

Ref ID	Description	Median
100001	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	\$1,757.50
100002	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	\$1,601.50
100003	Incision and drainage of pilonidal cyst; simple	\$3,666.00
100004	Incision and drainage of pilonidal cyst; complicated	\$7,261.50
100005	Incision and removal of foreign body, subcutaneous tissues; simple	\$1,775.75
100006	Incision and removal of foreign body, subcutaneous tissues; complicated	\$16,149.00
100007	Incision and drainage of hematoma, seroma or fluid collection	\$12,020.50
100008	Puncture aspiration of abscess, hematoma, bulla, or cyst	\$2,540.50
100009	Incision and drainage, complex, postoperative wound infection	\$24,976.50
100010	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	\$13,932.00
100011	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	\$2,940.50
100012	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	\$2,412.00
100013	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	\$11,212.00
100014	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)	\$2,110.50
100015	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)	\$1,390.00
100016	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)	\$8,805.50
100017	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	\$553.00
100018	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions	\$583.84
100019	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	\$648.50
100020	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	\$3,476.00
100021	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	\$11,704.00
100022	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	\$10,971.50
100023	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	\$13,460.50
100024	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	\$5,121.00

100025	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	\$11,673.00
100026	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair	\$31,119.50
100027	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	\$10,315.00
100028	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	\$6,983.50
100029	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm	\$5,061.50
100030	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm	\$6,323.50
100031	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm	\$12,751.50
100032	Trimming of nondystrophic nails, any number	\$357.50
100033	Debridement of nail(s) by any method(s); 1 to 5	\$393.00
100034	Debridement of nail(s) by any method(s); 6 or more	\$407.50
100035	Avulsion of nail plate, partial or complete, simple; single	\$838.50
100036	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)	\$548.50
100037	Evacuation of subungual hematoma	\$1,196.00
100038	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;	\$2,436.00
100039	Repair of nail bed	\$3,779.00
100040	Wedge excision of skin of nail fold (eg, for ingrown toenail)	\$1,392.50
100041	Excision of pilonidal cyst or sinus; simple	\$17,394.00
100042	Excision of pilonidal cyst or sinus; complicated	\$20,654.50
100043	Injection, intralesional; up to and including 7 lesions	\$585.00
100044	Removal, non-biodegradable drug delivery implant	\$3,594.00
100045	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	\$1,754.00
100046	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	\$1,754.00
100047	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	\$1,754.00
100048	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	\$3,110.50
100049	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	\$3,648.00
100050	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	\$1,754.00
100051	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	\$1,745.50
100052	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	\$1,652.00

100053	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	\$1,738.50
100054	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	\$2,157.00
100055	Treatment of superficial wound dehiscence; simple closure	\$6,954.50
100056	Treatment of superficial wound dehiscence; with packing	\$2,663.00
100057	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	\$2,345.00
100058	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	\$2,689.00
100059	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	\$3,284.50
100060	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	\$4,079.00
100061	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	\$14,855.50
100062	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	\$3,136.50
100063	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	\$2,199.00
100064	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	\$4,982.50
100065	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	\$2,040.00
100066	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	\$2,123.61
100067	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	\$2,270.00
100068	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	\$2,719.50
100069	Repair, complex, trunk; 1.1 cm to 2.5 cm	\$9,888.00
100070	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	\$5,618.00
100071	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	\$5,801.00
100072	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)	\$3,074.50
100073	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	\$2,937.50
100074	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	\$4,085.00
100075	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	\$4,240.00
100076	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	\$5,154.00
100077	Secondary closure of surgical wound or dehiscence, extensive or complicated	\$16,586.00
100078	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	\$10,997.00

100079	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	\$9,716.00
100080	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)	\$9,869.00
100081	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	\$15,743.00
100082	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)	\$14,635.50
100083	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	\$17,787.00
100084	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)	\$11,545.00
100085	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	\$10,664.00
100086	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	\$11,625.00
100087	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	\$14,897.50
100088	Removal of sutures or staples requiring anesthesia (ie, general anesthesia, moderate sedation)	\$10,737.50
100089	Removal of sutures or staples not requiring anesthesia (List separately in addition to E/M code)	\$272.50
100090	Initial treatment, first degree burn, when no more than local treatment is required	\$1,690.50
100091	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	\$1,516.00
100092	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)	\$1,848.00
100093	Chemical cauterization of granulation tissue (ie, proud flesh)	\$1,254.00
100094	Puncture aspiration of cyst of breast;	\$4,370.00
100095	Mastotomy with exploration or drainage of abscess, deep	\$20,977.50
100096	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	\$11,435.50
100097	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	\$28,694.50
100098	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	\$28,657.50

100099	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	\$30,984.50
100100	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	\$18,455.50
100101	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	\$29,710.00
100102	Mastectomy, simple, complete	\$23,597.00
100103	Exploration of penetrating wound (separate procedure); extremity	\$15,770.50
100104	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	\$1,615.87
100105	Injection(s); single or multiple trigger point(s), 3 or more muscles	\$1,605.37
100106	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance	\$999.50
100107	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	\$1,714.00
100108	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	\$3,850.00
100109	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	\$1,329.50
100110	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting	\$2,186.50
100111	Aspiration and/or injection of ganglion cyst(s) any location	\$976.93
100112	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	\$25,494.00
100113	Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system	\$21,083.00
100114	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin[s] or wire[s] and/or new ring[s] or bar[s])	\$20,334.00
100115	Closed treatment of nasal bone fracture with manipulation; without stabilization	\$12,428.00
100116	Closed treatment of nasal bone fracture with manipulation; with stabilization	\$9,241.50
100117	Closed treatment of temporomandibular dislocation; initial or subsequent	\$1,657.50
100118	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	\$23,975.50
100119	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	\$29,039.00
100120	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	\$19,782.50
100121	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	\$27,150.00
100122	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	\$16,010.00
100123	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	\$21,029.50
100124	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	\$25,450.00

100125	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	\$25,447.00
100126	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	\$9,954.00
100127	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	\$12,221.00
100128	Incision and drainage, shoulder area; deep abscess or hematoma	\$25,163.50
100129	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	\$12,529.00
100130	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	\$30,913.00
100131	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	\$27,006.50
100132	Arthroplasty, glenohumeral joint; hemiarthroplasty	\$62,128.50
100133	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	\$37,646.00
100134	Open treatment of clavicular fracture, includes internal fixation, when performed	\$30,471.00
100135	Closed treatment of acromioclavicular dislocation; without manipulation	\$1,697.00
100136	Open treatment of acromioclavicular dislocation, acute or chronic;	\$23,230.00
100137	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;	\$32,169.50
100138	Closed treatment of shoulder dislocation, with manipulation; without anesthesia	\$1,776.06
100139	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	\$8,156.00
100140	Open treatment of acute shoulder dislocation	\$22,304.50
100141	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation	\$6,071.50
100142	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	\$13,048.50
100143	Incision and drainage, upper arm or elbow area; bursa	\$12,344.50
100144	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater	\$11,762.00
100145	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	\$27,183.50
100146	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	\$14,503.50
100147	Excision, olecranon bursa	\$24,687.50
100148	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)	\$22,247.50
100149	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	\$36,554.50
100150	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	\$25,287.00
100151	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous	\$12,998.50
100152	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open	\$13,293.00
100153	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)	\$38,133.00
100154	Closed treatment of humeral shaft fracture; without manipulation	\$2,171.70

100155	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction	\$4,540.50
100156	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	\$53,005.50
100157	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension	\$21,661.00
100158	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension	\$38,386.00
100159	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation	\$1,635.50
100160	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);	\$56,260.50
100161	Treatment of closed elbow dislocation; without anesthesia	\$1,880.00
100162	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation	\$1,711.38
100163	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement	\$25,505.00
100164	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation	\$6,413.00
100165	Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed	\$26,936.50
100166	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)	\$10,147.00
100167	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)	\$12,108.00
100168	Excision of ganglion, wrist (dorsal or volar); primary	\$11,375.00
100169	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle	\$17,743.50
100170	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)	\$27,970.00
100171	Arthroplasty, intercarpal or carpometacarpal joints; interposition (eg, tendon)	\$15,391.00
100172	Closed treatment of radial shaft fracture; without manipulation	\$1,629.00
100173	Closed treatment of radial shaft fracture; with manipulation	\$5,225.50
100174	Closed treatment of ulnar shaft fracture; with manipulation	\$5,836.50
100175	Open treatment of ulnar shaft fracture, includes internal fixation, when performed	\$21,019.00
100176	Closed treatment of radial and ulnar shaft fractures; without manipulation	\$1,820.00
100177	Closed treatment of radial and ulnar shaft fractures; with manipulation	\$5,950.00
100178	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	\$1,477.50
100179	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	\$5,612.00
100180	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation	\$24,102.00
100181	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation	\$24,097.50
100182	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments	\$24,541.00

100183	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments	\$20,906.00
100184	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation	\$2,232.00
100185	Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation	\$2,993.00
100186	Drainage of finger abscess; simple	\$1,500.00
100187	Tendon sheath incision (eg, for trigger finger)	\$11,979.50
100188	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	\$16,768.00
100189	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	\$12,796.00
100190	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	\$16,675.00
100191	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);	\$15,792.00
100192	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger	\$9,537.50
100193	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	\$20,154.50
100194	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon	\$16,382.00
100195	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)	\$17,187.00
100196	Tenolysis, flexor tendon; palm OR finger, each tendon	\$11,770.00
100197	Tenolysis, extensor tendon, hand OR finger, each tendon	\$10,881.00
100198	Closed treatment of metacarpal fracture, single; with manipulation, each bone	\$2,555.50
100199	Percutaneous skeletal fixation of metacarpal fracture, each bone	\$13,799.50
100200	Closed treatment of carpometacarpal dislocation, thumb, with manipulation	\$2,908.00
100201	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia	\$1,805.50
100202	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	\$1,503.50
100203	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each	\$2,051.50
100204	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each	\$13,076.00
100205	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each	\$29,942.00
100206	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each	\$1,912.00
100207	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each	\$27,305.50
100208	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each	\$1,249.00

100209	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each	\$1,846.50
100210	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each	\$11,975.50
100211	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia	\$1,415.00
100212	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia	\$3,296.50
100213	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	\$11,518.00
100214	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	\$25,482.00
100215	Excision; trochanteric bursa or calcification	\$27,444.50
100216	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	\$6,821.50
100217	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	\$41,679.00
100218	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning	\$39,854.00
100219	Percutaneous skeletal fixation of femoral fracture, proximal end, neck	\$21,694.50
100220	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	\$34,016.00
100221	Closed treatment of post hip arthroplasty dislocation; without anesthesia	\$2,186.50
100222	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia	\$6,492.00
100223	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	\$23,733.00
100224	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	\$30,080.50
100225	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	\$13,453.00
100226	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	\$27,339.00
100227	Patellectomy or hemipatellectomy	\$19,283.50
100228	Excision or curettage of bone cyst or benign tumor of femur;	\$33,273.50
100229	Suture of infrapatellar tendon; primary	\$38,272.00
100230	Suture of quadriceps or hamstring muscle rupture; primary	\$37,024.50
100231	Repair, primary, torn ligament and/or capsule, knee; cruciate	\$25,462.00
100232	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	\$22,066.50
100233	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	\$36,044.00
100234	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation	\$9,842.50
100235	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair	\$27,360.50
100236	Closed treatment of patellar dislocation; without anesthesia	\$1,625.50
100237	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	\$8,107.50

100238	Incision and drainage, leg or ankle; deep abscess or hematoma	\$20,154.50
100239	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle	\$21,395.50
100240	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	\$21,929.00
100241	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	\$27,996.00
100242	Excision or curettage of bone cyst or benign tumor, tibia or fibula;	\$13,145.00
100243	Repair, primary, open or percutaneous, ruptured Achilles tendon;	\$19,632.50
100244	Repair, flexor tendon, leg; primary, without graft, each tendon	\$13,053.50
100245	Repair, extensor tendon, leg; primary, without graft, each tendon	\$20,500.50
100246	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)	\$12,369.00
100247	Repair, primary, disrupted ligament, ankle; both collateral ligaments	\$26,832.50
100248	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)	\$14,799.50
100249	Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage	\$48,724.00
100250	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage	\$28,945.00
100251	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction	\$6,335.50
100252	Open treatment of medial malleolus fracture, includes internal fixation, when performed	\$20,621.00
100253	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation	\$1,802.00
100254	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation	\$2,801.00
100255	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed	\$22,189.50
100256	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation	\$4,425.00
100257	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	\$25,628.50
100258	Closed treatment of trimalleolar ankle fracture; with manipulation	\$5,205.50
100259	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip	\$27,551.00
100260	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation	\$2,098.00
100261	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	\$9,133.50
100262	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	\$28,513.00
100263	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	\$33,418.50

100264	Amputation, leg, through tibia and fibula; secondary closure or scar revision	\$19,706.00
100265	Amputation, leg, through tibia and fibula; re-amputation	\$35,899.00
100266	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space	\$15,917.00
100267	Fasciotomy, foot and/or toe	\$11,248.00
100268	Tenotomy, percutaneous, toe; single tendon	\$5,013.50
100269	Tenotomy, percutaneous, toe; multiple tendons	\$6,336.50
100270	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	\$11,968.00
100271	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	\$13,622.00
100272	Release, tarsal tunnel (posterior tibial nerve decompression)	\$11,898.00
100273	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	\$21,970.50
100274	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	\$17,465.00
100275	Excision, interdigital (Morton) neuroma, single, each	\$20,116.00
100276	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot	\$20,489.50
100277	Ostectomy, calcaneus; for spur, with or without plantar fascial release	\$12,350.50
100278	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus	\$11,262.00
100279	Resection, partial or complete, phalangeal base, each toe	\$14,571.00
100280	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each	\$16,135.00
100281	Removal of foreign body, foot; subcutaneous	\$6,168.00
100282	Removal of foreign body, foot; deep	\$19,193.50
100283	Removal of foreign body, foot; complicated	\$13,204.00
100284	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	\$13,195.50
100285	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head	\$14,243.00
100286	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	\$15,165.50
100287	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	\$22,655.00
100288	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method	\$16,764.50
100289	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	\$34,825.50
100290	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method	\$13,110.00
100291	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation	\$16,050.00
100292	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)	\$17,558.00

100293	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	\$12,899.50
100294	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	\$16,749.50
100295	Open treatment of calcaneal fracture, includes internal fixation, when performed;	\$30,724.00
100296	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each	\$23,292.50
100297	Open treatment of metatarsal fracture, includes internal fixation, when performed, each	\$18,296.00
100298	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation	\$2,083.00
100299	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each	\$1,365.00
100300	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia	\$1,614.50
100301	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed	\$9,281.00
100302	Closed treatment of interphalangeal joint dislocation; without anesthesia	\$1,320.50
100303	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed	\$12,803.50
100304	Arthrodesis, great toe; metatarsophalangeal joint	\$18,730.50
100305	Amputation, foot; transmetatarsal	\$17,225.50
100306	Amputation, metatarsal, with toe, single	\$12,125.00
100307	Amputation, toe; metatarsophalangeal joint	\$11,468.00
100308	Amputation, toe; interphalangeal joint	\$20,005.00
100309	Application, cast; elbow to finger (short arm)	\$868.00
100310	Application, cast; finger (eg, contracture)	\$969.50
100311	Application of long arm splint (shoulder to hand)	\$1,767.00
100312	Application of short arm splint (forearm to hand); static	\$885.50
100313	Application of finger splint; static	\$822.00
100314	Application of finger splint; dynamic	\$657.00
100315	Strapping; shoulder (eg, Velpeau)	\$849.50
100316	Strapping; hand or finger	\$688.50
100317	Application of short leg cast (below knee to toes);	\$991.00
100318	Application of clubfoot cast with molding or manipulation, long or short leg	\$2,037.00
100319	Application of long leg splint (thigh to ankle or toes)	\$1,816.00
100320	Application of short leg splint (calf to foot)	\$1,767.00
100321	Strapping; knee	\$858.50
100322	Strapping; ankle and/or foot	\$694.00
100323	Strapping; toes	\$891.00
100324	Strapping; Unna boot	\$1,090.00
100325	Application of multi-layer compression system; leg (below knee), including ankle and foot	\$1,082.00
100326	Removal or bivalving; gauntlet, boot or body cast	\$871.00
100327	Removal or bivalving; full arm or full leg cast	\$1,646.50
100328	Arthroscopy, shoulder, surgical; capsulorrhaphy	\$33,369.50
100329	Arthroscopy, shoulder, surgical; repair of SLAP lesion	\$27,378.50

100330	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])	\$18,742.50
100331	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])	\$13,157.00
100332	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	\$17,635.50
100333	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	\$24,772.50
100334	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)	\$15,252.00
100335	Arthroscopy, shoulder, surgical; with rotator cuff repair	\$12,704.00
100336	Arthroscopy, shoulder, surgical; biceps tenodesis	\$10,486.00
100337	Arthroscopy, elbow, surgical; debridement, extensive	\$30,495.00
100338	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	\$20,775.00
100339	Endoscopy, wrist, surgical, with release of transverse carpal ligament	\$6,028.00
100340	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	\$27,121.00
100341	Arthroscopy, knee, surgical; for infection, lavage and drainage	\$17,178.00
100342	Arthroscopy, knee, surgical; with lateral release	\$23,727.00
100343	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	\$29,855.00
100344	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	\$21,267.50
100345	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	\$7,518.50
100346	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	\$29,510.00
100347	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	\$19,128.00
100348	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	\$10,278.50
100349	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	\$9,277.50
100350	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	\$9,046.50
100351	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	\$24,364.50
100352	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial	\$13,596.00
100353	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited	\$15,116.50
100354	Excision or destruction (eg, laser), intranasal lesion; internal approach	\$10,386.50

100355	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)	\$14,775.00
100356	Submucous resection inferior turbinate, partial or complete, any method	\$7,518.50
100357	Removal foreign body, intranasal; office type procedure	\$947.00
100358	Removal foreign body, intranasal; requiring general anesthesia	\$12,142.00
100359	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	\$15,705.00
100360	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	\$9,949.50
100361	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method	\$844.00
100362	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	\$1,439.00
100363	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial	\$1,439.66
100364	Nasal/sinus endoscopy, surgical; with concha bullosa resection	\$8,508.00
100365	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	\$9,919.00
100366	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	\$10,376.00
100367	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)	\$10,641.50
100368	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;	\$8,272.00
100369	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	\$9,203.50
100370	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	\$8,924.50
100371	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	\$13,669.50
100372	Nasal/sinus endoscopy, surgical, with sphenoidotomy;	\$12,759.50
100373	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	\$14,331.50
100374	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	\$8,753.50
100375	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	\$8,247.50
100376	Intubation, endotracheal, emergency procedure	\$1,802.00
100377	Laryngoscopy, direct, operative, with foreign body removal;	\$10,637.00
100378	Laryngoscopy, direct, operative, with biopsy;	\$23,466.00
100379	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope	\$16,458.00
100380	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)	\$15,618.50
100381	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope	\$13,046.00
100382	Laryngoscopy, flexible; diagnostic	\$788.50

100383	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	\$7,797.50
100384	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	\$6,346.00
100385	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	\$11,585.00
100386	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	\$11,579.50
100387	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	\$6,050.00
100388	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	\$12,783.50
100389	Removal, subcutaneous cardiac rhythm monitor	\$2,272.00
100390	Exploration for postoperative hemorrhage, thrombosis or infection; extremity	\$28,893.00
100391	Excision of infected graft; extremity	\$18,922.00
100392	Introduction of needle or intracatheter, vein	\$591.50
100393	Injection procedure for extremity venography (including introduction of needle or intracatheter)	\$3,880.00
100394	Introduction of catheter, superior or inferior vena cava	\$4,724.00
100395	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	\$6,617.00
100396	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	\$7,391.50
100397	Introduction of needle or intracatheter, upper or lower extremity artery	\$6,840.75
100398	Introduction of catheter, aorta	\$7,611.50
100399	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	\$8,713.00
100400	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	\$9,165.50
100401	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	\$10,883.50
100402	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$9,930.00
100403	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$10,766.00
100404	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	\$18,527.00
100405	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)	\$720.00
100406	Collection of venous blood by venipuncture	\$61.00
100407	Transfusion, blood or blood components	\$2,846.50

100408	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	\$4,096.50
100409	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	\$17,351.00
100410	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	\$8,288.50
100411	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older	\$5,396.50
100412	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older	\$12,494.00
100413	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	\$5,376.00
100414	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	\$15,644.00
100415	Removal of tunneled central venous catheter, without subcutaneous port or pump	\$4,270.50
100416	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	\$6,845.50
100417	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified	\$571.50
100418	Declotting by thrombolytic agent of implanted vascular access device or catheter	\$1,467.00
100419	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access	\$13,385.50
100420	Placement of needle for intraosseous infusion	\$1,146.00
100421	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	\$23,717.50
100422	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	\$28,422.00
100423	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	\$25,808.00
100424	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	\$26,561.50
100425	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;	\$6,298.00
100426	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)	\$19,902.00

100427	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)	\$30,633.00
100428	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	\$18,353.50
100429	Thrombolysis, cerebral, by intravenous infusion	\$2,016.50
100430	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	\$13,680.00
100431	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)	\$18,726.00
100432	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)	\$37,049.50
100433	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)	\$36,505.00
100434	Ligation or banding of angioaccess arteriovenous fistula	\$26,710.00
100435	Ligation or biopsy, temporal artery	\$12,352.50
100436	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	\$11,036.50
100437	Biopsy or excision of lymph node(s); open, superficial	\$11,541.00
100438	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)	\$7,428.17
100439	Biopsy or excision of lymph node(s); open, deep cervical node(s)	\$15,551.00
100440	Biopsy or excision of lymph node(s); open, deep axillary node(s)	\$18,669.00
100441	Suprahyoid lymphadenectomy	\$42,992.00
100442	Cervical lymphadenectomy (complete)	\$39,712.50
100443	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)	\$11,246.50
100444	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair	\$9,351.00
100445	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex	\$3,414.00
100446	Drainage of abscess, cyst, hematoma from dentoalveolar structures	\$1,401.00
100447	Biopsy of salivary gland; needle	\$3,732.50
100448	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection	\$29,509.00
100449	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	\$35,725.00
100450	Excision of submandibular (submaxillary) gland	\$41,963.00
100451	Incision and drainage abscess; peritonsillar	\$3,123.00
100452	Removal of foreign body from pharynx	\$1,614.50

100453	Tonsillectomy and adenoidectomy; younger than age 12	\$6,865.50
100454	Tonsillectomy and adenoidectomy; age 12 or over	\$13,102.00
100455	Tonsillectomy, primary or secondary; younger than age 12	\$16,446.00
100456	Tonsillectomy, primary or secondary; age 12 or over	\$22,187.00
100457	Adenoidectomy, primary; younger than age 12	\$16,446.00
100458	Adenoidectomy, primary; age 12 or over	\$9,577.00
100459	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention	\$19,044.50
100460	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$9,470.50
100461	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	\$8,575.00
100462	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$3,748.00
100463	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	\$3,441.50
100464	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	\$8,015.50
100465	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	\$8,270.50
100466	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	\$5,703.50
100467	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	\$7,529.50
100468	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	\$15,505.50
100469	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	\$17,743.50
100470	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	\$66,323.00
100471	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	\$45,915.50
100472	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)	\$1,578.00
100473	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed	\$1,595.00
100474	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract	\$1,742.00
100475	Closure of enterostomy, large or small intestine;	\$38,634.50
100476	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal	\$28,088.00
100477	Appendectomy;	\$31,233.00
100478	Laparoscopy, surgical, appendectomy	\$48,477.50
100479	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)	\$16,294.00

100480	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	\$5,985.00
100481	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$3,768.50
100482	Colonoscopy, flexible; with biopsy, single or multiple	\$4,667.00
100483	Colonoscopy, flexible; with control of bleeding, any method	\$7,107.00
100484	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$4,033.00
100485	Reduction of procidentia (separate procedure) under anesthesia	\$6,779.00
100486	Removal of fecal impaction or foreign body (separate procedure) under anesthesia	\$14,808.50
100487	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)	\$16,141.00
100488	Incision and drainage, perianal abscess, superficial	\$4,542.50
100489	Incision of thrombosed hemorrhoid, external	\$1,413.50
100490	Excision of single external papilla or tag, anus	\$15,548.50
100491	Hemorrhoidectomy, external, 2 or more columns/groups	\$22,257.00
100492	Hemorrhoidectomy, internal and external, single column/group;	\$12,885.50
100493	Hemorrhoidectomy, internal and external, 2 or more columns/groups;	\$15,029.50
100494	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous	\$11,876.50
100495	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric	\$13,245.50
100496	Excision of thrombosed hemorrhoid, external	\$9,397.00
100497	Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	\$17,797.00
100498	Biopsy of liver, needle; percutaneous	\$9,148.50
100499	Biopsy of liver, wedge	\$28,380.50
100500	Laparoscopy, surgical; cholecystectomy	\$23,715.50
100501	Laparoscopy, surgical; cholecystectomy with cholangiography	\$39,129.00
100502	Laparoscopy, surgical; cholecystectomy with exploration of common duct	\$56,727.50
100503	Cholecystectomy;	\$47,270.50
100504	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance	\$3,681.00
100505	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	\$2,296.00
100506	Biopsy, abdominal or retroperitoneal mass, percutaneous needle	\$8,221.50
100507	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$17,626.00
100508	Laparoscopy, surgical; with biopsy (single or multiple)	\$32,949.00
100509	Removal of peritoneal foreign body from peritoneal cavity	\$30,889.00
100510	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	\$15,623.00
100511	Removal of tunneled intraperitoneal catheter	\$23,617.00
100512	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	\$10,953.50
100513	Repair initial inguinal hernia, age 5 years or older; reducible	\$9,325.50
100514	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	\$37,090.00
100515	Repair recurrent inguinal hernia, any age; reducible	\$41,118.50

100516	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	\$39,081.00
100517	Repair inguinal hernia, sliding, any age	\$36,844.50
100518	Laparoscopy, surgical; repair initial inguinal hernia	\$27,482.50
100519	Laparoscopy, surgical; repair recurrent inguinal hernia	\$39,997.50
100520	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	\$12,527.50
100521	Cystostomy, cystotomy with drainage	\$13,537.00
100522	Aspiration of bladder; with insertion of suprapubic catheter	\$10,106.00
100523	Injection procedure for cystography or voiding urethrocytography	\$1,503.50
100524	Bladder irrigation, simple, lavage and/or instillation	\$1,332.00
100525	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	\$271.00
100526	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	\$833.00
100527	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	\$1,122.95
100528	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	\$1,561.00
100529	Cystorrhaphy, suture of bladder wound, injury or rupture; simple	\$26,956.50
100530	Cystourethroscopy (separate procedure)	\$3,931.46
100531	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots	\$16,315.00
100532	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	\$11,124.50
100533	Cystourethroscopy, with biopsy(s)	\$11,988.00
100534	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	\$12,469.50
100535	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	\$13,631.50
100536	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	\$15,071.00
100537	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	\$31,546.00
100538	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	\$10,572.50
100539	Cystourethroscopy with direct vision internal urethrotomy	\$13,427.00
100540	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	\$19,084.00
100541	Cystourethroscopy, with injection(s) for chemodenervation of the bladder	\$11,025.50
100542	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	\$31,576.50
100543	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	\$25,194.00
100544	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	\$17,884.00

100545	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus	\$10,644.50
100546	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)	\$23,818.00
100547	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus	\$9,737.50
100548	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	\$30,281.00
100549	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	\$15,973.50
100550	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	\$15,907.50
100551	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	\$29,858.00
100552	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	\$20,198.50
100553	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	\$36,379.00
100554	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	\$38,315.50
100555	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	\$20,631.00
100556	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	\$13,116.50
100557	Excision of penile plaque (Peyronie disease);	\$39,848.50
100558	Circumcision, using clamp or other device with regional dorsal penile or ring block	\$15,900.50
100559	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	\$16,413.00
100560	Lysis or excision of penile post-circumcision adhesions	\$11,912.50
100561	Repair incomplete circumcision	\$15,779.50
100562	Irrigation of corpora cavernosa for priapism	\$2,124.50
100563	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)	\$1,729.00
100564	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	\$39,190.50
100565	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	\$31,061.50
100566	Orchiectomy, partial	\$22,042.50
100567	Orchiectomy, radical, for tumor; inguinal approach	\$43,535.00
100568	Fixation of contralateral testis (separate procedure)	\$21,587.50
100569	Excision of local lesion of epididymis	\$15,646.00
100570	Epididymectomy; unilateral	\$17,720.50
100571	Excision of hydrocele; unilateral	\$18,887.00
100572	Repair of tunica vaginalis hydrocele (Bottle type)	\$17,310.00

100573	Removal of foreign body in scrotum	\$23,684.50
100574	Biopsy, prostate; needle or punch, single or multiple, any approach	\$5,871.50
100575	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages	\$106,376.50
100576	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	\$9,316.50
100577	Incision and drainage of vulva or perineal abscess	\$2,249.00
100578	Incision and drainage of Bartholin's gland abscess	\$2,135.00
100579	Marsupialization of Bartholin's gland cyst	\$34,896.50
100580	Vulvectomy simple; partial	\$23,452.00
100581	Partial hymenectomy or revision of hymenal ring	\$23,890.00
100582	Excision of Bartholin's gland or cyst	\$35,729.00
100583	Colpocleisis (Le Fort type)	\$25,020.00
100584	Excision of vaginal septum	\$25,759.50
100585	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	\$34,032.00
100586	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	\$36,272.50
100587	Sling operation for stress incontinence (eg, fascia or synthetic)	\$24,129.00
100588	Pelvic examination under anesthesia (other than local)	\$24,269.50
100589	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)	\$18,595.50
100590	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	\$4,352.00
100591	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	\$5,870.00
100592	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	\$31,545.00
100593	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	\$1,383.58
100594	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	\$15,891.00
100595	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	\$35,051.50
100596	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	\$42,902.00
100597	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	\$46,356.00
100598	Removal of intrauterine device (IUD)	\$4,507.00
100599	Endometrial ablation, thermal, without hysteroscopic guidance	\$18,356.50
100600	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	\$50,600.50
100601	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas	\$61,788.50
100602	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	\$19,958.50

100603	Hysteroscopy, surgical; with removal of leiomyomata	\$35,612.50
100604	Hysteroscopy, surgical; with removal of impacted foreign body	\$24,670.50
100605	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	\$21,765.50
100606	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	\$60,067.00
100607	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	\$73,185.50
100608	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	\$65,297.00
100609	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	\$44,061.00
100610	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	\$31,269.00
100611	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	\$41,664.00
100612	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	\$40,115.00
100613	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	\$39,110.50
100614	Ovarian cystectomy, unilateral or bilateral	\$40,464.50
100615	Fetal non-stress test	\$777.00
100616	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy	\$57,540.00
100617	Curettage, postpartum	\$16,879.00
100618	Treatment of incomplete abortion, any trimester, completed surgically	\$28,436.00
100619	Treatment of missed abortion, completed surgically; first trimester	\$36,838.50
100620	Biopsy thyroid, percutaneous core needle	\$5,190.50
100621	Total thyroid lobectomy, unilateral; with or without isthmusectomy	\$29,304.50
100622	Thyroidectomy, total or complete	\$60,515.00
100623	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid	\$29,931.00
100624	Excision of thyroglossal duct cyst or sinus;	\$25,399.50
100625	Parathyroidectomy or exploration of parathyroid(s);	\$51,131.50
100626	Spinal puncture, lumbar, diagnostic;	\$5,200.00
100627	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);	\$6,001.50
100628	Injection, epidural, of blood or clot patch	\$4,459.50
100629	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)	\$6,760.00
100630	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)	\$6,102.50
100631	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	\$4,005.00

100632	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)	\$2,256.00
100633	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	\$2,689.50
100634	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	\$2,040.50
100635	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	\$1,767.00
100636	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)	\$5,740.50
100637	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	\$8,671.00
100638	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)	\$4,866.00
100639	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)	\$4,583.50
100640	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	\$884.00
100641	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)	\$859.50
100642	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)	\$4,676.00
100643	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	\$6,122.50
100644	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	\$14,362.00
100645	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)	\$7,031.50
100646	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	\$12,616.50
100647	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)	\$1,254.50
100648	Neuroplasty and/or transposition; ulnar nerve at elbow	\$6,112.00
100649	Neuroplasty and/or transposition; median nerve at carpal tunnel	\$6,112.00
100650	Removal of foreign body, external eye; conjunctival superficial	\$927.50
100651	Removal of foreign body, external eye; corneal, without slit lamp	\$1,726.00

100652	Removal of foreign body, external eye; corneal, with slit lamp	\$1,031.00
100653	Excision or transposition of pterygium; with graft	\$14,056.50
100654	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)	\$7,389.00
100655	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	\$23,908.00
100656	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure	\$18,135.50
100657	Removal of lens material; aspiration technique, 1 or more stages	\$10,008.50
100658	Removal of lens material; intracapsular	\$19,459.50
100659	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	\$12,344.50
100660	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	\$11,340.00
100661	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal	\$20,787.00
100662	Exchange of intraocular lens	\$20,096.50
100663	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal	\$15,247.50
100664	Blepharotomy, drainage of abscess, eyelid	\$2,973.00
100665	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	\$11,053.00
100666	Repair of ectropion; extensive (eg, tarsal strip operations)	\$9,597.00
100667	Removal of embedded foreign body, eyelid	\$1,991.00
100668	Drainage external ear, abscess or hematoma; simple	\$3,007.00
100669	Drainage external ear, abscess or hematoma; complicated	\$8,163.50
100670	Excision soft tissue lesion, external auditory canal	\$21,691.50
100671	Removal foreign body from external auditory canal; without general anesthesia	\$1,473.90
100672	Removal foreign body from external auditory canal; with general anesthesia	\$8,927.50
100673	Removal impacted cerumen using irrigation/lavage, unilateral	\$319.20
100674	Removal impacted cerumen requiring instrumentation, unilateral	\$1,120.00
100675	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	\$19,792.50
100676	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch	\$12,715.00
100677	Myringoplasty (surgery confined to drumhead and donor area)	\$13,843.50
100678	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	\$24,551.50
100679	Radiologic examination, eye, for detection of foreign body	\$993.00
100680	Radiologic examination, mandible; partial, less than 4 views	\$1,218.00
100681	Radiologic examination, mandible; complete, minimum of 4 views	\$1,561.50
100682	Radiologic examination, mastoids; complete, minimum of 3 views per side	\$1,199.00

100683	Radiologic examination, facial bones; less than 3 views	\$1,090.00
100684	Radiologic examination, facial bones; complete, minimum of 3 views	\$1,234.00
100685	Radiologic examination, nasal bones, complete, minimum of 3 views	\$1,260.84
100686	Radiologic examination; orbits, complete, minimum of 4 views	\$1,477.50
100687	Radiologic examination, sinuses, paranasal, less than 3 views	\$935.50
100688	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	\$2,809.50
100689	Radiologic examination, skull; less than 4 views	\$1,219.50
100690	Radiologic examination, skull; complete, minimum of 4 views	\$1,763.50
100691	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral	\$992.00
100692	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral	\$1,273.50
100693	Radiologic examination; neck, soft tissue	\$1,160.77
100694	Computed tomography, head or brain; without contrast material	\$5,803.50
100695	Computed tomography, head or brain; with contrast material(s)	\$7,249.92
100696	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	\$9,183.00
100697	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	\$4,843.50
100698	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	\$7,367.50
100699	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	\$8,678.00
100700	Computed tomography, maxillofacial area; without contrast material	\$6,494.50
100701	Computed tomography, maxillofacial area; with contrast material(s)	\$6,417.42
100702	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	\$8,341.50
100703	Computed tomography, soft tissue neck; without contrast material	\$6,949.00
100704	Computed tomography, soft tissue neck; with contrast material(s)	\$6,964.50
100705	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	\$5,651.00
100706	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$7,513.50
100707	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$7,888.00
100708	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	\$8,921.50
100709	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	\$15,871.00
100710	Magnetic resonance angiography, head; without contrast material(s)	\$9,187.50
100711	Magnetic resonance angiography, neck; without contrast material(s)	\$8,492.50
100712	Magnetic resonance angiography, neck; with contrast material(s)	\$9,983.00
100713	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	\$12,975.00
100714	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	\$9,217.50

100715	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	\$11,681.00
100716	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	\$10,371.50
100717	Radiologic examination, chest; single view	\$1,142.00
100718	Radiologic examination, chest; 2 views	\$1,311.50
100719	Radiologic examination, chest; 3 views	\$1,447.00
100720	Radiologic examination, chest; 4 or more views	\$1,656.50
100721	Radiologic examination, ribs, unilateral; 2 views	\$1,793.00
100722	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	\$2,814.00
100723	Radiologic examination, ribs, bilateral; 3 views	\$1,000.00
100724	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	\$2,218.81
100725	Radiologic examination; sternum, minimum of 2 views	\$1,260.00
100726	Computed tomography, thorax, diagnostic; without contrast material	\$5,000.00
100727	Computed tomography, thorax, diagnostic; with contrast material(s)	\$7,169.00
100728	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	\$4,857.50
100729	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$7,840.00
100730	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	\$12,833.00
100731	Radiologic examination, spine, single view, specify level	\$1,139.50
100732	Radiologic examination, spine, cervical; 2 or 3 views	\$1,569.00
100733	Radiologic examination, spine, cervical; 4 or 5 views	\$3,658.00
100734	Radiologic examination, spine, cervical; 6 or more views	\$2,834.50
100735	Radiologic examination, spine; thoracic, 2 views	\$3,677.00
100736	Radiologic examination, spine; thoracic, 3 views	\$2,044.00
100737	Radiologic examination, spine; thoracic, minimum of 4 views	\$1,674.50
100738	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	\$1,269.50
100739	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	\$1,292.00
100740	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	\$3,432.50
100741	Radiologic examination, spine, lumbosacral; 2 or 3 views	\$2,054.50
100742	Radiologic examination, spine, lumbosacral; minimum of 4 views	\$3,857.00
100743	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	\$2,825.00
100744	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	\$1,528.50
100745	Computed tomography, cervical spine; without contrast material	\$7,144.50
100746	Computed tomography, cervical spine; with contrast material	\$8,392.03
100747	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	\$9,537.00
100748	Computed tomography, thoracic spine; without contrast material	\$6,075.50
100749	Computed tomography, thoracic spine; with contrast material	\$8,260.50

100750	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	\$8,887.00
100751	Computed tomography, lumbar spine; without contrast material	\$6,956.00
100752	Computed tomography, lumbar spine; with contrast material	\$7,230.00
100753	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	\$9,193.00
100754	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	\$8,636.00
100755	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	\$10,045.00
100756	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	\$8,075.50
100757	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	\$11,184.00
100758	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	\$20,775.50
100759	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	\$10,285.50
100760	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	\$12,160.50
100761	Radiologic examination, pelvis; 1 or 2 views	\$1,231.87
100762	Radiologic examination, pelvis; complete, minimum of 3 views	\$1,216.00
100763	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$7,878.50
100764	Computed tomography, pelvis; without contrast material	\$5,899.00
100765	Computed tomography, pelvis; with contrast material(s)	\$10,354.50
100766	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	\$12,081.00
100767	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	\$10,649.50
100768	Radiologic examination, sacroiliac joints; 3 or more views	\$886.00
100769	Radiologic examination, sacrum and coccyx, minimum of 2 views	\$1,333.80
100770	Myelography, lumbosacral, radiological supervision and interpretation	\$5,605.50
100771	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	\$7,019.50
100772	Radiologic examination; clavicle, complete	\$1,866.00
100773	Radiologic examination; scapula, complete	\$939.00
100774	Radiologic examination, shoulder; 1 view	\$961.50
100775	Radiologic examination, shoulder; complete, minimum of 2 views	\$1,264.50
100776	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation	\$1,783.50
100777	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	\$1,179.00
100778	Radiologic examination; humerus, minimum of 2 views	\$2,121.00
100779	Radiologic examination, elbow; 2 views	\$1,092.00
100780	Radiologic examination, elbow; complete, minimum of 3 views	\$1,321.00

100781	Radiologic examination; forearm, 2 views	\$1,168.50
100782	Radiologic examination; upper extremity, infant, minimum of 2 views	\$1,175.09
100783	Radiologic examination, wrist; 2 views	\$1,551.50
100784	Radiologic examination, wrist; complete, minimum of 3 views	\$1,621.00
100785	Radiologic examination, hand; 2 views	\$1,248.50
100786	Radiologic examination, hand; minimum of 3 views	\$1,663.50
100787	Radiologic examination, finger(s), minimum of 2 views	\$1,407.00
100788	Computed tomography, upper extremity; without contrast material	\$6,324.50
100789	Computed tomography, upper extremity; with contrast material(s)	\$7,315.00
100790	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	\$8,447.00
100791	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$9,136.50
100792	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	\$8,055.00
100793	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	\$12,525.50
100794	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	\$10,008.00
100795	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	\$9,975.50
100796	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	\$13,147.50
100797	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	\$12,032.00
100798	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	\$796.00
100799	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	\$890.00
100800	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	\$2,191.50
100801	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	\$1,432.00
100802	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	\$1,082.50
100803	Radiologic examination, hip, arthrography, radiological supervision and interpretation	\$3,005.00
100804	Radiologic examination, femur; 1 view	\$644.50
100805	Radiologic examination, femur; minimum 2 views	\$1,605.50
100806	Radiologic examination, knee; 1 or 2 views	\$1,331.50
100807	Radiologic examination, knee; 3 views	\$1,333.00
100808	Radiologic examination, knee; complete, 4 or more views	\$1,294.50
100809	Radiologic examination, knee; both knees, standing, anteroposterior	\$1,481.26
100810	Radiologic examination, knee, arthrography, radiological supervision and interpretation	\$3,290.50
100811	Radiologic examination; tibia and fibula, 2 views	\$2,070.50
100812	Radiologic examination; lower extremity, infant, minimum of 2 views	\$1,183.50
100813	Radiologic examination, ankle; 2 views	\$1,110.16
100814	Radiologic examination, ankle; complete, minimum of 3 views	\$1,756.00
100815	Radiologic examination, foot; 2 views	\$1,390.00

100816	Radiologic examination, foot; complete, minimum of 3 views	\$2,063.50
100817	Radiologic examination; calcaneus, minimum of 2 views	\$730.00
100818	Radiologic examination; toe(s), minimum of 2 views	\$1,084.50
100819	Computed tomography, lower extremity; without contrast material	\$4,298.00
100820	Computed tomography, lower extremity; with contrast material(s)	\$4,725.50
100821	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$9,448.00
100822	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	\$9,129.50
100823	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	\$10,758.00
100824	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	\$10,378.00
100825	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	\$10,004.00
100826	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	\$13,131.50
100827	Radiologic examination, abdomen; 1 view	\$1,136.00
100828	Radiologic examination, abdomen; 2 views	\$1,464.50
100829	Radiologic examination, abdomen; 3 or more views	\$1,489.00
100830	Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest	\$1,959.00
100831	Computed tomography, abdomen; without contrast material	\$5,893.00
100832	Computed tomography, abdomen; with contrast material(s)	\$9,772.00
100833	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	\$7,081.50
100834	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$13,689.00
100835	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$8,036.98
100836	Computed tomography, abdomen and pelvis; without contrast material	\$11,475.00
100837	Computed tomography, abdomen and pelvis; with contrast material(s)	\$13,776.00
100838	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	\$13,331.50
100839	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	\$8,667.00
100840	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	\$10,485.00
100841	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation	\$4,648.50
100842	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	\$3,120.00
100843	Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study	\$1,765.00

100844	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	\$1,683.00
100845	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	\$2,670.00
100846	Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination)	\$2,082.00
100847	Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study	\$2,257.00
100848	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	\$3,272.00
100849	Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	\$3,058.00
100850	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	\$3,105.00
100851	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation	\$2,362.00
100852	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	\$3,596.50
100853	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	\$3,192.50
100854	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation	\$3,960.50
100855	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and images, radiological supervision and interpretation	\$2,543.00
100856	Urography, retrograde, with or without KUB	\$4,451.00
100857	Cystography, minimum of 3 views, radiological supervision and interpretation	\$2,452.00
100858	Vasography, vesiculography, or epididymography, radiological supervision and interpretation	\$3,376.50
100859	Urethrocytography, retrograde, radiological supervision and interpretation	\$2,584.50
100860	Urethrocytography, voiding, radiological supervision and interpretation	\$2,674.00
100861	Hysterosalpingography, radiological supervision and interpretation	\$2,011.00
100862	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	\$271.50
100863	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$11,816.00
100864	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	\$7,735.00
100865	Venography, extremity, unilateral, radiological supervision and interpretation	\$9,187.50

100866	Venography, extremity, bilateral, radiological supervision and interpretation	\$16,027.00
100867	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time	\$695.00
100868	Radiologic examination from nose to rectum for foreign body, single view, child	\$1,122.57
100869	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation	\$2,326.00
100870	Radiological examination, surgical specimen	\$1,263.00
100871	Computed tomography, limited or localized follow-up study	\$3,007.50
100872	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	\$2,410.00
100873	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	\$1,517.50
100874	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	\$3,508.77
100875	Ultrasound, chest (includes mediastinum), real time with image documentation	\$2,777.00
100876	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	\$1,678.50
100877	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	\$2,165.50
100878	Ultrasound, abdominal, real time with image documentation; complete	\$3,193.00
100879	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	\$2,797.50
100880	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	\$2,306.00
100881	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	\$3,709.50
100882	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited	\$494.50
100883	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation	\$3,130.00
100884	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)	\$1,454.00
100885	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation	\$2,452.00
100886	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)	\$2,397.00
100887	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation	\$1,774.50
100888	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)	\$1,137.50

100889	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses	\$1,687.00
100890	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	\$1,255.00
100891	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	\$2,216.00
100892	Ultrasound, transvaginal	\$2,089.50
100893	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	\$4,193.00
100894	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	\$1,197.00
100895	Ultrasound, scrotum and contents	\$4,117.00
100896	Ultrasound, transrectal;	\$2,253.50
100897	Ultrasound, complete joint (ie, joint space and peri-articular soft tissue structures) real-time with image documentation	\$1,342.00
100898	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	\$1,038.50
100899	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)	\$1,893.00
100900	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	\$2,127.00
100901	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)	\$2,475.50
100902	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	\$2,091.00
100903	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)	\$500.00
100904	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	\$6,428.50
100905	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	\$14,520.00
100906	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	\$211.00
100907	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	\$909.50

100908	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	\$1,053.00
100909	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	\$831.50
100910	Bone age studies	\$1,223.00
100911	Bone length studies (orthoroentgenogram, scanogram)	\$1,421.50
100912	Radiologic examination, osseous survey; limited (eg, for metastases)	\$1,783.50
100913	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)	\$2,672.00
100914	Radiologic examination, osseous survey, infant	\$1,545.00
100915	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	\$1,608.50
100916	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	\$1,575.00
100917	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	\$5,463.00
100918	Parathyroid planar imaging (including subtraction, when performed);	\$2,968.00
100919	Lymphatics and lymph nodes imaging	\$6,022.50
100920	Hepatobiliary system imaging, including gallbladder when present;	\$5,700.50
100921	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	\$9,698.00
100922	Gastric emptying imaging study (eg, solid, liquid, or both);	\$3,781.50
100923	Acute gastrointestinal blood loss imaging	\$5,163.50
100924	Bone and/or joint imaging; limited area	\$4,062.50
100925	Bone and/or joint imaging; whole body	\$5,467.50
100926	Bone and/or joint imaging; 3 phase study	\$6,511.00
100927	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)	\$10,454.00
100928	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	\$13,882.50
100929	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	\$5,939.00
100930	Pulmonary perfusion imaging (eg, particulate)	\$4,464.50
100931	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	\$4,285.00
100932	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed	\$7,398.00
100933	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention	\$5,859.00

100934	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	\$6,099.00
100935	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	\$12,678.00
100936	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	\$22,577.50
100937	Radiopharmaceutical therapy, by oral administration	\$4,896.00
100938	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)	\$737.00
100939	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)	\$706.00
100940	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)	\$832.00
100941	Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)	\$224.00
100942	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)	\$1,280.50
100943	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	\$181.00
100944	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)	\$2,076.00
100945	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)	\$568.00
100946	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)	\$756.00
100947	Acetaminophen	\$364.00

100948	Carbamazepine; total	\$383.00
100949	Cyclosporine	\$821.00
100950	Digoxin; total	\$337.00
100951	Valproic acid (dipropylacetic acid); total	\$641.50
100952	Valproic acid (dipropylacetic acid); free	\$541.50
100953	Gentamicin	\$712.50
100954	Lidocaine	\$634.00
100955	Levetiracetam	\$264.83
100956	Lithium	\$302.00
100957	Salicylate	\$208.00
100958	Phenobarbital	\$359.00
100959	Phenytoin; total	\$429.50
100960	Sirolimus	\$798.50
100961	Tacrolimus	\$285.00
100962	Theophylline	\$559.00
100963	Tobramycin	\$733.00
100964	Vancomycin	\$473.00
100965	Methotrexate	\$613.50
100966	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	\$399.00
100967	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	\$862.50
100968	Alcohols	\$248.50
100969	Amphetamines; 1 or 2	\$493.50
100970	Analgesics, non-opioid; 1 or 2	\$116.00
100971	Antidepressants, tricyclic and other cyclicals; 1 or 2	\$582.00
100972	Barbiturates	\$470.50
100973	Benzodiazepines; 1-12	\$517.00
100974	Benzodiazepines; 13 or more	\$586.50
100975	Cannabinoids, natural	\$423.50
100976	Cannabinoids, synthetic; 4-6	\$771.00
100977	Cannabinoids, synthetic; 7 or more	\$843.50
100978	Cocaine	\$444.50
100979	Heroin metabolite	\$356.50
100980	Methadone	\$629.50
100981	Methylenedioxyamphetamines (MDA, MDEA, MDMA)	\$545.50
100982	Opiates, 1 or more	\$566.50
100983	Opioids and opiate analogs; 1 or 2	\$595.50
100984	Oxycodone	\$93.50
100985	Pregabalin	\$487.50

100986	Propoxyphene	\$165.50
100987	Tramadol	\$248.50
100988	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	\$207.00
100989	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	\$475.50
100990	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	\$126.00
100991	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	\$190.00
100992	Urinalysis; bacteriuria screen, except by culture or dipstick	\$482.50
100993	Urinalysis; microscopic only	\$32.00
100994	Urine pregnancy test, by visual color comparison methods	\$719.80
100995	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	\$1,331.00
100996	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis)	\$1,525.00
100997	Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA markers for Gardnerella vaginalis, Atopobium vaginae, Megasphaera type 1, Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), and Lactobacillus species (L. crispatus and L. jensenii), utilizing vaginal-fluid specimens, algorithm reported as a positive or negative for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis and/or Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata, Candida krusei, when reported	\$2,679.50
100998	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); qualitative	\$73.00
100999	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); quantitative	\$151.50
101000	Albumin; serum, plasma or whole blood	\$291.49
101001	Albumin; other source, quantitative, each specimen	\$173.00
101002	Alcohol (ethanol); breath	\$340.50
101003	Alcohol (ethanol); any specimen except urine and breath, immunoassay (eg, IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)	\$497.00
101004	Aldosterone	\$761.00
101005	Alpha-fetoprotein (AFP); serum	\$325.50
101006	Ammonia	\$349.50
101007	Amylase	\$818.18
101008	Bilirubin; total	\$504.00
101009	Bilirubin; direct	\$180.00
101010	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)	\$159.00
101011	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources	\$182.00

101012	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening	\$153.00
101013	Vitamin D; 25 hydroxy, includes fraction(s), if performed	\$368.00
101014	Calcium; total	\$231.00
101015	Calcium; ionized	\$282.00
101016	Calcium; urine quantitative, timed specimen	\$113.50
101017	Carbon dioxide (bicarbonate)	\$50.00
101018	Carboxyhemoglobin; quantitative	\$155.00
101019	Carcinoembryonic antigen (CEA)	\$635.00
101020	Chloride; blood	\$50.00
101021	Chloride; urine	\$257.00
101022	Cholesterol, serum or whole blood, total	\$84.00
101023	Cortisol; total	\$641.50
101024	Creatine kinase (CK), (CPK); total	\$610.63
101025	Creatine kinase (CK), (CPK); MB fraction only	\$552.00
101026	Creatinine; blood	\$301.00
101027	Creatinine; other source	\$132.50
101028	Creatinine; clearance	\$423.50
101029	Cyanocobalamin (Vitamin B-12);	\$320.00
101030	Ferritin	\$602.00
101031	Fetal fibronectin, cervicovaginal secretions, semi-quantitative	\$2,287.00
101032	Folic acid; serum	\$558.00
101033	Folic acid; RBC	\$248.00
101034	Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each	\$225.50
101035	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);	\$770.00
101036	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	\$2,792.00
101037	Gases, blood, O <sub>2</sub> saturation only, by direct measurement, except pulse oximetry	\$509.50
101038	Glucose, body fluid, other than blood	\$176.00
101039	Glucose; quantitative, blood (except reagent strip)	\$341.00
101040	Glucose; blood, reagent strip	\$19.00
101041	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use	\$103.50
101042	Glutamyltransferase, gamma (GGT)	\$540.00
101043	Gonadotropin; follicle stimulating hormone (FSH)	\$277.50
101044	Gonadotropin; luteinizing hormone (LH)	\$161.00
101045	Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (eg, C-13)	\$1,148.00
101046	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope (eg, C-13)	\$417.00
101047	Hemoglobin; glycosylated (A1C)	\$192.00
101048	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use	\$205.50
101049	Hemoglobin; methemoglobin, quantitative	\$67.00
101050	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified	\$348.00

101051	Iron	\$290.00
101052	Iron binding capacity	\$392.00
101053	Lactate (lactic acid)	\$408.50
101054	Lactate dehydrogenase (LD), (LDH);	\$79.00
101055	Lactoferrin, fecal; qualitative	\$488.50
101056	Lipase	\$687.07
101057	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	\$359.00
101058	Magnesium	\$300.00
101059	Myoglobin	\$685.00
101060	Natriuretic peptide	\$505.50
101061	Osmolality; blood	\$272.00
101062	Osmolality; urine	\$301.00
101063	Parathormone (parathyroid hormone)	\$1,838.50
101064	Phencyclidine (PCP)	\$362.00
101065	Phosphatase, alkaline;	\$232.00
101066	Phosphorus inorganic (phosphate);	\$252.50
101067	Phosphorus inorganic (phosphate); urine	\$207.50
101068	Potassium; serum, plasma or whole blood	\$206.00
101069	Potassium; urine	\$167.00
101070	Prealbumin	\$200.00
101071	Procalcitonin (PCT)	\$190.00
101072	Prolactin	\$404.50
101073	Prostate specific antigen (PSA); total	\$394.00
101074	Protein, total, except by refractometry; serum, plasma or whole blood	\$164.00
101075	Protein, total, except by refractometry; urine	\$251.50
101076	Protein, total, except by refractometry; other source (eg, synovial fluid, cerebrospinal fluid)	\$397.00
101077	Sodium; serum, plasma or whole blood	\$50.00
101078	Sodium; urine	\$168.50
101079	Sugars (mono-, di-, and oligosaccharides); multiple quantitative, each specimen	\$911.50
101080	Thyroxine; total	\$329.50
101081	Thyroxine; free	\$277.50
101082	Thyroid stimulating hormone (TSH)	\$377.50
101083	Transferase; aspartate amino (AST) (SGOT)	\$626.63
101084	Transferase; alanine amino (ALT) (SGPT)	\$238.00
101085	Transferrin	\$127.00
101086	Triglycerides	\$215.00
101087	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	\$139.00
101088	Triiodothyronine T3; free	\$320.00
101089	Troponin, quantitative	\$660.00
101090	Troponin, qualitative	\$512.00
101091	Urea nitrogen; quantitative	\$216.50
101092	Uric acid; blood	\$167.00
101093	Uric acid; other source	\$83.00
101094	Gonadotropin, chorionic (hCG); quantitative	\$403.50
101095	Gonadotropin, chorionic (hCG); qualitative	\$304.50

101096	Gonadotropin, chorionic (hCG); free beta chain	\$476.00
101097	Blood count; blood smear, microscopic examination with manual differential WBC count	\$202.00
101098	Blood count; hematocrit (Hct)	\$146.50
101099	Blood count; hemoglobin (Hgb)	\$106.00
101100	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	\$571.00
101101	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	\$306.50
101102	Blood count; reticulocyte, automated	\$337.00
101103	Blood count; reticulocytes, automated, including 1 or more cellular parameters (eg, reticulocyte hemoglobin content [CHr], immature reticulocyte fraction [IRF], reticulocyte volume [MRV], RNA content), direct measurement	\$360.00
101104	Blood count; leukocyte (WBC), automated	\$74.00
101105	Blood count; platelet, automated	\$150.00
101106	Clotting; factor VIII (AHG), 1-stage	\$976.50
101107	Clotting inhibitors or anticoagulants; antithrombin III, activity	\$606.50
101108	Fibrin degradation products, D-dimer; qualitative or semiquantitative	\$97.00
101109	Fibrin degradation products, D-dimer; quantitative	\$634.50
101110	Fibrinogen; activity	\$468.00
101111	Heparin assay	\$304.00
101112	Heparin neutralization	\$500.50
101113	Platelet, aggregation (in vitro), each agent	\$746.50
101114	Prothrombin time;	\$407.50
101115	Sedimentation rate, erythrocyte; non-automated	\$124.50
101116	Sedimentation rate, erythrocyte; automated	\$535.50
101117	Thrombin time; plasma	\$307.00
101118	Thromboplastin time, partial (PTT); plasma or whole blood	\$424.00
101119	Thromboplastin time, partial (PTT); substitution, plasma fractions, each	\$351.50
101120	Antibody identification; leukocyte antibodies	\$748.50
101121	Antibody identification; platelet antibodies	\$1,071.50
101122	Antinuclear antibodies (ANA);	\$528.00
101123	Antinuclear antibodies (ANA); titer	\$243.00
101124	Antistreptolysin O; titer	\$380.50
101125	C-reactive protein;	\$384.00
101126	C-reactive protein; high sensitivity (hsCRP)	\$310.50
101127	Anti-phosphatidylserine (phospholipid) antibody	\$509.50
101128	Complement; antigen, each component	\$532.00
101129	Cyclic citrullinated peptide (CCP), antibody	\$318.00
101130	Deoxyribonucleic acid (DNA) antibody; native or double stranded	\$560.00
101131	Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody	\$353.00
101132	Heterophile antibodies; screening	\$617.00
101133	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (eg, reagent strip);	\$500.50

101134	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])	\$1,071.50
101135	B cells, total count	\$683.50
101136	Natural killer (NK) cells, total count	\$661.00
101137	T cells; total count	\$776.00
101138	T cells; absolute CD4 and CD8 count, including ratio	\$1,080.50
101139	Microsomal antibodies (eg, thyroid or liver-kidney), each	\$205.50
101140	Rheumatoid factor; quantitative	\$72.50
101141	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	\$207.00
101142	Syphilis test, non-treponemal antibody; quantitative	\$141.00
101143	Antibody; Bordetella	\$394.50
101144	Antibody; Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western Blot or immunoblot)	\$634.00
101145	Antibody; Borrelia burgdorferi (Lyme disease)	\$661.33
101146	Antibody; cytomegalovirus (CMV)	\$536.50
101147	Antibody; cytomegalovirus (CMV), IgM	\$534.50
101148	Antibody; Helicobacter pylori	\$159.00
101149	Antibody; herpes simplex, non-specific type test	\$441.30
101150	Antibody; herpes simplex, type 2	\$362.00
101151	Antibody; HIV-1	\$462.50
101152	Antibody; HIV-2	\$482.50
101153	Antibody; HIV-1 and HIV-2, single result	\$433.00
101154	Hepatitis B core antibody (HBcAb); total	\$576.00
101155	Hepatitis B core antibody (HBcAb); IgM antibody	\$245.00
101156	Hepatitis B surface antibody (HBsAb)	\$488.50
101157	Hepatitis A antibody (HAAb)	\$467.00
101158	Hepatitis A antibody (HAAb), IgM antibody	\$473.50
101159	Antibody; mycoplasma	\$1,482.00
101160	Antibody; protozoa, not elsewhere specified	\$449.00
101161	Antibody; Rickettsia	\$532.00
101162	Antibody; rubella	\$269.00
101163	Antibody; rubeola	\$455.50
101164	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])	\$568.50
101165	Antibody; Treponema pallidum	\$70.00
101166	Antibody; varicella-zoster	\$487.50
101167	Hepatitis C antibody;	\$379.50
101168	Antibody screen, RBC, each serum technique	\$433.00
101169	Antibody elution (RBC), each elution	\$764.50
101170	Antibody identification, RBC antibodies, each panel for each serum technique	\$1,172.50
101171	Antihuman globulin test (Coombs test); direct, each antiserum	\$307.00
101172	Antihuman globulin test (Coombs test); indirect, each antibody titer	\$506.50
101173	Blood typing, serologic; ABO	\$477.00
101174	Blood typing, serologic; Rh (D)	\$251.00
101175	Blood typing, serologic; RBC antigens, other than ABO or Rh (D), each	\$787.00

101176	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)	\$601.00
101177	Culture, bacterial; stool, aerobic, with isolation and preliminary examination (eg, KIA, LIA), Salmonella and Shigella species	\$476.50
101178	Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate	\$48.00
101179	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	\$1,036.76
101180	Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	\$568.50
101181	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates	\$1,088.80
101182	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate	\$403.50
101183	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate	\$213.50
101184	Culture, presumptive, pathogenic organisms, screening only;	\$132.00
101185	Culture, bacterial; quantitative colony count, urine	\$615.07
101186	Culture, bacterial; with isolation and presumptive identification of each isolate, urine	\$43.00
101187	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood)	\$299.50
101188	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; blood	\$620.50
101189	Culture, fungi, definitive identification, each organism; yeast	\$410.50
101190	Culture, fungi, definitive identification, each organism; mold	\$444.50
101191	Culture, chlamydia, any source	\$721.03
101192	Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates	\$1,197.00
101193	Culture, typing; immunologic method, other than immunofluorescence (eg, agglutination grouping), per antiserum	\$77.00
101194	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed	\$767.00
101195	Macroscopic examination; arthropod	\$207.50
101196	Macroscopic examination; parasite	\$221.00
101197	Ova and parasites, direct smears, concentration and identification	\$225.00
101198	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)	\$67.00
101199	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)	\$354.00
101200	Susceptibility studies, antimicrobial agent; enzyme detection (eg, beta lactamase), per enzyme	\$178.50
101201	Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate	\$275.00
101202	Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent	\$198.50

101203	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	\$215.00
101204	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types	\$181.00
101205	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	\$332.00
101206	Smear, primary source with interpretation; complex special stain (eg, trichrome, iron hemotoxylin) for ova and parasites	\$182.00
101207	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	\$356.00
101208	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect	\$967.50
101209	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)	\$791.50
101210	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)	\$854.00
101211	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	\$430.50
101212	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	\$104.00
101213	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	\$354.00
101214	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg)	\$463.00
101215	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	\$306.00
101216	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	\$291.00
101217	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	\$461.00

101218	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	\$522.50
101219	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])	\$245.50
101220	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	\$329.74
101221	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	\$269.00
101222	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	\$258.00
101223	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique	\$1,612.50
101224	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique	\$390.50
101225	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique	\$218.00
101226	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	\$4,944.00
101227	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique	\$468.00
101228	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	\$551.00
101229	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	\$678.00
101230	Infectious agent detection by nucleic acid (DNA or RNA); Clostridium difficile, toxin gene(s), amplified probe technique	\$233.00
101231	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, amplified probe technique	\$1,813.50

101232	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification	\$2,122.50
101233	Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique, includes reverse transcription when performed	\$1,092.00
101234	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	\$1,425.50
101235	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)	\$453.00
101236	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	\$1,416.50
101237	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	\$1,047.50
101238	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	\$2,770.00
101239	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique	\$383.50
101240	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique	\$236.00
101241	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed	\$911.50
101242	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique	\$1,504.00
101243	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, quantification	\$1,876.50
101244	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed	\$2,112.73
101245	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, amplified probe technique	\$730.00
101246	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique	\$814.50
101247	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique	\$1,410.00
101248	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, direct probe technique	\$706.00
101249	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	\$360.00

101250	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique	\$474.00
101251	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification	\$1,072.00
101252	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	\$549.09
101253	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	\$687.00
101254	Infectious agent detection by nucleic acid (DNA or RNA); orthopoxvirus (eg, monkeypox virus, cowpox virus, vaccinia virus), amplified probe technique, each	\$731.00
101255	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	\$1,826.19
101256	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	\$2,817.53
101257	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	\$245.00
101258	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	\$445.00
101259	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	\$330.00
101260	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique	\$431.00
101261	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique	\$209.00
101262	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique	\$488.00
101263	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique	\$884.00
101264	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique	\$388.45
101265	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique	\$447.00
101266	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism	\$1,070.50
101267	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	\$1,252.00

101268	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Clostridium difficile toxin A	\$600.00
101269	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Influenza	\$215.00
101270	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	\$473.50
101271	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus	\$1,414.00
101272	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Trichomonas vaginalis	\$318.00
101273	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])	\$166.00
101274	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group A	\$375.50
101275	Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)	\$440.00
101276	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	\$467.00
101277	Cytopathology, smears, any other source; preparation, screening and interpretation	\$528.00
101278	Level I - Surgical pathology, gross examination only	\$326.00
101279	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	\$689.00
101280	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	\$810.00

101281	<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>	\$1,280.50
101282	<p>Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse</p>	\$1,956.00

101283	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	\$1,611.00
101284	Decalcification procedure (List separately in addition to code for surgical pathology examination)	\$581.50
101285	Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)	\$450.00
101286	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	\$252.50
101287	Special stain including interpretation and report; Group III, for enzyme constituents	\$1,795.50
101288	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$585.00
101289	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	\$654.00
101290	Immunofluorescence, per specimen; initial single antibody stain procedure	\$1,064.50
101291	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	\$1,191.00
101292	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	\$1,460.00
101293	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood;	\$410.91
101294	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; with differential count	\$798.50
101295	Leukocyte assessment, fecal, qualitative or semiquantitative	\$91.50
101296	Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine)	\$229.00
101297	Rabies immune globulin (RIG), human, for intramuscular and/or subcutaneous use	\$3,882.00
101298	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	\$481.00
101299	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)	\$221.00
101300	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	\$289.00
101301	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use	\$470.00
101302	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	\$943.50

101303	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	\$5,440.50
101304	Cardiopulmonary resuscitation (eg, in cardiac arrest)	\$1,780.50
101305	Temporary transcutaneous pacing	\$2,896.50
101306	Cardioversion, elective, electrical conversion of arrhythmia; external	\$2,692.00
101307	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)	\$9,562.00
101308	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)	\$9,064.50
101309	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	\$637.00
101310	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	\$981.00
101311	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	\$47.50
101312	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report	\$362.50
101313	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report	\$4,325.00
101314	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	\$399.50
101315	Rhythm ECG, 1-3 leads; with interpretation and report	\$712.00
101316	Rhythm ECG, 1-3 leads; tracing only without interpretation and report	\$227.00
101317	Rhythm ECG, 1-3 leads; interpretation and report only	\$168.50
101318	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	\$2,258.50
101319	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	\$6,399.50
101320	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	\$4,905.50
101321	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	\$2,971.00
101322	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	\$5,308.00
101323	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	\$1,862.50

101324	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	\$1,671.00
101325	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;	\$5,224.50
101326	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	\$6,543.00
101327	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)	\$7,506.50
101328	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)	\$8,275.50
101329	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction	\$21,286.50
101330	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; including recording, scanning analysis, interpretation and report	\$574.00
101331	Duplex scan of extracranial arteries; complete bilateral study	\$5,504.00
101332	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)	\$1,226.00
101333	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)	\$2,582.50
101334	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	\$3,193.00

101335	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	\$2,640.50
101336	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	\$3,488.00
101337	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	\$1,580.00
101338	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	\$4,224.00
101339	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	\$3,137.00
101340	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	\$3,279.00
101341	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	\$2,729.85
101342	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	\$1,045.00
101343	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	\$985.00
101344	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	\$500.00
101345	Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour	\$223.32
101346	Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)	\$764.00
101347	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	\$260.50
101348	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)	\$563.50
101349	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)	\$625.50
101350	Intravenous infusion, hydration; initial, 31 minutes to 1 hour	\$685.50
101351	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)	\$429.00
101352	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	\$2,668.00
101353	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	\$308.00
101354	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)	\$229.50

101355	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)	\$325.00
101356	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	\$700.50
101357	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	\$752.00
101358	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)	\$621.00
101359	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)	\$529.00
101360	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	\$544.50
101361	Irrigation of implanted venous access device for drug delivery systems	\$591.00
101362	Application of a modality to 1 or more areas; hot or cold packs	\$120.00
101363	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	\$270.50
101364	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.	\$899.00
101365	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	\$98.00
101366	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	\$976.30
101367	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)	\$462.94

101368	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	\$585.00
101369	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	\$375.00
101370	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	\$803.50
101371	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	\$1,144.50
101372	Osteopathic manipulative treatment (OMT); 3-4 body regions involved	\$125.00
101373	Handling and/or conveyance of specimen for transfer from the office to a laboratory	\$97.50
101374	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	\$209.00
101375	Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service	\$170.00
101376	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)	\$204.50
101377	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	\$958.00
101378	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	\$1,184.50
101379	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)	\$569.00
101380	Screening test of visual acuity, quantitative, bilateral	\$75.00

101381	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.	\$544.00
101382	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.	\$946.00
101383	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.	\$1,892.50
101384	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	\$656.50
101385	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	\$1,008.50
101386	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	\$3,411.50
101387	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	\$5,538.00
101388	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	\$9,209.50
101389	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	\$5,297.00
101390	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)	\$483.00
101391	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	\$212.50
101392	Syringe with needle, sterile, 1 cc or less, each	\$11.00
101393	Syringe with needle, sterile 2 cc, each	\$161.00
101394	Syringe with needle, sterile 3 cc, each	\$132.00
101395	Syringe with needle, sterile 5 cc or greater, each	\$132.00
101396	Needle-free injection device, each	\$53.00
101397	Noncoring needle or stylet with or without catheter	\$48.00
101398	Syringe, sterile, 20 cc or greater, each	\$57.00
101399	Needle, sterile, any size, each	\$132.00
101400	Sterile water, saline and/or dextrose, diluent/flush, 10 ml	\$17.00

101401	Sterile water/saline, 500 ml	\$48.50
101402	Supplies for maintenance of noninsulin drug infusion catheter, per week (list drugs separately)	\$136.00
101403	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)	\$875.00
101404	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)	\$71.00
101405	Supplies for maintenance of insulin infusion catheter, per week	\$219.00
101406	Alcohol or peroxide, per pint	\$132.00
101407	Alcohol wipes, per box	\$20.00
101408	Betadine or pHisoHex solution, per pint	\$132.00
101409	Betadine or iodine swabs/wipes, per box	\$106.00
101410	Chlorhexidine containing antiseptic, 1 ml	\$28.00
101411	Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access	\$582.00
101412	Insertion tray without drainage bag and without catheter (accessories only)	\$71.00
101413	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	\$183.00
101414	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	\$257.00
101415	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone	\$571.00
101416	Irrigation syringe, bulb or piston, each	\$37.00
101417	Female external urinary collection device; meatal cup, each	\$132.00
101418	Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	\$161.00
101419	Indwelling catheter, foley type, two-way, all silicone or polyurethane, each	\$140.50
101420	Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	\$111.00
101421	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	\$67.00
101422	Adhesive, liquid or equal, any type, per oz	\$209.00
101423	Ostomy skin barrier, liquid (spray, brush, etc.), per oz	\$104.00
101424	Lubricant, per oz	\$38.00
101425	Ostomy skin barrier, pectin-based, paste, per oz	\$67.00
101426	Tape, nonwaterproof, per 18 sq in	\$15.00
101427	Tape, waterproof, per 18 sq in	\$64.00
101428	Nonelastic binder for extremity	\$84.00
101429	Surgical trays	\$841.00
101430	Disposable underpads, all sizes	\$17.00
101431	Electrodes (e.g., apnea monitor), per pair	\$130.00
101432	Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per oz	\$174.00
101433	Pessary, reusable, non rubber, any type	\$386.00
101434	Slings	\$74.50
101435	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment	\$100.00
101436	Splint	\$346.00

101437	Cast supplies (e.g., plaster)	\$53.00
101438	Special casting material (e.g., fiberglass)	\$43.00
101439	Oxygen probe for use with oximeter device, replacement	\$132.00
101440	Battery charger; replacement for patient-owned ventilator	\$59.50
101441	Cannula, nasal	\$39.00
101442	Oral and/or oropharyngeal suction catheter, each	\$27.00
101443	Tracheostomy care kit for established tracheostomy	\$18.50
101444	Syringe, with or without needle, each	\$27.00
101445	Automatic blood pressure monitor	\$74.00
101446	Extension line with easy lock connectors, used with dialysis	\$51.00
101447	Blood tubing, arterial or venous, for hemodialysis, each	\$191.00
101448	Blood collection tube, vacuum, for dialysis, per 50	\$2,313.00
101449	Gloves, nonsterile, per 100	\$135.00
101450	Gloves, sterile, per pair	\$47.00
101451	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each	\$184.00
101452	Skin barrier, wipes or swabs, each	\$4.50
101453	Adhesive or nonadhesive; disk or foam pad	\$209.00
101454	Collagen dressing, sterile, size 16 sq in or less, each	\$186.00
101455	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq in or less, each dressing	\$143.00
101456	Composite dressing, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	\$101.00
101457	Contact layer, sterile, more than 48 sq in, each dressing	\$241.00
101458	Foam dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	\$96.00
101459	Foam dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	\$71.00
101460	Gauze, nonimpregnated, nonsterile, pad size 16 sq in or less, without adhesive border, each dressing	\$250.00
101461	Gauze, nonimpregnated, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	\$30.00
101462	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	\$51.00
101463	Gauze, nonimpregnated, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	\$2.00
101464	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq in or less, without adhesive border, each dressing	\$19.00
101465	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	\$16.00
101466	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq in, without adhesive border, each dressing	\$32.00
101467	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq in or less, each dressing	\$87.00
101468	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq in, each dressing	\$67.00

101469	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	\$135.00
101470	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	\$274.00
101471	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	\$227.00
101472	Hydrogel dressing, wound filler, gel, per fl oz	\$138.00
101473	Skin sealants, protectants, moisturizers, ointments, any type, any size	\$132.00
101474	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	\$35.00
101475	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	\$67.00
101476	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing	\$46.00
101477	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	\$16.00
101478	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	\$333.00
101479	Transparent film, sterile, 16 sq in or less, each dressing	\$41.00
101480	Transparent film, sterile, more than 16 sq in but less than or equal to 48 sq in, each dressing	\$19.50
101481	Wound cleansers, any type, any size	\$347.00
101482	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yd	\$19.50
101483	Gauze, nonimpregnated, sterile, pad size 16 sq in or less, without adhesive border, each dressing	\$26.00
101484	Gauze, nonimpregnated, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	\$19.00
101485	Gauze, nonimpregnated, sterile, pad size more than 48 sq in, without adhesive border, each dressing	\$7.50
101486	Packing strips, nonimpregnated, sterile, up to 2 in in width, per linear yd	\$77.00
101487	Eye patch, occlusive, each	\$220.00
101488	Adhesive bandage, first aid type, any size, each	\$132.00
101489	Padding bandage, nonelastic, nonwoven/nonknitted, width greater than or equal to 3 in and less than 5 in, per yd	\$32.00
101490	Conforming bandage, nonelastic, knitted/woven, nonsterile, width less than 3 in, per yd	\$15.00
101491	Conforming bandage, nonelastic, knitted/woven, sterile, width less than 3 in, per yd	\$18.00
101492	Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 3 in and less than 5 in, per yd	\$31.00
101493	Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 5 in, per yd	\$15.00
101494	Light compression bandage, elastic, knitted/woven, width less than 3 in, per yd	\$37.00
101495	Light compression bandage, elastic, knitted/woven, width greater than or equal to 3 in and less than 5 in, per yd	\$57.00

101496	Light compression bandage, elastic, knitted/woven, width greater than or equal to 5 in, per yd	\$45.00
101497	Self-adherent bandage, elastic, nonknitted/nonwoven, width less than 3 in, per yd	\$28.00
101498	Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 3 in and less than 5 in, per yd	\$39.00
101499	Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 5 in, per yd	\$70.00
101500	Zinc paste impregnated bandage, nonelastic, knitted/woven, width greater than or equal to 3 in and less than 5 in, per yd	\$104.00
101501	Tubular dressing with or without elastic, any width, per linear yd	\$124.00
101502	Gradient compression stocking, below knee, 18-30 mm Hg, each	\$398.00
101503	Gradient compression wrap, nonelastic, below knee, 30-50 mm Hg, used as a surgical dressing, each	\$552.00
101504	Tubing, used with suction pump, each	\$268.00
101505	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable	\$260.00
101506	Small volume nonfiltered pneumatic nebulizer, disposable	\$55.00
101507	Aerosol mask, used with DME nebulizer	\$242.00
101508	Full face mask used with positive airway pressure device, each	\$792.00
101509	Water chamber for humidifier, used with positive airway pressure device, replacement, each	\$298.00
101510	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type	\$132.00
101511	Reaching/grabbing device, any type, any length, each	\$65.00
101512	Spirometer, nonelectronic, includes all accessories	\$36.03
101513	Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 mCi	\$291.50
101514	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit), home mix	\$237.45
101515	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	\$4,137.00
101516	Cardioverter-defibrillator, single chamber (implantable)	\$81,195.00
101517	Catheter, transluminal atherectomy, rotational	\$27,433.00
101518	Catheter, transluminal angioplasty, nonlaser (may include guidance, infusion/perfusion capability)	\$984.26
101519	Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis)	\$1,373.50
101520	Catheter, intravascular ultrasound	\$3,340.00
101521	Guidewire	\$479.50
101522	Retrieval device, insertable (used to retrieve fractured medical devices)	\$1,754.50
101523	Mesh (implantable)	\$4,922.00
101524	Catheter, guiding (may include infusion/perfusion capability)	\$419.50
101525	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, nonlaser	\$319.00
101526	Probe/needle, cryoablation	\$18,533.00
101527	Catheter, transluminal angioplasty, drug-coated, nonlaser	\$6,861.00
101528	Catheter, suprapubic/cystoscopic	\$590.00
101529	Magnetic resonance angiography without contrast followed by with contrast, abdomen	\$9,505.00

101530	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	\$10,086.00
101531	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	\$11,644.00
101532	Lidocaine 70 mg/tetracaine 70 mg, per patch	\$115.00
101533	Administration of influenza virus vaccine	\$244.00
101534	Administration of pneumococcal vaccine	\$249.00
101535	Wound closure utilizing tissue adhesive(s) only	\$318.50
101536	Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066)	\$228.50
101537	Hospital observation service, per hour	\$276.00
101538	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment	\$447.50
101539	Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening	\$318.00
101540	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	\$324.50
101541	Hospital outpatient clinic visit for assessment and management of a patient	\$474.50
101542	Injection, tetracycline, up to 250 mg	\$182.50
101543	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)	\$484.00
101544	Injection, acetaminophen, not otherwise specified, 10 mg	\$4.00
101545	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)	\$29.00
101546	Injection, amiodarone HCl, 30 mg	\$12.00
101547	Injection, ampicillin sodium/sulbactam sodium, per 1.5 g	\$130.00
101548	Injection, hydralazine HCl, up to 20 mg	\$257.00
101549	Injection, azithromycin, 500 mg	\$200.00
101550	Injection, dicyclomine HCl, up to 20 mg	\$583.00
101551	Injection, penicillin G benzathine and penicillin G procaine, 100,000 units	\$125.00
101552	Injection, penicillin G benzathine, 100,000 units	\$128.50
101553	Injection, cefazolin sodium, 500 mg	\$30.00
101554	Injection, cefepime HCl, 500 mg	\$125.50
101555	Injection, ceftriaxone sodium, per 250 mg	\$26.00
101556	Injection, sterile cefuroxime sodium, per 750 mg	\$86.50
101557	Injection, clonidine HCl, 1 mg	\$256.50
101558	Injection, clindamycin phosphate, 300 mg	\$60.00
101559	Injection, ciprofloxacin for intravenous infusion, 200 mg	\$58.50
101560	Injection, prochlorperazine, up to 10 mg	\$202.00
101561	Injection, crotalidae polyvalent immune fab (ovine), up to 1 g	\$22,725.50
101562	Injection, methylprednisolone acetate, 1 mg	\$4.00
101563	Injection, dexamethasone sodium phosphate, 1 mg	\$12.00
101564	Injection, phenytoin sodium, per 50 mg	\$17.00
101565	Injection, hydromorphone, 0.1 mg	\$4.00
101566	Injection, diphenhydramine HCl, up to 50 mg	\$62.00

101567	Injection, glucagon HCl, per 1 mg	\$2,432.50
101568	Injection, haloperidol, up to 5 mg	\$64.00
101569	Injection, haloperidol decanoate, per 50 mg	\$167.00
101570	Injection, Heparin sodium, per 1000 units	\$27.50
101571	Injection, enoxaparin sodium, 10 mg	\$47.00
101572	Injection, ibuprofen, 100 mg	\$38.00
101573	Injection, droperidol, up to 5 mg	\$129.50
101574	Injection, insulin, per 5 units	\$11.00
101575	Insulin for administration through DME (i.e., insulin pump) per 50 units	\$29.50
101576	Injection, metronidazole, 10 mg	\$2.00
101577	Injection, ketorolac tromethamine, per 15 mg	\$43.50
101578	Injection, labetalol HCl, 5 mg	\$24.00
101579	Injection, lanreotide, 1 mg	\$425.00
101580	Injection, levetiracetam, 10 mg	\$5.00
101581	Injection, levofloxacin, 250 mg	\$96.50
101582	Injection, lidocaine HCl , 1 mg	\$1.00
101583	Injection, lorazepam, 2 mg	\$51.50
101584	Injection, meperidine HCl, per 100 mg	\$149.50
101585	Injection, meperidine and promethazine HCl, up to 50 mg	\$61.50
101586	Injection, meropenem, 100 mg	\$43.00
101587	Injection, midazolam HCl, per 1 mg	\$37.00
101588	Injection, morphine sulfate, up to 10 mg	\$65.50
101589	Injection, morphine sulfate, preservative free for epidural or intrathecal use, 10 mg	\$74.00
101590	Injection, orphenadrine citrate, up to 60 mg	\$393.50
101591	Injection, ondansetron HCl, per 1 mg	\$13.00
101592	Injection, palifermin, 50 mcg	\$189.00
101593	Injection, pantoprazole sodium, 40 mg	\$171.00
101594	Injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)	\$47.50
101595	Injection, promethazine HCl, up to 50 mg	\$63.50
101596	Injection, propofol, 10 mg	\$3.00
101597	Injection, metoclopramide HCl, up to 10 mg	\$50.00
101598	Injection, Rho D immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 IU	\$148.00
101599	Injection, methocarbamol, up to 10 ml	\$336.50
101600	Injection, methylprednisolone sodium succinate, 5 mg	\$8.50
101601	Injection, fentanyl citrate, 0.1 mg	\$48.00
101602	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)	\$359.50
101603	Injection, tobramycin sulfate, up to 80 mg	\$77.00
101604	Injection, triamcinolone acetonide, preservative free, 1 mg	\$39.50
101605	Injection, diazepam, up to 5 mg	\$174.50
101606	Injection, thiamine HCl, 100 mg	\$157.00
101607	Injection, magnesium sulfate, per 500 mg	\$37.50
101608	Injection, potassium chloride, per 2 mEq	\$11.00
101609	Infusion, normal saline solution, 1,000 cc	\$196.00

101610	Infusion, normal saline solution, sterile (500 ml=1 unit)	\$183.50
101611	5% dextrose/normal saline (500 ml = 1 unit)	\$118.00
101612	Infusion, normal saline solution, 250 cc	\$60.00
101613	Ringers lactate infusion, up to 1,000 cc	\$205.00
101614	5% dextrose in lactated ringers infusion, up to 1000 cc	\$207.00
101615	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	\$12.50
101616	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	\$2,865.50
101617	Prednisolone, oral, per 5 mg	\$16.00
101618	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 1 mg	\$14.00
101619	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg	\$6.00
101620	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 0.5 mg	\$41.00
101621	Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose, 0.5 mg	\$55.50
101622	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, noncompounded, administered through DME	\$36.50
101623	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 0.5 mg	\$68.00
101624	Cromolyn sodium, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg	\$36.00
101625	Dexamethasone, inhalation solution, compounded product, administered through DME, concentrated form, per mg	\$54.50
101626	Dexamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	\$84.00
101627	Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 mcg	\$71.50
101628	Ipratropium bromide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg	\$28.00
101629	Tobramycin, inhalation solution, FDA-approved final product, noncompounded, unit dose form, administered through DME, per 300 mg	\$246.00
101630	Dexamethasone, oral, 0.25 mg	\$1.00
101631	Injection, irinotecan, 20 mg	\$80.00
101632	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	\$4,248.00
101633	Cervical, flexible, nonadjustable, prefabricated, off-the-shelf (foam collar)	\$154.50
101634	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	\$375.50
101635	Cervical, collar, molded to patient model	\$2,778.50
101636	Cervical, collar, semi-rigid thermoplastic foam, two piece, prefabricated, off-the-shelf	\$493.50
101637	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf	\$1,197.00
101638	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	\$458.00

101639	Knee orthosis (KO), immobilizer, canvas longitudinal, prefabricated, off-the-shelf	\$527.00
101640	Knee orthosis (KO), locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	\$850.50
101641	Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf	\$253.50
101642	Ankle foot orthosis (AFO), multiligamentous ankle support, prefabricated, off-the-shelf	\$337.50
101643	Ankle foot orthosis (AFO), plastic or other material with ankle joint, with or without dorsiflexion assist, prefabricated, includes fitting and adjustment	\$1,857.50
101644	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	\$2,622.00
101645	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	\$3,946.50
101646	Addition to lower extremity, extended steel shank	\$248.50
101647	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	\$396.50
101648	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	\$357.00
101649	Surgical boot/shoe, each	\$132.00
101650	Lift, elevation, heel and sole, neoprene, per in	\$376.50
101651	Orthopedic shoe addition, insole, leather	\$109.00
101652	Orthopedic shoe addition, sole, full	\$169.50
101653	Shoulder orthosis (SO), figure of eight design abduction restrainer, prefabricated, off-the-shelf	\$246.00
101654	Shoulder orthosis (SO), figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf	\$368.00
101655	Shoulder orthosis (SO), acromio/clavicular (canvas and webbing type), prefabricated, off-the-shelf	\$483.50
101656	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	\$2,860.50
101657	Elbow orthosis (EO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	\$831.50
101658	Elbow orthosis (EO), double upright with forearm/arm cuffs, free motion, custom fabricated	\$4,324.00
101659	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	\$622.59
101660	Wrist-hand-finger orthosis (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	\$1,017.00
101661	Wrist-hand-finger orthosis (WHFO), without joint(s), prefabricated, off-the-shelf, any type	\$718.00
101662	Wrist-hand orthosis (WHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	\$2,480.00
101663	Wrist-hand orthosis (WHO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	\$1,245.00

101664	Wrist-hand orthosis (WHO), wrist extension control cock-up, nonmolded, prefabricated, off-the-shelf	\$204.00
101665	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	\$133.00
101666	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, off-the-shelf	\$343.50
101667	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	\$751.50
101668	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf	\$864.00
101669	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	\$693.00
101670	Walking boot, nonpneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf	\$256.00
101671	Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf	\$266.50
101672	Ankle-foot orthosis (AFO), walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	\$6,746.00
101673	Catheterization for collection of specimen, single patient, all places of service	\$87.00
101674	Set-up portable x-ray equipment	\$312.00
101675	Azithromycin dihydrate, oral, capsules/powder, 1 g	\$373.50
101676	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	\$7.50
101677	Telehealth originating site facility fee	\$147.82
101678	Casting supplies, body cast adult, with or without head, plaster	\$420.50
101679	Cast supplies, long arm cast, adult (11 years +), fiberglass	\$322.00
101680	Cast supplies, long arm splint, adult (11 years +), fiberglass	\$347.00
101681	Cast supplies, long arm splint, pediatric (0-10 years), plaster	\$117.00
101682	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass	\$159.50
101683	Cast supplies, short arm splint, adult (11 years +), plaster	\$153.50
101684	Cast supplies, short arm splint, adult (11 years +), fiberglass	\$338.00
101685	Cast supplies, short arm splint, pediatric (0-10 years), plaster	\$95.50
101686	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass	\$136.00
101687	Cast supplies, long leg splint, adult (11 years +), fiberglass	\$559.50
101688	Cast supplies, short leg splint, adult (11 years +), plaster	\$389.00
101689	Cast supplies, short leg splint, adult (11 years +), fiberglass	\$593.00
101690	Finger splint, static	\$369.00
101691	High osmolar contrast material, 300-349 mg/ml iodine concentration, per ml	\$19.50
101692	High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml	\$8.00
101693	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	\$10.00

101694	Ondansetron, oral, 4 mg (for circumstances falling under the Medicare statute, use HCPCS Q code)	\$26.00
101695	Removal of sutures; by a physician other than the physician who originally closed the wound	\$242.00
101696	Holding chamber or spacer for use with an inhaler or nebulizer; without mask	\$218.00
101697	Holding chamber or spacer for use with an inhaler or nebulizer; with mask	\$559.00
101698	Padding for compression bandage, roll	\$72.00
101699	Compression bandage, roll	\$25.50
101700	Splint, prefabricated, wrist or ankle	\$490.00
101701	2019-nCoV coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	\$432.50
101702	Posterior chamber intraocular lens	\$1,588.00
101703	Astigmatism correcting function of intraocular lens	\$2,089.00
101704	Presbyopia correcting function of intraocular lens	\$3,533.00