   | \$25.00    |
| 101574 | MISC/EXPER NON-PRESCRIPT DRU  | \$35.00    |
| 101575 | NON-COVERED ITEM OR SERVICE   | \$50.00    |
| 101576 | Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type  | \$35.00    |
| 101577 | Reaching/grabbing device, any type, any length, each  | \$80.00    |
| 101578 | Spirometer, nonelectronic, includes all accessories   | \$48.06    |
| 101579 | Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 mCi   | \$383.44   |
| 101580 | Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit), home mix                          | \$225.90   |
| 101581 | Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)   | \$1,273.03 |
| 101582 | Cardioverter-defibrillator, single chamber (implantable)  | \$400.00   |
| 101583 | Catheter, transluminal atherectomy, rotational  | \$9,112.53 |
| 101584 | Catheter, transluminal angioplasty, nonlaser (may include guidance, infusion/perfusion capability)                        | \$1,024.51 |

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| 101585 | Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis)  | \$443.59   |
| 101586 | Catheter, intravascular ultrasound   | \$2,447.48 |
| 101587 | Guidewire  | \$236.82   |
| 101588 | Retrieval device, insertable (used to retrieve fractured medical devices)  | \$1,901.88 |
| 101589 | Mesh (implantable)   | \$200.00   |
| 101590 | Catheter, guiding (may include infusion/perfusion capability)  | \$251.77   |
| 101591 | Introducer/sheath, other than guiding, other than intracardiac electrophysiological, nonlaser  | \$165.65   |
| 101592 | Probe/needle, cryoablation   | \$35.00    |
| 101593 | Catheter, transluminal angioplasty, drug-coated, nonlaser  | \$3,570.62 |
| 101594 | Catheter, suprapubic/cystoscopic   | \$95.00    |
| 101595 | Magnetic resonance angiography without contrast followed by with contrast, abdomen   | \$4,454.08 |
| 101596 | Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral  | \$8,349.86 |
| 101597 | Magnetic resonance angiography without contrast followed by with contrast, lower extremity   | \$4,299.17 |
| 101598 | Lidocaine 70 mg/tetracaine 70 mg, per patch  | \$20.00    |
| 101599 | CRUTCH FOREARM PAIR  | \$225.00   |
| 101600 | Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips, and handgrips   | \$250.00   |
| 101601 | Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each                              | \$200.00   |
| 101602 | BATH/SHOWER CHAIR  | \$80.00    |
| 101603 | BED PAN STANDARD   | \$100.00   |
| 101604 | URINAL MALE JUG-TYPE   | \$50.00    |
| 101605 | URINAL FEMALE JUG-TYPE   | \$50.00    |
| 101606 | Oximeter device for measuring blood oxygen levels noninvasively  | \$187.50   |
| 101607 | NEBULIZER WITH COMPRESSION   | \$200.00   |
| 101608 | BLOOD GLUCOSE MONITOR HOME   | \$80.00    |
| 101609 | PATIENT LIFT BATHROOM OR TOI   | \$200.00   |
| 101610 | Wheelchair accessory, shoulder elbow, mobile arm support, m...   | \$3,379.10 |
| 101611 | Administration of influenza virus vaccine  | \$187.12   |
| 101612 | Administration of pneumococcal vaccine   | \$187.12   |
| 101613 | Wound closure utilizing tissue adhesive(s) only  | \$20.00    |
| 101614 | ILIAC ART ANGIO,CARDIAC CATH   | \$1,055.24 |
| 101615 | Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066)                                   | \$85.74    |
| 101616 | LDCT FOR LUNG CA SCREEN  | \$2,331.34 |
| 101617 | Hospital observation service, per hour   | \$2,500.00 |
| 101618 | Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment | \$1,500.00 |
| 101619 | Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening   | \$233.00   |
| 101620 | Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening                          | \$238.00   |
| 101621 | Hospital outpatient clinic visit for assessment and management of a patient  | \$467.25   |
| 101622 | Acetaminophen or just "Assay of acetaminophen" for short, u...   | \$150.00   |
| 101623 | Saliva Alcohol Test  | \$492.06   |
| 101624 | ASA/ANTIPLAT THER USED   | \$65.00    |

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| 101625 | NO ELIG TPA INIT W/IN 3 HRS  | \$800.00 |
| 101626 | NO TPA INIT W/IN 3 HRS   | \$750.00 |
| 101627 | Injection, tetracycline, up to 250 mg  | \$30.00  |
| 101628 | Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) | \$25.00  |
| 101629 | Injection, acetaminophen, not otherwise specified, 10 mg   | \$30.00  |
| 101630 | Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)  | \$40.00  |
| 101631 | Injection, epinephrine, not otherwise specified, 0.1 mg  | \$15.00  |
| 101632 | ADRENALIN EPINEPHRINE INJECT UP TO 1 MG  | \$12.44  |
| 101633 | Injection, amiodarone HCl, 30 mg   | \$25.00  |
| 101634 | Injection, ampicillin sodium/sulbactam sodium, per 1.5 g   | \$53.55  |
| 101635 | Injection, hydralazine HCl, up to 20 mg  | \$30.00  |
| 101636 | Injection, azithromycin, 500 mg  | \$25.00  |
| 101637 | Injection, atropine sulfate, 0.01 mg   | \$20.00  |
| 101638 | Injection, dicyclomine HCl, up to 20 mg  | \$45.00  |
| 101639 | Injection, penicillin G benzathine and penicillin G procaine, 100,000 units  | \$85.00  |
| 101640 | Injection, penicillin G benzathine, 100,000 units  | \$30.00  |
| 101641 | Injection, bupivacaine, not otherwise specified, 0.5 mg  | \$15.00  |
| 101642 | Injection, cefazolin sodium, 500 mg  | \$25.00  |
| 101643 | Injection, cefepime HCl, 500 mg  | \$20.00  |
| 101644 | Injection, ceftriaxone sodium, per 250 mg  | \$30.00  |
| 101645 | Injection, sterile cefuroxime sodium, per 750 mg   | \$25.00  |
| 101646 | Injection, clonidine HCl, 1 mg   | \$25.00  |
| 101647 | Injection, clindamycin phosphate, 300 mg   | \$20.00  |
| 101648 | Injection, ciprofloxacin for intravenous infusion, 200 mg  | \$30.00  |
| 101649 | Injection, prochlorperazine, up to 10 mg   | \$30.80  |
| 101650 | Injection, crotalidae polyvalent immune fab (ovine), up to 1 g   | \$25.00  |
| 101651 | Injection, methylprednisolone acetate, 1 mg  | \$15.00  |
| 101652 | Injection, dexamethasone sodium phosphate, 1 mg  | \$21.00  |
| 101653 | Injection, phenytoin sodium, per 50 mg   | \$25.00  |
| 101654 | Injection, hydromorphone, 0.1 mg   | \$25.75  |
| 101655 | Injection, diphenhydramine HCl, up to 50 mg  | \$20.00  |
| 101656 | Injection, famotidine, 0.25 mg   | \$15.00  |
| 101657 | Injection, glucagon HCl, per 1 mg  | \$50.00  |
| 101658 | Injection, haloperidol, up to 5 mg   | \$39.70  |
| 101659 | Injection, haloperidol decanoate, per 50 mg  | \$45.00  |
| 101660 | Injection, heparin sodium, (heparin lock flush), per 10 units  | \$20.00  |
| 101661 | Injection, Heparin sodium, per 1000 units  | \$30.00  |
| 101662 | Injection, enoxaparin sodium, 10 mg  | \$25.00  |
| 101663 | Injection, ibuprofen, 100 mg   | \$22.00  |
| 101664 | Injection, droperidol, up to 5 mg  | \$128.00 |
| 101665 | DROPERIDOL/FENTANYL INJ  | \$25.00  |
| 101666 | Injection, insulin, per 5 units  | \$51.63  |
| 101667 | Insulin for administration through DME (i.e., insulin pump) per 50 units   | \$22.00  |
| 101668 | Injection, metronidazole, 10 mg  | \$2.50   |
| 101669 | Injection, ketorolac tromethamine, per 15 mg   | \$20.00  |
| 101670 | Injection, labetalol HCl, 5 mg   | \$15.00  |
| 101671 | Injection, lanreotide, 1 mg  | \$45.00  |

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| 101672 | INJ, FUROSEMIDE, 1 MG   | \$15.00  |
| 101673 | Injection, levetiracetam, 10 mg   | \$45.00  |
| 101674 | Injection, levofloxacin, 250 mg   | \$45.00  |
| 101675 | Injection, lidocaine HCl, 1 mg  | \$25.00  |
| 101676 | Injection, lidocaine HCl with epinephrine, 1 mg   | \$25.00  |
| 101677 | Injection, lorazepam, 2 mg  | \$35.00  |
| 101678 | Injection, meperidine HCl, per 100 mg   | \$25.00  |
| 101679 | Injection, meperidine and promethazine HCl, up to 50 mg   | \$30.00  |
| 101680 | Injection, meropenem, 100 mg  | \$29.17  |
| 101681 | Injection, midazolam HCl, per 1 mg  | \$30.97  |
| 101682 | Injection, morphine sulfate, up to 10 mg  | \$32.52  |
| 101683 | Injection, morphine sulfate, preservative free for epidural or intrathecal use, 10 mg   | \$30.00  |
| 101684 | Injection, orphenadrine citrate, up to 60 mg  | \$30.00  |
| 101685 | Injection, ondansetron HCl, per 1 mg  | \$21.00  |
| 101686 | OXYMORPHONE HCL INJECTION   | \$25.00  |
| 101687 | Injection, palifermin, 50 mcg   | \$25.00  |
| 101688 | Injection, pantoprazole sodium, 40 mg   | \$35.00  |
| 101689 | PEGADEMASE BOVINE, 25 IU  | \$25.00  |
| 101690 | Injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)   | \$70.98  |
| 101691 | Injection, promethazine HCl, up to 50 mg  | \$35.00  |
| 101692 | Injection, propofol, 10 mg  | \$22.00  |
| 101693 | Injection, metoclopramide HCl, up to 10 mg  | \$30.00  |
| 101694 | Injection, Rho D immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 IU   | \$91.39  |
| 101695 | Injection, methocarbamol, up to 10 ml   | \$50.00  |
| 101696 | INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML.   | \$50.00  |
| 101697 | Injection, methylprednisolone sodium succinate, 5 mg  | \$50.00  |
| 101698 | Injection, fentanyl citrate, 0.1 mg   | \$33.00  |
| 101699 | Injection, sumatriptan succinate, 6 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) | \$50.00  |
| 101700 | Injection, tobramycin sulfate, up to 80 mg  | \$50.00  |
| 101701 | Injection, triamcinolone acetonide, preservative free, 1 mg   | \$45.23  |
| 101702 | Injection, diazepam, up to 5 mg   | \$25.00  |
| 101703 | INJ, VANCOMYCIN HCL, 10 MG  | \$15.00  |
| 101704 | Injection, thiamine HCl, 100 mg   | \$12.45  |
| 101705 | Injection, magnesium sulfate, per 500 mg  | \$15.57  |
| 101706 | Injection, potassium chloride, per 2 mEq  | \$125.00 |
| 101707 | Unclassified drugs  | \$31.00  |
| 101708 | Infusion, normal saline solution, 1,000 cc  | \$45.00  |
| 101709 | Infusion, normal saline solution, sterile (500 ml=1 unit)   | \$40.00  |
| 101710 | 5% dextrose/normal saline (500 ml = 1 unit)   | \$45.00  |
| 101711 | Infusion, normal saline solution, 250 cc  | \$39.57  |
| 101712 | Ringers lactate infusion, up to 1,000 cc  | \$30.00  |
| 101713 | 5% dextrose in lactated ringers infusion, up to 1000 cc   | \$50.00  |
| 101714 | Hypertonic saline solution, 1 ml  | \$20.00  |
| 101715 | Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified  | \$20.00  |
| 101716 | Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg  | \$20.00  |
| 101717 | Prednisone, oral, per 5 mg.   | \$50.00  |
| 101718 | Prednisolone, oral, per 5 mg  | \$15.00  |

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| 101719 | Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 1 mg  | \$35.00    |
| 101720 | Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg  | \$35.00    |
| 101721 | Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 0.5 mg   | \$35.00    |
| 101722 | Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose, 0.5 mg  | \$35.00    |
| 101723 | Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, noncompounded, administered through DME  | \$35.00    |
| 101724 | Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 0.5 mg  | \$38.58    |
| 101725 | Cromolyn sodium, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg  | \$20.00    |
| 101726 | ATROPINE COMP UNIT  | \$38.58    |
| 101727 | Dexamethasone, inhalation solution, compounded product, administered through DME, concentrated form, per mg   | \$20.00    |
| 101728 | Dexamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg  | \$92.00    |
| 101729 | Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 mcg   | \$40.37    |
| 101730 | Ipratropium bromide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg   | \$50.00    |
| 101731 | Tobramycin, inhalation solution, FDA-approved final product, noncompounded, unit dose form, administered through DME, per 300 mg  | \$25.00    |
| 101732 | NOC drugs, inhalation solution administered through DME   | \$25.00    |
| 101733 | Antiemetic drug, rectal/suppository, not otherwise specified  | \$25.00    |
| 101734 | Prescription drug, oral, nonchemotherapeutic, NOS   | \$25.00    |
| 101735 | Dexamethasone, oral, 0.25 mg  | \$1.29     |
| 101736 | Injection, irinotecan, 20 mg  | \$25.00    |
| 101737 | Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated  | \$250.00   |
| 101738 | Cervical, flexible, nonadjustable, prefabricated, off-the-shelf (foam collar)   | \$350.00   |
| 101739 | Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)   | \$150.00   |
| 101740 | Cervical, collar, molded to patient model   | \$3,112.00 |
| 101741 | Cervical, collar, semi-rigid thermoplastic foam, two piece, prefabricated, off-the-shelf  | \$150.00   |
| 101742 | Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf   | \$300.00   |
| 101743 | THOR RIB BELT CUSTOM FABRICA  | \$525.30   |
| 101744 | Knee orthosis (KO), elastic with joints, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | \$750.00   |
| 101745 | Knee orthosis (KO), immobilizer, canvas longitudinal, prefabricated, off-the-shelf  | \$500.00   |
| 101746 | Knee orthosis (KO), locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment  | \$632.00   |
| 101747 | Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf  | \$20.00    |
| 101748 | Ankle foot orthosis (AFO), multiligamentous ankle support, prefabricated, off-the-shelf   | \$163.75   |

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| 101749 | Ankle foot orthosis (AFO), plastic or other material with ankle joint, with or without dorsiflexion assist, prefabricated, includes fitting and adjustment  | \$473.02   |
| 101750 | Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment   | \$825.28   |
| 101751 | Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment  | \$2,136.66 |
| 101752 | Addition to lower extremity, extended steel shank   | \$350.00   |
| 101753 | Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each   | \$450.00   |
| 101754 | OXFORD W SUPINAT/PRONAT INF   | \$400.00   |
| 101755 | SURGICAL BOOT EACH CHILD  | \$400.00   |
| 101756 | Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each  | \$400.00   |
| 101757 | Surgical boot/shoe, each  | \$350.00   |
| 101758 | Lift, elevation, heel and sole, neoprene, per in  | \$300.00   |
| 101759 | Orthopedic shoe addition, insole, leather   | \$350.00   |
| 101760 | Orthopedic shoe addition, sole, full  | \$450.00   |
| 101761 | Shoulder orthosis (SO), figure of eight design abduction restrainer, prefabricated, off-the-shelf   | \$90.00    |
| 101762 | Shoulder orthosis (SO), figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf   | \$375.00   |
| 101763 | Shoulder orthosis (SO), acromio/clavicular (canvas and webbing type), prefabricated, off-the-shelf  | \$400.00   |
| 101764 | Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment   | \$3,953.00 |
| 101765 | Elbow orthosis (EO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment   | \$15.00    |
| 101766 | Elbow orthosis (EO), double upright with forearm/arm cuffs, free motion, custom fabricated  | \$550.00   |
| 101767 | Wrist-hand-finger orthosis (WHFO), without joint(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise                 | \$651.18   |
| 101768 | Wrist-hand-finger orthosis (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment  | \$600.00   |
| 101769 | Wrist-hand-finger orthosis (WHFO), without joint(s), prefabricated, off-the-shelf, any type   | \$700.00   |
| 101770 | Wrist-hand orthosis (WHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment                                     | \$800.00   |
| 101771 | Wrist-hand orthosis (WHO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment   | \$900.00   |
| 101772 | Wrist-hand orthosis (WHO), wrist extension control cock-up, nonmolded, prefabricated, off-the-shelf   | \$150.00   |
| 101773 | Finger orthosis (FO), proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion (e.g., static or ring type), may include soft interface material, prefabricated, off-the-shelf | \$128.11   |
| 101774 | Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, off-the-shelf  | \$250.00   |

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| 101775 | Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | \$250.00   |
| 101776 | Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf   | \$250.00   |
| 101777 | Walking boot, nonpneumatic, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise            | \$250.00   |
| 101778 | Walking boot, nonpneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf  | \$250.00   |
| 101779 | Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf  | \$80.00    |
| 101780 | Ankle-foot orthosis (AFO), walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated                            | \$250.00   |
| 101781 | Intravenous infusion, bamlanivimab-xxxx, includes infusion ...  | \$1,200.00 |
| 101782 | Catheterization for collection of specimen, single patient, all places of service   | \$60.00    |
| 101783 | Set-up portable x-ray equipment   | \$177.92   |
| 101784 | Azithromycin dihydrate, oral, capsules/powder, 1 g  | \$15.00    |
| 101785 | Promethazine HCl, 12.5 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen                                  | \$10.00    |
| 101786 | Injection, bamlanivimab-xxxx, 700 mg  | \$0.01     |
| 101787 | Telehealth originating site facility fee  | \$119.63   |
| 101788 | Casting supplies, body cast adult, with or without head, plaster  | \$900.00   |
| 101789 | Cast supplies, long arm cast, adult (11 years +), fiberglass  | \$950.00   |
| 101790 | Cast supplies, long arm splint, adult (11 years +), fiberglass  | \$320.00   |
| 101791 | Cast supplies, long arm splint, pediatric (0-10 years), plaster   | \$750.00   |
| 101792 | Cast supplies, long arm splint, pediatric (0-10 years), fiberglass  | \$620.00   |
| 101793 | Cast supplies, short arm splint, adult (11 years +), plaster  | \$650.00   |
| 101794 | Cast supplies, short arm splint, adult (11 years +), fiberglass   | \$500.00   |
| 101795 | Cast supplies, short arm splint, pediatric (0-10 years), plaster  | \$525.00   |
| 101796 | Cast supplies, short arm splint, pediatric (0-10 years), fiberglass   | \$550.00   |
| 101797 | Cast supplies, long leg splint, adult (11 years +), fiberglass  | \$800.00   |
| 101798 | Cast supplies, short leg splint, adult (11 years +), plaster  | \$151.00   |
| 101799 | Cast supplies, short leg splint, adult (11 years +), fiberglass   | \$850.00   |
| 101800 | Finger splint, static   | \$100.00   |
| 101801 | High osmolar contrast material, 300-349 mg/ml iodine concentration, per ml  | \$60.00    |
| 101802 | High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml  | \$40.00    |
| 101803 | Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml   | \$15.00    |
| 101804 | Ondansetron, oral, 4 mg (for circumstances falling under the Medicare statute, use HCPCS Q code)  | \$21.44    |
| 101805 | Removal of sutures; by a physician other than the physician who originally closed the wound   | \$300.00   |
| 101806 | IV tubing extension set   | \$30.00    |
| 101807 | PRESCRIPTION DRUG, GENERIC  | \$5.00     |
| 101808 | Prescription drug, brand name   | \$10.00    |
| 101809 | Holding chamber or spacer for use with an inhaler or nebulizer; without mask  | \$38.00    |
| 101810 | Holding chamber or spacer for use with an inhaler or nebulizer; with mask   | \$40.00    |
| 101811 | Padding for compression bandage, roll   | \$35.00    |

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| 101812 | Compression bandage, roll   | \$45.00    |
| 101813 | Splint, prefabricated, wrist or ankle   | \$125.00   |
| 101814 | 2019-nCoV coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC | \$250.00   |
| 101815 | Posterior chamber intraocular lens  | \$176.78   |
| 101816 | Astigmatism correcting function of intraocular lens   | \$967.30   |
| 101817 | Presbyopia correcting function of intraocular lens  | \$1,715.01 |
| 101818 | MISC VISION ITEM OR SERVICE   | \$35.00    |
| 101819 | Repair of augmentative comm sys   | \$3,072.92 |