Arizona Health Care Cost Containment System
FFS Ambulatory Surgery Center Rates
Effective 10/01/2018

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
0054T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WI	10/1/2017	$0.00
0055T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WI	10/1/2017	$0.00
00670	ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES (EG, SPINAL	10/1/2013	$0.00
01112	ANESTHESIA FOR BONE MARROW ASPIRATION AND/OR BIOPSY, ANTERIOR OR POSTERIOR ILIAC	10/1/2012	$0.00
0190T	PLACEMENT OF INTRAOCULAR RADIATION SRC APPLICATOR (LIST SEP IN ADD TO PRIM PROC)	10/1/2014	$0.00
0191T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESER	10/1/2018	$2,131.66
0213T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	10/1/2018	$276.00
0214T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	10/1/2014	$0.00
0215T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	10/1/2014	$0.00
0216T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	10/1/2018	$276.00
0217T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	10/1/2014	$0.00
0218T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	10/1/2014	$0.00
0235T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICA	10/1/2014	$3,388.81
0238T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICA	10/1/2018	$9,922.80
0249T	LIGATION, HEMORRHOIDAL VASCULAR BUNDLE(S), INCLUDING ULTRASOUND GUIDANCE	10/1/2018	$902.89
0253T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESER	10/1/2018	$1,529.33
0394T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY	10/1/2018	$86.34
0395T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY	10/1/2018	$279.91
0412T	REMOVAL OF PULSE GENERATOR FOR HEART CONTRACTILITY MODULATOR SYSTEM	10/1/2018	$1,315.79
0413T	REMOVAL OF ELECTRODE FOR HEART CONTRACTILITY MODULATOR SYSTEM	10/1/2018	$1,315.79
0428T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; PULSE GE	10/1/2018	$1,293.81
0429T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SENSING	10/1/2018	$1,293.81
0430T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULAT	10/1/2018	$1,293.81
0437T	IMPLANTATION OF NON-BIOLOGIC OR SYNTHETIC IMPLANT (EG, POLYPROPYLENE) FOR FASCIA	10/1/2017	$0.00
0439T	MYOCARDIAL CONTRAST PERFUSION ECHOCARDIOGRAPHY; AT REST OR WITH STRESS, FOR ASSE	10/1/2017	$0.00
0440T	ABLATION, PERCUTANEOUS, CRYOABLATION, INCLUDES IMAGING GUIDANCE; UPPER EXTREMITY	10/1/2018	$1,853.05
0441T	ABLATION, PERCUTANEOUS, CRYOABLATION, INCLUDES IMAGING GUIDANCE; LOVER EXTREMITY	10/1/2018	$1,853.05
0442T	ABLATION, PERCUTANEOUS, CRYOABLATION, INCLUDES IMAGING GUIDANCE; NERVE PLEXUS OR	10/1/2018	$1,853.05
0443T	REAL TIME SPECTRAL ANALYSIS OF PROSTATE TISSUE BY FLUORESCENCE SPECTROSCOPY	10/1/2017	$0.00
0444T	INITIAL PLACEMENT OF A DRUG-ELUTING OCULAR INSERT UNDER ONE OR MORE EYELIDS, IN	10/1/2017	$0.00
0445T	SUBSEQUENT PLACEMENT OF A DRUG-ELUTING OCULAR INSERT UNDER ONE OR MORE EYELIDS I	10/1/2017	$0.00
0449T	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT INTRAOCULAR RESERVOIR, INTERNAL AP	10/1/2018	$1,529.33
0450T	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT INTRAOCULAR RESERVOIR, INTERNAL AP	1/1/2017	$0.00
0465T	SUPRACHOROIDAL INJECTION OF A PHARMACOLOGIC AGENT (DOES NOT INCLUDE SUPPLY OF ME	10/1/2018	$139.36

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0474T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITH CREATION OF INTRAOCU	10/1/2018	$2,031.78
0479T	FRACTIONAL ABLATIVE LASER FENESTRATION OF BURN AND TRAUMATIC SCARS FOR FUNCTIONA	10/1/2018	$122.35
0480T	FRACTIONAL ABLATIVE LASER FENESTRATION OF BURN AND TRAUMATIC SCARS FOR FUNCTIONA	2/1/2018	$0.00
0487T	BIOMECHANICAL MAPPING, TRANSVAGINAL, WITH REPORT	2/1/2018	$0.00
0491T	ABLATIVE LASER TREATMENT, NON-CONTACT, FULL FIELD AND FRACTIONAL ABLATION, OPEN	10/1/2018	$122.35
0492T	ABLATIVE LASER TREATMENT, NON-CONTACT, FULL FIELD AND FRACTIONAL ABLATION, OPEN	2/1/2018	$0.00
10021	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE	10/1/2018	$54.96
10022	FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE	10/1/2018	$70.40
10030	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS, HEMATOMA, SEROM	10/1/2018	$228.35
10035	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE	10/1/2016	$0.00
10036	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE	10/1/2016	$0.00
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	10/1/2018	$54.96
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	10/1/2018	$84.75
10080	INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE	10/1/2018	$100.72
10081	INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED	10/1/2018	$131.05
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	10/1/2018	$81.77
10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED	10/1/2018	$424.42
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	10/1/2018	$78.79
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	10/1/2018	$62.27
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	10/1/2018	$834.56
11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BODY SURFACE	10/1/2018	$24.64
11001	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% OF THE	10/1/2014	$0.00
11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTUR	10/1/2018	$228.35
11011	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTUR	10/1/2018	$228.35
11012	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTUR	10/1/2018	$834.56
11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED);	10/1/2018	$122.35
11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS	10/1/2018	$197.06
11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/O	10/1/2018	$424.42
11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED);	10/1/2014	$0.00
11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS	10/1/2014	$0.00
11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/O	10/1/2014	$0.00
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE L	10/1/2015	$0.00
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); TWO TO	10/1/2016	$0.00
11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MORE	10/1/2018	$32.22

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11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLO	10/1/2018	$56.32
11101	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE	10/1/2014	$0.00
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDIN	10/1/2015	$0.00
11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; EACH ADDITIONAL 10	10/1/2014	$0.00
11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESIO	10/1/2016	$0.00
11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	10/1/2016	$0.00
11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	10/1/2016	$0.00
11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	10/1/2016	$0.00
11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	10/1/2015	$0.00
11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	10/1/2016	$0.00
11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	10/1/2018	$67.48
11308	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	10/1/2016	$0.00
11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS,	10/1/2018	$63.36
11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS,	10/1/2018	$52.26
11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS,	10/1/2018	$83.66
11313	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS,	10/1/2018	$91.52
11400	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWH	10/1/2018	$69.04
11401	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	10/1/2018	$75.81
11402	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	10/1/2018	$83.39
11403	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	10/1/2018	$90.70
11404	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	10/1/2018	$424.42
11406	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	10/1/2018	$424.42
11420	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	10/1/2018	$63.63
11421	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	10/1/2018	$76.08
11422	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	10/1/2018	$83.94
11423	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	10/1/2018	$90.98
11424	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	10/1/2018	$424.42
11426	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	10/1/2018	$834.56
11440	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	10/1/2018	$72.83
11441	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	10/1/2018	$82.58
11442	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	10/1/2018	$90.16
11443	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	10/1/2018	$99.64
11444	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	10/1/2018	$424.42
11446	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	10/1/2018	$834.56

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH	10/1/2018	$834.56
11451	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH	10/1/2018	$834.56
11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH	10/1/2018	$834.56
11463	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH	10/1/2018	$834.56
11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL,	10/1/2018	$834.56
11471	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL,	10/1/2018	$834.56
11600	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAM	10/1/2018	$98.83
11601	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	10/1/2018	$112.64
11602	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	10/1/2018	$121.30
11603	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	10/1/2018	$131.32
11604	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	10/1/2018	$228.35
11606	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	10/1/2018	$424.42
11620	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	10/1/2018	$99.37
11621	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	10/1/2018	$112.91
11622	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	10/1/2018	$123.20
11623	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	10/1/2018	$135.11
11624	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	10/1/2018	$424.42
11626	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	10/1/2018	$834.56
11640	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	10/1/2018	$103.16
11641	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	10/1/2018	$116.16
11642	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	10/1/2018	$127.80
11643	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	10/1/2018	$139.98
11644	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	10/1/2018	$424.42
11646	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	10/1/2018	$834.56
11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	10/1/2015	$0.00
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE	10/1/2015	$0.00
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE	10/1/2015	$0.00
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	10/1/2016	$0.00
11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE	10/1/2014	$0.00
11740	EVACUATION OF SUBUNGUAL HEMATOMA	10/1/2015	$0.00
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFORMED	10/1/2018	$72.29
11755	BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIUM, PROXIMAL AND LATERAL	10/1/2018	$63.36
11760	REPAIR OF NAIL BED	10/1/2018	$197.06
11762	RECONSTRUCTION OF NAIL BED WITH GRAFT	10/1/2018	$129.15

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11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	10/1/2016	$0.00
11770	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE	10/1/2018	$834.56
11771	EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE	10/1/2018	$834.56
11772	EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED	10/1/2018	$834.56
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS	10/1/2015	$0.00
11901	INJECTION, INTRALESIONAL; MORE THAN SEVEN LESIONS	10/1/2015	$0.00
11920	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT	10/1/2018	$82.31
11921	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT	10/1/2018	$92.06
11960	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGE	10/1/2018	$1,138.60
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	10/1/2018	$2,414.29
11971	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS	10/1/2018	$834.56
11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	10/1/2018	$57.13
11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR	10/1/2015	$0.00
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	10/1/2015	$0.00
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	10/1/2015	$0.00
11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	10/1/2015	$0.00
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA,	10/1/2015	$0.00
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	10/1/2015	$0.00
12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	10/1/2015	$0.00
12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	10/1/2018	$122.35
12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	10/1/2018	$122.35
12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	10/1/2018	$67.48
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	10/1/2015	$0.00
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	10/1/2015	$0.00
12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	10/1/2015	$0.00
12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	10/1/2018	$67.48
12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	10/1/2018	$122.35
12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	10/1/2018	$122.35
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	10/1/2018	$67.48
12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	10/1/2018	$197.06
12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING	10/1/2018	$122.35
12031	REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	10/1/2018	$121.30
12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS, A	10/1/2018	$122.35
12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	10/1/2018	$122.35

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12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	10/1/2018	$122.35
12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	10/1/2018	$197.06
12037	REPAIR OF WOUND (OVER 30.0 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS, AN	10/1/2018	$776.48
12041	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.5	10/1/2018	$118.32
12042	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6	10/1/2018	$122.35
12044	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6	10/1/2018	$197.06
12045	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.	10/1/2018	$197.06
12046	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 20.	10/1/2018	$122.35
12047	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVE	10/1/2018	$776.48
12051	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	10/1/2018	$122.35
12052	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	10/1/2018	$122.35
12053	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	10/1/2018	$122.35
12054	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	10/1/2018	$122.35
12055	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	10/1/2018	$122.35
12056	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	10/1/2018	$122.35
12057	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	10/1/2018	$122.35
13100	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM	10/1/2018	$197.06
13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	10/1/2018	$197.06
13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN	10/1/2014	$0.00
13120	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM	10/1/2018	$197.06
13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM	10/1/2018	$197.06
13122	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LESS (LIST	10/1/2014	$0.00
13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS	10/1/2018	$122.35
13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS	10/1/2018	$197.06
13133	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS	10/1/2014	$0.00
13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM	10/1/2018	$197.06
13152	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM	10/1/2018	$197.06
13153	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR LESS	10/1/2014	$0.00
13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED	10/1/2018	$776.48
14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS	10/1/2018	$776.48
14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ	10/1/2018	$776.48
14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10	10/1/2018	$776.48
14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10.1	10/1/2018	$776.48
14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK,	10/1/2018	$776.48

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14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK,	10/1/2018	$776.48
14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;	10/1/2018	$776.48
14061	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;	10/1/2018	$776.48
14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA: DEFECT 30.1 SQ CM TO 60.0 S	10/1/2018	$1,138.60
14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM	10/1/2014	$0.00
14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE	10/1/2018	$776.48
15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	10/1/2018	$776.48
15003	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	10/1/2014	$0.00
15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	10/1/2018	$197.06
15005	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	10/1/2014	$0.00
15040	HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS	10/1/2018	$776.48
15050	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, OR OTHER	10/1/2018	$197.06
15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PE	10/1/2018	$776.48
15101	SPLIT GRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL	10/1/2014	$0.00
15110	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT	10/1/2018	$776.48
15111	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDIT	10/1/2014	$0.00
15115	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,	10/1/2018	$776.48
15116	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,	10/1/2014	$0.00
15120	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENI	10/1/2018	$1,138.60
15121	SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS,	10/1/2014	$0.00
15130	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF	10/1/2018	$776.48
15131	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITION	10/1/2014	$0.00
15135	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA	10/1/2018	$1,138.60
15136	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA	10/1/2014	$0.00
15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 25 SQ CM OR LESS	10/1/2018	$776.48
15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUNK, ARMS, LEGS; ADDITIONAL 1 SQ CM TO 75 SQ C	10/1/2014	$0.00
15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR	10/1/2014	$0.00
15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	10/1/2018	$1,138.60
15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	10/1/2014	$0.00
15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	10/1/2014	$0.00
15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20	10/1/2018	$776.48
15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH	10/1/2014	$0.00
15220	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP,	10/1/2018	$776.48
15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS,	10/1/2014	$0.00

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15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD,	10/1/2018	$776.48
15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CH	10/1/2014	$0.00
15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS,	10/1/2018	$776.48
15261	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS,	10/1/2014	$0.00
15271	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE A	10/1/2018	$776.48
15272	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE A	10/1/2014	$0.00
15273	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE A	10/1/2018	$1,138.60
15274	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE A	10/1/2014	$0.00
15275	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	10/1/2018	$776.48
15276	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	10/1/2014	$0.00
15277	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	10/1/2018	$776.48
15278	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	10/1/2014	$0.00
15570	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK	10/1/2018	$776.48
15572	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, ARMS, OR	10/1/2018	$1,138.60
15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD,	10/1/2018	$776.48
15576	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; EYELIDS, NOSE,	10/1/2018	$776.48
15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK	10/1/2018	$1,138.60
15610	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, ARMS, OR	10/1/2018	$776.48
15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEEKS,	10/1/2018	$776.48
15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE,	10/1/2018	$776.48
15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, WALKING	10/1/2018	$776.48
15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL FLAP) WITH PRESERVATION OF VASCULAR PEDICLE(S	10/1/2018	$1,138.60
15731	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (EG, AXIAL PATTERN FLAP, PAR	10/1/2018	$1,138.60
15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK WITH NAMED VASCULAR	10/1/2018	$1,138.60
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	10/1/2018	$1,138.60
15736	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY	10/1/2018	$776.48
15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	10/1/2018	$1,138.60
15740	FLAP; ISLAND PEDICLE REQUIRING IDENTIFICATION AND DISSECTION OF AN ANATOMICALLY	10/1/2018	$776.48
15750	FLAP; NEUROVASCULAR PEDICLE	10/1/2018	$1,138.60
15760	GRAFT; COMPOSITE (EG, FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), INCLUDING	10/1/2018	$776.48
15770	"CREATION OF SKIN, FAT AND MUSCLE GRAFT"	10/1/2018	$1,138.60
15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE R	10/1/2014	$0.00
15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	10/1/2015	$0.00
15789	CHEMICAL PEEL, FACIAL; DERMAL	10/1/2018	$197.06

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15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	10/1/2015	$0.00
15793	CHEMICAL PEEL, NONFACIAL; DERMAL	10/1/2015	$0.00
15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	10/1/2018	$776.48
15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN,	10/1/2018	$1,671.43
15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)	10/1/2018	$1,138.60
15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)	10/1/2018	$1,138.60
15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSURGICAL TECHNIQUE	10/1/2018	$776.48
15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER	10/1/2018	$1,138.60
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDOMEN (	10/1/2014	$0.00
15850	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON	10/1/2018	$197.06
15851	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON	10/1/2018	$50.90
15852	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL)	10/1/2015	$0.00
15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP	10/1/2015	$0.00
15920	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH PRIMARY SUTURE	10/1/2018	$834.56
15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE	10/1/2018	$1,138.60
15931	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE;	10/1/2018	$424.42
15933	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	10/1/2018	$834.56
15934	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	10/1/2018	$1,138.60
15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	10/1/2018	$1,138.60
15936	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP	10/1/2018	$776.48
15937	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP	10/1/2018	$776.48
15940	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE;	10/1/2018	$834.56
15941	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	10/1/2018	$834.56
15944	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	10/1/2018	$1,138.60
15945	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	10/1/2018	$776.48
15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE OR	10/1/2018	$776.48
15950	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE;	10/1/2018	$424.42
15951	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	10/1/2018	$834.56
15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	10/1/2018	$776.48
15953	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	10/1/2018	$1,138.60
15956	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR	10/1/2018	$776.48
15958	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR	10/1/2018	$1,138.60
16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUI	10/1/2015	$0.00
16020	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	10/1/2016	$0.00

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16025	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	10/1/2018	$67.48
16030	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	10/1/2018	$122.35
16035	ESCHAROTOMY; INITIAL INCISION	10/1/2018	$122.35
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI	10/1/2016	$0.00
17003	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	10/1/2014	$0.00
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI	10/1/2018	$69.04
17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE);	10/1/2018	$122.35
17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE);	10/1/2018	$190.34
17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE);	10/1/2018	$265.62
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI	10/1/2015	$0.00
17111	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	10/1/2016	$0.00
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR FISTULA)	10/1/2016	$0.00
17260	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, C	10/1/2016	$0.00
17261	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	10/1/2016	$0.00
17262	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	10/1/2016	$0.00
17263	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	10/1/2016	$0.00
17264	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	10/1/2018	$96.66
17266	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	10/1/2018	$105.33
17270	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	10/1/2018	$67.48
17271	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	10/1/2018	$67.48
17272	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	10/1/2016	$0.00
17273	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	10/1/2018	$95.31
17274	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	10/1/2018	$107.76
17276	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	10/1/2018	$118.59
17280	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	10/1/2016	$0.00
17281	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	10/1/2018	$82.58
17282	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	10/1/2018	$93.14
17283	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	10/1/2018	$105.60
17284	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	10/1/2018	$116.97
17286	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	10/1/2018	$136.73
17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	10/1/2018	$197.06
17312	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	10/1/2014	$0.00
17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	10/1/2018	$197.06
17314	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	10/1/2014	$0.00

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17315	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	10/1/2014	$0.00
17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE	10/1/2015	$0.00
19000	PUNCTURE ASPIRATION OF CYST OF BREAST;	10/1/2018	$60.92
19001	PUNCTURE ASPIRATION OF CYST OF BREAST; EACH ADDITIONAL CYST (LIST SEPARATELY IN	10/1/2014	$0.00
19020	MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP	10/1/2018	$424.42
19030	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM	10/1/2012	$0.00
19081	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	10/1/2018	$424.42
19082	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	1/1/2014	$0.00
19083	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	10/1/2018	$424.42
19084	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	1/1/2014	$0.00
19085	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	10/1/2018	$424.42
19086	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	1/1/2014	$0.00
19100	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING IMAGING GUIDANCE (SEPARAT	10/1/2018	$424.42
19101	BIOPSY OF BREAST; OPEN, INCISIONAL	10/1/2018	$814.85
19105	ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDING ULTRASOUND GUIDANCE, EACH FIB	10/1/2018	$814.85
19110	NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS DUCT OR	10/1/2018	$814.85
19112	EXCISION OF LACTIFEROUS DUCT FISTULA	10/1/2018	$814.85
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR, ABERRANT BRE	10/1/2018	$814.85
19125	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL	10/1/2018	$814.85
19126	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL	10/1/2014	$0.00
19281	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	1/1/2014	$0.00
19282	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	1/1/2014	$0.00
19283	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	1/1/2014	$0.00
19284	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	1/1/2014	$0.00
19285	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	1/1/2014	$0.00
19286	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	1/1/2014	$0.00
19287	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	1/1/2014	$0.00
19288	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	1/1/2014	$0.00
19294	PREPARATION OF TUMOR CAVITY, WITH PLACEMENT OF A RADIATION THERAPY APPLICATOR FO	2/1/2018	$0.00
19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANN	10/1/2018	$3,482.43
19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANN	10/1/2015	$0.00
19298	PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE	10/1/2018	$1,671.43
19300	MASTECTOMY FOR GYNECOMASTIA	10/1/2018	$814.85
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	10/1/2018	$814.85

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19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	10/1/2018	$1,671.43
19303	MASTECTOMY, SIMPLE, COMPLETE	10/1/2018	$1,671.43
19304	MASTECTOMY, SUBCUTANEOUS	10/1/2018	$814.85
19316	MASTOPEXY	10/1/2018	$1,671.43
19318	REDUCTION MAMMAPLASTY	10/1/2018	$1,671.43
19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	10/1/2018	$2,413.83
19328	REMOVAL OF INTACT MAMMARY IMPLANT	10/1/2018	$814.85
19330	REMOVAL OF MAMMARY IMPLANT MATERIAL	10/1/2018	$814.85
19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN	10/1/2018	$1,671.43
19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN	10/1/2018	$2,413.83
19350	NIPPLE/AREOLA RECONSTRUCTION	10/1/2018	$814.85
19355	CORRECTION OF INVERTED NIPPLES	10/1/2018	$814.85
19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING	10/1/2018	$2,970.64
19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	10/1/2018	$1,671.43
19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	10/1/2018	$814.85
19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	10/1/2018	$814.85
19380	REVISION OF RECONSTRUCTED BREAST	10/1/2018	$1,671.43
19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	10/1/2018	$814.85
20005	INCISION AND DRAINAGE OF SOFT TISSUE ABSCESS, SUBFASCIAL (IE, INVOLVES THE SOFT	10/1/2018	$424.42
20103	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY	10/1/2018	$228.35
20150	EXCISION OF EPIPHYSEAL BAR WITH/WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OBTAINED TH	10/1/2018	$1,028.20
20200	BIOPSY, MUSCLE; SUPERFICIAL	10/1/2018	$424.42
20205	BIOPSY, MUSCLE; DEEP	10/1/2018	$834.56
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	10/1/2018	$424.42
20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS	10/1/2018	$424.42
20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR)	10/1/2018	$424.42
20240	BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS,	10/1/2018	$834.56
20245	BIOPSY, BONE, OPEN; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)	10/1/2018	$834.56
20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	10/1/2018	$1,028.20
20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	10/1/2018	$2,414.29
20500	INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)	10/1/2018	$43.05
20501	INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM)	10/1/2012	$0.00
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	10/1/2018	$99.91
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	10/1/2018	$834.56

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20526	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL TUNNEL	10/1/2018	$30.05
20527	INJECTION OF ENZYME IN PALM TISSUE	10/1/2018	$33.30
20550	INJECTIONS OF TENDON SHEATH, LIGAMENT, OR MUSCLE MEMBRANE	10/1/2018	$18.14
20551	INJECTION(S); SINGLE TENDON ORIGIN/INSERTION	10/1/2018	$24.37
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)	10/1/2018	$22.74
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)	10/1/2018	$26.53
20555	PLACEMENT OF NEEDLES OR CATHETERS INTO MUSCLE AND/OR SOFT TISSUE FOR SUBSEQUENT	10/1/2018	$570.56
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, FINGERS,	10/1/2018	$17.33
20604	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, SMALL JOINT OR BURSA (EG, FINGERS,	10/1/2018	$28.70
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (EG,	10/1/2018	$18.41
20606	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JOINT OR BURSA (EG, TE	10/1/2018	$31.41
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG,	10/1/2018	$21.93
20611	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT, OR BURSA (EG, SHOULDER	10/1/2018	$36.01
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	10/1/2018	$25.18
20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	10/1/2018	$114.80
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING	10/1/2018	$1,028.20
20662	APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC	10/1/2018	$570.56
20663	APPLICATION OF HALO, INCLUDING REMOVAL; FEMORAL	10/1/2018	$1,028.20
20665	REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER INDIVIDUAL	10/1/2018	$162.02
20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE	10/1/2018	$424.42
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR	10/1/2018	$834.56
20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIX	10/1/2018	$2,414.29
20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL,	10/1/2018	$6,386.82
20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG,	10/1/2018	$2,414.29
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	10/1/2018	$570.56
20696	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EX	10/1/2018	$7,514.16
20697	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EX	10/1/2018	$570.56
20822	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDON	10/1/2018	$570.56
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	10/1/2018	$2,414.29
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	10/1/2018	$2,414.29
20910	CARTILAGE GRAFT; COSTOCHONDRAL	10/1/2018	$197.06
20912	CARTILAGE GRAFT; NASAL SEPTUM	10/1/2018	$1,138.60
20920	FASCIA LATA GRAFT; BY STRIPPER	10/1/2018	$776.48
20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	10/1/2018	$776.48

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	10/1/2018	$2,414.29
20926	TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)	10/1/2018	$1,138.60
20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGER	10/1/2013	$0.00
20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CO	10/1/2013	$0.00
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIB	10/1/2017	$0.00
20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (TH	10/1/2017	$0.00
20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BI	10/1/2017	$0.00
20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE S	2/1/2018	$0.00
20950	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVICE, EG, WIC	10/1/2018	$228.35
20972	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	10/1/2018	$2,414.29
20973	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB	10/1/2018	$2,414.29
20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	10/1/2012	$0.00
20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE	10/1/2015	$0.00
20982	DESTRUCTION OF 1 OR MORE BONE GROWTHS ACCESSED THROUGH THE SKIN	10/1/2018	$2,414.29
20983	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE BONE TUMORS (EG, META	10/1/2018	$2,414.29
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	10/1/2018	$752.41
21011	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS THAN 2 CM	10/1/2018	$172.74
21012	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; 2 CM OR GREATER	10/1/2018	$424.42
21013	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRA	10/1/2018	$229.33
21014	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG,SUBGALEAL, INTRAM	10/1/2018	$834.56
21015	REMOVAL OF (LESS THAN 2 CENTIMETERS) SOFT TISSUE GROWTH OF FACE OR SCALP	10/1/2018	$834.56
21016	REMOVAL OF (2 CENTIMETERS OR GREATER) SOFT TISSUE GROWTH OF FACE OR SCALP	10/1/2018	$834.56
21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE	10/1/2018	$1,704.02
21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)	10/1/2018	$1,704.02
21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA)	10/1/2018	$752.41
21030	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION AND	10/1/2018	$247.20
21031	EXCISION OF TORUS MANDIBULARIS	10/1/2018	$204.42
21032	EXCISION OF MAXILLARY TORUS PALATINUS	10/1/2018	$205.78
21034	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA	10/1/2018	$1,704.02
21040	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION AND/OR CURETTAGE	10/1/2018	$752.41
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	10/1/2018	$1,704.02
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOMY	10/1/2018	$1,704.02
21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOMY	10/1/2018	$1,704.02
21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY	10/1/2018	$1,704.02

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21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	10/1/2018	$1,704.02
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	10/1/2018	$1,704.02
21070	CORONOIDECTOMY (SEPARATE PROCEDURE)	10/1/2018	$1,704.02
21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANES	10/1/2018	$189.53
21076	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	10/1/2018	$342.50
21077	IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS	10/1/2018	$859.93
21079	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS	10/1/2018	$593.77
21080	IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS	10/1/2018	$670.94
21081	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS	10/1/2018	$623.01
21082	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS	10/1/2018	$608.66
21083	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS	10/1/2018	$598.37
21084	IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS	10/1/2018	$674.73
21085	IMPRESSION AND CUSTOM PREPARATION OF ORAL SURGICAL SPLINT	10/1/2018	$181.61
21086	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS	10/1/2018	$641.15
21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	10/1/2018	$643.32
21088	IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS	10/1/2018	$752.41
21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES REMOVAL	10/1/2018	$1,704.02
21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE	10/1/2018	$429.15
21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	10/1/2012	$0.00
21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)	10/1/2018	$1,704.02
21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	10/1/2018	$752.41
21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION	10/1/2018	$1,704.02
21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES	10/1/2018	$752.41
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	10/1/2018	$1,704.02
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR	10/1/2018	$1,704.02
21137	REDUCTION FOREHEAD; CONTOURING ONLY	10/1/2018	$752.41
21138	REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE	10/1/2018	$1,704.02
21139	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL	10/1/2018	$1,704.02
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS	10/1/2018	$1,704.02
21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS	10/1/2018	$1,704.02
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL;	10/1/2018	$1,704.02
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	10/1/2018	$1,704.02
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	10/1/2018	$1,704.02
21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC	10/1/2018	$1,704.02

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21209	OSTEOPLASTY, FACIAL BONES; REDUCTION	10/1/2018	$1,704.02
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	10/1/2018	$1,704.02
21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	10/1/2018	$1,704.02
21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES	10/1/2018	$1,704.02
21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	10/1/2018	$1,704.02
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES	10/1/2018	$1,704.02
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	10/1/2018	$1,704.02
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	10/1/2018	$11,238.77
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG,	10/1/2018	$1,704.02
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	10/1/2018	$1,704.02
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	10/1/2018	$1,704.02
21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER);	10/1/2018	$1,704.02
21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER);	10/1/2018	$1,704.02
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS;	10/1/2018	$1,704.02
21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS;	10/1/2018	$1,704.02
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	10/1/2018	$1,704.02
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	10/1/2018	$1,704.02
21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)	10/1/2018	$752.41
21282	LATERAL CANTHOPEXY	10/1/2018	$752.41
21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC	10/1/2018	$465.12
21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC	10/1/2018	$752.41
21310	CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION	10/1/2018	$84.73
21315	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITHOUT STABILIZATION	10/1/2018	$465.12
21320	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION	10/1/2018	$752.41
21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED	10/1/2018	$752.41
21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNAL	10/1/2018	$1,704.02
21335	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED	10/1/2018	$752.41
21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	10/1/2018	$1,028.20
21337	CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	10/1/2018	$752.41
21338	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION	10/1/2018	$1,704.02
21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION	10/1/2018	$1,704.02
21340	PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE OR	10/1/2018	$752.41
21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH	10/1/2018	$465.12
21355	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND	10/1/2018	$752.41

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLIES APPROACH)	10/1/2018	$1,704.02
21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR	10/1/2018	$1,704.02
21390	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH, WITH	10/1/2018	$1,704.02
21400	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT MANIPULATION	10/1/2018	$181.61
21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH MANIPULATION	10/1/2018	$465.12
21406	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT IMPLANT	10/1/2018	$1,704.02
21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH IMPLANT	10/1/2018	$1,704.02
21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH	10/1/2018	$752.41
21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE	10/1/2018	$340.88
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE	10/1/2018	$1,704.02
21450	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION	10/1/2018	$181.61
21451	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION	10/1/2018	$465.12
21452	PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH EXTERNAL FIXATION	10/1/2018	$1,704.02
21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION	10/1/2018	$1,704.02
21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION	10/1/2018	$1,704.02
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	10/1/2018	$1,704.02
21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	10/1/2018	$1,704.02
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	10/1/2018	$1,704.02
21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL OR SUBSEQUENT	10/1/2018	$84.73
21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRENT	10/1/2018	$465.12
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	10/1/2018	$752.41
21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	10/1/2018	$465.12
21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;	10/1/2018	$834.56
21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR	10/1/2018	$1,028.20
21550	BIOPSY, SOFT TISSUE OF NECK OR THORAX	10/1/2018	$424.42
21552	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; 3 CM OR G	10/1/2018	$834.56
21554	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG,INTRAMUS	10/1/2018	$834.56
21555	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; LESS THAN	10/1/2018	$424.42
21556	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG, INTRAMU	10/1/2018	$834.56
21557	REMOVAL OF (LESS THAN 5 CENTIMETERS) GROWTH OF NECK OR FRONT OF CHEST	10/1/2018	$834.56
21558	REMOVAL OF (5 CENTIMETERS OR GREATER) GROWTH OF NECK OR FRONT OF CHEST	10/1/2018	$834.56
21600	EXCISION OF RIB, PARTIAL	10/1/2018	$2,414.29
21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)	10/1/2018	$1,028.20
21685	HYOID MYOTOMY AND SUSPENSION	10/1/2018	$1,704.02

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	10/1/2018	$1,028.20
21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CAST	10/1/2018	$1,028.20
21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST	10/1/2018	$228.35
21820	CLOSED TREATMENT OF STERNUM FRACTURE	10/1/2018	$84.73
21920	BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL	10/1/2018	$133.21
21925	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP	10/1/2018	$424.42
21930	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; LESS THAN 3 CM	10/1/2018	$424.42
21931	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; 3 CM OR GREATER	10/1/2018	$424.42
21932	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); L	10/1/2018	$834.56
21933	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR);	10/1/2018	$834.56
21935	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF BACK OR FLANK	10/1/2018	$834.56
21936	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF BACK OR FLANK	10/1/2018	$834.56
22010	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; CERV	10/1/2014	$711.68
22102	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA	10/1/2018	$2,414.29
22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA	10/1/2014	$0.00
22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION, REQUIRING	10/1/2018	$84.73
22315	CLOSED TREATMENT OF BROKEN AND/OR DISLOCATED SPINE BONES WITH CASTING AND/OR BRA	10/1/2018	$570.56
22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION	10/1/2018	$570.56
22510	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL B	10/1/2018	$1,028.20
22511	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL B	10/1/2018	$1,028.20
22512	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL B	1/1/2015	$0.00
22513	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI	10/1/2018	$2,414.29
22514	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI	10/1/2018	$2,414.29
22515	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI	1/1/2015	$0.00
22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, O	10/1/2018	$6,638.85
22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, O	10/1/2017	$0.00
22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	10/1/2018	$6,438.69
22585	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	10/1/2017	$0.00
22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH L	10/1/2018	$4,933.90
22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH	10/1/2015	$0.00
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE F	10/1/2017	$0.00
22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIP	10/1/2017	$0.00
22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION	10/1/2017	$0.00
22849	REINSERTION OF SPINAL FIXATION DEVICE	10/1/2014	$988.01

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
22850	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)	10/1/2014	$0.00
22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	10/1/2014	$0.00
22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH I	1/1/2017	$0.00
22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) W	1/1/2017	$0.00
22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APP	10/1/2018	$10,911.92
22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APP	10/1/2018	$0.00
22859	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH, M	1/1/2017	$0.00
22867	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE,	10/1/2018	$7,514.16
22868	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE,	1/1/2017	$0.00
22869	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE,	10/1/2018	$7,514.16
22870	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE,	1/1/2017	$0.00
22900	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR);	10/1/2018	$834.56
22901	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG,INTRAMUSCULAR); 5	10/1/2018	$834.56
22902	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; LESS THAN 3 CM	10/1/2018	$424.42
22903	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; 3 CM OR GREATER	10/1/2018	$834.56
22904	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH IN ABDOMINAL WALL	10/1/2018	$834.56
22905	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH IN ABDOMINAL WALL	10/1/2018	$834.56
23000	REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN	10/1/2018	$834.56
23020	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)	10/1/2018	$1,028.20
23030	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA	10/1/2018	$834.56
23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA	10/1/2018	$424.42
23035	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	10/1/2018	$570.56
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF	10/1/2018	$1,028.20
23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, INCLUDING EXPLORATION,	10/1/2018	$1,028.20
23065	BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL	10/1/2018	$96.93
23066	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP	10/1/2018	$834.56
23071	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; 3 CM OR GREATER	10/1/2018	$424.42
23073	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5	10/1/2018	$834.56
23075	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; LESS THAN 3 CM	10/1/2018	$424.42
23076	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); L	10/1/2018	$834.56
23077	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF SHOULDER AREA	10/1/2018	$834.56
23078	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF SHOULDER AREA	10/1/2018	$834.56
23100	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY	10/1/2018	$570.56
23101	ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR STERNOCLAVICULAR JOINT, INCLUDING BIOPSY	10/1/2018	$1,028.20

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
23105	ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	10/1/2018	$2,414.29
23106	ARTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	10/1/2018	$1,028.20
23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL	10/1/2018	$2,414.29
23120	CLAVICULECTOMY; PARTIAL	10/1/2018	$1,028.20
23125	CLAVICULECTOMY; TOTAL	10/1/2018	$1,028.20
23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL	10/1/2018	$1,028.20
23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	10/1/2018	$1,028.20
23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH	10/1/2018	$1,028.20
23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH	10/1/2018	$2,414.29
23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;	10/1/2018	$1,028.20
23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH	10/1/2018	$2,414.29
23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH	10/1/2018	$2,414.29
23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE	10/1/2018	$570.56
23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	10/1/2018	$1,028.20
23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO	10/1/2018	$1,028.20
23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	10/1/2018	$1,028.20
23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	10/1/2018	$1,028.20
23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	10/1/2018	$2,414.29
23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	10/1/2018	$1,028.20
23195	RESECTION, HUMERAL HEAD	10/1/2018	$2,414.29
23330	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS	10/1/2018	$228.35
23333	REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	10/1/2018	$424.42
23334	REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUME	10/1/2018	$834.56
23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY OR ENHANCED CT/MRI SHOULDER	10/1/2012	$0.00
23395	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE	10/1/2018	$2,414.29
23397	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; MULTIPLE	10/1/2018	$2,414.29
23400	SCAPULOPEXY (EG, SPRENGELS DEFORMITY OR FOR PARALYSIS)	10/1/2018	$2,414.29
23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON	10/1/2018	$2,414.29
23406	TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION	10/1/2018	$1,699.77
23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUTE	10/1/2018	$2,414.29
23412	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; CHRONIC	10/1/2018	$2,414.29
23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY	10/1/2018	$2,414.29
23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES	10/1/2018	$2,414.29
23430	TENODESIS OF LONG TENDON OF BICEPS	10/1/2018	$2,414.29

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS	10/1/2018	$1,028.20
23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	10/1/2018	$2,414.29
23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)	10/1/2018	$2,414.29
23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK	10/1/2018	$2,414.29
23462	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER	10/1/2018	$2,414.29
23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK	10/1/2018	$2,414.29
23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY	10/1/2018	$2,414.29
23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;	10/1/2018	$2,414.29
23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR	10/1/2018	$4,933.90
23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	10/1/2018	$2,414.29
23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	10/1/2018	$4,933.90
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION	10/1/2018	$84.73
23505	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION	10/1/2018	$570.56
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORME	10/1/2018	$2,414.29
23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	10/1/2018	$570.56
23525	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION	10/1/2018	$84.73
23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	10/1/2018	$2,414.29
23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL	10/1/2018	$2,414.29
23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	10/1/2018	$84.73
23545	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION	10/1/2018	$84.73
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	10/1/2018	$2,414.29
23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL	10/1/2018	$2,414.29
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION	10/1/2018	$84.73
23575	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITHOUT	10/1/2018	$570.56
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) INCLUDES INTERNA	10/1/2018	$2,414.29
23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE;	10/1/2018	$84.73
23605	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE;	10/1/2018	$570.56
23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLU	10/1/2018	$6,492.33
23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLU	10/1/2018	$10,865.53
23620	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITHOUT MANIPULATION	10/1/2018	$84.73
23625	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITH MANIPULATION	10/1/2018	$570.56
23630	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, INCLUDES INTERNAL FIXATIO	10/1/2018	$2,414.29
23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA	10/1/2018	$84.73
23655	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING	10/1/2018	$570.56

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	10/1/2018	$2,414.29
23665	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL	10/1/2018	$570.56
23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROS	10/1/2018	$2,414.29
23675	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK	10/1/2018	$570.56
23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTUR	10/1/2018	$4,933.90
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION	10/1/2018	$570.56
23800	ARTHRODESIS, GLENOHUMERAL JOINT;	10/1/2018	$2,414.29
23802	ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING	10/1/2018	$4,933.90
23921	DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION	10/1/2018	$776.48
23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA	10/1/2018	$424.42
23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA	10/1/2018	$424.42
23935	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE	10/1/2018	$1,028.20
24000	ARTHROTOMY, ELBOW, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	10/1/2018	$1,028.20
24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE	10/1/2018	$1,028.20
24065	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL	10/1/2018	$132.67
24066	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR	10/1/2018	$834.56
24071	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; 3 CM OR G	10/1/2018	$834.56
24073	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBFASCIAL (EG,INTRAMUS	10/1/2018	$834.56
24075	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; LESS THAN	10/1/2018	$424.42
24076	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBFASCIAL (EG, INTRAMU	10/1/2018	$834.56
24077	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF UPPER ARM OR ELBOW	10/1/2018	$834.56
24079	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF UPPER ARM OR ELBOW	10/1/2018	$834.56
24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY	10/1/2018	$1,028.20
24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR	10/1/2018	$1,028.20
24102	ARTHROTOMY, ELBOW; WITH SYNOVECTOMY	10/1/2018	$1,028.20
24105	EXCISION, OLECRANON BURSA	10/1/2018	$1,028.20
24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;	10/1/2018	$1,028.20
24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT	10/1/2018	$2,414.29
24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT	10/1/2018	$2,414.29
24120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR	10/1/2018	$1,028.20
24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR	10/1/2018	$1,028.20
24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR	10/1/2018	$2,414.29
24130	EXCISION, RADIAL HEAD	10/1/2018	$1,028.20
24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS	10/1/2018	$2,414.29

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24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK	10/1/2018	$1,028.20
24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS	10/1/2018	$2,414.29
24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	10/1/2018	$1,028.20
24145	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	10/1/2018	$2,414.29
24147	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	10/1/2018	$1,028.20
24149	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH	10/1/2018	$2,414.29
24152	RADICAL RESECTION OF TUMOR, RADIAL HEAD OR NECK	10/1/2018	$2,414.29
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	10/1/2018	$1,028.20
24160	REMOVAL OF ELBOW JOINT HARDWARE	10/1/2018	$1,028.20
24164	REMOVAL OF HARDWARE OF FOREARM BONE AT ELBOW JOINT	10/1/2018	$1,028.20
24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS	10/1/2018	$104.51
24201	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR	10/1/2018	$834.56
24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	10/1/2012	$0.00
24300	MANIPULATION, ELBOW, UNDER ANESTHESIA	10/1/2018	$570.56
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING	10/1/2018	$2,414.29
24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON	10/1/2018	$1,028.20
24310	TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH TENDON	10/1/2018	$1,028.20
24320	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO	10/1/2018	$2,414.29
24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	10/1/2018	$1,028.20
24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANCEMENT	10/1/2018	$2,414.29
24332	TENOLYSIS, TRICEPS	10/1/2018	$1,028.20
24340	TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)	10/1/2018	$2,414.29
24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR	10/1/2018	$2,414.29
24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT	10/1/2018	$2,414.29
24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	10/1/2018	$1,028.20
24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES	10/1/2018	$2,414.29
24345	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	10/1/2018	$2,414.29
24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES	10/1/2018	$4,933.90
24357	INCISION OF TENDON TO REPAIR ELBOW JOINT, ACCESSED THROUGH THE SKIN	10/1/2018	$570.56
24358	REMOVAL OF TISSUE AND/OR BONE AT ELBOW, OPEN PROCEDURE	10/1/2018	$1,028.20
24359	REMOVAL OF TISSUE AND/OR BONE AT ELBOW WITH TENDON REPAIR, OPEN PROCEDURE	10/1/2018	$1,028.20
24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL)	10/1/2018	$2,414.29
24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT	10/1/2018	$11,058.41
24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	10/1/2018	$4,933.90

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24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC	10/1/2018	$11,392.03
24365	ARTHROPLASTY, RADIAL HEAD;	10/1/2018	$4,933.90
24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	10/1/2018	$6,987.26
24370	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERA	10/1/2018	$6,455.16
24371	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERA	10/1/2018	$10,719.57
24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	10/1/2018	$2,414.29
24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT	10/1/2018	$4,933.90
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	10/1/2018	$2,414.29
24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION	10/1/2018	$4,933.90
24435	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT	10/1/2018	$6,372.09
24470	HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)	10/1/2018	$1,028.20
24495	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION	10/1/2018	$2,414.29
24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHOUT	10/1/2018	$4,933.90
24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION	10/1/2018	$84.73
24505	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR WITHOUT	10/1/2018	$570.56
24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT	10/1/2018	$4,933.90
24516	TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT,	10/1/2018	$4,933.90
24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR	10/1/2018	$84.73
24535	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR	10/1/2018	$570.56
24538	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL	10/1/2018	$2,414.29
24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, INCLUDES INTE	10/1/2018	$6,448.86
24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, INCLUDES INTE	10/1/2018	$10,386.47
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT	10/1/2018	$84.73
24565	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH	10/1/2018	$570.56
24566	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR	10/1/2018	$570.56
24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTE	10/1/2018	$4,933.90
24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT	10/1/2018	$84.73
24577	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH	10/1/2018	$570.56
24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTERNA	10/1/2018	$4,933.90
24582	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL,	10/1/2018	$1,028.20
24586	OPEN TREATMENT OF BROKEN AND/OR DISLOCATED UPPER OR LOWER ARM BONES AT ELBOW	10/1/2018	$4,933.90
24587	OPEN TREATMENT OF BROKEN AND/OR DISLOCATED UPPER OR LOWER ARM BONES AT ELBOW WIT	10/1/2018	$6,432.38
24600	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA	10/1/2018	$84.73
24605	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA	10/1/2018	$570.56

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24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	10/1/2018	$2,414.29
24620	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE	10/1/2018	$570.56
24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROX	10/1/2018	$2,414.29
24640	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, NURSEMAID ELBOW, WITH	10/1/2018	$40.88
24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION	10/1/2018	$84.73
24655	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION	10/1/2018	$570.56
24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION OR RA	10/1/2018	$2,414.29
24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION OR RA	10/1/2018	$7,050.36
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROC	10/1/2018	$84.73
24675	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROC	10/1/2018	$570.56
24685	OPEN TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROCES	10/1/2018	$2,414.29
24800	ARTHRODESIS, ELBOW JOINT; LOCAL	10/1/2018	$2,414.29
24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	10/1/2018	$4,933.90
24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION	10/1/2018	$1,028.20
25000	INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE)	10/1/2018	$570.56
25001	INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CARPI RADIALIS)	10/1/2018	$570.56
25020	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR COMPARTMENT;	10/1/2018	$570.56
25023	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR COMPARTMENT;	10/1/2018	$1,028.20
25024	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR	10/1/2018	$1,028.20
25025	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR	10/1/2018	$570.56
25028	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA	10/1/2018	$1,028.20
25031	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA	10/1/2018	$570.56
25035	INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST (EG, OSTEOMYELITIS OR BONE	10/1/2018	$2,414.29
25040	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH EXPLORATION, DRAINAGE, OR	10/1/2018	$1,028.20
25065	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL	10/1/2018	$133.48
25066	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	10/1/2018	$834.56
25071	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; 3 CM OR	10/1/2018	$424.42
25073	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL (EG, INTRA	10/1/2018	$834.56
25075	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; LESS TH	10/1/2018	$424.42
25076	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL (EG, INTRA	10/1/2018	$424.42
25077	REMOVAL (LESS THAN 3 CENTIMETERS) TISSUE GROWTH AT FOREARM AND/OR WRIST	10/1/2018	$424.42
25078	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH AT FOREARM AND/OR WRIST	10/1/2018	$834.56
25085	CAPSULOTOMY, WRIST (EG, CONTRACTURE)	10/1/2018	$1,028.20
25100	ARTHROTOMY, WRIST JOINT; WITH BIOPSY	10/1/2018	$570.56

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25101	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH	10/1/2018	$1,028.20
25105	ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOMY	10/1/2018	$1,028.20
25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAGE,	10/1/2018	$1,028.20
25109	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH	10/1/2018	$1,028.20
25110	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST	10/1/2018	$570.56
25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY	10/1/2018	$570.56
25112	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT	10/1/2018	$570.56
25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG,	10/1/2018	$570.56
25116	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG,	10/1/2018	$1,028.20
25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;	10/1/2018	$570.56
25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECTION	10/1/2018	$1,028.20
25120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING	10/1/2018	$1,028.20
25125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING	10/1/2018	$570.56
25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING	10/1/2018	$1,028.20
25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;	10/1/2018	$1,028.20
25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH	10/1/2018	$1,028.20
25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH	10/1/2018	$2,414.29
25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST	10/1/2018	$1,028.20
25150	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG,	10/1/2018	$1,028.20
25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG,	10/1/2018	$1,028.20
25210	CARPECTOMY; ONE BONE	10/1/2018	$1,028.20
25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW	10/1/2018	$1,028.20
25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)	10/1/2018	$1,028.20
25240	EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG, DARRACH TYPE OR MATCHED RESECTION)	10/1/2018	$1,028.20
25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	10/1/2012	$0.00
25248	EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST	10/1/2018	$570.56
25250	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)	10/1/2018	$570.56
25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING TOTAL WRIST	10/1/2018	$1,028.20
25259	MANIPULATION, WRIST, UNDER ANESTHESIA	10/1/2018	$570.56
25260	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TE	10/1/2018	$1,028.20
25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH	10/1/2018	$1,028.20
25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE	10/1/2018	$1,028.20
25270	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH	10/1/2018	$1,028.20
25272	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE,	10/1/2018	$1,028.20

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25274	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE	10/1/2018	$1,028.20
25275	REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT	10/1/2018	$1,028.20
25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST,	10/1/2018	$1,028.20
25290	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH	10/1/2018	$1,028.20
25295	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	10/1/2018	$1,028.20
25300	TENODESIS AT WRIST; FLEXORS OF FINGERS	10/1/2018	$1,028.20
25301	TENODESIS AT WRIST; EXTENSORS OF FINGERS	10/1/2018	$1,028.20
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST,	10/1/2018	$1,028.20
25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST,	10/1/2018	$1,028.20
25315	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM	10/1/2018	$2,414.29
25316	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM	10/1/2018	$2,414.29
25320	CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG, CAPSULODESIS, LIGAMENT	10/1/2018	$2,414.29
25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR	10/1/2018	$1,028.20
25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	10/1/2018	$1,028.20
25337	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR	10/1/2018	$2,414.29
25350	OSTEOTOMY, RADIUS; DISTAL THIRD	10/1/2018	$3,244.36
25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	10/1/2018	$1,028.20
25360	OSTEOTOMY; ULNA	10/1/2018	$2,414.29
25365	OSTEOTOMY; RADIUS AND ULNA	10/1/2018	$4,933.90
25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	10/1/2018	$1,028.20
25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	10/1/2018	$1,028.20
25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	10/1/2018	$2,414.29
25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	10/1/2018	$6,704.74
25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	10/1/2018	$1,028.20
25393	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	10/1/2018	$1,028.20
25394	OSTEOPLASTY, CARPAL BONE, SHORTENING	10/1/2018	$1,028.20
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION	10/1/2018	$2,414.29
25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUDES	10/1/2018	$2,414.29
25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION	10/1/2018	$2,414.29
25420	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAFT (INCLUDES	10/1/2018	$2,414.29
25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	10/1/2018	$2,414.29
25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA	10/1/2018	$1,028.20
25430	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HORI PROCEDURE)	10/1/2018	$1,028.20
25431	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR))	10/1/2018	$2,414.29

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
25440	REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT RADIAL	10/1/2018	$2,414.29
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	10/1/2018	$7,340.24
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	10/1/2018	$11,454.06
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR)	10/1/2018	$3,625.99
25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	10/1/2018	$7,731.42
25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM	10/1/2018	$2,414.29
25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE	10/1/2018	$11,880.47
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS	10/1/2018	$1,028.20
25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	10/1/2018	$2,414.29
25450	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA	10/1/2018	$1,028.20
25455	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULNA	10/1/2018	$1,028.20
25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	10/1/2018	$2,414.29
25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	10/1/2018	$4,933.90
25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	10/1/2018	$1,028.20
25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION	10/1/2018	$84.73
25505	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION	10/1/2018	$570.56
25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFOR	10/1/2018	$2,414.29
25520	CLOSED TREATMENT OF BROKEN FOREARM AND DISLOCATED WRIST BONES	10/1/2018	$570.56
25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFOR	10/1/2018	$2,414.29
25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFOR	10/1/2018	$2,414.29
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	10/1/2018	$84.73
25535	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION	10/1/2018	$84.73
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORM	10/1/2018	$2,414.29
25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION	10/1/2018	$84.73
25565	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION	10/1/2018	$570.56
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION, WHEN	10/1/2018	$2,414.29
25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION, WHEN	10/1/2018	$2,414.29
25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYS	10/1/2018	$84.73
25605	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR	10/1/2018	$570.56
25606	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPARATIO	10/1/2018	$1,028.20
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO	10/1/2018	$3,240.41
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO	10/1/2018	$3,235.70
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO	10/1/2018	$3,267.13
25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION	10/1/2018	$84.73

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
25624	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION	10/1/2018	$570.56
25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, INCLUDES INTERNAL FIXATI	10/1/2018	$2,414.29
25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID	10/1/2018	$84.73
25635	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID	10/1/2018	$570.56
25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SCAPHOID	10/1/2018	$1,028.20
25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE	10/1/2018	$84.73
25651	PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	10/1/2018	$1,028.20
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	10/1/2018	$2,414.29
25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES,	10/1/2018	$84.73
25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES	10/1/2018	$1,028.20
25671	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION	10/1/2018	$1,028.20
25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION	10/1/2018	$84.73
25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	10/1/2018	$2,414.29
25680	CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION, WITH	10/1/2018	$84.73
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	10/1/2018	$1,028.20
25690	CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION	10/1/2018	$570.56
25695	OPEN TREATMENT OF LUNATE DISLOCATION	10/1/2018	$2,414.29
25800	ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND/ OR I	10/1/2018	$2,414.29
25805	ARTHRODESIS, WRIST; WITH SLIDING GRAFT	10/1/2018	$2,414.29
25810	ARTHRODESIS, WRIST; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	10/1/2018	$4,933.90
25820	ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCARPAL)	10/1/2018	$2,414.29
25825	ARTHRODESIS, WRIST; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	10/1/2018	$2,414.29
25830	ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR	10/1/2018	$2,414.29
25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION	10/1/2018	$1,028.20
25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION	10/1/2018	$570.56
25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION	10/1/2018	$776.48
25931	TRANSMETACARPAL AMPUTATION; RE-AMPUTATION	10/1/2018	$1,028.20
26010	DRAINAGE OF FINGER ABSCESS; SIMPLE	10/1/2018	$67.48
26011	DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)	10/1/2018	$424.42
26020	DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH	10/1/2018	$1,028.20
26025	DRAINAGE OF PALMAR BURSA; SINGLE, BURSA	10/1/2018	$570.56
26030	DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA	10/1/2018	$1,028.20
26034	INCISION, BONE CORTEX, HAND OR FINGER (EG, OSTEOMYELITIS OR BONE ABSCESS)	10/1/2018	$570.56
26035	DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN)	10/1/2018	$570.56

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
26037	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)	10/1/2018	$570.56
26040	RELEASE OF TISSUES OF PALM, ACCESSED THROUGH THE SKIN	10/1/2018	$570.56
26045	PARTIAL RELEASE OF TISSUES OF PALM, OPEN PROCEDURE	10/1/2018	$1,028.20
26055	TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER)	10/1/2018	$570.56
26060	TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT	10/1/2018	$570.56
26070	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY;	10/1/2018	$570.56
26075	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY;	10/1/2018	$1,028.20
26080	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY;	10/1/2018	$570.56
26100	ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT, EACH	10/1/2018	$1,028.20
26105	ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH	10/1/2018	$1,028.20
26110	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT, EACH	10/1/2018	$570.56
26111	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER,SUBCUTAN	10/1/2018	$424.42
26113	EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFA	10/1/2018	$424.42
26115	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTA	10/1/2018	$424.42
26116	EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFA	10/1/2018	$424.42
26117	REMOVAL (LESS THAN 3 CENTIMETERS) TISSUE GROWTH OF HAND OR FINGER	10/1/2018	$834.56
26118	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH OF HAND OR FINGER	10/1/2018	$834.56
26121	FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE	10/1/2018	$1,028.20
26123	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL	10/1/2018	$1,028.20
26125	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL	10/1/2014	$0.00
26130	SYNOVECTOMY, CARPOMETACARPAL JOINT	10/1/2018	$1,028.20
26135	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR	10/1/2018	$1,028.20
26140	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION,	10/1/2018	$570.56
26145	SYNOVECTOMY, TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR TENDON, PALM	10/1/2018	$570.56
26160	EXCISION OF LESION OF TENDON SHEATH OR JOINT CAPSULE (EG, CYST, MUCOUS CYST, OR	10/1/2018	$570.56
26170	EXCISION OF TENDON, PALM, FLEXOR OR EXTENSOR, SINGLE, EACH TENDON	10/1/2018	$570.56
26180	EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON	10/1/2018	$570.56
26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)	10/1/2018	$570.56
26200	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL;	10/1/2018	$570.56
26205	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH	10/1/2018	$2,414.29
26210	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR	10/1/2018	$570.56
26215	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR	10/1/2018	$1,028.20
26230	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	10/1/2018	$1,028.20
26235	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	10/1/2018	$570.56

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
26236	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	10/1/2018	$570.56
26250	RADICAL RESECTION OF TUMOR, METACARPAL	10/1/2018	$570.56
26260	RADICAL RESECTION OF TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER	10/1/2018	$1,028.20
26262	RADICAL RESECTION OF TUMOR, DISTAL PHALANX OF FINGER	10/1/2018	$570.56
26320	REMOVAL OF IMPLANT FROM FINGER OR HAND	10/1/2018	$424.42
26340	MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	10/1/2018	$570.56
26341	MANIPULATION OF PALM PRETENDINOUS CORD FOLLOWING ENZYME INJECTION	10/1/2018	$47.65
26350	REPAIR OF FINGER TENDON	10/1/2018	$1,028.20
26352	REPAIR OF FINGER TENDON WITH GRAFT	10/1/2018	$1,028.20
26356	REPAIR OF FINGER TENDON	10/1/2018	$1,028.20
26357	REPAIR OF FINGER TENDON	10/1/2018	$1,028.20
26358	REPAIR OF FINGER TENDON WITH GRAFT	10/1/2018	$1,028.20
26370	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON;	10/1/2018	$1,028.20
26372	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON;	10/1/2018	$2,414.29
26373	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON;	10/1/2018	$1,028.20
26390	EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TENDON	10/1/2018	$2,414.29
26392	REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FINGER	10/1/2018	$2,414.29
26410	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH	10/1/2018	$570.56
26412	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES	10/1/2018	$1,028.20
26415	EXCISION OF EXTENSOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED	10/1/2018	$570.56
26416	REMOVAL OF SYNTHETIC ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES	10/1/2018	$1,028.20
26418	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH	10/1/2018	$570.56
26420	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITH FREE GRAFT	10/1/2018	$1,028.20
26426	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY);	10/1/2018	$1,028.20
26428	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY);	10/1/2018	$1,028.20
26432	CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION, WITH OR WITHOUT	10/1/2018	$570.56
26433	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITHOUT	10/1/2018	$1,028.20
26434	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITH FREE	10/1/2018	$1,028.20
26437	REALIGNMENT OF EXTENSOR TENDON, HAND, EACH TENDON	10/1/2018	$570.56
26440	TENOLYSIS, FLEXOR TENDON; PALM OR FINGER, EACH TENDON	10/1/2018	$570.56
26442	TENOLYSIS, FLEXOR TENDON; PALM AND FINGER, EACH TENDON	10/1/2018	$1,028.20
26445	TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER, EACH TENDON	10/1/2018	$1,028.20
26449	TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, INCLUDING FOREARM, EACH TENDON	10/1/2018	$1,028.20
26450	TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDON	10/1/2018	$1,028.20

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26455	TENOTOMY, FLEXOR, FINGER, OPEN, EACH TENDON	10/1/2018	$570.56
26460	TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN, EACH TENDON	10/1/2018	$570.56
26471	TENODESIS; OF PROXIMAL INTERPHALANGEAL JOINT, EACH JOINT	10/1/2018	$1,028.20
26474	TENODESIS; OF DISTAL JOINT, EACH JOINT	10/1/2018	$570.56
26476	LENGTHENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	10/1/2018	$570.56
26477	SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	10/1/2018	$1,028.20
26478	LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	10/1/2018	$1,028.20
26479	SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	10/1/2018	$570.56
26480	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND;	10/1/2018	$1,028.20
26483	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND; WITH	10/1/2018	$1,028.20
26485	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH TENDON	10/1/2018	$1,028.20
26489	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITH FREE TENDON GRAFT (INCLUDES	10/1/2018	$1,028.20
26490	OPPONENSPLASTY; SUPERFICIALIS TENDON TRANSFER TYPE, EACH TENDON	10/1/2018	$1,028.20
26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT), EACH	10/1/2018	$1,028.20
26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER	10/1/2018	$1,028.20
26496	OPPONENSPLASTY; OTHER METHODS	10/1/2018	$1,028.20
26497	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER	10/1/2018	$1,028.20
26498	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS	10/1/2018	$1,028.20
26499	CORRECTION CLAW FINGER, OTHER METHODS	10/1/2018	$570.56
26500	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH LOCAL TISSUES (SEPARATE	10/1/2018	$2,414.29
26502	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH TENDON OR FASCIAL GRAFT	10/1/2018	$1,028.20
26508	RELEASE OF THENAR MUSCLE(S) (EG, THUMB CONTRACTURE)	10/1/2018	$1,028.20
26510	CROSS INTRINSIC TRANSFER, EACH TENDON	10/1/2018	$1,028.20
26516	CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE DIGIT	10/1/2018	$1,028.20
26517	CAPSULODESIS, METACARPOPHALANGEAL JOINT; TWO DIGITS	10/1/2018	$1,028.20
26518	CAPSULODESIS, METACARPOPHALANGEAL JOINT; THREE OR FOUR DIGITS	10/1/2018	$1,028.20
26520	CAPSULECTOMY OR CAPSULOTOMY; METACARPOPHALANGEAL JOINT, EACH JOINT	10/1/2018	$1,028.20
26525	CAPSULECTOMY OR CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT	10/1/2018	$570.56
26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT	10/1/2018	$1,028.20
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	10/1/2018	$3,234.19
26535	ARTHROPLASTY, INTERPHALANGEAL JOINT; EACH JOINT	10/1/2018	$1,028.20
26536	ARTHROPLASTY, INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	10/1/2018	$2,414.29
26540	REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT	10/1/2018	$1,028.20
26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH	10/1/2018	$1,028.20

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26542	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH	10/1/2018	$1,028.20
26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING	10/1/2018	$1,028.20
26546	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WITH OR	10/1/2018	$2,414.29
26548	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT	10/1/2018	$1,028.20
26550	POLLICIZATION OF A DIGIT	10/1/2018	$1,028.20
26555	TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS	10/1/2018	$2,414.29
26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	10/1/2018	$570.56
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS	10/1/2018	$1,028.20
26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE,	10/1/2018	$1,028.20
26565	OSTEOTOMY; METACARPAL, EACH	10/1/2018	$1,028.20
26567	OSTEOTOMY; PHALANX OF FINGER, EACH	10/1/2018	$1,028.20
26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	10/1/2018	$2,414.29
26580	REPAIR CLEFT HAND	10/1/2018	$1,028.20
26587	RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE	10/1/2018	$1,028.20
26590	REPAIR MACRODACTYLIA, EACH DIGIT	10/1/2018	$570.56
26591	REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	10/1/2018	$570.56
26593	RELEASE, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	10/1/2018	$1,028.20
26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	10/1/2018	$1,028.20
26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE	10/1/2018	$84.73
26605	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BONE	10/1/2018	$84.73
26607	CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH EXTERNAL	10/1/2018	$570.56
26608	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE	10/1/2018	$1,028.20
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN	10/1/2018	$1,028.20
26641	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULATION	10/1/2018	$84.73
26645	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT	10/1/2018	$570.56
26650	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (B	10/1/2018	$1,028.20
26665	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE)	10/1/2018	$1,028.20
26670	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH	10/1/2018	$84.73
26675	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH	10/1/2018	$570.56
26676	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER THAN	10/1/2018	$1,028.20
26685	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; INCLUDES INTERN	10/1/2018	$1,028.20
26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; COMPLEX,	10/1/2018	$1,028.20
26700	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION;	10/1/2018	$84.73
26705	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION;	10/1/2018	$570.56

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26706	PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH	10/1/2018	$1,028.20
26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, INCLUDES INTERNAL FIX	10/1/2018	$1,028.20
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX,	10/1/2018	$84.73
26725	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX,	10/1/2018	$84.73
26727	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXIMAL	10/1/2018	$1,028.20
26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER	10/1/2018	$1,028.20
26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR	10/1/2018	$84.73
26742	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR	10/1/2018	$570.56
26746	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHAL	10/1/2018	$1,028.20
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT	10/1/2018	$84.73
26755	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH	10/1/2018	$84.73
26756	PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB,	10/1/2018	$1,028.20
26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, INCLUDES INTERNAL	10/1/2018	$1,028.20
26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH	10/1/2018	$84.73
26775	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH	10/1/2018	$93.10
26776	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE,	10/1/2018	$1,028.20
26785	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	10/1/2018	$1,028.20
26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	10/1/2018	$2,414.29
26841	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;	10/1/2018	$2,414.29
26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;	10/1/2018	$2,414.29
26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH;	10/1/2018	$2,414.29
26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH; WITH	10/1/2018	$2,414.29
26850	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	10/1/2018	$2,414.29
26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	10/1/2018	$2,414.29
26860	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	10/1/2018	$1,028.20
26861	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH	10/1/2014	$0.00
26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	10/1/2018	$1,028.20
26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	10/1/2014	$0.00
26910	AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION), SINGLE, WITH OR W	10/1/2018	$1,028.20
26951	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX,	10/1/2018	$1,028.20
26952	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX,	10/1/2018	$1,028.20
26990	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA	10/1/2018	$1,028.20
26991	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA	10/1/2018	$570.56
27000	TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS (SEPARATE PROCEDURE)	10/1/2018	$570.56

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
27001	TENOTOMY, ADDUCTOR OF HIP, OPEN	10/1/2018	$1,028.20
27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY	10/1/2018	$2,414.29
27006	TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDURE)	10/1/2015	$1,200.84
27025	FASCIOTOMY, HIP OR THIGH, ANY TYPE	10/1/2014	$0.00
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	10/1/2018	$1,028.20
27035	DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES OF	10/1/2018	$1,028.20
27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL	10/1/2018	$424.42
27041	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	10/1/2018	$424.42
27043	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; 3 CM OR GREAT	10/1/2018	$834.56
27045	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, INTRAMUSCUL	10/1/2018	$834.56
27047	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; LESS THAN 3 C	10/1/2018	$834.56
27048	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, INTRAMUSCUL	10/1/2018	$834.56
27049	REMOVAL OF (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF PELVIS OR HIP	10/1/2018	$834.56
27050	ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT	10/1/2018	$570.56
27052	ARTHROTOMY, WITH BIOPSY; HIP JOINT	10/1/2018	$570.56
27059	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF PELVIS OR HIP	10/1/2018	$834.56
27060	EXCISION; ISCHIAL BURSA	10/1/2018	$1,028.20
27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION	10/1/2018	$1,028.20
27065	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATE	10/1/2018	$1,028.20
27066	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATE	10/1/2018	$1,028.20
27067	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATE	10/1/2018	$2,414.29
27080	COCCYGECTOMY, PRIMARY	10/1/2018	$1,028.20
27086	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE	10/1/2018	$424.42
27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	10/1/2018	$1,028.20
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA	10/1/2012	$0.00
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	10/1/2012	$0.00
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANC	10/1/2014	$0.00
27097	RELEASE OR RECESSION, HAMSTRING, PROXIMAL	10/1/2018	$1,028.20
27098	TRANSFER, ADDUCTOR TO ISCHIUM	10/1/2018	$570.56
27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR	10/1/2018	$2,414.29
27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)	10/1/2018	$1,028.20
27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR	10/1/2018	$2,414.29
27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK	10/1/2018	$1,028.20
27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTERNAL	10/1/2014	$1,036.05

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27176	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, IN SITU	10/1/2014	$689.33
27197	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLOCATION(S), DIASTASIS	10/1/2018	$84.73
27198	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLOCATION(S), DIASTASIS	10/1/2018	$84.73
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	10/1/2018	$80.42
27202	OPEN TREATMENT OF COCCYGEAL FRACTURE	10/1/2018	$1,028.20
27220	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITHOUT MANIPULATION	10/1/2018	$84.73
27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION	10/1/2018	$84.73
27238	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC	10/1/2018	$570.56
27246	CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATION	10/1/2018	$84.73
27250	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA	10/1/2018	$84.73
27252	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA	10/1/2018	$570.56
27256	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL	10/1/2018	$84.73
27257	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL	10/1/2018	$570.56
27265	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHESIA	10/1/2018	$84.73
27266	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIONAL OR	10/1/2018	$570.56
27267	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITHOUT MANIPULATION	10/1/2018	$570.56
27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	10/1/2018	$570.56
27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISU	10/1/2018	$11,846.59
27301	INCISION AND DRAINAGE, DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH OR KNEE REGION	10/1/2018	$834.56
27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	10/1/2018	$1,028.20
27306	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE	10/1/2018	$570.56
27307	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; MULTIPLE TENDONS	10/1/2018	$1,028.20
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY (EG,	10/1/2018	$1,028.20
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL	10/1/2018	$424.42
27324	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	10/1/2018	$834.56
27325	NEURECTOMY, HAMSTRING MUSCLE	10/1/2018	$608.06
27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	10/1/2018	$608.06
27327	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; LESS THAN 3 CM	10/1/2018	$424.42
27328	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG, INTRAMUSCULA	10/1/2018	$834.56
27329	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF THIGH OR KNEE	10/1/2018	$834.56
27330	ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY	10/1/2018	$1,028.20
27331	ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE OR	10/1/2018	$1,028.20
27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL OR	10/1/2018	$1,028.20
27333	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL	10/1/2018	$1,028.20

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27334	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR OR POSTERIOR	10/1/2018	$1,028.20
27335	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL	10/1/2018	$2,414.29
27337	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; 3 CM OR GREATE	10/1/2018	$834.56
27339	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG, INTRAMUSCULA	10/1/2018	$834.56
27340	EXCISION, PREPATELLAR BURSA	10/1/2018	$1,028.20
27345	REMOVAL OF CYST OF MEMBRANE COVERING BEHIND KNEE JOINT	10/1/2018	$1,028.20
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE	10/1/2018	$1,028.20
27350	PATELLECTOMY OR HEMIPATELLECTOMY	10/1/2018	$1,028.20
27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	10/1/2018	$1,028.20
27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT	10/1/2018	$4,933.90
27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT	10/1/2018	$2,414.29
27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL	10/1/2014	$0.00
27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEMUR,	10/1/2018	$1,028.20
27364	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF THIGH OR KNEE	10/1/2018	$834.56
27370	INJECTION OF CONTRACT FOR X-RAY IMAGING OF KNEE	10/1/2012	$0.00
27372	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA	10/1/2018	$834.56
27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	10/1/2018	$2,414.29
27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR	10/1/2018	$2,414.29
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	10/1/2018	$2,414.29
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION,	10/1/2018	$2,414.29
27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON	10/1/2018	$1,028.20
27391	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, ONE LEG	10/1/2018	$1,028.20
27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL	10/1/2018	$1,028.20
27393	LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON	10/1/2018	$1,028.20
27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG	10/1/2018	$2,414.29
27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL	10/1/2018	$1,028.20
27396	TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH (EG, EXTENS	10/1/2018	$2,414.29
27397	TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH (EG, EXTENS	10/1/2018	$2,414.29
27400	TRANSFER OF TENDON OR MUSCLE IN HAMSTRING	10/1/2018	$2,414.29
27403	ARTHROTOMY WITH MENISCUS REPAIR, KNEE	10/1/2018	$1,028.20
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	10/1/2018	$2,414.29
27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	10/1/2018	$2,414.29
27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE	10/1/2018	$2,414.29
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	10/1/2018	$7,289.77

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27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (EG, MOSAICPLASTY) (INCLUDES HARVESTING O	10/1/2018	$2,414.29
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	10/1/2018	$2,414.29
27420	RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)	10/1/2018	$2,414.29
27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE	10/1/2018	$2,414.29
27424	RECONSTRUCTION OF DISLOCATING PATELLA; WITH PATELLECTOMY	10/1/2018	$2,414.29
27425	LATERAL RETINACULAR RELEASE, OPEN	10/1/2018	$1,028.20
27427	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	10/1/2018	$2,414.29
27428	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	10/1/2018	$4,933.90
27429	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND	10/1/2018	$4,933.90
27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	10/1/2018	$2,414.29
27435	CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE	10/1/2018	$1,028.20
27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS	10/1/2018	$2,414.29
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	10/1/2018	$6,406.44
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	10/1/2018	$6,606.59
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	10/1/2018	$4,933.90
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;	10/1/2018	$6,644.45
27443	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; WITH DEBRIDEMENT AND	10/1/2018	$4,933.90
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	10/1/2018	$6,666.88
27475	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); DISTAL FEMUR	10/1/2018	$2,414.29
27479	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); COMBINED DISTAL FEMUR,	10/1/2018	$3,185.83
27485	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL TIBIA OR FIBULA (EG, GENU	10/1/2014	$503.25
27496	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR	10/1/2018	$1,028.20
27497	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR	10/1/2018	$1,028.20
27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	10/1/2018	$570.56
27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH	10/1/2018	$1,028.20
27500	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION	10/1/2018	$84.73
27501	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR	10/1/2018	$84.73
27502	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR WITHOUT	10/1/2018	$570.56
27503	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR	10/1/2018	$570.56
27508	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE,	10/1/2018	$84.73
27509	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR	10/1/2018	$2,414.29
27510	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE,	10/1/2018	$570.56
27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULATION	10/1/2018	$84.73
27517	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH MANIPULATION,	10/1/2018	$570.56

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27520	CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION	10/1/2018	$84.73
27524	OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL OR	10/1/2018	$2,414.29
27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION	10/1/2018	$84.73
27532	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHOUT	10/1/2018	$1,028.20
27538	CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF	10/1/2018	$84.73
27550	CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA	10/1/2018	$84.73
27552	CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA	10/1/2018	$570.56
27560	CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA	10/1/2018	$84.73
27562	CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA	10/1/2018	$84.73
27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL	10/1/2018	$2,414.29
27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRA	10/1/2018	$570.56
27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVISION	10/1/2018	$1,028.20
27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY	10/1/2018	$1,028.20
27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY	10/1/2018	$1,028.20
27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR	10/1/2018	$1,028.20
27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA	10/1/2018	$834.56
27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA	10/1/2018	$570.56
27605	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); LOCAL ANESTHESIA	10/1/2018	$570.56
27606	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); GENERAL ANESTHESIA	10/1/2018	$1,028.20
27607	INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	10/1/2018	$1,028.20
27610	ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	10/1/2018	$1,028.20
27612	ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TENDON	10/1/2018	$1,028.20
27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL	10/1/2018	$128.88
27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	10/1/2018	$834.56
27615	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF LEG OR ANKLE	10/1/2018	$834.56
27616	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF LEG OR ANKLE	10/1/2018	$834.56
27618	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS; LESS THAN 3 CM	10/1/2018	$424.42
27619	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG, INTRAMUSCULAR	10/1/2018	$834.56
27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHO	10/1/2018	$1,028.20
27625	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE;	10/1/2018	$1,028.20
27626	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE; INCLUDING TENOSYNOVECTOMY	10/1/2018	$1,028.20
27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG	10/1/2018	$1,028.20
27632	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH BENEATH THE SKIN OF LEG OR ANKL	10/1/2018	$834.56
27634	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG, INTRAMUSCULAR	10/1/2018	$834.56

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27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;	10/1/2018	$1,028.20
27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH	10/1/2018	$2,414.29
27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH	10/1/2018	$2,414.29
27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OST	10/1/2018	$1,028.20
27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OST	10/1/2018	$1,028.20
27647	RADICAL RESECTION OF TUMOR; TALUS OR CALCANEUS	10/1/2018	$1,028.20
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	10/1/2012	$0.00
27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	10/1/2018	$1,028.20
27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT	10/1/2018	$2,414.29
27654	REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	10/1/2018	$2,414.29
27656	REPAIR, FASCIAL DEFECT OF LEG	10/1/2018	$1,028.20
27658	REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	10/1/2018	$1,028.20
27659	REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	10/1/2018	$2,414.29
27664	REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	10/1/2018	$2,414.29
27665	REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	10/1/2018	$2,414.29
27675	REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	10/1/2018	$1,028.20
27676	REPAIR, DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	10/1/2018	$2,414.29
27680	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH TENDON	10/1/2018	$1,028.20
27681	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; MULTIPLE TENDONS	10/1/2018	$1,028.20
27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE	10/1/2018	$1,028.20
27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE TENDONS (THROUGH	10/1/2018	$1,028.20
27687	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)	10/1/2018	$1,028.20
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	10/1/2018	$2,414.29
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	10/1/2018	$2,414.29
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	10/1/2014	$0.00
27695	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL	10/1/2018	$2,414.29
27696	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS	10/1/2018	$2,414.29
27698	REPAIR, SECONDARY, DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES	10/1/2018	$2,414.29
27700	ARTHROPLASTY, ANKLE;	10/1/2018	$2,414.29
27704	REMOVAL OF ANKLE IMPLANT	10/1/2018	$1,028.20
27705	OSTEOTOMY; TIBIA	10/1/2018	$2,414.29
27707	OSTEOTOMY; FIBULA	10/1/2018	$1,028.20
27709	OSTEOTOMY; TIBIA AND FIBULA	10/1/2018	$4,933.90
27720	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION	10/1/2018	$2,414.29

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27726	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION	10/1/2018	$2,414.29
27727	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	10/1/2014	$768.89
27730	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA	10/1/2018	$1,028.20
27732	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL FIBULA	10/1/2018	$1,028.20
27734	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA AND FIBULA	10/1/2018	$1,028.20
27740	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DISTAL	10/1/2018	$1,391.07
27742	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DISTAL	10/1/2018	$1,028.20
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	10/1/2018	$2,414.29
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WI	10/1/2018	$84.73
27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE);	10/1/2018	$570.56
27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT	10/1/2018	$2,414.29
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE)	10/1/2018	$4,933.90
27759	TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY	10/1/2018	$4,933.90
27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION	10/1/2018	$84.73
27762	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR	10/1/2018	$570.56
27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PE	10/1/2018	$2,414.29
27767	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	10/1/2018	$84.73
27768	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION	10/1/2018	$570.56
27769	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN	10/1/2018	$2,414.29
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION	10/1/2018	$84.73
27781	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION	10/1/2018	$570.56
27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION,	10/1/2018	$2,414.29
27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT	10/1/2018	$84.73
27788	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH	10/1/2018	$84.73
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), INCLUDES INTERNAL	10/1/2018	$2,414.29
27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI,	10/1/2018	$84.73
27810	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI,	10/1/2018	$570.56
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, O	10/1/2018	$2,414.29
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION	10/1/2018	$84.73
27818	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION	10/1/2018	$570.56
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION, WHEN	10/1/2018	$2,414.29
27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION, WHEN	10/1/2018	$2,414.29
27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL	10/1/2018	$84.73
27825	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL	10/1/2018	$570.56

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27826	OPEN TREATMENT OF FRACTURE OF LOWER WEIGHT BEARING JOINT OF FIBULA (SMALLER LOWE	10/1/2018	$2,414.29
27827	OPEN TREATMENT OF FRACTURE OF LOWER WEIGHT BEARING JOINT OF SHIN BONE	10/1/2018	$4,933.90
27828	OPEN TREATMENT OF FRACTURE OF LOWER WEIGHT BEARING JOINT OF BOTH LOWER LEG BONES	10/1/2018	$4,933.90
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, INCLUDES I	10/1/2018	$2,414.29
27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTHESIA	10/1/2018	$84.73
27831	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING	10/1/2018	$1,028.20
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, INCLUDES INTERNAL FIX	10/1/2018	$2,414.29
27840	CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA	10/1/2018	$84.73
27842	CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOUT	10/1/2018	$570.56
27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	10/1/2018	$2,414.29
27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	10/1/2018	$2,414.29
27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION	10/1/2018	$570.56
27870	ARTHRODESIS, ANKLE, OPEN	10/1/2018	$6,516.51
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	10/1/2018	$4,933.90
27884	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION	10/1/2018	$1,028.20
27889	ANKLE DISARTICULATION	10/1/2018	$2,414.29
27892	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH D	10/1/2018	$1,028.20
27893	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT	10/1/2018	$2,414.29
27894	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR	10/1/2018	$570.56
28001	INCISION AND DRAINAGE, BURSA, FOOT	10/1/2018	$134.30
28002	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT,	10/1/2018	$570.56
28003	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT,	10/1/2018	$1,028.20
28005	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), FOOT	10/1/2018	$1,028.20
28008	FASCIOTOMY, FOOT AND/OR TOE	10/1/2018	$1,028.20
28010	TENOTOMY, PERCUTANEOUS, TOE; SINGLE TENDON	10/1/2018	$93.41
28011	TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TENDONS	10/1/2018	$570.56
28020	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN	10/1/2018	$1,028.20
28022	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN	10/1/2018	$1,028.20
28024	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN	10/1/2018	$570.56
28035	RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION)	10/1/2018	$608.06
28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM OR GREATER	10/1/2018	$834.56
28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5	10/1/2018	$834.56
28043	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; LESS THAN 1.5 CM	10/1/2018	$424.42
28045	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); LES	10/1/2018	$834.56

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28046	REMOVAL (LESS THAN 3 CENTIMETERS) TISSUE GROWTH OF FOOT OR TOE	10/1/2018	$834.56
28047	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH OF FOOT OR TOE	10/1/2018	$834.56
28050	ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	10/1/2018	$1,028.20
28052	ARTHROTOMY WITH BIOPSY; METATARSOPHALANGEAL JOINT	10/1/2018	$1,028.20
28054	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT	10/1/2018	$1,028.20
28055	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	10/1/2018	$608.06
28060	FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	10/1/2018	$1,028.20
28062	FASCIECTOMY, PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)	10/1/2018	$1,028.20
28070	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH	10/1/2018	$1,028.20
28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH	10/1/2018	$1,028.20
28080	EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	10/1/2018	$570.56
28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	10/1/2018	$1,028.20
28088	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR	10/1/2018	$570.56
28090	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	10/1/2018	$570.56
28092	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	10/1/2018	$570.56
28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	10/1/2018	$1,028.20
28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH	10/1/2018	$2,414.29
28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH	10/1/2018	$2,414.29
28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL,	10/1/2018	$1,028.20
28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL,	10/1/2018	$2,414.29
28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL,	10/1/2018	$2,414.29
28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT	10/1/2018	$570.56
28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE	10/1/2018	$1,028.20
28111	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD	10/1/2018	$1,028.20
28112	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH)	10/1/2018	$1,028.20
28113	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD	10/1/2018	$1,028.20
28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL	10/1/2018	$1,028.20
28116	OSTECTOMY, EXCISION OF TARSAL COALITION	10/1/2018	$1,028.20
28118	OSTECTOMY, CALCANEUS;	10/1/2018	$1,028.20
28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE	10/1/2018	$1,028.20
28120	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	10/1/2018	$1,028.20
28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	10/1/2018	$1,028.20
28124	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	10/1/2018	$227.98
28126	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE	10/1/2018	$570.56

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
28130	TALECTOMY (ASTRAGALECTOMY)	10/1/2018	$1,028.20
28140	METATARSECTOMY	10/1/2018	$1,028.20
28150	PHALANGECTOMY, TOE, EACH TOE	10/1/2018	$1,028.20
28153	RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE	10/1/2018	$570.56
28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PROXIMAL END OF	10/1/2018	$1,028.20
28171	RADICAL RESECTION OF TUMOR; TARSAL (EXCEPT TALUS OR CALCANEUS)	10/1/2018	$1,028.20
28173	RADICAL RESECTION OF TUMOR; METATARSAL	10/1/2018	$1,028.20
28175	RADICAL RESECTION OF TUMOR; PHALANX OF TOE	10/1/2018	$570.56
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	10/1/2018	$142.96
28192	REMOVAL OF FOREIGN BODY, FOOT; DEEP	10/1/2018	$424.42
28193	REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED	10/1/2018	$424.42
28200	REPAIR, TENDON, FLEXOR, FOOT; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TEN	10/1/2018	$1,028.20
28202	REPAIR, TENDON, FLEXOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES	10/1/2018	$2,414.29
28208	REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH TENDON	10/1/2018	$1,028.20
28210	REPAIR, TENDON, EXTENSOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON	10/1/2018	$2,414.29
28220	TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON	10/1/2018	$216.07
28222	TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDONS	10/1/2018	$1,028.20
28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON	10/1/2018	$1,028.20
28226	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TENDONS	10/1/2018	$570.56
28230	TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SINGLE OR MULTIPLE TENDON(S) (SEPARATE	10/1/2018	$212.55
28232	TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE PROCEDURE)	10/1/2018	$200.09
28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON	10/1/2018	$570.56
28238	RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF	10/1/2018	$2,414.29
28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	10/1/2018	$1,028.20
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE	10/1/2018	$1,028.20
28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	10/1/2018	$570.56
28261	CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING	10/1/2018	$570.56
28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND	10/1/2018	$2,414.29
28264	CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)	10/1/2018	$570.56
28270	CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, EACH JOINT	10/1/2018	$1,028.20
28272	CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROCEDURE)	10/1/2018	$194.41
28280	SYNDACTYLIZATION, TOES (EG, WEBBING OR KELIKIAN TYPE PROCEDURE)	10/1/2018	$1,028.20
28285	CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL	10/1/2018	$1,028.20
28286	CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUIZ-MORA TYPE	10/1/2018	$570.56

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH	10/1/2018	$1,028.20
28289	CORRECTION OF RIGID DEFORMITY OF FIRST JOINT OF BIG TOE	10/1/2018	$1,028.20
28291	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF	10/1/2018	$2,414.29
28292	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; KELLER,	10/1/2018	$1,028.20
28295	CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED, W	10/1/2018	$1,028.20
28296	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WITH	10/1/2018	$1,028.20
28297	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS	10/1/2018	$2,414.29
28298	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY PHALANX	10/1/2018	$2,414.29
28299	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY DOUBLE	10/1/2018	$1,028.20
28300	OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT	10/1/2018	$2,414.29
28302	OSTEOTOMY; TALUS	10/1/2018	$2,414.29
28304	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	10/1/2018	$2,414.29
28305	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT	10/1/2018	$2,414.29
28306	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	10/1/2018	$2,414.29
28307	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	10/1/2018	$1,028.20
28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	10/1/2018	$1,028.20
28309	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	10/1/2018	$2,414.29
28310	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX,	10/1/2018	$1,028.20
28312	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY	10/1/2018	$1,028.20
28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY (EG,	10/1/2018	$1,028.20
28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	10/1/2018	$1,028.20
28320	REPAIR, NONUNION OR MALUNION; TARSAL BONES	10/1/2018	$4,933.90
28322	REPAIR, NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES	10/1/2018	$2,414.29
28340	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	10/1/2018	$570.56
28341	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION	10/1/2018	$1,028.20
28344	RECONSTRUCTION, TOE(S); POLYDACTYLY	10/1/2018	$1,028.20
28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB	10/1/2018	$570.56
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	10/1/2018	$84.73
28405	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION	10/1/2018	$84.73
28406	PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATION	10/1/2018	$2,414.29
28415	OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	10/1/2018	$2,414.29
28420	OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	10/1/2018	$6,559.98
28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION	10/1/2018	$84.73
28435	CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION	10/1/2018	$570.56

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
28436	PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIPULATION	10/1/2018	$2,414.29
28445	OPEN TREATMENT OF TALUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	10/1/2018	$2,414.29
28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS (INCLUDES OBTAINING GRAFT[S])	10/1/2018	$2,414.29
28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT	10/1/2018	$84.73
28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH	10/1/2018	$126.44
28456	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS AND	10/1/2018	$2,414.29
28465	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), INCLUDES IN	10/1/2018	$2,414.29
28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	10/1/2018	$84.73
28475	CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH	10/1/2018	$84.73
28476	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATION, EACH	10/1/2018	$1,028.20
28485	OPEN TREATMENT OF METATARSAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORME	10/1/2018	$2,414.29
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT	10/1/2018	$78.25
28495	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION	10/1/2018	$84.73
28496	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES,	10/1/2018	$1,028.20
28505	OPEN TREATMENT OF FRACTURE, GREAT TOE, PHALANX OR PHALANGES, INCLUDES INTERNAL F	10/1/2018	$1,028.20
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE;	10/1/2018	$61.46
28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH	10/1/2018	$79.60
28525	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, INCLUDES	10/1/2018	$1,028.20
28530	CLOSED TREATMENT OF SESAMOID FRACTURE	10/1/2018	$57.67
28531	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION	10/1/2018	$2,414.29
28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WITHOUT	10/1/2018	$84.73
28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; REQUIRING	10/1/2018	$1,028.20
28546	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN	10/1/2018	$570.56
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERF	10/1/2018	$2,414.29
28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	10/1/2018	$84.73
28575	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	10/1/2018	$1,028.20
28576	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH	10/1/2018	$570.56
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN	10/1/2018	$3,463.59
28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	10/1/2018	$84.73
28605	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	10/1/2018	$84.73
28606	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, WITH	10/1/2018	$1,028.20
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	10/1/2018	$2,414.29
28630	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	10/1/2018	$69.31
28635	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	10/1/2018	$570.56

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH	10/1/2018	$570.56
28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXAT	10/1/2018	$1,028.20
28660	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	10/1/2018	$51.17
28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	10/1/2018	$93.10
28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH	10/1/2018	$1,028.20
28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	10/1/2018	$1,028.20
28705	ARTHRODESIS; PANTALAR	10/1/2018	$10,385.42
28715	ARTHRODESIS; TRIPLE	10/1/2018	$6,588.02
28725	ARTHRODESIS; SUBTALAR	10/1/2018	$4,933.90
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;	10/1/2018	$6,698.78
28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH	10/1/2018	$6,680.56
28737	ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL	10/1/2018	$6,725.42
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	10/1/2018	$3,236.46
28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	10/1/2018	$3,234.95
28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	10/1/2018	$2,414.29
28760	ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK,	10/1/2018	$2,414.29
28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE	10/1/2018	$1,028.20
28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT	10/1/2018	$570.56
28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT	10/1/2018	$570.56
28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN OR OTHER QUALIF	10/1/2018	$154.33
29000	APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION)	10/1/2018	$93.10
29010	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY	10/1/2018	$93.10
29015	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; INCLUDING HEAD	10/1/2018	$93.10
29035	APPLICATION OF BODY CAST, SHOULDER TO HIPS;	10/1/2018	$93.10
29040	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TYPE	10/1/2018	$93.10
29044	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING ONE THIGH	10/1/2018	$53.22
29046	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH THIGHS	10/1/2018	$93.10
29049	APPLICATION, CAST; FIGURE-OF-EIGHT	10/1/2018	$48.20
29055	APPLICATION, CAST; SHOULDER SPICA	10/1/2018	$93.10
29058	APPLICATION, CAST; PLASTER VELPEAU	10/1/2018	$54.15
29065	APPLICATION, CAST; SHOULDER TO HAND (LONG ARM)	10/1/2018	$47.11
29075	APPLICATION, CAST; ELBOW TO FINGER (SHORT ARM)	10/1/2018	$43.05
29085	APPLICATION, CAST; HAND AND LOWER FOREARM (GAUNTLET)	10/1/2018	$46.84
29086	APPLICATION, CAST; FINGER (EG, CONTRACTURE)	10/1/2018	$43.05

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	10/1/2018	$41.16
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	10/1/2015	$0.00
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC	10/1/2015	$0.00
29130	APPLICATION OF FINGER SPLINT; STATIC	10/1/2015	$0.00
29131	APPLICATION OF FINGER SPLINT; DYNAMIC	10/1/2015	$0.00
29200	STRAPPING; THORAX	10/1/2018	$13.00
29240	STRAPPING; SHOULDER (EG, VELPEAU)	10/1/2015	$0.00
29260	STRAPPING; ELBOW OR WRIST	10/1/2015	$0.00
29280	STRAPPING; HAND OR FINGER	10/1/2015	$0.00
29305	APPLICATION OF HIP SPICA CAST; ONE LEG	10/1/2018	$93.10
29325	APPLICATION OF HIP SPICA CAST; ONE AND ONE-HALF SPICA OR BOTH LEGS	10/1/2018	$93.10
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	10/1/2018	$60.92
29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY TYPE	10/1/2018	$60.38
29358	APPLICATION OF LONG LEG CAST BRACE	10/1/2018	$78.52
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	10/1/2018	$57.67
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	10/1/2018	$38.18
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY TYPE	10/1/2018	$36.28
29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	10/1/2018	$54.15
29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST	10/1/2018	$17.33
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	10/1/2018	$47.65
29450	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHORT LEG	10/1/2018	$51.44
29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	10/1/2018	$44.95
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	10/1/2018	$33.57
29520	STRAPPING; HIP	10/1/2015	$0.00
29530	STRAPPING; KNEE	10/1/2015	$0.00
29540	STRAPPING; ANKLE AND/OR FOOT	10/1/2018	$8.94
29550	STRAPPING; TOES	10/1/2015	$0.00
29580	STRAPPING; UNNA BOOT	10/1/2018	$30.60
29581	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; LEG (BELOW KNEE), INCLUDING ANKLE	10/1/2018	$48.74
29584	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM, FOREARM, HAND, AND FI	10/1/2018	$51.17
29700	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST	10/1/2018	$32.76
29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST	10/1/2018	$27.35
29710	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA, OR RISSER JACKET, ETC.	10/1/2018	$52.80
29720	REPAIR OF SPICA, BODY CAST OR JACKET	10/1/2018	$44.13

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
29730	WINDOWING OF CAST	10/1/2018	$25.72
29740	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)	10/1/2018	$40.88
29750	WEDGING OF CLUBFOOT CAST	10/1/2018	$42.78
29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPS	10/1/2018	$1,028.20
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	10/1/2018	$1,028.20
29805	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	10/1/2018	$1,028.20
29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	10/1/2018	$2,414.29
29807	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	10/1/2018	$2,414.29
29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	10/1/2018	$1,028.20
29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	10/1/2018	$2,414.29
29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	10/1/2018	$1,028.20
29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	10/1/2018	$1,028.20
29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	10/1/2018	$1,028.20
29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL	10/1/2018	$1,028.20
29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR	10/1/2018	$1,028.20
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL	10/1/2014	$0.00
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	10/1/2018	$2,414.29
29828	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	10/1/2018	$2,414.29
29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	10/1/2018	$1,028.20
29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	10/1/2018	$1,028.20
29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	10/1/2018	$1,028.20
29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	10/1/2018	$2,414.29
29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	10/1/2018	$1,028.20
29838	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE	10/1/2018	$1,028.20
29840	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	10/1/2018	$1,028.20
29843	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	10/1/2018	$1,028.20
29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	10/1/2018	$1,028.20
29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	10/1/2018	$1,028.20
29846	ARTHROSCOPY, WRIST, SURGICAL; EXCISION AND/OR REPAIR OF TRIANGULAR	10/1/2018	$1,028.20
29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY	10/1/2018	$2,414.29
29848	ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT	10/1/2018	$570.56
29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY	10/1/2018	$570.56
29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY	10/1/2018	$570.56
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICOND	10/1/2018	$3,183.58

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29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDY	10/1/2018	$7,153.41
29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	10/1/2018	$2,414.29
29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	10/1/2018	$1,028.20
29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	10/1/2018	$2,414.29
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	10/1/2018	$1,028.20
29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCL	10/1/2018	$2,414.29
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	10/1/2018	$1,028.20
29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	10/1/2018	$1,028.20
29873	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	10/1/2018	$1,028.20
29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG,	10/1/2018	$1,028.20
29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF	10/1/2018	$1,028.20
29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG,	10/1/2018	$1,028.20
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	10/1/2018	$1,028.20
29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY	10/1/2018	$1,028.20
29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING AN	10/1/2018	$1,028.20
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY	10/1/2018	$1,028.20
29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	10/1/2018	$1,028.20
29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)	10/1/2018	$1,028.20
29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT	10/1/2018	$1,028.20
29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BONE	10/1/2018	$2,414.29
29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS	10/1/2018	$1,028.20
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS	10/1/2018	$2,414.29
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR	10/1/2018	$2,414.29
29889	REPAIR OF POSTERIOR CRUCIATE LIGAMENT OF KNEE WITH ASSISTANCE OF AN ENDOSCOPE	10/1/2018	$4,933.90
29891	ARTHROSCOPY, ANKLE, SURGICAL, EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND/OR	10/1/2018	$1,028.20
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION, TALAR	10/1/2018	$2,414.29
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	10/1/2018	$1,028.20
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL	10/1/2018	$1,028.20
29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY,	10/1/2018	$1,028.20
29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT,	10/1/2018	$1,028.20
29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT,	10/1/2018	$1,028.20
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKLE	10/1/2018	$2,414.29
29900	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC, INCLUDES SYNOVIAL BIOPSY	10/1/2018	$1,028.20
29901	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT	10/1/2018	$1,028.20

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29902	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH REDUCTION OF DISPLACED	10/1/2018	$570.56
29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BOD	10/1/2018	$1,028.20
29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	10/1/2018	$1,028.20
29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	10/1/2018	$1,028.20
29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS	10/1/2018	$4,933.90
29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	10/1/2018	$2,414.29
29915	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PI	10/1/2018	$2,414.29
29916	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH LABRAL REPAIR	10/1/2018	$2,414.29
30000	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	10/1/2018	$71.28
30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	10/1/2018	$130.51
30100	BIOPSY, INTRANASAL	10/1/2018	$77.44
30110	EXCISION, NASAL POLYP(S), SIMPLE	10/1/2018	$122.11
30115	EXCISION, NASAL POLYP(S), EXTENSIVE	10/1/2018	$752.41
30117	EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; INTERNAL APPROACH	10/1/2018	$752.41
30118	EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; EXTERNAL APPROACH	10/1/2018	$752.41
30120	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA	10/1/2018	$752.41
30124	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS	10/1/2018	$465.12
30125	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE	10/1/2018	$1,704.02
30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	10/1/2018	$752.41
30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	10/1/2018	$752.41
30150	RHINECTOMY; PARTIAL	10/1/2018	$1,704.02
30160	RHINECTOMY; TOTAL	10/1/2018	$1,704.02
30200	INJECTION INTO TURBINATE(S), THERAPEUTIC	10/1/2018	$61.19
30210	DISPLACEMENT THERAPY (PROETZ TYPE)	10/1/2018	$79.06
30220	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)	10/1/2018	$465.12
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	10/1/2015	$0.00
30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA	10/1/2018	$752.41
30320	REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY	10/1/2018	$465.12
30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	10/1/2018	$1,704.02
30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL	10/1/2018	$1,704.02
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	10/1/2018	$1,704.02
30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)	10/1/2018	$1,704.02
30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)	10/1/2018	$1,704.02
30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)	10/1/2018	$1,704.02

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR	10/1/2018	$1,704.02
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR	10/1/2018	$1,704.02
30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL	10/1/2018	$1,704.02
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING,	10/1/2018	$752.41
30540	REPAIR CHOANAL ATRESIA; INTRANASAL	10/1/2018	$1,704.02
30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE	10/1/2018	$1,704.02
30560	LYSIS INTRANASAL SYNECHIA	10/1/2018	$181.61
30580	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED)	10/1/2018	$1,704.02
30600	REPAIR FISTULA; ORONASAL	10/1/2018	$1,704.02
30620	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)	10/1/2018	$1,704.02
30630	REPAIR NASAL SEPTAL PERFORATIONS	10/1/2018	$752.41
30801	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHO	10/1/2018	$465.12
30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHO	10/1/2018	$465.12
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY	10/1/2015	$0.00
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING)	10/1/2018	$43.49
30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY,	10/1/2018	$43.49
30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY,	10/1/2018	$71.28
30915	LIGATION ARTERIES; ETHMOIDAL	10/1/2018	$1,137.76
30920	LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL	10/1/2018	$1,137.76
30930	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	10/1/2018	$752.41
31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM)	10/1/2018	$71.28
31002	LAVAGE BY CANNULATION; SPHENOID SINUS	10/1/2018	$465.12
31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL	10/1/2018	$752.41
31030	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL OF	10/1/2018	$1,704.02
31032	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF	10/1/2018	$1,704.02
31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH	10/1/2018	$1,704.02
31050	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;	10/1/2018	$1,704.02
31051	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REMOVAL	10/1/2018	$1,704.02
31070	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION)	10/1/2018	$1,704.02
31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNCH	10/1/2018	$1,704.02
31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION	10/1/2018	$1,704.02
31081	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISION	10/1/2018	$1,704.02
31084	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	10/1/2018	$1,704.02
31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	10/1/2018	$1,704.02

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31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	10/1/2018	$1,704.02
31087	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	10/1/2018	$1,704.02
31090	SINUSOTOMY, UNILATERAL, THREE OR MORE PARANASAL SINUSES (FRONTAL, MAXILLARY,	10/1/2018	$1,704.02
31200	ETHMOIDECTOMY; INTRANASAL, ANTERIOR	10/1/2018	$1,704.02
31201	ETHMOIDECTOMY; INTRANASAL, TOTAL	10/1/2018	$752.41
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL	10/1/2018	$752.41
31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	10/1/2014	$1,417.85
31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	10/1/2018	$61.60
31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY (VIA INFERIOR	10/1/2018	$147.39
31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCTURE OF	10/1/2018	$458.05
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT	10/1/2018	$458.05
31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORRHAGE	10/1/2018	$458.05
31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY	10/1/2018	$908.89
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	10/1/2018	$458.05
31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIO	10/1/2018	$1,537.24
31254	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL (ANTERIOR)	10/1/2018	$1,537.24
31255	COMPLETE REMOVAL OF NASAL SINUS USING AN ENDOSCOPE	10/1/2018	$1,537.24
31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	10/1/2018	$908.89
31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIO	10/1/2018	$1,537.24
31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIO	10/1/2018	$1,537.24
31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF	10/1/2018	$1,537.24
31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITHOUT	10/1/2018	$1,537.24
31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	10/1/2018	$1,537.24
31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE	10/1/2018	$1,537.24
31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM (EG, BA	10/1/2018	$1,537.24
31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM (EG, BAL	10/1/2018	$1,537.24
31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF SPHENOID SINUS OSTIUM (EG, B	10/1/2018	$1,537.24
31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL AND SPHENOID SINUS OST	10/1/2018	$1,537.24
31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCELE, C	10/1/2018	$752.41
31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH	10/1/2018	$1,704.02
31420	EPIGLOTTIDECTOMY	10/1/2018	$1,704.02
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	10/1/2018	$71.28
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	10/1/2018	$71.28
31505	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); DIAGNOSTIC	10/1/2018	$44.40

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31510	LARYNGOSCOPY, INDIRECT; WITH BIOPSY	10/1/2018	$908.89
31511	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF FOREIGN BODY	10/1/2018	$61.60
31512	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF LESION	10/1/2018	$908.89
31513	LARYNGOSCOPY, INDIRECT; WITH VOCAL CORD INJECTION	10/1/2018	$147.39
31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION	10/1/2018	$147.39
31520	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, NEWBORN	10/1/2018	$147.39
31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN	10/1/2018	$458.05
31526	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MI	10/1/2018	$458.05
31527	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF OBTURATOR	10/1/2018	$908.89
31528	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, INITIAL	10/1/2018	$908.89
31529	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, SUBSEQUENT	10/1/2018	$908.89
31530	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL;	10/1/2018	$458.05
31531	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATING MICRO	10/1/2018	$908.89
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	10/1/2018	$908.89
31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE OR TELES	10/1/2018	$908.89
31540	REMOVAL OF GROWTH OF TONGUE AND/OR VOCAL CORD STRIPPING USING AN ENDOSCOPE	10/1/2018	$908.89
31541	REMOVAL OF GROWTH OF TONGUE AND/OR VOCAL CORD STRIPPING USING AN ENDOSCOPE WITH	10/1/2018	$908.89
31545	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH	10/1/2018	$908.89
31546	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH	10/1/2018	$1,537.24
31551	LARYNGOPLASTY, FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT INDWELLING STENT PLAC	10/1/2018	$1,704.02
31552	LARYNGOPLASTY, FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT INDWELLING STENT PLAC	10/1/2018	$1,704.02
31553	LARYNGOPLASTY, FOR LARYNGEAL STENOSIS, WITH GRAFT, WITH INDWELLING STENT PLACEME	10/1/2018	$1,704.02
31554	LARYNGOPLASTY, FOR LARYNGEAL STENOSIS WITH GRAFT, WITH INDWELLING STENT PLACEMEN	10/1/2018	$1,704.02
31560	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY;	10/1/2018	$1,537.24
31561	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING MICROSCOPE	10/1/2018	$1,537.24
31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;	10/1/2018	$908.89
31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERA	10/1/2018	$908.89
31572	LARYNGOSCOPY, FLEXIBLE, WITH ABLATION OR DESTRUCTION OF LESION(S) WITH LASER UNI	10/1/2018	$908.89
31573	LARYNGOSCOPY, FLEXIBLE WITH THERAPEUTIC INJECTION(S) (EG, CHEMODENERVATION AGENT	10/1/2018	$458.05
31574	LARYNGOSCOPY, FLEXIBLE WITH INJECTION(S) (EG, PERCUTANEOUS TRANSORAL), UNILATERA	10/1/2018	$458.05
31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	10/1/2018	$57.67
31576	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY	10/1/2018	$458.05
31577	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY	10/1/2018	$147.39
31578	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION	10/1/2018	$908.89

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31579	LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, WITH STROBOSCOPY	10/1/2018	$79.87
31580	LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND REMOVAL	10/1/2018	$1,704.02
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	10/1/2018	$1,704.02
31591	LARYNGOPLASTY, MEDIALIZATION UNILATERAL	10/1/2018	$1,704.02
31592	CRICOTRACHEAL RESECTION	10/1/2018	$1,704.02
31595	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNILATERAL	10/1/2018	$752.41
31603	TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL	10/1/2018	$465.12
31605	TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE	10/1/2018	$181.61
31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN	10/1/2018	$752.41
31612	TRACHEAL PUNCTURE, PERCUTANEOUS WITH TRANSTRACHEAL ASPIRATION AND/OR INJECTION	10/1/2018	$752.41
31613	TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION	10/1/2018	$752.41
31614	TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION	10/1/2018	$1,704.02
31615	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION	10/1/2018	$181.61
31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/1/2018	$458.05
31623	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	10/1/2018	$458.05
31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	10/1/2018	$458.05
31625	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	10/1/2018	$458.05
31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/1/2018	$1,537.24
31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/1/2012	$0.00
31628	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	10/1/2018	$908.89
31629	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	10/1/2018	$908.89
31630	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	10/1/2018	$908.89
31631	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	10/1/2018	$1,537.24
31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	10/1/2014	$0.00
31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	10/1/2014	$0.00
31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/1/2018	$1,537.24
31635	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	10/1/2018	$458.05
31636	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	10/1/2018	$2,088.01
31637	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; EACH	10/1/2014	$0.00
31638	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	10/1/2018	$1,537.24
31640	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	10/1/2018	$908.89
31641	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/1/2018	$908.89
31643	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/1/2018	$458.05
31645	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/1/2018	$458.05

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
31646	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/1/2018	$147.39
31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/1/2018	$1,537.24
31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/1/2018	$908.89
31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/1/2018	$458.05
31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/1/2014	$0.00
31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/1/2018	$908.89
31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/1/2018	$908.89
31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/1/2016	$0.00
31717	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY	10/1/2018	$147.39
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL	10/1/2015	$0.00
31730	INSERTION INTO WINDPIPE OF NEEDLE WIRE, DILATOR, STENT, OR TUBE FOR OXYGEN DELIV	10/1/2018	$458.05
31750	TRACHEOPLASTY; CERVICAL	10/1/2018	$1,704.02
31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	10/1/2018	$1,704.02
31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR	10/1/2018	$752.41
31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR	10/1/2018	$752.41
31830	REVISION OF TRACHEOSTOMY SCAR	10/1/2018	$752.41
32400	BIOPSY, PLEURA; PERCUTANEOUS NEEDLE	10/1/2018	$424.42
32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE	10/1/2018	$424.42
32550	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	10/1/2018	$1,133.50
32552	REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	10/1/2018	$249.02
32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL	10/1/2018	$467.14
32554	THORACENTESIS, NEEDLE OR CATHERER, ASPIRATION OF THE PLEURAL SPACE; WITHOUT IMAG	10/1/2018	$249.02
32555	THORACENTESIS, NEEDLE OR CATHERER, ASPIRATION OF THE PLEURAL SPACE; WITH IMAGING	10/1/2018	$249.02
32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITHOUT I	10/1/2018	$515.90
32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITH IMAG	10/1/2018	$449.87
32960	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	10/1/2018	$249.02
32994	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE PULMONARY TUMOR(S) IN	10/1/2018	$1,693.92
32998	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF ONE OR MORE PULMONARY TUMOR(S)	10/1/2018	$1,693.92
33010	PERICARDIOCENTESIS; INITIAL	10/1/2018	$449.87
33011	PERICARDIOCENTESIS; SUBSEQUENT	10/1/2018	$449.87
33206	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTROD	10/1/2018	$7,439.55
33207	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTROD	10/1/2018	$7,479.80
33208	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTROD	10/1/2018	$7,613.72
33210	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS SINGLE CHAMBER CARDIAC	10/1/2018	$3,717.62

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
33211	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING	10/1/2018	$5,883.59
33212	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING SINGLE LEAD	10/1/2018	$5,778.10
33213	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING DUAL LEADS	10/1/2018	$7,549.80
33214	UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE CHAMBER SYSTEM TO	10/1/2018	$7,436.85
33215	REPOSITIONING OF IMPLANTED PACEMAKER OR DEFIBRILLATOR DEVICE	10/1/2018	$1,137.76
33216	INSERTION OF A SINGLE TRANSVENOUS ELECTRODE, PERMANENT PACEMAKER OR CARDIOVERTER	10/1/2018	$3,717.62
33217	INSERTION OF 2 TRANSVENOUS ELECTRODES, PERMANENT PACEMAKER OR CARDIOVERTER-DEFIB	10/1/2018	$5,667.20
33218	REPAIR OF ELECTRODE FOR PERMANENT PACEMAKER OR DEFIBRILLATOR DEVICE	10/1/2018	$1,315.79
33220	REPAIR OF 2 ELECTRODES FOR PERMANENT PACEMAKER OR DEFIBRILLATOR DEVICE	10/1/2018	$1,315.79
33221	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS	10/1/2018	$12,584.44
33222	RELOCATION OF PACEMAKER GENERATOR SKIN POCKET	10/1/2018	$776.48
33223	RELOCATION OF DEFIBRILLATOR DEVICE SKIN POCKET	10/1/2018	$776.48
33224	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACIN	10/1/2018	$7,507.87
33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACIN	10/1/2015	$0.00
33226	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (LEFT VENTRICULAR) E	10/1/2018	$1,137.76
33227	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL	10/1/2018	$5,744.13
33228	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL	10/1/2018	$7,461.19
33229	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL	10/1/2018	$12,555.26
33230	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXIST	10/1/2018	$18,964.21
33231	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXIST	10/1/2018	$26,834.90
33233	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR ONLY	10/1/2018	$3,717.62
33234	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); SINGLE LEAD SYSTEM, ATRIAL OR	10/1/2018	$1,315.79
33235	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL LEAD SYSTEM	10/1/2018	$1,315.79
33240	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTI	10/1/2018	$19,179.46
33241	REMOVAL OF DEFIBRILLATOR PULSE GENERATOR	10/1/2018	$1,315.79
33249	INSERTION OR REPLACEMENT OF PERMANENT PACING CARDIOVERTER-DEFIBRILLATOR SYSTEM W	10/1/2018	$26,475.50
33262	REMOVAL AND REPLACEMENT OF DEFIBRILLATOR PULSE GENERATOR	10/1/2018	$18,717.17
33263	REMOVAL AND REPLACEMENT OF DEFIBRILLATOR PULSE GENERATOR	10/1/2018	$18,812.49
33264	REMOVAL AND REPLACEMENT OF DEFIBRILLATOR PULSE GENERATOR	10/1/2018	$26,513.85
33270	INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR SYS	10/1/2018	$26,418.52
33271	INSERTION OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR	10/1/2018	$5,960.52
33273	REPOSITIONING OF PREVIOUSLY IMPLANTED SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELE	10/1/2018	$1,315.79
33282	IMPLANTATION OF PATIENT-ACTIVATED CARDIAC EVENT RECORDER	10/1/2018	$6,154.77
33284	REMOVAL OF AN IMPLANTABLE, PATIENT-ACTIVATED CARDIAC EVENT RECORDER	10/1/2018	$228.35

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
33419	TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL	1/1/2015	$0.00
33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY AR	10/1/2012	$0.00
34490	THROMBECTOMY, DIRECT OR WITH CATHETER; AXILLARY AND SUBCLAVIAN VEIN, BY ARM	10/1/2018	$1,137.76
34713	PERCUTANEOUS ACCESS AND CLOSURE OF FEMORAL ARTERY FOR DELIVERY OF ENDOGRAFT THRO	2/1/2018	$0.00
34714	OPEN FEMORAL ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF ENDOVASCUL	2/1/2018	$0.00
34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS	2/1/2018	$0.00
34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY O	2/1/2018	$0.00
35184	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES	10/1/2015	$1,234.32
35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK	10/1/2018	$1,869.84
35190	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES	10/1/2015	$1,234.32
35206	REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY	10/1/2015	$0.00
35207	REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER	10/1/2018	$1,137.76
35572	HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCTION	10/1/2012	$0.00
35761	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY;	10/1/2018	$1,137.76
35875	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAFT OR	10/1/2018	$1,869.84
35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAFT OR	10/1/2018	$1,869.84
36000	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	10/1/2012	$0.00
36002	INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY	10/1/2018	$249.02
36005	INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE	10/1/2012	$0.00
36010	INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA	10/1/2012	$0.00
36011	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, RENAL	10/1/2012	$0.00
36012	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE,	10/1/2012	$0.00
36013	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY	10/1/2012	$0.00
36014	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY	10/1/2012	$0.00
36015	SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTERY	10/1/2012	$0.00
36100	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY	10/1/2012	$0.00
36140	INTRODUCTION OF NEEDLE OR INTRACATHETER; EXTREMITY ARTERY	10/1/2012	$0.00
36160	INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR	10/1/2012	$0.00
36200	INTRODUCTION OF CATHETER, AORTA	10/1/2012	$0.00
36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR	10/1/2012	$0.00
36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR	10/1/2012	$0.00
36217	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE	10/1/2012	$0.00
36218	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD	10/1/2012	$0.00
36221	NON-SELECTIVE CATHETER PLACEMENT, THORACIC AORTA, WITH ANGIOGRAPHY OF THE EXTRAC	10/1/2013	$0.00

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
36222	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, A	10/1/2013	$0.00
36223	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, A	10/1/2013	$0.00
36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRA	10/1/2013	$0.00
36225	SELECTIVE CATHETER PLACEMENT, SUBCLAVIAN OR INNOMINATE ARTERY, UNILATERAL, WITH	10/1/2013	$0.00
36226	SELECTIVE CATHETER PLACEMENT, VERTEBRAL ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF	10/1/2013	$0.00
36227	SELECTIVE CATHETER PLACEMENT, EXTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRA	10/1/2013	$0.00
36228	SELECTIVE CATHETER PLACEMENT, EACH INTRACRANIAL BRANCH OF THE INTERNAL CAROTID V	10/1/2013	$0.00
36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVI	10/1/2012	$0.00
36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, P	10/1/2012	$0.00
36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELEC	10/1/2012	$0.00
36248	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD OR	10/1/2012	$0.00
36251	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY	10/1/2012	$0.00
36252	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY	10/1/2012	$0.00
36253	SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL ARTE	10/1/2012	$0.00
36254	SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL ARTE	10/1/2012	$0.00
36260	INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, FOR CHEMOTHERAPY OF	10/1/2018	$2,499.72
36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	10/1/2018	$1,817.86
36262	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	10/1/2018	$1,315.79
36400	VENIPUNCTURE, YOUNGER THAN AGE 3 YEARS, NECESSITATING THE SKILL OF A PHYSICIAN O	10/1/2012	$0.00
36405	VENIPUNCTURE, YOUNGER THAN AGE 3 YEARS, NECESSITATING THE SKILL OF A PHYSICIAN O	10/1/2012	$0.00
36406	VENIPUNCTURE, YOUNGER THAN AGE 3 YEARS, NECESSITATING THE SKILL OF A PHYSICIAN O	10/1/2012	$0.00
36410	VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE SKILL OF A PHYSICIAN OR OT	10/1/2012	$0.00
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	10/1/2016	$0.00
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK)	10/1/2012	$0.00
36420	VENIPUNCTURE, CUTDOWN; UNDER AGE 1 YEAR	10/1/2015	$0.00
36425	VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER	10/1/2015	$0.00
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	10/1/2018	$26.53
36440	PUSH TRANSFUSION, BLOOD, 2 YEARS OR UNDER	10/1/2018	$163.46
36450	EXCHANGE TRANSFUSION, BLOOD; NEWBORN	10/1/2018	$163.46
36455	EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN	10/1/2018	$163.46
36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVER	10/1/2018	$776.48
36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVER	10/1/2018	$776.48
36468	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS	10/1/2016	$0.00
36470	INJECTION OF CHEMICAL AGENT INTO SINGLE INCOMPETENT VEIN	10/1/2018	$57.13

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36471	INJECTION OF CHEMICAL AGENT INTO MULTIPLE INCOMPETENT VEINS OF ONE LEG	10/1/2018	$98.29
36473	MECHANOCHEMICAL DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH	10/1/2018	$1,137.76
36474	MECHANOCHEMICAL DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH	1/1/2017	$0.00
36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	10/1/2018	$1,137.76
36476	RADIOFREQUENCY DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH	10/1/2014	$0.00
36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	10/1/2018	$1,137.76
36479	LASER DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH THE SKIN	10/1/2014	$0.00
36481	PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD	10/1/2012	$0.00
36482	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DEL	10/1/2018	$1,869.84
36483	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DEL	2/1/2018	$0.00
36500	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING	10/1/2012	$0.00
36510	CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN	10/1/2012	$0.00
36511	THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS	10/1/2018	$579.63
36512	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	10/1/2018	$579.63
36513	THERAPEUTIC APHERESIS; FOR PLATELETS	10/1/2018	$163.46
36514	THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS	10/1/2018	$579.63
36516	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE	10/1/2018	$1,498.29
36522	PHOTOPHERESIS, EXTRACORPOREAL	10/1/2018	$1,498.29
36555	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YE	10/1/2018	$449.87
36556	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; AGE 5	10/1/2018	$449.87
36557	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT	10/1/2018	$1,869.84
36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT	10/1/2018	$1,137.76
36560	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH	10/1/2018	$1,514.79
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH	10/1/2018	$1,137.76
36563	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE WITH	10/1/2018	$2,959.69
36565	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,	10/1/2018	$1,137.76
36566	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,	10/1/2018	$1,869.84
36568	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT	10/1/2018	$249.02
36569	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT	10/1/2018	$449.87
36570	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH	10/1/2018	$1,137.76
36571	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH	10/1/2018	$1,137.76
36575	REPAIR OF TUNNELED OR NON-TUNNELED CENTRAL VENOUS ACCESS CATHETER, WITHOUT SUBCU	10/1/2018	$249.02
36576	REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL	10/1/2018	$449.87
36578	REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS P	10/1/2018	$1,137.76

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
36580	REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHE	10/1/2018	$449.87
36581	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	10/1/2018	$1,137.76
36582	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS	10/1/2018	$1,137.76
36583	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS	10/1/2018	$3,142.05
36584	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER	10/1/2018	$449.87
36585	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,	10/1/2018	$1,137.76
36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP	10/1/2018	$249.02
36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR	10/1/2018	$249.02
36591	COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE	10/1/2012	$0.00
36592	COLLECTION OF BLOOD SPECIMEN USING ESTABLISHED CENTRAL OR PERIPHERAL CATHETER, V	10/1/2012	$0.00
36593	DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER	10/1/2018	$23.83
36595	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH) FROM	10/1/2018	$346.57
36596	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM	10/1/2018	$449.87
36597	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GU	10/1/2018	$449.87
36598	CONTRAST INJECTION(S) FOR RADIOLOGIC EVALUATION OF EXISTING CENTRAL VENOUS ACCES	10/1/2018	$64.17
36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	10/1/2012	$0.00
36620	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION	10/1/2012	$0.00
36625	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION	10/1/2012	$0.00
36640	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY), CUTDOWN	10/1/2018	$1,137.76
36680	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION	10/1/2015	$0.00
36800	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); VEIN	10/1/2018	$1,869.84
36810	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE);	10/1/2018	$1,137.76
36815	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE);	10/1/2018	$1,869.84
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION	10/1/2018	$1,869.84
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITION	10/1/2018	$1,869.84
36820	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FOREARM VEIN TRANSPOSITION	10/1/2018	$1,869.84
36821	ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMINO TYPE) (SEPARATE	10/1/2018	$1,137.76
36825	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS	10/1/2018	$1,869.84
36830	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS	10/1/2018	$1,869.84
36831	THROMBECTOMY, OPEN, ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENOUS OR	10/1/2018	$1,869.84
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGENOUS OR	10/1/2018	$1,869.84
36833	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY, AUTOGENOUS OR	10/1/2018	$1,869.84
36835	INSERTION OF THOMAS SHUNT (SEPARATE PROCEDURE)	10/1/2018	$1,137.76
36860	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITHOUT BALLOON CATHETER	10/1/2018	$249.02

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
36861	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITH BALLOON CATHETER	10/1/2018	$1,869.84
36901	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC	10/1/2018	$292.77
36902	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC	10/1/2018	$2,601.25
36903	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC	10/1/2018	$5,194.44
36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR FUSION FOR THROMBOLYSIS	10/1/2018	$2,601.25
36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR FUSION FOR THROMBOLYSIS	10/1/2018	$5,194.44
36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR FUSION FOR THROMBOLYSIS	10/1/2018	$8,205.93
36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CENTRAL DIALYSIUS SEGMENT, PERFORMED THROUGH D	1/1/2017	$0.00
36908	TRANSCATHETER PLACEMENT OF INTRAVASCUOAR STENT(S), CENTRAL DIALYSIS SEGMENT, PER	1/1/2017	$0.00
36909	DIALYSIS CIRCUIT PERMANENT VASCULAR EMBOLIZATION OR OCCLUSION (INCLUDING MAIN CI	1/1/2017	$0.00
37184	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL	10/1/2018	$2,273.83
37185	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL	10/1/2014	$0.00
37186	SECONDARY PERCUTANEOUS TRANSLUMINAL THROMBECTOMY (EG, NONPRIMARY MECHANICAL, SNA	10/1/2014	$0.00
37187	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCE	10/1/2018	$2,273.83
37188	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCE	10/1/2018	$1,137.76
37197	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTU	10/1/2018	$1,137.76
37200	TRANSCATHETER BIOPSY	10/1/2018	$1,869.84
37211	TRANSCATHETER THERAPY, ARTERIAL INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, A	10/1/2018	$1,869.84
37212	TRANSCATHETER THERAPY, VENOUS INFUSION FOR THROMBOLYSES, ANY METHOD, INCLUDING R	10/1/2018	$1,137.76
37220	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL,	10/1/2018	$2,273.83
37221	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL,	10/1/2018	$5,995.02
37222	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITI	10/1/2015	$0.00
37223	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITI	10/1/2015	$0.00
37224	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY	10/1/2018	$2,273.83
37225	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY	10/1/2018	$6,462.81
37226	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY	10/1/2018	$6,255.87
37227	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY	10/1/2018	$10,333.63
37228	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY,	10/1/2018	$4,451.78
37229	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY,	10/1/2018	$9,854.81
37230	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY,	10/1/2018	$9,839.49
37231	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY,	10/1/2018	$9,890.72
37232	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	10/1/2015	$0.00
37233	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	10/1/2015	$0.00
37234	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	10/1/2015	$0.00

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
37235	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	10/1/2015	$0.00
37236	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY, CE	10/1/2018	$4,451.78
37237	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY, CE	10/1/2015	$0.00
37238	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCL	10/1/2018	$6,082.38
37239	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCL	10/1/2015	$0.00
37241	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AN	10/1/2018	$3,356.03
37242	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AN	10/1/2018	$4,451.78
37243	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AN	10/1/2018	$4,451.78
37246	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT LOWER EXTREMITY ARTERY(IES) FOR OCCLUSI	10/1/2018	$2,273.83
37247	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT LOWER EXTREMITY ARTERY(IES) FOR OCCLUSI	1/1/2017	$0.00
37248	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS	10/1/2018	$2,273.83
37249	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS	1/1/2017	$0.00
37252	INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/O	10/1/2016	$0.00
37253	INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/O	10/1/2016	$0.00
37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORA	10/1/2018	$1,869.84
37607	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA	10/1/2018	$1,137.76
37609	LIGATION OR BIOPSY, TEMPORAL ARTERY	10/1/2018	$424.42
37650	LIGATION OF FEMORAL VEIN	10/1/2018	$1,137.76
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR	10/1/2018	$1,137.76
37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	10/1/2018	$1,137.76
37722	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFE	10/1/2018	$1,137.76
37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS	10/1/2018	$1,137.76
37760	TYING OF VARICOSE VEINS IN ONE LEG, OPEN PROCEDURE	10/1/2018	$1,137.76
37761	TYING OF VARICOSE VEINS IN ONE LEG, OPEN PROCEDURE	10/1/2018	$449.87
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	10/1/2018	$252.89
37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	10/1/2018	$285.11
37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION	10/1/2018	$449.87
37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE LEG	10/1/2018	$1,137.76
37790	PENILE VENOUS OCCLUSIVE PROCEDURE	10/1/2018	$1,007.91
38200	INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY	10/1/2012	$0.00
38204	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQU	10/1/2012	$0.00
38205	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER	10/1/2014	$341.24
38206	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER	10/1/2018	$579.63
38220	DIAGNOSTIC BONE MARROW ASPIRATION	10/1/2018	$93.68

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
38221	BONE MARROW BIOPSY	10/1/2018	$80.96
38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATION(S)	10/1/2018	$89.35
38230	BONE MARROW HARVESTING FOR TRANSPLANTATION; ALLOGENEIC	10/1/2018	$579.63
38232	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	10/1/2018	$1,498.29
38241	HEMATOPOIETIC PROGENITOR CELL (HPC); AUTOLOGOUS TRANSPLANTATION	10/1/2018	$579.63
38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	10/1/2018	$579.63
38243	TRANSPLANTATION OF DONOR BONE MARROW OR BLOOD-DERIVED STEM CELLS	10/1/2018	$579.63
38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE	10/1/2018	$424.42
38305	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE	10/1/2018	$424.42
38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	10/1/2018	$814.85
38500	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL	10/1/2018	$814.85
38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL,	10/1/2018	$424.42
38510	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S)	10/1/2018	$814.85
38520	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S) WITH EXCISION	10/1/2018	$814.85
38525	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NODE(S)	10/1/2018	$814.85
38530	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INTERNAL MAMMARY NODE(S)	10/1/2018	$814.85
38542	DISSECTION, DEEP JUGULAR NODE(S)	10/1/2018	$1,693.92
38550	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITHOUT DEEP NEUROVASCULAR	10/1/2018	$814.85
38555	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP NEUROVASCULAR	10/1/2018	$1,671.43
38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE	10/1/2018	$1,693.92
38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	10/1/2018	$2,804.50
38572	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND	10/1/2018	$2,804.50
38573	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORT	10/1/2018	$2,804.50
38700	SUPRAHYOID LYMPHADENECTOMY	10/1/2018	$1,671.43
38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	10/1/2016	$0.00
38740	AXILLARY LYMPHADENECTOMY; SUPERFICIAL	10/1/2018	$1,693.92
38745	AXILLARY LYMPHADENECTOMY; COMPLETE	10/1/2018	$1,693.92
38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUETS NODE (SEPARATE	10/1/2018	$1,671.43
38790	INJECTION PROCEDURE; LYMPHANGIOGRAPHY	10/1/2012	$0.00
38792	INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICATION OF SENTINEL NODE	10/1/2012	$0.00
38794	CANNULATION, THORACIC DUCT	10/1/2012	$0.00
38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NODE(S) INCLUDES I	10/1/2012	$0.00
40490	BIOPSY OF LIP	10/1/2018	$62.00
40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT	10/1/2018	$752.41

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE	10/1/2018	$752.41
40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE	10/1/2018	$752.41
40525	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLANDER	10/1/2018	$752.41
40527	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP	10/1/2018	$1,704.02
40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION	10/1/2018	$752.41
40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY	10/1/2018	$181.61
40652	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT	10/1/2018	$181.61
40654	REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX	10/1/2018	$465.12
40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE,	10/1/2018	$1,704.02
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE	10/1/2018	$1,704.02
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO	10/1/2018	$1,704.02
40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT	10/1/2018	$752.41
40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP	10/1/2018	$1,704.02
40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE	10/1/2018	$126.99
40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED	10/1/2018	$181.61
40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE	10/1/2015	$0.00
40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED	10/1/2018	$160.29
40806	INCISION OF LABIAL FRENUM (FRENOTOMY)	10/1/2018	$70.40
40808	BIOPSY, VESTIBULE OF MOUTH	10/1/2018	$113.18
40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REPAIR	10/1/2018	$118.05
40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE	10/1/2018	$150.27
40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX	10/1/2018	$752.41
40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WITH	10/1/2018	$752.41
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	10/1/2018	$181.61
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)	10/1/2018	$465.12
40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG,	10/1/2018	$163.81
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS	10/1/2018	$71.28
40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX	10/1/2018	$181.61
40840	VESTIBULOPLASTY; ANTERIOR	10/1/2018	$1,704.02
40842	VESTIBULOPLASTY; POSTERIOR, UNILATERAL	10/1/2018	$1,704.02
40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL	10/1/2018	$1,704.02
40844	VESTIBULOPLASTY; ENTIRE ARCH	10/1/2018	$1,704.02
40845	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)	10/1/2018	$1,704.02
41000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR	10/1/2018	$83.94

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	10/1/2018	$71.28
41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	10/1/2018	$465.12
41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	10/1/2018	$465.12
41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	10/1/2018	$752.41
41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	10/1/2018	$181.61
41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)	10/1/2018	$465.12
41015	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF	10/1/2018	$181.61
41016	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF	10/1/2018	$1,704.02
41017	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF	10/1/2018	$752.41
41018	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF	10/1/2018	$465.12
41019	PLACEMENT OF NEEDLES, CATHETERS, OR OTHER DEVICE(S) INTO THE HEAD AND/OR NECK RE	10/1/2018	$1,704.02
41100	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS	10/1/2018	$86.64
41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD	10/1/2018	$87.18
41108	BIOPSY OF FLOOR OF MOUTH	10/1/2018	$80.96
41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	10/1/2018	$116.16
41112	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS	10/1/2018	$752.41
41113	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD	10/1/2018	$752.41
41114	EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP	10/1/2018	$752.41
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	10/1/2018	$134.84
41116	EXCISION, LESION OF FLOOR OF MOUTH	10/1/2018	$752.41
41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	10/1/2018	$1,704.02
41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-THIRDS O	10/1/2016	$0.00
41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE	10/1/2018	$71.28
41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX	10/1/2018	$181.61
41500	FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE)	10/1/2018	$752.41
41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)	10/1/2018	$752.41
41512	TONGUE BASE SUSPENSION, PERMANENT SUTURE TECHNIQUE	10/1/2018	$1,704.02
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)	10/1/2018	$752.41
41530	SUBMUCOSAL ABLATION OF THE TONGUE BASE, RADIOFREQUENCY, ONE OR MORE SITES, PER S	10/1/2018	$642.23
41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	10/1/2016	$0.00
41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES	10/1/2018	$176.81
41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE	10/1/2018	$215.25
41820	GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT	10/1/2018	$752.41
41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES	10/1/2018	$465.12

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	10/1/2018	$160.02
41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	10/1/2018	$228.79
41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES;	10/1/2018	$121.30
41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES;	10/1/2018	$171.12
41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES;	10/1/2018	$1,704.02
41828	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH QUADRANT (SPECIFY)	10/1/2018	$146.48
41830	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY	10/1/2018	$205.78
41850	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES	10/1/2018	$465.12
41870	PERIODONTAL MUCOSAL GRAFTING	10/1/2018	$752.41
41872	GINGIVOPLASTY, EACH QUADRANT (SPECIFY)	10/1/2018	$177.89
41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)	10/1/2018	$199.01
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	10/1/2014	$0.00
42000	DRAINAGE OF ABSCESS OF PALATE, UVULA	10/1/2018	$71.28
42100	BIOPSY OF PALATE, UVULA	10/1/2018	$73.65
42104	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE	10/1/2018	$113.99
42106	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE	10/1/2018	$145.94
42107	EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE	10/1/2018	$1,704.02
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	10/1/2018	$1,704.02
42140	UVULECTOMY, EXCISION OF UVULA	10/1/2018	$752.41
42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	10/1/2018	$1,704.02
42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)	10/1/2018	$121.84
42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM	10/1/2018	$181.61
42182	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX	10/1/2018	$1,704.02
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	10/1/2018	$1,704.02
42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY	10/1/2018	$752.41
42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT	10/1/2018	$1,704.02
42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	10/1/2018	$1,704.02
42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	10/1/2018	$1,704.02
42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	10/1/2018	$1,704.02
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	10/1/2018	$1,704.02
42227	LENGTHENING OF PALATE, WITH ISLAND FLAP	10/1/2018	$1,704.02
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	10/1/2018	$1,704.02
42260	REPAIR OF NASOLABIAL FISTULA	10/1/2018	$1,704.02
42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	10/1/2018	$85.83

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	10/1/2018	$1,704.02
42300	DRAINAGE OF ABSCESS; PAROTID, SIMPLE	10/1/2018	$465.12
42305	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED	10/1/2018	$752.41
42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL	10/1/2018	$181.61
42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL	10/1/2018	$181.61
42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID,	10/1/2018	$108.85
42335	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL	10/1/2018	$182.76
42340	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL	10/1/2018	$752.41
42400	BIOPSY OF SALIVARY GLAND; NEEDLE	10/1/2018	$57.40
42405	BIOPSY OF SALIVARY GLAND; INCISIONAL	10/1/2018	$752.41
42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)	10/1/2018	$752.41
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	10/1/2018	$752.41
42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE	10/1/2018	$1,704.02
42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND	10/1/2018	$1,704.02
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND	10/1/2018	$1,704.02
42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH	10/1/2018	$1,704.02
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	10/1/2018	$1,704.02
42450	EXCISION OF SUBLINGUAL GLAND	10/1/2018	$1,704.02
42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE	10/1/2018	$1,704.02
42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED	10/1/2018	$1,704.02
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);	10/1/2018	$1,704.02
42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF BOTH	10/1/2018	$1,704.02
42510	CREATION OF NEW DRAINAGE TRACTS OF MAJOR SALIVARY GLAND DUCTS ON BOTH SIDES OF M	10/1/2018	$752.41
42550	INJECTION PROCEDURE FOR SIALOGRAPHY	10/1/2012	$0.00
42600	CLOSURE SALIVARY FISTULA	10/1/2018	$752.41
42650	DILATION SALIVARY DUCT	10/1/2018	$40.34
42660	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTION	10/1/2018	$60.92
42665	LIGATION SALIVARY DUCT, INTRAORAL	10/1/2018	$752.41
42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR	10/1/2018	$71.28
42720	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL	10/1/2018	$752.41
42725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL	10/1/2018	$1,704.02
42800	BIOPSY; OROPHARYNX	10/1/2018	$76.90
42804	BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE	10/1/2018	$752.41
42806	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION	10/1/2018	$752.41

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD	10/1/2018	$752.41
42809	REMOVAL OF FOREIGN BODY FROM PHARYNX	10/1/2015	$0.00
42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS	10/1/2018	$752.41
42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH	10/1/2018	$1,704.02
42820	TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12	10/1/2018	$1,704.02
42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER	10/1/2018	$752.41
42825	TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12	10/1/2018	$1,704.02
42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	10/1/2018	$752.41
42830	ADENOIDECTOMY, PRIMARY; UNDER AGE 12	10/1/2018	$752.41
42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	10/1/2018	$752.41
42835	ADENOIDECTOMY, SECONDARY; UNDER AGE 12	10/1/2018	$752.41
42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER	10/1/2018	$752.41
42860	EXCISION OF TONSIL TAGS	10/1/2018	$752.41
42870	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE)	10/1/2018	$1,704.02
42890	LIMITED PHARYNGECTOMY	10/1/2018	$1,704.02
42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY	10/1/2018	$1,704.02
42900	SUTURE PHARYNX FOR WOUND OR INJURY	10/1/2018	$465.12
42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	10/1/2018	$1,704.02
42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)	10/1/2018	$465.12
42960	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	10/1/2018	$181.61
42962	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	10/1/2018	$752.41
42970	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	10/1/2018	$71.28
42972	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	10/1/2018	$752.41
43030	CRICOPHARYNGEAL MYOTOMY	10/1/2018	$1,704.02
43130	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; CERVICAL	10/1/2018	$1,704.02
43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH DIVERTICULECTOMY OF HYPOPHARYNX OR CERVICAL	10/1/2018	$1,704.02
43191	ESOPHAGOSCOPY, RIGID, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S)	10/1/2018	$515.90
43192	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBS	10/1/2018	$515.90
43193	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	10/1/2018	$515.90
43194	REMOVAL OF FOREIGN BODIES OF ESOPHAGUS USING AN ENDOSCOPE	10/1/2018	$515.90
43195	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH BALLOON DILATION (LESS THAN 30 MM DIAMETER	10/1/2018	$1,027.78
43196	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATI	10/1/2018	$1,027.78
43197	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; DIAGNOSTIC, INCLUDES COLLECTION OF SPECIMEN	10/1/2018	$99.91
43198	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; WITH BIOPSY, SINGLE OR MULTIPLE	10/1/2018	$106.14

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	10/1/2018	$318.36
43201	INJECTIONS INTO ESOPHAGUS USING AN ENDOSCOPE	10/1/2018	$515.90
43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCOPE	10/1/2018	$515.90
43204	INJECTION OF DILATED ESOPHAGEAL VEINS USING AN ENDOSCOPE	10/1/2018	$515.90
43205	TYING OF ESOPHAGEAL VEINS USING AN ENDOSCOPE	10/1/2018	$515.90
43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	10/1/2018	$515.90
43211	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH ENDOSCOPIC MUCOSAL RESECTION	10/1/2018	$515.90
43212	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES	10/1/2018	$2,415.68
43213	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH DILATION OF ESOPHAGUS, BY BALLOON OR DIL	10/1/2018	$515.90
43214	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH DILATION OF ESOPHAGUS WITH BALLOON (30 M	10/1/2018	$515.90
43215	REMOVAL OF FOREIGN BODIES IN ESOPHAGUS USING AN ENDOSCOPE	10/1/2018	$515.90
43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROWTHS USING AN ENDOSCOPE	10/1/2018	$515.90
43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROWTHS USING AN ENDOSCOPE	10/1/2018	$515.90
43220	BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE	10/1/2018	$515.90
43226	INSERTION OF GUIDE WIRE FOR DILATION OF ESOPHAGUS USING AN ENDOSCOPE	10/1/2018	$515.90
43227	CONTROL OF ESOPHAGEAL BLEEDING USING AN ENDOSCOPE	10/1/2018	$515.90
43229	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER	10/1/2018	$1,027.78
43231	ULTRASOUND EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	10/1/2018	$515.90
43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS USING AN ENDOSCO	10/1/2018	$515.90
43233	ESOPHAGOGASTRODUODENOSCOPY (EGD), FLEXIBLE, TRANSORAL; WITH DILATION OF ESOPHAGU	10/1/2018	$515.90
43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN	10/1/2018	$318.36
43236	INJECTIONS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	10/1/2018	$318.36
43237	ULTRASOUND EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN	10/1/2018	$515.90
43238	ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSIES OF ESOPHAGUS USING AN ENDOSCOPE	10/1/2018	$515.90
43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	10/1/2018	$318.36
43240	DRAINAGE OF CYST OF THE ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN EN	10/1/2018	$1,027.78
43241	INSERTION OF CATHETER OR TUBE IN ESOPHAGUS STOMACH AND/OR UPPER SMALL BOWEL USIN	10/1/2018	$515.90
43242	ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS, STOMACH, AND/OR UPPE	10/1/2018	$515.90
43243	INJECTION OF DILATED VEINS OF STOMACH AND/OR ESOPHAGUS USING AN ENDOSCOPE	10/1/2018	$515.90
43244	TYING OF DILATED VEINS OF STOMACH AND/OR ESOPHAGUS USING AN ENDOSCOPE	10/1/2018	$515.90
43245	DILATION OF STOMACH OUTLET USING AN ENDOSCOPE	10/1/2018	$515.90
43246	INSERTION OF STOMACH TUBE USING AN ENDOSCOPE	10/1/2018	$515.90
43247	REMOVAL OF FOREIGN BODIES OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING	10/1/2018	$318.36
43248	INSERTION OF GUIDE WIRE WITH DILATION OF ESOPHAGUS USING AN ENDOSCOPE	10/1/2018	$318.36

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
43249	BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE	10/1/2018	$515.90
43250	REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USI	10/1/2018	$515.90
43251	REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USI	10/1/2018	$515.90
43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN	10/1/2018	$1,027.78
43253	ESOPHAGOGASTRODUODENOSCOPY (EGD), FLEXIBLE, TRANSORAL; WITH TRANSENDOSCOPIC ULTR	10/1/2018	$515.90
43254	ESOPHAGOGASTRODUODENOSCOPY (EGD), FLEXIBLE, TRANSORAL; WITH ENDOSCOPIC MUCOSAL R	10/1/2018	$515.90
43255	CONTROL OF BLEEDING OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN END	10/1/2018	$515.90
43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS AND/OR STOMACH TO TREAT GASTRIC REFLUX USIN	10/1/2018	$1,027.78
43259	ULTRASOUND EXAMINATION OF ESOPHAGUS, STOMACH AND/OR UPPER SMALL BOWEL USING AN E	10/1/2018	$515.90
43260	DIAGNOSTIC EXAMINATION OF GALLBLADDER AND PANCREATIC, LIVER, AND BILE DUCTS USIN	10/1/2018	$1,027.78
43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH BIOPSY, SINGLE OR	10/1/2018	$1,027.78
43262	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	10/1/2018	$1,027.78
43263	PRESSURE MEASUREMENT OF PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	10/1/2018	$1,027.78
43264	REMOVAL OF STONE FROM BILE OR PANCREATIC DUCT USING AN ENDOSCOPE	10/1/2018	$1,027.78
43265	DESTRUCTION OF STONE IN BILE OR PANCREATIC DUCT USING AN ENDOSCOPE	10/1/2018	$1,719.92
43266	ESOPHAGOGASTRODUODENOSCOPY (EGD), FLEXIBLE, TRANSORAL; WITH PLACEMENT OF ENDOSCO	10/1/2018	$2,472.69
43270	ESOPHAGOGASTRODUODENOSCOPY (EGD), FLEXIBLE, TRANSORAL; WITH ABLATION OF TUMOR(S)	10/1/2018	$515.90
43273	ENDOSCOPIC CANNULATION OF PAPILLA WITH DIRECT VISUALIZATION OF COMMON BILE DUCT(	10/1/2014	$0.00
43274	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH PLACEMENT OF ENDOSCO	10/1/2018	$1,719.92
43275	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH REMOVAL OF FOREIGN B	10/1/2018	$1,027.78
43276	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH REMOVAL AND EXCHANGE	10/1/2018	$1,719.92
43277	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH TRANS-ENDOSCOPIC BAL	10/1/2018	$1,027.78
43278	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH ABLATION OF TUMOR(S)	10/1/2018	$1,027.78
43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL SPHINCTER AUGMENTATION PROCEDURE, PLACEMENT OF	10/1/2018	$2,804.50
43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGMENTATION DEVICE	10/1/2018	$1,693.92
43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES	10/1/2018	$318.36
43453	DILATION OF ESOPHAGUS, OVER GUIDE WIRE	10/1/2018	$515.90
43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG,	10/1/2018	$1,693.92
43752	INSERTION OF NASAL OR ORAL STOMACH TUBE USING FLUOROSCOPIC GUIDANCE	10/1/2018	$162.02
43753	INSERTION OF STOMACH TUBE AND ASPIRATIONS OF GASTRIC CONTENTS	10/1/2015	$0.00
43754	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE SPECIMEN (EG, ACID ANALYSI	10/1/2015	$0.00
43755	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF MULTIPLE FRACTIONAL	10/1/2018	$53.84
43756	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; SINGLE	10/1/2018	$318.36
43757	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; COLLECT	10/1/2018	$318.36

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
43760	CHANGE OF GASTROSTOMY TUBE, PERCUTANEOUS, WITHOUT IMAGING OR ENDOSCOPIC GUIDANCE	10/1/2018	$112.36
43761	REPOSITIONING OF A NASO- OR ORO-GASTRIC FEEDING TUBE, THROUGH THE DUODENUM FOR E	10/1/2018	$112.36
43870	CLOSURE OF GASTROSTOMY, SURGICAL	10/1/2018	$1,027.78
43886	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT ONL	10/1/2018	$1,138.60
43887	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT ONLY	10/1/2018	$776.48
43888	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOUS POR	10/1/2018	$1,138.60
44100	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)	10/1/2018	$318.36
44312	REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)	10/1/2018	$1,138.60
44340	REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)	10/1/2018	$1,138.60
44360	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT I	10/1/2018	$515.90
44361	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	10/1/2018	$515.90
44363	REMOVAL OF FOREIGN BODIES IN SMALL BOWEL USING AN ENDOSCOPE	10/1/2018	$515.90
44364	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	10/1/2018	$515.90
44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	10/1/2018	$515.90
44366	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	10/1/2018	$515.90
44369	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	10/1/2018	$515.90
44370	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	10/1/2018	$1,719.92
44372	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	10/1/2018	$515.90
44373	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	10/1/2018	$515.90
44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	10/1/2018	$515.90
44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	10/1/2018	$515.90
44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	10/1/2018	$515.90
44379	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	10/1/2018	$1,719.92
44380	DIAGNOSTIC EXAMINATION OF SMALL BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROU	10/1/2018	$318.36
44381	ILLEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION	10/1/2018	$515.90
44382	BIOPSY OF SMALL BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPE	10/1/2018	$318.36
44384	ILLEOSCOPY, THROUGH STOMA; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDING PRE- AN	10/1/2018	$1,027.78
44385	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH;	10/1/2018	$287.00
44386	BIOPSY OF SMALL BOWEL USING AN ENDOSCOPE	10/1/2018	$287.00
44388	DIAGNOSTIC EXAMINATION OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROU	10/1/2018	$287.00
44389	BIOPSIES OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL O	10/1/2018	$376.97
44390	REMOVAL OF FOREIGN BODIES FROM LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED	10/1/2018	$376.97
44391	CONTROL OF BLEEDING IN LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH	10/1/2018	$376.97
44392	REMOVAL OF POLYPS OR GROWTHS OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED	10/1/2018	$376.97

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
44394	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER	10/1/2018	$376.97
44401	COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(	10/1/2018	$376.97
44402	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC STENT PLACEMENT (INCLUDING PRE- AND	10/1/2018	$2,434.21
44403	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC MUCOSAL RESECTION	10/1/2018	$376.97
44404	COLONOSCOPY THROUGH STOMA; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	10/1/2018	$376.97
44405	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION	10/1/2018	$376.97
44406	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC ULTRASOUND EXAMINATION, LIMITED TO T	10/1/2018	$376.97
44407	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR	10/1/2018	$376.97
44408	COLONOSCOPY THROUGH STOMA; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG,	10/1/2018	$287.00
44500	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT) (SEPARATE PROCEDU	10/1/2018	$318.36
44701	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	10/1/2012	$0.00
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	10/1/2015	$0.00
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	10/1/2018	$376.97
45005	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM	10/1/2018	$376.97
45020	INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTAL ABSCESS	10/1/2018	$902.89
45100	BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON)	10/1/2018	$902.89
45108	ANORECTAL MYOMECTOMY	10/1/2018	$902.89
45150	DIVISION OF STRICTURE OF RECTUM	10/1/2018	$376.97
45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSSACRAL OR TRANSCOCCYGEAL APPROACH	10/1/2018	$902.89
45171	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA (	10/1/2018	$902.89
45172	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; INCLUDING MUSCULARIS PROPRIA (IE,	10/1/2018	$902.89
45190	DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESSICATION, ELECTROSURGERY, LASER ABLAT	10/1/2018	$902.89
45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S	10/1/2018	$71.75
45303	PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	10/1/2018	$376.97
45305	PROCTOSIGMOIDOSCOPY, RIGID; WITH BIOPSY, SINGLE OR MULTIPLE	10/1/2018	$376.97
45307	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF FOREIGN BODY	10/1/2018	$902.89
45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER	10/1/2018	$902.89
45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER	10/1/2018	$376.97
45315	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER	10/1/2018	$376.97
45317	PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR	10/1/2018	$376.97
45320	PROCTOSIGMOIDOSCOPY, RIGID; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER	10/1/2018	$902.89
45321	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS	10/1/2018	$902.89
45327	PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES	10/1/2018	$1,719.92
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S)	10/1/2018	$104.24

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	10/1/2018	$287.00
45332	REMOVAL OF FOREIGN BODIES IN LARGE BOWEL USING AN ENDOSCOPE	10/1/2018	$376.97
45333	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	10/1/2018	$287.00
45334	SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR	10/1/2018	$376.97
45335	SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	10/1/2018	$287.00
45337	SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION OF VOLVULUS, ANY METHOD	10/1/2018	$376.97
45338	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	10/1/2018	$376.97
45340	SIGMOIDOSCOPY, FLEXIBLE; WITH DILATION BY BALLOON, 1 OR MORE STRICTURES	10/1/2018	$376.97
45341	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	10/1/2018	$376.97
45342	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR	10/1/2018	$376.97
45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	10/1/2018	$376.97
45347	PLACEMENT OF STENT IN LARGE BOWEL USING AN ENDOSCOPE	10/1/2018	$2,511.17
45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTION	10/1/2018	$376.97
45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND LIGATION(S) (EG, HEMORRHOIDS)	10/1/2018	$376.97
45378	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT	10/1/2018	$287.00
45379	REMOVAL OF FOREIGN BODIES IN LARGE BOWEL USING AN ENDOSCOPE	10/1/2018	$376.97
45380	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGLE OR	10/1/2018	$376.97
45381	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED SUBMUCOSAL	10/1/2018	$376.97
45382	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTROL OF BLEEDING	10/1/2018	$376.97
45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S),	10/1/2018	$376.97
45385	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S),	10/1/2018	$376.97
45386	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DILATION BY BALLOON, 1	10/1/2018	$376.97
45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) (	10/1/2018	$376.97
45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC STENT PLACEMENT (INCLUDES PRE- AND POST-D	10/1/2018	$2,465.66
45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTION	10/1/2018	$376.97
45391	ULTRASOUND EXAMINATION OF LOWER LARGE BOWEL USING AN ENDOSCOPE	10/1/2018	$376.97
45392	ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSY OF LOWER LARGE BOWEL USING AN ENDO	10/1/2018	$376.97
45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVU	10/1/2018	$376.97
45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIGATION(S), (EG, HEMORRHOIDS)	10/1/2018	$376.97
45500	PROCTOPLASTY; FOR STENOSIS	10/1/2018	$902.89
45505	PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE	10/1/2018	$902.89
45520	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE	10/1/2016	$0.00
45541	PROCTOPEXY FOR PROLAPSE; PERINEAL APPROACH	10/1/2018	$902.89
45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)	10/1/2018	$902.89

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
45900	REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA	10/1/2018	$287.00
45905	DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN	10/1/2018	$376.97
45910	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN	10/1/2018	$376.97
45915	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA	10/1/2018	$376.97
45990	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR EPIDURAL), D	10/1/2018	$902.89
46020	PLACEMENT OF SETON	10/1/2018	$902.89
46030	REMOVAL OF ANAL SETON, OTHER MARKER	10/1/2018	$376.97
46040	INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPARATE	10/1/2018	$376.97
46045	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR, OR SUBMUCOSAL ABSCESS,	10/1/2018	$902.89
46050	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	10/1/2018	$287.00
46060	INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH FISTULECTOMY	10/1/2018	$902.89
46070	INCISION, ANAL SEPTUM (INFANT)	10/1/2018	$902.89
46080	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE)	10/1/2018	$902.89
46083	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	10/1/2018	$112.36
46200	FISSURECTOMY, INCLUDING SPHINCTEROTOMY, WHEN PERFORMED	10/1/2018	$902.89
46220	EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG, ANUS	10/1/2018	$376.97
46221	HEMORRHOIDECTOMY, INTERNAL, BY RUBBER BAND LIGATION(S)	10/1/2018	$135.38
46230	EXCISION OF MULTIPLE EXTERNAL PAPILLAE OR TAGS, ANUS	10/1/2018	$902.89
46250	HEMORRHOIDECTOMY, EXTERNAL, 2 OR MORE COLUMNS/GROUPS	10/1/2018	$902.89
46255	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SINGLE COLUMN/GROUP;	10/1/2018	$902.89
46257	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY	10/1/2018	$902.89
46258	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SINGLE COLUMN/GROUP; WITH FISTULECTOMY,	10/1/2018	$902.89
46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, 2 OR MORE COLUMNS/GROUPS;	10/1/2018	$902.89
46261	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISSURECTOMY	10/1/2018	$902.89
46262	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, 2 OR MORE COLUMNS/GROUPS; WITH FISTULEC	10/1/2018	$902.89
46270	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBCUTANEOUS	10/1/2018	$902.89
46275	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); INTERSPHINCTERIC	10/1/2018	$902.89
46280	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); TRANSSPHINCTERIC,	10/1/2018	$902.89
46285	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SECOND STAGE	10/1/2018	$902.89
46288	CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP	10/1/2018	$902.89
46320	EXCISION OF THROMBOSED HEMORRHOID, EXTERNAL	10/1/2018	$91.52
46500	INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS	10/1/2018	$101.53
46505	CHEMODENERVATION OF INTERNAL ANAL SPHINCTER	10/1/2018	$376.97
46600	ANOSCOPY; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR W	10/1/2015	$0.00

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG, COLPOSCOPE,	1/1/2015	$0.00
46604	ANOSCOPY; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	10/1/2018	$376.97
46606	ANOSCOPY; WITH BIOPSY, SINGLE OR MULTIPLE	10/1/2018	$138.90
46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG, COLPOSCOPE, OPERATING MI	10/1/2018	$376.97
46608	ANOSCOPY; WITH REMOVAL OF FOREIGN BODY	10/1/2018	$287.00
46610	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY	10/1/2018	$902.89
46611	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE	10/1/2018	$287.00
46612	ANOSCOPY; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY HOT	10/1/2018	$902.89
46614	ANOSCOPY; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR	10/1/2018	$69.31
46615	ANOSCOPY; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE	10/1/2018	$902.89
46700	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; ADULT	10/1/2018	$902.89
46706	REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	10/1/2018	$902.89
46707	REPAIR OF ANORECTAL FISTULA WITH PLUG (EG, PORCINE SMALL INTESTINE SUBMUCOSA [SI	10/1/2018	$902.89
46750	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT	10/1/2018	$902.89
46753	GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE	10/1/2018	$902.89
46754	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL	10/1/2018	$902.89
46760	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT	10/1/2018	$902.89
46761	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION	10/1/2018	$902.89
46762	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICIAL	10/1/2018	$2,711.21
46900	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM,	10/1/2018	$122.35
46910	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	10/1/2018	$140.52
46916	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	10/1/2018	$67.48
46917	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	10/1/2018	$902.89
46922	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	10/1/2018	$902.89
46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	10/1/2018	$902.89
46930	DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATIO	10/1/2018	$111.55
46940	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER	10/1/2018	$104.51
46942	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER	10/1/2018	$105.05
46945	HEMORRHOIDECTOMY, INTERNAL, BY LIGATION OTHER THAN RUBBER BAND; SINGLE HEMORRHOI	10/1/2018	$170.04
46946	HEMORRHOIDECTOMY, INTERNAL, BY LIGATION OTHER THAN RUBBER BAND; SINGLE HEMORRHOI	10/1/2018	$902.89
46947	HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING	10/1/2018	$902.89
47000	"NEEDLE BIOPSY OF LIVER, ACCESSED THROUGH THE SKIN	10/1/2018	$424.42
47001	BIOPSY OF LIVER, NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR	10/1/2012	$0.00
47382	ABLATION, 1 OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY	10/1/2018	$1,693.92

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
47383	ABLATION, 1 OR MORE LIVER TUMOR(S), PERCUTANEOUS, CRYOABLATION	10/1/2018	$1,693.92
47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPLETE PROCEDURE, INCLUDING IMAGING GUIDANCE, C	10/1/2015	$879.28
47531	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS, COMPLETE DIAGNOSTIC PROCE	10/1/2016	$0.00
47532	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS, COMPLETE DIAGNOSTIC PROCE	10/1/2016	$0.00
47533	PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS INCLUDING DIAGNOSTIC CHOLAN	10/1/2018	$1,133.50
47534	PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS INCLUDING DIAGNOSTIC CHOLAN	10/1/2018	$1,133.50
47535	CONVERSION OF EXTERNAL BILIARY DRAINAGE CATHETER TO INTERNAL-EXTERNAL BILIARY DR	10/1/2018	$1,133.50
47536	EXCHANGE OF BILIARY DRAINAGE CATHETER (EG, EXTERNAL, INTERNAL-EXTERNAL, OR CONVE	10/1/2018	$1,133.50
47537	REMOVAL OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, REQUIRING FLUOROSCOPIC GUIDA	10/1/2018	$318.36
47538	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLA	10/1/2018	$2,429.57
47539	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLA	10/1/2018	$1,693.92
47540	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLA	10/1/2018	$2,348.65
47541	PLACEMENT OF ACCESS THROUGH THE BILIARY TREE AND INTO SMALL BOWEL TO ASSIST WITH	10/1/2018	$1,133.50
47542	BALLOON DILATION OF BILIARY DUCT(S) OR OF AMPULLA (SPHINCTEROPLASTY), PERCUTANEO	10/1/2016	$0.00
47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY TREE, PERCUTANEOUS, ANY METHOD(S) (EG, BRUSH,	10/1/2016	$0.00
47544	REMOVAL OF CALCULI/DEBRIS FROM BILIARY DUCT(S) AND/OR GALLBLADDER, PERCUTANEOUS,	10/1/2016	$0.00
47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS USING AN ENDOSCOPE, ACCESSED THROUGH THE SK	10/1/2018	$1,133.50
47553	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH BIOPSY, SINGLE	10/1/2018	$1,133.50
47554	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH REMOVAL OF	10/1/2018	$1,693.92
47555	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATION OF	10/1/2018	$1,133.50
47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATION OF	10/1/2018	$1,693.92
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	10/1/2018	$1,693.92
47563	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	10/1/2018	$1,693.92
47564	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	10/1/2018	$1,693.92
48102	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE	10/1/2018	$424.42
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAGING GUIDANCE	10/1/2018	$318.36
49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE	10/1/2018	$318.36
49084	PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	10/1/2018	$318.36
49180	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE	10/1/2018	$424.42
49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)	10/1/2018	$1,133.50
49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT COLLE	10/1/2018	$1,693.92
49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	10/1/2018	$1,693.92
49322	LAPAROSCOPY, SURGICAL; WITH ASPIRATION OF CAVITY OR CYST (EG, OVARIAN CYST)	10/1/2018	$1,693.92
49324	LAPAROSCOPY, SURGICAL; WITH INSERTION OF TUNNELED INTRAPERITONEAL CATHETER	10/1/2018	$1,693.92

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
49325	LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL CANNUL	10/1/2018	$1,693.92
49326	LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE) (LIST SEPARAT	10/1/2014	$0.00
49327	LAPAROSCOPY, SURGICAL; WITH PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION TH	10/1/2014	$0.00
49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	10/1/2015	$0.00
49400	INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARATE PROCEDURE)	10/1/2012	$0.00
49402	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	10/1/2018	$1,133.50
49405	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS, HEMATOMA, SEROM	10/1/2015	$464.64
49406	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS, HEMATOMA, SEROM	10/1/2018	$424.42
49407	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH V	10/1/2018	$424.42
49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL	10/1/2018	$266.97
49418	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER (EG, DIALYSIS, INTRAPERITONEAL CH	10/1/2018	$1,133.50
49419	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER, WITH SUBCUTANEOUS PORT (IE, TOTA	10/1/2018	$1,869.84
49421	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER FOR DIALYSIS, OPEN	10/1/2018	$1,133.50
49422	REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER	10/1/2018	$1,137.76
49423	EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER	10/1/2018	$515.90
49424	CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PLACED	10/1/2012	$0.00
49426	REVISION OF PERITONEAL-VENOUS SHUNT	10/1/2018	$1,133.50
49427	INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED	10/1/2012	$0.00
49429	REMOVAL OF PERITONEAL-VENOUS SHUNT	10/1/2018	$1,137.76
49435	INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR CATHETER WITH	10/1/2015	$0.00
49436	DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPERITON	10/1/2018	$515.90
49440	INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDI	10/1/2018	$515.90
49441	INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC	10/1/2018	$515.90
49442	INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC G	10/1/2018	$376.97
49446	CONVERSION OF GASTROSTOMY TUBE TO GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER F	10/1/2018	$515.90
49450	REPLACEMENT OF GASTROSTOMY OR CECOSTOMY (OR OTHER COLONIC) TUBE, PERCUTANEOUS, U	10/1/2018	$318.36
49451	REPLACEMENT OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPI	10/1/2018	$318.36
49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANC	10/1/2018	$318.36
49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM GASTROSTOMY, DUODENOSTOMY, JEJUN	10/1/2018	$318.36
49465	CONTRAST INJECTION(S) FOR RADIOLOGICAL EVALUATION OF EXISTING GASTROSTOMY, DUODE	10/1/2018	$46.87
49495	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, OR	10/1/2018	$1,133.50
49496	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, OR	10/1/2018	$1,133.50
49500	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT	10/1/2018	$1,133.50
49501	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT	10/1/2018	$1,133.50

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	10/1/2018	$1,133.50
49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR	10/1/2018	$1,133.50
49520	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE	10/1/2018	$1,133.50
49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	10/1/2018	$1,133.50
49525	REPAIR INGUINAL HERNIA, SLIDING, ANY AGE	10/1/2018	$1,133.50
49540	REPAIR LUMBAR HERNIA	10/1/2018	$1,693.92
49550	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; REDUCIBLE	10/1/2018	$1,133.50
49553	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	10/1/2018	$1,133.50
49555	REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE	10/1/2018	$1,133.50
49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	10/1/2018	$1,133.50
49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	10/1/2018	$1,133.50
49561	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED	10/1/2018	$1,133.50
49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	10/1/2018	$1,693.92
49566	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED	10/1/2018	$1,693.92
49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR OPEN INCISIONAL OR VENTRAL HERNIA R	10/1/2014	$0.00
49570	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE PROCEDURE)	10/1/2018	$1,133.50
49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULATED	10/1/2018	$1,133.50
49580	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE	10/1/2018	$1,133.50
49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED	10/1/2018	$1,133.50
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	10/1/2018	$1,133.50
49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED	10/1/2018	$1,133.50
49590	REPAIR SPIGELIAN HERNIA	10/1/2018	$1,133.50
49600	REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE	10/1/2018	$1,133.50
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	10/1/2018	$1,693.92
49651	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	10/1/2018	$1,693.92
49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNI	10/1/2018	$1,693.92
49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNI	10/1/2018	$1,693.92
49654	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN	10/1/2018	$2,804.50
49655	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN	10/1/2018	$2,804.50
49656	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERT	10/1/2018	$2,804.50
49657	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERT	10/1/2018	$2,804.50
50080	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILATION,	10/1/2018	$3,751.54
50081	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILATION,	10/1/2018	$3,751.54
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	10/1/2018	$424.42

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
50382	REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STEN	10/1/2018	$641.85
50384	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA PERCUTANEO	10/1/2018	$641.85
50385	REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STEN	10/1/2018	$641.85
50386	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETH	10/1/2018	$449.18
50387	REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE TRANSNEPHRIC URETERAL STENT (EG	10/1/2018	$641.85
50389	REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPIC GUIDANCE (EG, WITH CONCURREN	10/1/2018	$225.49
50390	ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTANEOUS	10/1/2018	$228.35
50391	INSTILLATIONS OF DRUG INTO KIDNEY AND/OR URINARY DUCT (URETER)	10/1/2018	$36.55
50395	INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO	10/1/2018	$1,007.91
50396	MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLING	10/1/2018	$641.85
50430	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIA	10/1/2016	$0.00
50431	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIA	10/1/2016	$0.00
50432	PLACEMENT OF NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOG	10/1/2018	$641.85
50433	PLACEMENT OF NEPHROURETERAL CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROS	10/1/2018	$641.85
50434	CONVERT NEPHROSTOMY CATHETER TO NEPHROURETERAL CATHETER, PERCUTANEOUS, INCLUDING	10/1/2018	$641.85
50435	EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM	10/1/2018	$641.85
50551	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT I	10/1/2018	$1,404.07
50553	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	10/1/2018	$1,404.07
50555	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	10/1/2018	$1,404.07
50557	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	10/1/2018	$3,751.54
50561	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	10/1/2018	$1,404.07
50562	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	10/1/2018	$3,751.54
50570	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	10/1/2018	$641.85
50572	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	10/1/2018	$225.49
50574	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	10/1/2018	$641.85
50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	10/1/2018	$1,404.07
50576	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	10/1/2018	$1,404.07
50580	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	10/1/2018	$1,404.07
50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE	10/1/2018	$1,404.07
50592	ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUENCY	10/1/2018	$1,693.92
50593	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY	10/1/2018	$2,804.50
50606	ENDOLUMINAL BIOPSY OF URETER AND/OR RENAL PELVIS, NON-ENDOSCOPIC, INCLUDING IMAG	10/1/2016	$0.00
50684	INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY THROUGH URETEROSTOMY	10/1/2012	$0.00
50686	MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER	10/1/2018	$53.84

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
50688	CHANGE OF URETEROSTOMY TUBE OR EXTERNALLY ACCESSIBLE URETERAL STENT VIA ILEAL CO	10/1/2018	$641.85
50690	INJECTION OF BLADDER AND URINARY DUCT (URETER) FOR X-RAY IMAGING	10/1/2012	$0.00
50693	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AN	10/1/2018	$1,007.91
50694	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AN	10/1/2018	$1,007.91
50695	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AN	10/1/2018	$1,007.91
50705	URETERAL EMBOLIZATION OR OCCLUSION, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND A	10/1/2016	$0.00
50706	BALLOON DILATION, URETERAL STRICTURE, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND	10/1/2016	$0.00
50727	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY);	10/1/2018	$1,007.91
50947	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL STENT	10/1/2018	$1,693.92
50948	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL	10/1/2018	$2,804.50
50951	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION,	10/1/2018	$641.85
50953	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	10/1/2018	$1,404.07
50955	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	10/1/2018	$1,404.07
50957	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	10/1/2018	$1,404.07
50961	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	10/1/2018	$1,404.07
50970	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	10/1/2018	$641.85
50972	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	10/1/2018	$641.85
50974	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	10/1/2018	$1,404.07
50976	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	10/1/2018	$1,404.07
50980	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	10/1/2018	$1,404.07
51020	CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE	10/1/2018	$1,007.91
51030	CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL LESION	10/1/2018	$1,007.91
51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	10/1/2018	$641.85
51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE)	10/1/2018	$641.85
51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK	10/1/2018	$1,404.07
51065	CYSTOTOMY, WITH CALCULUS BASKET EXTRACTION AND/OR ULTRASONIC OR	10/1/2018	$1,404.07
51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS	10/1/2018	$834.56
51100	ASPIRATION OF BLADDER; BY NEEDLE	10/1/2018	$24.37
51101	ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER	10/1/2018	$65.25
51102	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	10/1/2018	$641.85
51500	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR	10/1/2018	$1,693.92
51520	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)	10/1/2018	$641.85
51535	CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE	10/1/2018	$641.85
51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY	10/1/2012	$0.00

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
51605	INJECTION PROCEDURE FOR X-RAY IMAGING OF THE BLADDER AND BLADDER CANAL (URETHRA)	10/1/2012	$0.00
51610	INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY	10/1/2012	$0.00
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	10/1/2018	$39.26
51701	INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION FOR	10/1/2015	$0.00
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	10/1/2015	$0.00
51703	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG, ALTERED	10/1/2018	$53.84
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	10/1/2018	$43.86
51710	CHANGE OF CYSTOSTOMY TUBE; COMPLICATED	10/1/2018	$225.49
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE	10/1/2018	$1,007.91
51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING RETENTION TIME)	10/1/2018	$39.26
51725	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	10/1/2018	$85.56
51726	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT);	10/1/2018	$225.49
51727	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH URETHRAL PRES	10/1/2018	$158.12
51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESS	10/1/2018	$164.08
51729	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESS	10/1/2018	$165.43
51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL UROFLOWMETER)	10/1/2015	$0.00
51741	COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)	10/1/2016	$0.00
51784	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER THAN	10/1/2018	$24.10
51785	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY	10/1/2018	$112.36
51792	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS REFLEX LATENCY	10/1/2016	$0.00
51797	51797 VOIDING PRESSURE STUDIES, INTRA-ABDOMINAL (IE, RECTAL, GASTRIC, INTRAPERIT	10/1/2014	$0.00
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY	10/1/2015	$0.00
51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)	10/1/2018	$1,007.91
51992	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR	10/1/2018	$1,693.92
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	10/1/2018	$225.49
52001	CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF MULTIPLE OBSTRUCTING CLOTS	10/1/2018	$1,007.91
52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION,	10/1/2018	$641.85
52007	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION,	10/1/2018	$1,007.91
52010	CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITHOUT	10/1/2018	$225.49
52204	CYSTOURETHROSCOPY, WITH BIOPSY(S)	10/1/2018	$641.85
52214	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OF	10/1/2018	$641.85
52224	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OR	10/1/2018	$641.85
52234	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY)	10/1/2018	$1,007.91
52235	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY)	10/1/2018	$1,007.91

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52240	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY)	10/1/2018	$1,404.07
52250	CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT	10/1/2018	$1,404.07
52260	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; GENERAL	10/1/2018	$641.85
52265	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; LOCAL	10/1/2018	$195.49
52270	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; FEMALE	10/1/2018	$641.85
52275	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; MALE	10/1/2018	$641.85
52276	CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY	10/1/2018	$641.85
52277	CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY)	10/1/2018	$1,007.91
52281	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR	10/1/2018	$641.85
52282	CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT URETHRAL STENT	10/1/2018	$1,007.91
52283	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE	10/1/2018	$641.85
52285	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH ANY OR ALL	10/1/2018	$641.85
52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER	10/1/2018	$641.85
52290	CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL	10/1/2018	$641.85
52300	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE(S),	10/1/2018	$1,007.91
52301	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCELE(S),	10/1/2018	$1,007.91
52305	CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER	10/1/2018	$1,404.07
52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT	10/1/2018	$641.85
52315	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT	10/1/2018	$641.85
52317	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND	10/1/2018	$1,007.91
52318	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND	10/1/2018	$1,404.07
52320	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL OF URETERAL	10/1/2018	$1,404.07
52325	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTATION OF	10/1/2018	$1,404.07
52327	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH SUBURETERIC	10/1/2018	$1,404.07
52330	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULATION,	10/1/2018	$1,007.91
52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR	10/1/2018	$1,007.91
52334	CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO	10/1/2018	$1,007.91
52341	CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG, BALLOON DILATION,	10/1/2018	$641.85
52342	CYSTOURETHROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG,	10/1/2018	$1,404.07
52343	CYSTOURETHROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOON	10/1/2018	$641.85
52344	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG,	10/1/2018	$1,007.91
52345	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION	10/1/2018	$1,404.07
52346	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE	10/1/2018	$1,404.07
52351	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC	10/1/2018	$641.85

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52352	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH REMOVAL OR	10/1/2018	$1,404.07
52353	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY	10/1/2018	$1,404.07
52354	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH BIOPSY AND/OR	10/1/2018	$1,404.07
52355	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH RESECTION OF	10/1/2018	$1,404.07
52356	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY INCLUDI	10/1/2018	$1,404.07
52400	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENITAL POSTERI	10/1/2018	$641.85
52402	CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULATORY DUCTS	10/1/2018	$1,007.91
52450	TRANSURETHRAL INCISION OF PROSTATE	10/1/2018	$1,007.91
52500	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)	10/1/2018	$1,007.91
52601	TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL OF	10/1/2018	$1,404.07
52630	TRANSURETHRAL RESECTION; RESIDUAL OR REGROWTH OF OBSTRUCTIVE PROSTATE TISSUE INC	10/1/2018	$1,404.07
52640	TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE	10/1/2018	$1,007.91
52647	LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMP	10/1/2018	$1,404.07
52648	LASER VAPORIZATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COM	10/1/2018	$1,404.07
52649	LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION, INCLUDING CONTROL OF POSTOP	10/1/2018	$1,404.07
52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS	10/1/2018	$1,404.07
53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETHRA	10/1/2018	$641.85
53010	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL URETHRA,	10/1/2018	$1,404.07
53020	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT	10/1/2018	$641.85
53025	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); INFANT	10/1/2018	$641.85
53040	DRAINAGE OF DEEP PERIURETHRAL ABSCESS	10/1/2018	$1,404.07
53060	DRAINAGE OF ABSCESS OR CYST OF SKENE'S GLANDS, MALE	10/1/2018	$60.92
53080	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE PROCEDURE)	10/1/2018	$641.85
53085	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED	10/1/2018	$641.85
53200	BIOPSY OF URETHRA	10/1/2018	$1,007.91
53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE	10/1/2018	$1,404.07
53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE	10/1/2018	$1,404.07
53220	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA	10/1/2018	$1,404.07
53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE	10/1/2018	$1,404.07
53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE	10/1/2018	$1,404.07
53240	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE	10/1/2018	$1,404.07
53250	REMOVAL OF SEMINAL FLUID GLAND	10/1/2018	$641.85
53260	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA	10/1/2018	$641.85
53265	EXCISION OR FULGURATION; URETHRAL CARUNCLE	10/1/2018	$641.85

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53270	REMOVAL OR DESTRUCTION OF BLADDER CANAL (URETHRA) MUCOUS GLANDS	10/1/2018	$1,007.91
53275	EXCISION OR FULGURATION; URETHRAL PROLAPSE	10/1/2018	$641.85
53400	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JOHANNS	10/1/2018	$1,404.07
53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION	10/1/2018	$1,404.07
53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	10/1/2018	$1,404.07
53420	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS	10/1/2018	$1,404.07
53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS	10/1/2018	$1,404.07
53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	10/1/2018	$1,404.07
53431	REPAIR OF BLADDER CANAL (URETHRA) AND/OR LOWER BLADDER FOR INCONTINENCE	10/1/2018	$1,404.07
53440	SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG, FASCIA OR	10/1/2018	$5,420.99
53442	REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG, FASCIA OR	10/1/2018	$1,404.07
53444	INSERTION OF TANDEM CUFF (DUAL CUFF)	10/1/2018	$12,321.22
53445	INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PLACEMENT OF	10/1/2018	$12,661.28
53446	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP,	10/1/2018	$1,404.07
53447	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLUDING	10/1/2018	$12,447.36
53449	REPAIR OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP,	10/1/2018	$1,404.07
53450	URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT	10/1/2018	$641.85
53460	URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT	10/1/2018	$1,404.07
53502	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE	10/1/2018	$1,007.91
53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE	10/1/2018	$1,404.07
53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL	10/1/2018	$1,404.07
53515	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS	10/1/2018	$1,404.07
53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE PROCEDURE)	10/1/2018	$1,404.07
53600	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; IN	10/1/2018	$28.43
53601	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE;	10/1/2016	$0.00
53605	DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR URETHRAL	10/1/2018	$641.85
53620	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE;	10/1/2018	$41.97
53621	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE;	10/1/2018	$44.68
53660	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; INITIAL	10/1/2018	$33.57
53661	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; SUBSEQUENT	10/1/2016	$0.00
53665	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA	10/1/2018	$641.85
53850	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY	10/1/2018	$1,007.91
53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY THERMOTHERAPY	10/1/2018	$1,167.23
53855	INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCLUDING URETHRAL MEASUREMEN	10/1/2018	$558.57

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54000	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); NEWBORN	10/1/2018	$641.85
54001	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN	10/1/2018	$641.85
54015	INCISION AND DRAINAGE OF PENIS, DEEP	10/1/2018	$424.42
54050	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM	10/1/2016	$0.00
54055	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	10/1/2018	$54.96
54056	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	10/1/2015	$0.00
54057	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	10/1/2018	$776.48
54060	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	10/1/2018	$776.48
54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	10/1/2018	$776.48
54100	BIOPSY OF PENIS; (SEPARATE PROCEDURE)	10/1/2018	$424.42
54105	BIOPSY OF PENIS; DEEP STRUCTURES	10/1/2018	$834.56
54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	10/1/2018	$1,404.07
54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH	10/1/2018	$1,404.07
54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM IN	10/1/2018	$3,751.54
54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)	10/1/2018	$834.56
54120	AMPUTATION OF PENIS; PARTIAL	10/1/2018	$1,404.07
54161	OLDER THAN 28 DAYS OF AGE	10/1/2018	$641.85
54162	LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS	10/1/2018	$641.85
54163	REPAIR INCOMPLETE CIRCUMCISION	10/1/2018	$641.85
54164	FRENULOTOMY OF PENIS	10/1/2018	$641.85
54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	10/1/2018	$51.17
54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE	10/1/2018	$1,404.07
54220	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM	10/1/2018	$112.36
54230	INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPHY	10/1/2012	$0.00
54231	DYNAMIC CAVERNOSOMETRY, INCLUDING INTRACAVERNOSAL INJECTION OF VASOACTIVE DRUGS	10/1/2018	$49.01
54235	INJECTION OF CORPORA CAVERNOSA WITH PHARMACOLOGIC AGENT(S) (EG, PAPAVERINE,	10/1/2018	$35.47
54240	PENILE PLETHYSMOGRAPHY	10/1/2018	$27.89
54250	NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST	10/1/2018	$8.39
54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS), WITH	10/1/2018	$1,007.91
54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE	10/1/2018	$641.85
54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY	10/1/2018	$1,404.07
54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY	10/1/2018	$1,007.91
54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION)	10/1/2018	$1,404.07
54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCROTUM	10/1/2018	$1,007.91

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54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	10/1/2018	$641.85
54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	10/1/2018	$1,404.07
54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	10/1/2018	$1,404.07
54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	10/1/2018	$1,007.91
54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); BY	10/1/2018	$1,007.91
54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	10/1/2018	$1,404.07
54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	10/1/2018	$1,404.07
54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION OF	10/1/2018	$3,751.54
54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	10/1/2018	$1,007.91
54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;	10/1/2018	$1,007.91
54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH	10/1/2018	$641.85
54406	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS	10/1/2018	$1,007.91
54408	REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS	10/1/2018	$1,404.07
54410	REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE	10/1/2018	$12,580.72
54415	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE	10/1/2018	$1,007.91
54416	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE	10/1/2018	$12,451.80
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR	10/1/2018	$641.85
54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER	10/1/2018	$641.85
54437	REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	10/1/2018	$641.85
54440	PLASTIC OPERATION OF PENIS FOR INJURY	10/1/2018	$1,404.07
54450	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRETCHING	10/1/2018	$112.36
54500	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)	10/1/2018	$834.56
54505	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)	10/1/2018	$1,007.91
54512	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	10/1/2018	$641.85
54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR	10/1/2018	$1,007.91
54522	ORCHIECTOMY, PARTIAL	10/1/2018	$1,007.91
54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH	10/1/2018	$1,133.50
54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	10/1/2018	$1,133.50
54560	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	10/1/2018	$641.85
54600	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATE	10/1/2018	$1,007.91
54620	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)	10/1/2018	$1,007.91
54640	ORCHIOPEXY, INGUINAL APPROACH, WITH OR WITHOUT HERNIA REPAIR	10/1/2018	$1,133.50
54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	10/1/2018	$1,957.24
54670	SUTURE OR REPAIR OF TESTICULAR INJURY	10/1/2018	$641.85

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54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)	10/1/2018	$641.85
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	10/1/2018	$1,693.92
54692	LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS	10/1/2018	$1,693.92
54700	INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL SPACE (EG, ABSCESS OR	10/1/2018	$641.85
54800	BIOPSY OF EPIDIDYMIS, NEEDLE	10/1/2018	$424.42
54830	EXCISION OF LOCAL LESION OF EPIDIDYMIS	10/1/2018	$641.85
54840	EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY	10/1/2018	$641.85
54860	EPIDIDYMECTOMY; UNILATERAL	10/1/2018	$641.85
54861	EPIDIDYMECTOMY; BILATERAL	10/1/2018	$1,007.91
54865	EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY	10/1/2018	$1,007.91
54900	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; UNILATERAL	10/1/2018	$641.85
54901	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATERAL	10/1/2018	$1,007.91
55000	PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR WITHOUT INJECTION OF	10/1/2018	$49.01
55040	EXCISION OF HYDROCELE; UNILATERAL	10/1/2018	$1,133.50
55041	EXCISION OF HYDROCELE; BILATERAL	10/1/2018	$1,133.50
55060	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)	10/1/2018	$641.85
55100	DRAINAGE OF SCROTAL WALL ABSCESS	10/1/2018	$424.42
55110	SCROTAL EXPLORATION	10/1/2018	$641.85
55120	REMOVAL OF FOREIGN BODY IN SCROTUM	10/1/2018	$641.85
55150	RESECTION OF SCROTUM	10/1/2018	$1,007.91
55175	SCROTOPLASTY; SIMPLE	10/1/2018	$1,007.91
55180	SCROTOPLASTY; COMPLICATED	10/1/2018	$1,404.07
55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL	10/1/2018	$641.85
55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE	10/1/2018	$641.85
55300	VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGRAMS, OR EPIDIDYMOGRAMS, UNILATERAL OR	10/1/2012	$0.00
55500	EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDURE)	10/1/2018	$1,007.91
55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)	10/1/2018	$1,007.91
55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE	10/1/2018	$1,007.91
55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOMINAL	10/1/2018	$1,133.50
55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH	10/1/2018	$1,133.50
55550	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	10/1/2018	$1,693.92
55600	VESICULOTOMY;	10/1/2018	$641.85
55680	EXCISION OF MULLERIAN DUCT CYST	10/1/2018	$641.85
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	10/1/2018	$641.85

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
55705	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH	10/1/2018	$641.85
55706	BIOPSY, PROSTATE; NEEDLE, TRANSPERINEAL, STEREOTACTIC TEMPLATE GUIDED SATURATION	10/1/2018	$1,007.91
55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE	10/1/2018	$641.85
55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLICATED	10/1/2018	$641.85
55860	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	10/1/2018	$1,404.07
55870	ELECTROEJACULATION	10/1/2018	$59.57
55873	CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE AND MONITORI	10/1/2018	$5,205.61
55874	TRANSPERINEAL PLACEMENT OF BIODEGRADABLE MATERIAL, PERI-PROSTATIC, SINGLE OR MUL	10/1/2018	$1,404.07
55875	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL R	10/1/2018	$1,404.07
55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL	10/1/2018	$54.96
55920	PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/ OR GENITALIA (EXCEPT P	10/1/2018	$1,607.78
56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	10/1/2018	$38.45
56420	INCISION AND DRAINAGE OF FEMALE GENITAL GLAND ABSCESS	10/1/2018	$50.09
56440	CREATION OF DRAINAGE TRACT FOR FEMALE GENITAL GLAND OR CYST	10/1/2018	$875.14
56441	LYSIS OF LABIAL ADHESIONS	10/1/2018	$875.14
56442	HYMENOTOMY, SIMPLE INCISION	10/1/2018	$875.14
56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELECTROSURGERY, CRYO	10/1/2018	$53.34
56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY,	10/1/2018	$776.48
56605	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION	10/1/2018	$29.51
56606	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE ADDITIONAL	10/1/2014	$0.00
56620	VULVECTOMY SIMPLE; PARTIAL	10/1/2018	$875.14
56625	VULVECTOMY SIMPLE; COMPLETE	10/1/2018	$875.14
56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	10/1/2018	$875.14
56740	REMOVAL OF FEMALE GENITAL GLAND OR CYST	10/1/2018	$875.14
56800	PLASTIC REPAIR OF INTROITUS	10/1/2018	$875.14
56805	CLITOROPLASTY FOR INTERSEX STATE	10/1/2018	$875.14
56810	PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE)	10/1/2018	$875.14
56820	COLPOSCOPY OF THE VULVA;	10/1/2018	$39.53
56821	COLPOSCOPY OF THE VULVA; WITH BIOPSY(S)	10/1/2018	$50.36
57000	COLPOTOMY; WITH EXPLORATION	10/1/2018	$875.14
57010	COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS	10/1/2018	$875.14
57020	COLPOCENTESIS (SEPARATE PROCEDURE)	10/1/2018	$875.14
57022	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; OBSTETRICAL/POSTPARTUM	10/1/2018	$424.42
57023	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTETRICAL (EG, POST-TRAUMA,	10/1/2018	$834.56

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE (EG, LASER SURGERY, ELECTROSURGERY, CRY	10/1/2018	$47.92
57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY,	10/1/2018	$875.14
57100	BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE)	10/1/2018	$31.14
57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)	10/1/2018	$875.14
57120	COLPOCLEISIS (LE FORT TYPE)	10/1/2018	$1,607.78
57130	EXCISION OF VAGINAL SEPTUM	10/1/2018	$875.14
57135	EXCISION OF VAGINAL CYST OR TUMOR	10/1/2018	$875.14
57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL	10/1/2016	$0.00
57155	INSERTION OF UTERINE TANDEM AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAPY	10/1/2018	$875.14
57156	INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERA	10/1/2018	$105.50
57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	10/1/2018	$31.41
57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	10/1/2018	$18.68
57180	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC	10/1/2018	$64.03
57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)	10/1/2018	$875.14
57210	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETRICAL)	10/1/2018	$875.14
57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHRAL	10/1/2018	$1,607.78
57230	PLASTIC REPAIR OF URETHROCELE	10/1/2018	$875.14
57240	REPAIR OF HERNIATION OF BLADDER INTO VAGINAL WALL	10/1/2018	$1,607.78
57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY	10/1/2018	$1,607.78
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY;	10/1/2018	$1,607.78
57265	REPAIR OF HERNIATION OF RECTUM AND BLADDER INTO VAGINAL WALL	10/1/2018	$1,607.78
57267	INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EACH	10/1/2014	$0.00
57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)	10/1/2018	$875.14
57282	COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS, ILIOCOCCYGEUS)	10/1/2015	$0.00
57287	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	10/1/2018	$875.14
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	10/1/2018	$1,607.78
57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	10/1/2018	$2,371.95
57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT	10/1/2018	$875.14
57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPROACH	10/1/2018	$875.14
57300	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH	10/1/2018	$875.14
57310	CLOSURE OF URETHROVAGINAL FISTULA;	10/1/2018	$2,371.95
57320	CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH	10/1/2018	$1,607.78
57400	DILATION OF VAGINA UNDER ANESTHESIA (OTHER THAN LOCAL)	10/1/2018	$875.14
57410	PELVIC EXAMINATION UNDER ANESTHESIA (OTHER THAN LOCAL)	10/1/2018	$875.14

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA (	10/1/2018	$875.14
57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	10/1/2018	$40.61
57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S) OF VAGIN	10/1/2018	$52.80
57426	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, LAPAROSCOPIC APPROACH	10/1/2018	$2,371.95
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA;	10/1/2018	$37.64
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE	10/1/2018	$46.30
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE	10/1/2018	$48.74
57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCERVICAL	10/1/2018	$46.84
57460	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE	10/1/2018	$129.96
57461	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE	10/1/2018	$139.71
57500	BIOPSY OF CERVIX, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHO	10/1/2018	$61.19
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)	10/1/2018	$42.24
57510	CAUTERY OF CERVIX; ELECTRO OR THERMAL	10/1/2018	$43.32
57511	CAUTERY OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT	10/1/2018	$52.53
57513	CAUTERY OF CERVIX; LASER ABLATION	10/1/2018	$875.14
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND	10/1/2018	$875.14
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND	10/1/2018	$875.14
57530	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)	10/1/2018	$875.14
57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;	10/1/2018	$875.14
57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE	10/1/2018	$1,607.78
57558	DILATION AND CURETTAGE OF CERVICAL STUMP	10/1/2018	$875.14
57700	CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL	10/1/2018	$875.14
57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH	10/1/2018	$875.14
57800	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)	10/1/2018	$22.47
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WI	10/1/2018	$36.82
58110	ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY (LIST SEP	10/1/2012	$0.00
58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)	10/1/2018	$875.14
58145	VAGINAL REMOVAL OF FIBROID TUMORS (250 GRAMS OR LESS) OF UTERUS	10/1/2018	$875.14
58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF	10/1/2016	$0.00
58260	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	10/1/2018	$1,607.78
58262	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S),	10/1/2018	$1,607.78
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	10/1/2018	$34.66
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE	10/1/2012	$0.00
58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	10/1/2018	$875.14

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE	10/1/2018	$1,607.78
58356	ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL	10/1/2018	$1,239.25
58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	10/1/2018	$1,693.92
58542	PARTIAL REMOVAL OF UTERUS (250 GRAMS OR LESS), TUBES AND/OR OVARIES WITH RETENTI	10/1/2018	$2,804.50
58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	10/1/2018	$2,804.50
58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	10/1/2018	$2,804.50
58545	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH TOTAL	10/1/2018	$1,693.92
58546	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS AND/OR	10/1/2018	$2,804.50
58550	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	10/1/2018	$1,693.92
58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	10/1/2018	$2,804.50
58553	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250	10/1/2018	$2,804.50
58554	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250	10/1/2018	$2,804.50
58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	10/1/2018	$875.14
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR	10/1/2018	$875.14
58559	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)	10/1/2018	$1,607.78
58560	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY	10/1/2018	$1,607.78
58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	10/1/2018	$1,607.78
58562	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY	10/1/2018	$875.14
58563	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOMETRIAL RESECTION,	10/1/2018	$1,607.78
58565	HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE	10/1/2018	$1,607.78
58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	10/1/2018	$2,804.50
58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH R	10/1/2018	$2,804.50
58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;	10/1/2018	$2,804.50
58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; W	10/1/2018	$2,804.50
58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS	10/1/2015	$0.00
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, UNI	10/1/2018	$875.14
58615	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGINAL	10/1/2018	$875.14
58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) (SEP	10/1/2018	$1,693.92
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL	10/1/2018	$1,693.92
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY,	10/1/2018	$1,693.92
58670	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT	10/1/2018	$1,693.92
58671	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP, OR	10/1/2018	$1,693.92
58674	LAPAROSCOPY, SURGICAL, ABLATION OF UTERINE FIBROID(S) INCLUDING INTRAOPERATIVE U	10/1/2018	$2,804.50
58800	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); VAGI	10/1/2018	$875.14

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58805	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE);	10/1/2018	$875.14
58820	DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN	10/1/2018	$875.14
58900	BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	10/1/2018	$875.14
59000	AMNIOCENTESIS; DIAGNOSTIC	10/1/2018	$53.88
59001	AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASOUND	10/1/2018	$105.50
59012	CORDOCENTESIS (INTRAUTERINE), ANY METHOD	10/1/2018	$105.50
59015	CHORIONIC VILLUS SAMPLING, ANY METHOD	10/1/2018	$46.84
59020	FETAL CONTRACTION STRESS TEST	10/1/2018	$25.45
59025	FETAL NON-STRESS TEST	10/1/2018	$13.81
59070	TRANSABDOMINAL AMNIOINFUSION, INCLUDING ULTRASOUND GUIDANCE	10/1/2018	$105.50
59072	FETAL UMBILICAL CORD OCCLUSION, INCLUDING ULTRASOUND GUIDANCE	10/1/2018	$105.50
59074	FETAL FLUID DRAINAGE (EG, VESICOCENTESIS, THORACOCENTESIS, PARACENTESIS),	10/1/2018	$105.50
59076	FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE	10/1/2018	$105.50
59100	HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION)	10/1/2018	$875.14
59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR	10/1/2018	$1,693.92
59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR	10/1/2018	$1,693.92
59160	CURETTAGE, POSTPARTUM	10/1/2018	$875.14
59200	INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLANDIN) (SEPARATE PROCEDURE	10/1/2018	$29.51
59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING	10/1/2018	$68.50
59320	CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL	10/1/2018	$875.14
59412	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS	10/1/2018	$875.14
59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)	10/1/2018	$875.14
59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY	10/1/2018	$875.14
59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER	10/1/2018	$875.14
59821	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER	10/1/2018	$875.14
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	10/1/2018	$875.14
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	10/1/2018	$875.14
59870	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE	10/1/2018	$875.14
59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)	10/1/2018	$875.14
60000	INCISION AND DRAINAGE OF THYROGLOSSAL DUCT CYST, INFECTED	10/1/2018	$465.12
60100	BIOPSY THYROID, PERCUTANEOUS CORE NEEDLE	10/1/2018	$40.61
60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS	10/1/2018	$1,693.92
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	10/1/2018	$1,693.92
60212	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY,	10/1/2018	$1,693.92

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
60220	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	10/1/2018	$1,693.92
60225	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY,	10/1/2018	$1,693.92
60240	THYROIDECTOMY, TOTAL OR COMPLETE	10/1/2018	$1,693.92
60252	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK DISSECTION	10/1/2016	$0.00
60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;	10/1/2018	$1,693.92
60281	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT	10/1/2018	$1,693.92
60300	ASPIRATION AND/OR INJECTION, THYROID CYST	10/1/2018	$61.73
60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	10/1/2018	$1,704.02
60502	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION	10/1/2015	$1,672.53
60512	PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR	10/1/2016	$0.00
61000	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; INI	10/1/2018	$267.80
61001	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL;	10/1/2018	$267.80
61020	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR	10/1/2018	$276.00
61026	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR	10/1/2018	$267.80
61050	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEPARATE	10/1/2018	$121.08
61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF MEDICATION OR	10/1/2018	$121.08
61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE	10/1/2018	$267.80
61215	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR	10/1/2018	$1,853.05
61330	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH	10/1/2018	$752.41
61770	STEREOTACTIC LOCALIZATION, INCLUDING BURR HOLE(S), WITH INSERTION OF	10/1/2018	$1,853.05
61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, INTRADURAL (LI	10/1/2012	$0.00
61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL (LI	10/1/2012	$0.00
61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY	10/1/2012	$0.00
61790	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT	10/1/2018	$608.06
61791	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT	10/1/2018	$608.06
61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES	10/1/2018	$1,293.81
61885	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR	10/1/2018	$16,231.60
61886	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR	10/1/2018	$23,091.42
61888	REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	10/1/2018	$3,094.83
62160	NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT OF VENTRICULAR CATHET	10/1/2012	$0.00
62194	REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER	10/1/2018	$608.06
62225	REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER	10/1/2018	$1,853.05
62230	REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRUCTED VALVE, OR	10/1/2018	$1,853.05
62252	REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT	10/1/2018	$28.97

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
62263	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG, HYPERTONI	10/1/2018	$276.00
62264	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG,	10/1/2018	$276.00
62267	PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS PULPOSUS, INTERVERTEBRAL DISC, OR PAR	10/1/2018	$228.35
62268	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX	10/1/2018	$276.00
62269	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE	10/1/2018	$424.42
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	10/1/2018	$267.80
62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR	10/1/2018	$267.80
62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	10/1/2018	$267.80
62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	10/1/2018	$276.00
62281	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	10/1/2018	$276.00
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	10/1/2018	$276.00
62284	INJECTION OF DYE FOR X-RAY IMAGING AND/OR CT OF LOWER SPINAL CANAL	10/1/2012	$0.00
62287	DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DIS	10/1/2018	$1,853.05
62290	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR	10/1/2012	$0.00
62291	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; CERVICAL OR THORACIC	10/1/2012	$0.00
62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY, INTERVERTEBRAL	10/1/2018	$608.06
62294	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS MALFORMATION,	10/1/2018	$276.00
62302	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR	1/1/2015	$0.00
62303	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR	1/1/2015	$0.00
62304	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR	1/1/2015	$0.00
62305	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR	1/1/2015	$0.00
62320	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPAS	10/1/2018	$267.80
62321	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPAS	10/1/2018	$267.80
62322	INJECTION OF SUBSTANCE INTO SPINAL CANAL OF LOWER BACK OR SACRUM	10/1/2018	$267.80
62323	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPAS	10/1/2018	$267.80
62324	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CAN	10/1/2018	$276.00
62325	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CAN	10/1/2018	$276.00
62326	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CAN	10/1/2018	$276.00
62327	INJECTION(S), INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INERMITTENT B	10/1/2018	$276.00
62350	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL CATH	10/1/2018	$1,853.05
62355	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER	10/1/2018	$608.06
62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION;	10/1/2018	$13,486.61
62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG	10/1/2018	$13,035.16
62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG	10/1/2018	$13,447.81

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62365	REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR INTRATHECAL	10/1/2018	$1,853.05
62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	10/1/2018	$18.41
62368	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	10/1/2018	$24.10
62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	10/1/2018	$72.29
62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	10/1/2018	$70.94
62380	ENDOSCOPIC DECOMPRESSION OF SPINAL CORD, NERVE ROOT(S), INCLUDING LMINOTOMY, PAR	10/1/2018	$2,414.29
63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQ	10/1/2018	$2,414.29
63003	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA	10/1/2018	$2,414.29
63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA	10/1/2018	$2,414.29
63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PAR	10/1/2018	$2,414.29
63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PAR	10/1/2018	$2,414.29
63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING	10/1/2018	$2,414.29
63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING	10/1/2015	$0.00
63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH	10/1/2018	$2,414.29
63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH	10/1/2018	$2,414.29
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH	10/1/2018	$2,414.29
63055	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE R	10/1/2018	$2,414.29
63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE	10/1/2018	$2,414.29
63600	CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PERCUTANEOUS, ANY MODA	10/1/2018	$608.06
63610	STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCEDURE NOT	10/1/2018	$608.06
63615	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION OF LESION, SPINAL CORD	10/1/2018	$608.06
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	10/1/2018	$4,309.09
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE,	10/1/2018	$14,995.96
63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLU	10/1/2018	$608.06
63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOM	10/1/2018	$1,293.81
63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTR	10/1/2018	$3,094.83
63664	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTR	10/1/2018	$12,904.70
63685	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER,	10/1/2018	$22,877.86
63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR	10/1/2018	$1,293.81
63744	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT	10/1/2018	$1,853.05
63746	REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT	10/1/2018	$608.06
64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH	10/1/2018	$64.71
64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE	10/1/2015	$0.00
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	10/1/2018	$48.47

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64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE	10/1/2018	$48.47
64410	INJECTION, ANESTHETIC AGENT; PHRENIC NERVE	10/1/2018	$276.00
64413	INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS	10/1/2018	$54.69
64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, SINGLE	10/1/2018	$276.00
64416	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION BY CATHETER (I	10/1/2018	$276.00
64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE	10/1/2018	$276.00
64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE	10/1/2018	$57.40
64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE	10/1/2018	$267.80
64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK	10/1/2018	$276.00
64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES	10/1/2018	$51.44
64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE	10/1/2018	$276.00
64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE	10/1/2018	$61.46
64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, SINGLE	10/1/2018	$61.73
64446	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUSION BY CATHETER (INC	10/1/2018	$276.00
64447	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE	10/1/2018	$49.82
64448	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSION BY CATHETER (INC	10/1/2018	$276.00
64449	INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROACH, CONTINUOUS INFUS	10/1/2018	$276.00
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	10/1/2018	$39.53
64455	INJECTIONS OF ANESTHETIC AND/OR STEROID DRUG INTO NERVE OF FOOT	10/1/2018	$14.89
64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; SINGLE INJECTION SITE (	10/1/2018	$61.73
64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; SECOND AND ANY ADDITION	10/1/2016	$0.00
64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; CONTINUOUS INFUSION BY	10/1/2018	$66.61
64479	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	10/1/2018	$276.00
64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	10/1/2014	$0.00
64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	10/1/2018	$276.00
64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	10/1/2014	$0.00
64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL	1/1/2015	$0.00
64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL	1/1/2015	$0.00
64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL	1/1/2015	$0.00
64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL	1/1/2015	$0.00
64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	10/1/2018	$276.00
64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	10/1/2014	$0.00
64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	10/1/2014	$0.00
64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	10/1/2018	$276.00

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64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	10/1/2014	$0.00
64495	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	10/1/2014	$0.00
64505	INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION	10/1/2018	$41.70
64508	INJECTION, ANESTHETIC AGENT; CAROTID SINUS (SEPARATE PROCEDURE)	10/1/2018	$5.42
64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	10/1/2018	$276.00
64517	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	10/1/2018	$276.00
64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	10/1/2018	$276.00
64530	INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC	10/1/2018	$276.00
64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; CRANIAL NERVE	10/1/2018	$4,378.98
64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (	10/1/2018	$4,381.77
64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRAN	10/1/2018	$4,383.27
64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE TREATME	10/1/2018	$81.77
64568	INCISION FOR IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELE	10/1/2018	$23,268.41
64569	REVISION OR REPLACEMENT OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECT	10/1/2018	$4,971.54
64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND P	10/1/2018	$1,853.05
64575	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (	10/1/2018	$14,416.65
64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; NEUROMUSCULAR	10/1/2018	$14,810.45
64581	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRAN	10/1/2018	$4,595.51
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODE ARRAY	10/1/2018	$1,293.81
64590	INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATO	10/1/2018	$16,263.31
64595	REVISION OR REMOVAL OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR	10/1/2018	$1,293.81
64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBITAL, M	10/1/2018	$276.00
64605	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION	10/1/2018	$608.06
64610	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION	10/1/2018	$608.06
64611	CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS, BILATERAL	10/1/2018	$54.96
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE, UNILATERAL	10/1/2018	$57.13
64615	CHEMODENERVATION OF MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINE A	10/1/2018	$47.11
64616	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDING MUSCLES OF THE LARYNX,	10/1/2018	$45.76
64617	CHEMODENERVATION OF MUSCLE(S); LARYNX, UNILATERAL, PERCUTANEOUS (EG, FOR SPASMOD	10/1/2018	$64.71
64620	DESTRUCTION BY NEUROLYTIC AGENT, INTERCOSTAL NERVE	10/1/2018	$276.00
64630	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	10/1/2018	$276.00
64632	DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE	10/1/2018	$30.33
64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	10/1/2018	$608.06
64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	10/1/2014	$0.00

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64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	10/1/2018	$608.06
64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	10/1/2014	$0.00
64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	10/1/2018	$66.07
64642	CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)	10/1/2018	$56.59
64643	CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 1-4 MUSCLE(S) (LIS	1/1/2014	$0.00
64644	CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCLE(S)	10/1/2018	$67.42
64645	CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 5 OR MORE MUSCLE(S	1/1/2014	$0.00
64646	CHEMODENERVATION OF TRUNK MUSCLE(S); 1-5 MUSCLE(S)	10/1/2018	$55.78
64647	CHEMODENERVATION OF TRUNK MUSCLE(S); 6 OR MORE MUSCLE(S)	10/1/2018	$64.17
64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	10/1/2018	$37.91
64653	CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK), PER D	10/1/2018	$44.13
64680	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; CELIAC P	10/1/2018	$276.00
64681	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING;	10/1/2018	$276.00
64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT	10/1/2018	$608.06
64704	NEUROPLASTY; NERVE OF HAND OR FOOT	10/1/2018	$608.06
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; OTHER THAN SPECIFIED	10/1/2018	$608.06
64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIATIC NERVE	10/1/2018	$608.06
64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; BRACHIAL PLEXUS	10/1/2018	$608.06
64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; LUMBAR PLEXUS	10/1/2018	$608.06
64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	10/1/2018	$608.06
64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW	10/1/2018	$608.06
64719	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST	10/1/2018	$608.06
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL	10/1/2018	$608.06
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	10/1/2018	$608.06
64726	DECOMPRESSION; PLANTAR DIGITAL NERVE	10/1/2018	$608.06
64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN	10/1/2014	$0.00
64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE	10/1/2018	$608.06
64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE	10/1/2018	$608.06
64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	10/1/2018	$608.06
64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY	10/1/2018	$608.06
64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE	10/1/2018	$608.06
64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE	10/1/2018	$608.06
64744	TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE	10/1/2018	$608.06
64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE	10/1/2018	$608.06

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64763	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHOUT	10/1/2018	$608.06
64766	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHOUT	10/1/2018	$1,853.05
64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	10/1/2018	$608.06
64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL	10/1/2018	$608.06
64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE	10/1/2018	$608.06
64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT	10/1/2018	$608.06
64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY IN	10/1/2014	$0.00
64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE	10/1/2018	$608.06
64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT	10/1/2014	$0.00
64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC	10/1/2018	$608.06
64786	EXCISION OF NEUROMA; SCIATIC NERVE	10/1/2018	$1,853.05
64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO	10/1/2014	$0.00
64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE	10/1/2018	$608.06
64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE	10/1/2018	$608.06
64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TYPE)	10/1/2018	$1,853.05
64795	BIOPSY OF NERVE	10/1/2018	$608.06
64802	SYMPATHECTOMY, CERVICAL	10/1/2018	$608.06
64820	SYMPATHECTOMY; DIGITAL ARTERIES, EACH DIGIT	10/1/2018	$608.06
64821	SYMPATHECTOMY; RADIAL ARTERY	10/1/2018	$1,028.20
64822	SYMPATHECTOMY; ULNAR ARTERY	10/1/2018	$1,028.20
64823	SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	10/1/2018	$570.56
64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE	10/1/2018	$1,853.05
64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE (LIST	10/1/2014	$0.00
64834	SUTURE OF ONE NERVE; HAND OR FOOT, COMMON SENSORY NERVE	10/1/2018	$1,853.05
64835	SUTURE OF ONE NERVE; MEDIAN MOTOR THENAR	10/1/2018	$1,853.05
64836	SUTURE OF ONE NERVE; ULNAR MOTOR	10/1/2018	$1,853.05
64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDITION TO	10/1/2014	$0.00
64840	SUTURE OF POSTERIOR TIBIAL NERVE	10/1/2018	$1,853.05
64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING	10/1/2018	$1,853.05
64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT	10/1/2018	$1,853.05
64858	SUTURE OF SCIATIC NERVE	10/1/2018	$1,853.05
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITION	10/1/2014	$0.00
64861	SUTURE OF; BRACHIAL PLEXUS	10/1/2018	$1,853.05
64862	SUTURE OF; LUMBAR PLEXUS	10/1/2018	$1,853.05

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64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL	10/1/2018	$1,853.05
64865	SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFTING	10/1/2018	$1,853.05
64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN	10/1/2014	$0.00
64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE	10/1/2014	$0.00
64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN	10/1/2014	$0.00
64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH	10/1/2018	$1,853.05
64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM LENGTH	10/1/2018	$1,853.05
64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO 4 CM	10/1/2018	$1,853.05
64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE THAN	10/1/2018	$1,853.05
64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM	10/1/2018	$1,853.05
64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THAN 4	10/1/2018	$1,853.05
64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT;	10/1/2018	$1,853.05
64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT;	10/1/2018	$1,853.05
64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG;	10/1/2018	$1,853.05
64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG;	10/1/2018	$1,853.05
64901	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND (LIST SEPARATELY IN ADDITION	10/1/2014	$0.00
64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE) (LIST SEPARATELY	10/1/2014	$0.00
64905	NERVE PEDICLE TRANSFER; FIRST STAGE	10/1/2018	$1,853.05
64907	NERVE PEDICLE TRANSFER; SECOND STAGE	10/1/2018	$1,853.05
64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NE	10/1/2018	$1,853.05
64912	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH NERVE, FIRST STRAND (CABLE)	10/1/2018	$1,853.05
64913	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH ADDITIONAL STRAND (LIST SEPARATELY IN A	2/1/2018	$0.00
65091	EVISCERATION OF OCULAR CONTENTS; WITHOUT IMPLANT	10/1/2018	$1,079.22
65093	EVISCERATION OF OCULAR CONTENTS; WITH IMPLANT	10/1/2018	$1,079.22
65101	ENUCLEATION OF EYE; WITHOUT IMPLANT	10/1/2018	$1,079.22
65103	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT	10/1/2018	$1,079.22
65105	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT	10/1/2018	$1,079.22
65110	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL	10/1/2018	$1,079.22
65112	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL	10/1/2018	$1,079.22
65114	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL	10/1/2018	$1,079.22
65125	MODIFICATION OF OCULAR IMPLANT WITH PLACEMENT OR REPLACEMENT OF PEGS (EG, DRILLI	10/1/2018	$645.42
65130	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCERATION, IN SCLERAL SHELL	10/1/2018	$1,079.22
65135	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT ATTACHED	10/1/2018	$1,079.22
65140	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTACHED TO	10/1/2018	$1,079.22

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65150	REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT	10/1/2018	$1,079.22
65155	REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT	10/1/2018	$1,079.22
65175	REMOVAL OF OCULAR IMPLANT	10/1/2018	$1,079.22
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL	10/1/2015	$0.00
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES	10/1/2015	$0.00
65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP	10/1/2015	$0.00
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP	10/1/2015	$0.00
65235	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OF EYE OR LENS	10/1/2018	$866.91
65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC	10/1/2018	$866.91
65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC	10/1/2018	$866.91
65270	REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCL	10/1/2018	$645.42
65272	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITHOUT	10/1/2018	$645.42
65275	REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN	10/1/2018	$1,079.22
65280	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING UVEAL	10/1/2018	$1,529.33
65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR	10/1/2018	$1,529.33
65286	REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA	10/1/2018	$351.98
65290	REPAIR OF INJURED EYE MUSCLE OR TENDON	10/1/2018	$1,079.22
65400	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM	10/1/2018	$329.70
65410	BIOPSY OF CORNEA	10/1/2018	$645.42
65420	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT	10/1/2018	$645.42
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	10/1/2018	$645.42
65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	10/1/2015	$0.00
65435	REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION (ABRASION,	10/1/2018	$36.28
65436	REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING AGENT (EG, EDTA)	10/1/2018	$160.02
65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR	10/1/2018	$107.33
65600	MULTIPLE PUNCTURES OF ANTERIOR CORNEA (EG, FOR CORNEAL EROSION, TATTOO)	10/1/2018	$183.03
65710	KERATOPLASTY (CORNEAL TRANSPLANT); ANTERIOR LAMELLAR	10/1/2018	$1,529.33
65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA OR PSEUDOPHAKI	10/1/2018	$1,529.33
65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)	10/1/2018	$1,529.33
65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)	10/1/2018	$1,529.33
65756	KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL	10/1/2018	$1,529.33
65757	BACKBENCH PREPARATION OF CORNEAL ENDOTHELIAL ALLOGRAFT PRIOR TO TRANSPLANTATION	10/1/2012	$0.00
65770	KERATOPROSTHESIS	10/1/2018	$6,416.07
65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	10/1/2018	$329.70

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65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	10/1/2018	$645.42
65778	INSERTION OF AMNIOTIC MEMBRANE TO EYE SURFACE	10/1/2012	$0.00
65779	INSERTION OF AMNIOTIC MEMBRANE TO EYE SURFACE WITH SUTURES	10/1/2013	$0.00
65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION, MULTIPLE LAYER	10/1/2018	$1,079.22
65781	OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT (EG, CADAVERIC OR	10/1/2018	$1,529.33
65782	OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT (INCLUDES	10/1/2018	$1,079.22
65785	IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS	10/1/2018	$1,529.33
65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF AQ	10/1/2018	$866.91
65810	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF	10/1/2018	$866.91
65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF	10/1/2018	$866.91
65820	GONIOTOMY	10/1/2018	$1,529.33
65850	TRABECULOTOMY AB EXTERNO	10/1/2018	$866.91
65855	TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED TREATMENT	10/1/2018	$102.35
65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE PROCEDURE)	10/1/2018	$134.84
65865	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WIT	10/1/2018	$866.91
65870	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR	10/1/2018	$866.91
65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR	10/1/2018	$866.91
65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR	10/1/2018	$1,529.33
65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE	10/1/2018	$866.91
65920	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT OF EYE	10/1/2018	$866.91
65930	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT OF EYE	10/1/2018	$866.91
66020	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); AIR OR LIQUID	10/1/2018	$866.91
66030	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); MEDICATION	10/1/2018	$866.91
66130	EXCISION OF LESION, SCLERA	10/1/2018	$645.42
66150	FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY	10/1/2018	$1,529.33
66155	FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECTOMY	10/1/2018	$1,529.33
66160	FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSORS, WITH	10/1/2018	$866.91
66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE OF	10/1/2018	$866.91
66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRING	10/1/2018	$866.91
66174	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENTION OF DEVICE OR S	10/1/2018	$1,529.33
66175	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITH RETENTION OF DEVICE OR STEN	10/1/2018	$1,529.33
66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITH	10/1/2018	$1,529.33
66180	CREATION OF SHUNT TO IMPROVE EYE FLUID FLOW WITH GRAFT	10/1/2018	$1,529.33
66183	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESER	10/1/2018	$1,529.33

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66184	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR; WITHOUT GRA	10/1/2018	$866.91
66185	REVISION OF EYE FLUID DRAINAGE SHUNT WITH GRAFT	10/1/2018	$866.91
66220	REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT	10/1/2018	$866.91
66225	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT	10/1/2018	$1,529.33
66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR	10/1/2018	$645.42
66500	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION	10/1/2018	$866.91
66505	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS FOR IRIS	10/1/2018	$866.91
66600	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION	10/1/2018	$1,529.33
66605	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY	10/1/2018	$866.91
66625	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA	10/1/2018	$866.91
66630	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA	10/1/2018	$866.91
66635	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; OPTICAL (SEPARATE PROCEDURE)	10/1/2018	$866.91
66680	REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)	10/1/2018	$866.91
66682	SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SUTURE	10/1/2018	$866.91
66700	CILIARY BODY DESTRUCTION; DIATHERMY	10/1/2018	$866.91
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSSCLERAL	10/1/2018	$645.42
66711	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC	10/1/2018	$866.91
66720	CILIARY BODY DESTRUCTION; CRYOTHERAPY	10/1/2018	$645.42
66740	CILIARY BODY DESTRUCTION; CYCLODIALYSIS	10/1/2018	$645.42
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (PER SESSION)	10/1/2018	$142.42
66762	IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROVEMENT OF	10/1/2018	$197.57
66770	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL PROCEDURE)	10/1/2018	$197.57
66820	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AN	10/1/2018	$866.91
66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE	10/1/2018	$197.57
66825	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEPARATE	10/1/2018	$866.91
66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/O	10/1/2018	$866.91
66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES	10/1/2018	$866.91
66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR	10/1/2018	$866.91
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY	10/1/2018	$1,529.33
66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	10/1/2018	$866.91
66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS	10/1/2018	$1,529.33
66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)	10/1/2018	$866.91
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS	10/1/2018	$866.91
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS	10/1/2018	$866.91

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66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS	10/1/2018	$866.91
66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT ASSOCIATED	10/1/2018	$866.91
66986	EXCHANGE OF INTRAOCULAR LENS	10/1/2018	$866.91
66990	USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	10/1/2012	$0.00
67005	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION);	10/1/2018	$866.91
67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION);	10/1/2018	$866.91
67015	ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS PLANA	10/1/2018	$866.91
67025	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUID-GAS	10/1/2018	$866.91
67027	IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT),	10/1/2018	$1,112.80
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	10/1/2018	$36.55
67030	DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH	10/1/2018	$866.91
67031	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRANES OR	10/1/2018	$197.57
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	10/1/2018	$1,529.33
67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER	10/1/2018	$1,529.33
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL	10/1/2018	$1,529.33
67041	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL CELLULAR	10/1/2018	$1,529.33
67042	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMITING M	10/1/2018	$1,529.33
67043	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SUBRETINAL MEMBRANE	10/1/2018	$1,529.33
67101	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; CRYOTHERAPY OR DIATHERMY, WI	10/1/2018	$151.63
67105	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; PHOTOCOAGULATION, WITH OR	10/1/2018	$130.51
67107	REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLERAL	10/1/2018	$1,529.33
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT AIR	10/1/2018	$1,529.33
67110	REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (EG, PNEUMATIC	10/1/2018	$379.06
67113	REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE VITREORETINOPATHY, STAGE	10/1/2018	$1,529.33
67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)	10/1/2018	$1,529.33
67120	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR	10/1/2018	$866.91
67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR	10/1/2018	$866.91
67141	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITH	10/1/2018	$107.33
67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION)	10/1/2018	$197.57
67208	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), ONE OR MO	10/1/2018	$107.33
67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), ONE OR	10/1/2018	$197.57
67218	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), ONE OR	10/1/2018	$1,079.22
67220	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION);	10/1/2018	$197.57
67221	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION);	10/1/2018	$121.03

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67225	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION);	10/1/2014	$0.00
67227	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY),	10/1/2018	$123.20
67228	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY, ONE OR MORE SESSIONS; (EG, DI	10/1/2018	$136.73
67229	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY, ONE OR MORE SESSIONS; PRETERM	10/1/2018	$197.57
67250	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT	10/1/2018	$645.42
67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT	10/1/2018	$866.91
67311	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; ONE HORIZONTAL MUSCLE	10/1/2018	$645.42
67312	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; TWO HORIZONTAL MUSCLES	10/1/2018	$1,079.22
67314	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; ONE VERTICAL MUSCLE	10/1/2018	$645.42
67316	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; TWO OR MORE VERTICAL	10/1/2018	$645.42
67318	STRABISMUS SURGERY, ANY PROCEDURE, SUPERIOR OBLIQUE MUSCLE	10/1/2018	$645.42
67320	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR	10/1/2014	$0.00
67331	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT	10/1/2014	$0.00
67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRIOR	10/1/2014	$0.00
67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT	10/1/2014	$0.00
67335	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING	10/1/2014	$0.00
67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR	10/1/2014	$0.00
67343	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPARATE	10/1/2018	$645.42
67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE	10/1/2018	$95.85
67346	BIOPSY OF EXTRAOCULAR MUSCLE	10/1/2018	$1,079.22
67400	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR EXPLOR	10/1/2018	$1,079.22
67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	10/1/2018	$645.42
67412	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	10/1/2018	$645.42
67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	10/1/2018	$645.42
67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	10/1/2018	$1,079.22
67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS	10/1/2018	$645.42
67420	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	10/1/2018	$1,079.22
67430	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	10/1/2018	$1,079.22
67440	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	10/1/2018	$1,079.22
67445	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	10/1/2018	$1,079.22
67450	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); FOR	10/1/2018	$1,079.22
67500	RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE SUPPLY O	10/1/2018	$107.33
67505	RETROBULBAR INJECTION; ALCOHOL	10/1/2018	$30.60
67515	INJECTION OF MEDICATION OR SUBSTANCE INTO MEMBRANE COVERING EYEBALL	10/1/2018	$34.12

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67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION	10/1/2018	$1,079.22
67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION	10/1/2018	$1,079.22
67570	OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEATH)	10/1/2018	$1,079.22
67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	10/1/2018	$107.33
67710	SEVERING OF TARSORRHAPHY	10/1/2018	$142.15
67715	CANTHOTOMY (SEPARATE PROCEDURE)	10/1/2018	$645.42
67800	EXCISION OF CHALAZION; SINGLE	10/1/2018	$57.67
67801	EXCISION OF CHALAZION; MULTIPLE, SAME LID	10/1/2018	$70.13
67805	EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS	10/1/2018	$90.16
67808	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING	10/1/2018	$645.42
67810	INCISIONAL BIOPSY OF EYELID SKIN INCLUDING LID MARGIN	10/1/2018	$96.39
67820	CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY	10/1/2015	$0.00
67825	CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS (EG, BY	10/1/2018	$57.67
67830	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN	10/1/2018	$329.70
67835	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE	10/1/2018	$645.42
67840	EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WITH SIMPLE	10/1/2018	$152.17
67850	DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)	10/1/2018	$113.45
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)	10/1/2018	$329.70
67880	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	10/1/2018	$645.42
67882	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	10/1/2018	$645.42
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	10/1/2018	$645.42
67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERI	10/1/2018	$645.42
67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLI	10/1/2018	$1,079.22
67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL	10/1/2018	$645.42
67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL	10/1/2018	$645.42
67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING	10/1/2018	$1,079.22
67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBRANE TO CORRECT EYELID DROOPING OR PARALYSIS	10/1/2018	$645.42
67909	REDUCTION OF OVERCORRECTION OF PTOSIS	10/1/2018	$645.42
67911	CORRECTION OF LID RETRACTION	10/1/2018	$645.42
67912	CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LID LOAD (EG,	10/1/2018	$645.42
67914	REPAIR OF ECTROPION; SUTURE	10/1/2018	$645.42
67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION	10/1/2018	$167.60
67916	REPAIR OF ECTROPION; EXCISION TARSAL WEDGE	10/1/2018	$645.42
67917	REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP OPERATIONS)	10/1/2018	$645.42

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67921	REPAIR OF ENTROPION; SUTURE	10/1/2018	$645.42
67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION	10/1/2018	$165.43
67923	REPAIR OF ENTROPION; EXCISION TARSAL WEDGE	10/1/2018	$645.42
67924	REPAIR OF ENTROPION; EXTENSIVE (EG, TARSAL STRIP OR CAPSULOPALPEBRAL FASCIA	10/1/2018	$645.42
67930	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL C	10/1/2018	$174.91
67935	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL	10/1/2018	$645.42
67938	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID	10/1/2018	$107.33
67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	10/1/2018	$645.42
67961	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA,	10/1/2018	$645.42
67966	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA,	10/1/2018	$645.42
67971	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	10/1/2018	$645.42
67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	10/1/2018	$645.42
67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	10/1/2018	$1,079.22
67975	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	10/1/2018	$645.42
68020	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST	10/1/2018	$51.99
68040	EXPRESSION OF CONJUNCTIVAL FOLLICLES (EG, FOR TRACHOMA)	10/1/2018	$23.83
68100	BIOPSY OF CONJUNCTIVA	10/1/2018	$92.87
68110	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM	10/1/2018	$121.84
68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM	10/1/2018	$645.42
68130	EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA	10/1/2018	$645.42
68135	DESTRUCTION OF LESION, CONJUNCTIVA	10/1/2018	$66.61
68200	SUBCONJUNCTIVAL INJECTION	10/1/2015	$0.00
68320	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	10/1/2018	$645.42
68325	CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)	10/1/2018	$1,079.22
68326	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR	10/1/2018	$1,079.22
68328	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBRANE GRAFT	10/1/2018	$645.42
68330	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT	10/1/2018	$866.91
68335	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE	10/1/2018	$1,079.22
68340	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSERTION OF	10/1/2018	$645.42
68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)	10/1/2018	$1,079.22
68362	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP)	10/1/2018	$645.42
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR	10/1/2018	$645.42
68400	INCISION, DRAINAGE OF LACRIMAL GLAND	10/1/2018	$169.22
68420	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRYOCYSTOSTOMY)	10/1/2018	$179.78

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68440	SNIP INCISION OF LACRIMAL PUNCTUM	10/1/2018	$50.09
68500	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL	10/1/2018	$1,079.22
68505	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTIAL	10/1/2018	$1,079.22
68510	BIOPSY OF LACRIMAL GLAND	10/1/2018	$645.42
68520	EXCISION OF LACRIMAL SAC (DACRYOCYSTECTOMY)	10/1/2018	$1,079.22
68525	BIOPSY OF LACRIMAL SAC	10/1/2018	$645.42
68530	REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES	10/1/2018	$107.33
68540	EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH	10/1/2018	$645.42
68550	EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY	10/1/2018	$1,079.22
68700	PLASTIC REPAIR OF CANALICULI	10/1/2018	$645.42
68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY	10/1/2018	$107.33
68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)	10/1/2018	$1,079.22
68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHOUT	10/1/2018	$1,079.22
68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH	10/1/2018	$1,079.22
68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER	10/1/2018	$104.24
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	10/1/2018	$73.92
68770	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)	10/1/2018	$645.42
68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION	10/1/2015	$0.00
68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;	10/1/2018	$107.33
68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GENERAL	10/1/2018	$645.42
68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTION OF	10/1/2018	$645.42
68816	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL BALL	10/1/2018	$645.42
68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	10/1/2018	$61.46
68850	INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY	10/1/2012	$0.00
69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE	10/1/2018	$97.74
69005	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED	10/1/2018	$96.39
69020	DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS	10/1/2018	$128.88
69100	BIOPSY EXTERNAL EAR	10/1/2018	$52.80
69105	BIOPSY EXTERNAL AUDITORY CANAL	10/1/2018	$80.14
69110	EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR	10/1/2018	$834.56
69120	EXCISION EXTERNAL EAR; COMPLETE AMPUTATION	10/1/2018	$1,704.02
69140	EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL	10/1/2018	$1,704.02
69145	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL	10/1/2018	$834.56
69150	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NECK DISSECTION	10/1/2018	$1,704.02

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69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL ANESTHESIA	10/1/2015	$0.00
69205	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTHESIA	10/1/2018	$424.42
69209	REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILATERAL	10/1/2016	$0.00
69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	10/1/2015	$0.00
69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING)	10/1/2015	$0.00
69222	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA OR MORE THAN	10/1/2018	$121.03
69300	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	10/1/2018	$752.41
69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS DUE	10/1/2018	$1,704.02
69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE	10/1/2018	$1,704.02
69420	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION	10/1/2018	$71.28
69421	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQUIRING	10/1/2018	$752.41
69424	VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA	10/1/2018	$71.21
69433	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPICAL	10/1/2018	$105.33
69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA	10/1/2018	$465.12
69440	MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION	10/1/2018	$752.41
69450	TYMPANOLYSIS, TRANSCANAL	10/1/2018	$752.41
69501	TRANSMASTOID ANTROTOMY (''SIMPLE'' MASTOIDECTOMY)	10/1/2018	$1,704.02
69502	MASTOIDECTOMY; COMPLETE	10/1/2018	$1,704.02
69505	MASTOIDECTOMY; MODIFIED RADICAL	10/1/2018	$1,704.02
69511	MASTOIDECTOMY; RADICAL	10/1/2018	$1,704.02
69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY	10/1/2018	$1,704.02
69540	EXCISION AURAL POLYP	10/1/2018	$119.68
69550	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL	10/1/2018	$1,704.02
69552	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID	10/1/2018	$1,704.02
69601	REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY	10/1/2018	$1,704.02
69602	REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY	10/1/2018	$1,704.02
69603	REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY	10/1/2018	$1,704.02
69604	REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY	10/1/2018	$1,704.02
69605	REVISION MASTOIDECTOMY; WITH APICECTOMY	10/1/2018	$1,704.02
69610	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OF PERFORATION FOR	10/1/2018	$154.87
69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)	10/1/2018	$752.41
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR	10/1/2018	$1,704.02
69632	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR	10/1/2018	$1,704.02
69633	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR	10/1/2018	$1,704.02

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
69635	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY,	10/1/2018	$1,704.02
69636	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY,	10/1/2018	$1,704.02
69637	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY,	10/1/2018	$1,704.02
69641	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	10/1/2018	$1,704.02
69642	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	10/1/2018	$1,704.02
69643	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	10/1/2018	$1,704.02
69644	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	10/1/2018	$1,704.02
69645	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	10/1/2018	$1,704.02
69646	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	10/1/2018	$1,704.02
69650	STAPES MOBILIZATION	10/1/2018	$752.41
69660	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH	10/1/2018	$1,704.02
69661	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH	10/1/2018	$1,704.02
69662	REVISION OF STAPEDECTOMY OR STAPEDOTOMY	10/1/2018	$1,704.02
69666	REPAIR OVAL WINDOW FISTULA	10/1/2018	$752.41
69667	REPAIR ROUND WINDOW FISTULA	10/1/2018	$752.41
69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)	10/1/2018	$1,704.02
69676	TYMPANIC NEURECTOMY	10/1/2018	$752.41
69700	CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE)	10/1/2018	$465.12
69711	REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL	10/1/2018	$752.41
69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS	10/1/2018	$7,286.61
69715	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS	10/1/2018	$11,401.93
69717	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT,	10/1/2018	$3,822.64
69718	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT,	10/1/2018	$4,933.90
69720	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE GANGLION	10/1/2018	$1,704.02
69740	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	10/1/2018	$1,704.02
69745	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	10/1/2018	$1,704.02
69801	LABYRINTHOTOMY, WITH PERFUSION OF VESTIBULOACTIVE DRUG(S); TRANSCANAL	10/1/2018	$85.56
69805	ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT	10/1/2018	$1,704.02
69806	ENDOLYMPHATIC SAC OPERATION; WITH SHUNT	10/1/2018	$1,704.02
69905	LABYRINTHECTOMY; TRANSCANAL	10/1/2018	$1,704.02
69910	LABYRINTHECTOMY; WITH MASTOIDECTOMY	10/1/2018	$1,704.02
69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH	10/1/2018	$752.41
69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	10/1/2018	$29,678.31
69990	MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY	10/1/2012	$0.00

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	$0.00
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	$0.00
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	10/1/2015	$0.00
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	10/1/2015	$0.00
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	10/1/2015	$0.00
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	10/1/2015	$0.00
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE	10/1/2015	$0.00
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	10/1/2015	$0.00
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	10/1/2015	$0.00
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	10/1/2015	$0.00
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	10/1/2015	$0.00
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	10/1/2015	$0.00
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS	10/1/2015	$0.00
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	10/1/2015	$0.00
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS	10/1/2015	$0.00
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	10/1/2015	$0.00
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS	10/1/2015	$0.00
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS	10/1/2015	$0.00
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	10/1/2015	$0.00
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	10/1/2015	$0.00
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	10/1/2015	$0.00
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH;	10/1/2015	$0.00
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH;	10/1/2015	$0.00
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)	10/1/2018	$96.43
70350	CEPHALOGRAM, ORTHODONTIC	10/1/2015	$0.00
70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	10/1/2015	$0.00
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	10/1/2015	$0.00
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR	10/1/2016	$0.00
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING	10/1/2016	$0.00
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	10/1/2015	$0.00
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	$0.00
70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	10/1/2018	$46.62

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
70460	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	10/1/2018	$80.96
70470	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	10/1/2018	$97.47
70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	10/1/2018	$46.62
70481	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	10/1/2018	$111.58
70482	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	10/1/2018	$111.58
70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	10/1/2018	$46.62
70487	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	10/1/2018	$84.75
70488	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	10/1/2018	$111.58
70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	10/1/2018	$46.62
70491	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	10/1/2018	$111.58
70492	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY	10/1/2018	$111.58
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NON	10/1/2018	$111.58
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NON	10/1/2018	$111.58
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTR	10/1/2018	$96.43
70542	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITH CONTRAST	10/1/2018	$193.02
70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITHOUT	10/1/2018	$193.02
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	10/1/2018	$96.43
70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)	10/1/2018	$111.58
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY	10/1/2018	$193.02
70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S)	10/1/2018	$96.43
70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL(S)	10/1/2018	$111.58
70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY	10/1/2018	$193.02
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT	10/1/2018	$96.43
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH	10/1/2018	$111.58
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT	10/1/2018	$193.02
70554	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND	10/1/2018	$96.43
70555	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHO	10/1/2018	$96.43
70557	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL	10/1/2018	$96.43
70558	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL	10/1/2018	$111.58
70559	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL	10/1/2018	$111.58
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	10/1/2018	$7.85
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	10/1/2018	$14.62
71047	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS	2/1/2018	$0.00
71048	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	2/1/2018	$0.00

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	10/1/2015	$0.00
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST,	10/1/2015	$0.00
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	10/1/2015	$0.00
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST,	10/1/2015	$0.00
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	10/1/2015	$0.00
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS	10/1/2015	$0.00
71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	10/1/2018	$46.62
71260	COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	10/1/2018	$111.58
71270	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	10/1/2018	$111.58
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S)	10/1/2018	$111.58
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	10/1/2018	$96.43
71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	10/1/2018	$287.29
71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	10/1/2018	$193.02
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	10/1/2015	$0.00
72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS	10/1/2015	$0.00
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 4 OR 5 VIEWS	10/1/2015	$0.00
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 6 OR MORE VIEWS	10/1/2015	$0.00
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	10/1/2015	$0.00
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	10/1/2015	$0.00
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	10/1/2015	$0.00
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	10/1/2015	$0.00
72081	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERV	10/1/2017	$0.00
72082	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERV	10/1/2017	$0.00
72083	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERV	10/1/2018	$43.05
72084	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERV	10/1/2018	$46.62
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	10/1/2015	$0.00
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS	10/1/2015	$0.00
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS, M	10/1/2015	$0.00
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; BENDING VIEWS ONLY, 2 OR 3 VIEWS	10/1/2015	$0.00
72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	10/1/2018	$46.62
72126	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	10/1/2018	$127.26
72127	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	10/1/2018	$111.58
72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	10/1/2018	$46.62
72129	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	10/1/2018	$111.58

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
72130	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	10/1/2018	$111.58
72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	10/1/2018	$46.62
72132	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	10/1/2018	$127.26
72133	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	10/1/2018	$111.58
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL;	10/1/2018	$96.43
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL;	10/1/2018	$193.02
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC;	10/1/2018	$96.43
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC;	10/1/2018	$193.02
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR;	10/1/2018	$96.43
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR;	10/1/2018	$177.62
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	10/1/2018	$193.02
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	10/1/2018	$193.02
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	10/1/2018	$193.02
72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	10/1/2015	$0.00
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	10/1/2015	$0.00
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING N	10/1/2018	$111.58
72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	10/1/2018	$46.62
72193	COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	10/1/2018	$111.58
72194	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	10/1/2018	$111.58
72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)	10/1/2018	$96.43
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIAL(S)	10/1/2018	$193.02
72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S),	10/1/2018	$193.02
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	10/1/2015	$0.00
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	10/1/2015	$0.00
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	10/1/2015	$0.00
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	$0.00
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	$0.00
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	$0.00
72270	RADIOLOGICAL SUPERVISION AND INTERPRETATION X-RAY OF SPINAL CANAL, 2 OR MORE SPI	10/1/2012	$0.00
72275	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	$0.00
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	$0.00
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	$0.00
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	10/1/2015	$0.00
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	10/1/2015	$0.00

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	10/1/2015	$0.00
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	10/1/2015	$0.00
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT	10/1/2015	$0.00
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	10/1/2015	$0.00
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	10/1/2015	$0.00
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	10/1/2015	$0.00
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
73090	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	10/1/2015	$0.00
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	10/1/2015	$0.00
73100	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	10/1/2015	$0.00
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	10/1/2015	$0.00
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	10/1/2015	$0.00
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	10/1/2015	$0.00
73140	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS	10/1/2015	$0.00
73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	10/1/2018	$46.62
73201	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	10/1/2018	$111.58
73202	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	10/1/2018	$111.58
73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITH CONTRAST MATERIAL(S), IN	10/1/2018	$111.58
73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	10/1/2018	$96.43
73219	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	10/1/2018	$193.02
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	10/1/2018	$193.02
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT	10/1/2018	$96.43
73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH	10/1/2018	$227.71
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT	10/1/2018	$193.02
73501	RADIOLOGIC EXAMINATION, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; 1 VIEW	10/1/2017	$0.00
73502	RADIOLOGIC EXAMINATION, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; 2-3 VIEWS	10/1/2017	$0.00
73503	RADIOLOGIC EXAMINATION, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; MINIMUM OF	10/1/2017	$0.00
73521	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; 2 VIEWS	10/1/2017	$0.00
73522	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; 3-4 VIEWS	10/1/2017	$0.00
73523	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; MINIMUM OF	10/1/2017	$0.00
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
73551	RADIOLOGIC EXAMINATION, FEMUR; 1 VIEW	10/1/2017	$0.00

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73552	RADIOLOGIC EXAMINATION, FEMUR; MINIMUM 2 VIEW	10/1/2017	$0.00
73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	10/1/2015	$0.00
73562	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	10/1/2015	$0.00
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	10/1/2015	$0.00
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	10/1/2015	$0.00
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	10/1/2015	$0.00
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	10/1/2015	$0.00
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	10/1/2015	$0.00
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	10/1/2015	$0.00
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	10/1/2015	$0.00
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	10/1/2015	$0.00
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	10/1/2015	$0.00
73660	RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO VIEWS	10/1/2015	$0.00
73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	10/1/2018	$46.62
73701	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	10/1/2018	$111.58
73702	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	10/1/2018	$111.58
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITH CONTRAST MATERIAL(S), IN	10/1/2018	$111.58
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT;	10/1/2018	$96.43
73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH	10/1/2018	$111.58
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT;	10/1/2018	$193.02
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT	10/1/2018	$96.43
73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH	10/1/2018	$229.60
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT	10/1/2018	$193.02
74018	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	2/1/2018	$0.00
74019	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS	2/1/2018	$0.00
74021	RADIOLOGIC EXAMINATION, ABDOMEN; 3 OR MORE VIEWS	2/1/2018	$0.00
74022	IMAGING OF ABDOMEN AND CHEST	10/1/2015	$0.00
74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	10/1/2018	$46.62
74160	COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	10/1/2018	$111.58
74170	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	10/1/2018	$111.58
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S),	10/1/2018	$111.58
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING	10/1/2018	$111.58

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74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	10/1/2018	$86.37
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	10/1/2018	$111.58
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOT	10/1/2018	$111.58
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S)	10/1/2018	$96.43
74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S)	10/1/2018	$193.02
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S),	10/1/2018	$193.02
74190	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOGICAL	10/1/2012	$0.00
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	10/1/2016	$0.00
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	10/1/2016	$0.00
74230	SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY	10/1/2016	$0.00
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER,	10/1/2012	$0.00
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED	10/1/2018	$59.30
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED	10/1/2018	$62.82
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL INTESTINE,	10/1/2018	$46.87
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH	10/1/2018	$111.58
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH	10/1/2018	$111.58
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH	10/1/2018	$111.58
74250	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILMS;	10/1/2018	$46.62
74251	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILMS; VIA	10/1/2018	$46.62
74260	DUODENOGRAPHY, HYPOTONIC	10/1/2016	$0.00
74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSI	10/1/2018	$46.62
74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSI	10/1/2018	$111.58
74270	RADIOLOGIC EXAMINATION, COLON; CONTRAST (EG, BARIUM) ENEMA, WITH OR WITHOUT KUB	10/1/2016	$0.00
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM,	10/1/2018	$111.58
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER	10/1/2018	$111.58
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	10/1/2016	$0.00
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADIOLOGICAL	10/1/2012	$0.00
74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET INTRAOPERATIVE,	10/1/2012	$0.00
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL	10/1/2012	$0.00
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL	10/1/2012	$0.00
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL	10/1/2012	$0.00
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), INCLUDING	10/1/2012	$0.00
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS),	10/1/2012	$0.00

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74363	PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT	10/1/2012	$0.00
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOG	10/1/2018	$111.58
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	10/1/2018	$111.58
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH	10/1/2018	$111.58
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	10/1/2018	$193.02
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL	10/1/2012	$0.00
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	$0.00
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	$0.00
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	$0.00
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	$0.00
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION,	10/1/2012	$0.00
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	10/1/2015	$0.00
74712	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL	10/1/2018	$46.87
74713	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL	10/1/2017	$0.00
74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	$0.00
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	10/1/2018	$46.62
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	10/1/2018	$96.43
75559	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	10/1/2018	$96.43
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	10/1/2018	$193.02
75563	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	10/1/2018	$287.29
75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LIST SEPARATELY IN	10/1/2012	$0.00
75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUAT	10/1/2015	$0.00
75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC ST	10/1/2018	$111.58
75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC ST	10/1/2018	$111.58
75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WH	10/1/2018	$111.58
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTER	10/1/2012	$0.00
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY	10/1/2012	$0.00
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWE	10/1/2012	$0.00
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	$0.00
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	$0.00

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75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	$0.00
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH	10/1/2012	$0.00
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION,	10/1/2012	$0.00
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	$0.00
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION,	10/1/2012	$0.00
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTER	10/1/2012	$0.00
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT	10/1/2012	$0.00
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	$0.00
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	$0.00
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	$0.00
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	10/1/2012	$0.00
75860	VENOGRAPHY, VENOUS SINUS (EG, PETROSAL AND INFERIOR SAGITTAL) OR JUGULAR,	10/1/2012	$0.00
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	$0.00
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	$0.00
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	$0.00
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL	10/1/2012	$0.00
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION,	10/1/2012	$0.00
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL	10/1/2012	$0.00
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION,	10/1/2012	$0.00
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR	10/1/2012	$0.00
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND IN	10/1/2012	$0.00

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75898	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THER	10/1/2012	$0.00
75901	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH)	10/1/2012	$0.00
75902	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM	10/1/2012	$0.00
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	$0.00
75984	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITORING (EG, G	10/1/2012	$0.00
75989	RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY, ULTRASOUND, OR COMPUTED TOMOGRAPHY),	10/1/2012	$0.00
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEAL	10/1/2018	$29.51
76001	FLUOROSCOPY, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME MORE THA	10/1/2012	$0.00
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE VIEW, CHILD	10/1/2015	$0.00
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL	10/1/2012	$0.00
76098	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	10/1/2012	$0.00
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN	10/1/2015	$0.00
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG,	10/1/2018	$46.62
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG,	10/1/2018	$46.62
76120	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	10/1/2016	$0.00
76125	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION (LIST	10/1/2012	$0.00
76376	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC	10/1/2012	$0.00
76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC	10/1/2012	$0.00
76380	COMPUTED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	10/1/2015	$0.00
76496	UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	10/1/2016	$0.00
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	10/1/2015	$0.00
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	10/1/2018	$24.38
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	10/1/2015	$0.00
76506	ECHOENCEPHALOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERM	10/1/2016	$0.00
76510	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED	10/1/2015	$0.00
76511	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SCAN ONLY	10/1/2016	$0.00
76512	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN (WITH OR WITHOUT SUPERIMPOSED	10/1/2016	$0.00
76513	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND, IMMERSION	10/1/2016	$0.00
76514	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	10/1/2015	$0.00
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	10/1/2015	$0.00
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS	10/1/2015	$0.00
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	10/1/2016	$0.00
76536	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), R	10/1/2016	$0.00
76604	ULTRASOUND, CHEST (INCLUDES MEDIASTINUM), REAL TIME WITH IMAGE DOCUMENTATION	10/1/2016	$0.00

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76641	ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMENTATION, INCLUDING AX	1/1/2015	$0.00
76642	ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMENTATION, INCLUDING AX	1/1/2015	$0.00
76700	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	10/1/2018	$46.62
76705	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION;	10/1/2018	$46.62
76770	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCU	10/1/2018	$46.62
76775	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME	10/1/2016	$0.00
76776	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER WITH IMAGE DOCUMEN	10/1/2018	$46.62
76800	ULTRASOUND, SPINAL CANAL AND CONTENTS	10/1/2015	$0.00
76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATER	10/1/2018	$46.62
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	10/1/2014	$0.00
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	10/1/2018	$46.62
76810	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	10/1/2014	$0.00
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	10/1/2018	$46.62
76812	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	10/1/2014	$0.00
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER	10/1/2016	$0.00
76814	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER	10/1/2014	$0.00
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED (EG,	10/1/2016	$0.00
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLLOW-UP (EG,	10/1/2015	$0.00
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	10/1/2016	$0.00
76818	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	10/1/2018	$46.62
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	10/1/2018	$38.72
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	10/1/2015	$0.00
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	10/1/2015	$0.00
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE	10/1/2018	$149.46
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE	10/1/2018	$94.50
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH	10/1/2015	$0.00
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH	10/1/2015	$0.00
76830	ULTRASOUND, TRANSVAGINAL	10/1/2018	$46.62
76831	SALINE INFUSION SONOHYSTEROGRAPHY (SIS), INCLUDING COLOR FLOW DOPPLER, WHEN	10/1/2018	$63.63
76856	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	10/1/2018	$46.62
76857	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE	10/1/2018	$17.87
76870	ULTRASOUND, SCROTUM AND CONTENTS	10/1/2016	$0.00
76872	ULTRASOUND, TRANSRECTAL;	10/1/2018	$46.62
76873	ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT	10/1/2018	$46.62

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76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	10/1/2018	$46.62
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED,	10/1/2015	$0.00
76885	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC (REQUIRIN	10/1/2015	$0.00
76886	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED, STATIC (	10/1/2015	$0.00
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATI	10/1/2012	$0.00
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPERVISION AND	10/1/2012	$0.00
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDOANEURYSM OR	10/1/2018	$98.82
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF	10/1/2012	$0.00
76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	10/1/2012	$0.00
76941	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS,	10/1/2012	$0.00
76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION,	10/1/2012	$0.00
76945	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, IMAGING SUPERVISION AND	10/1/2012	$0.00
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATION	10/1/2012	$0.00
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	10/1/2012	$0.00
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	10/1/2015	$0.00
76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTERPRETATION	10/1/2012	$0.00
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SITE(S), ANY	10/1/2018	$3.25
76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	10/1/2012	$0.00
76999	UNLISTED ULTRASOUND PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	10/1/2015	$0.00
77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT (C	10/1/2012	$0.00
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, L	10/1/2012	$0.00
77003	FLUOROSCOPIC GUIDANCE FOR INJECTION INTO SPINE OR MUSCLE NEXT TO SPINE	10/1/2012	$0.00
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	10/1/2012	$0.00
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJEC	10/1/2012	$0.00
77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLA	10/1/2012	$0.00
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	10/1/2012	$0.00
77021	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY, NEEDLE ASPIRAT	10/1/2012	$0.00
77022	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	10/1/2012	$0.00
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTE	10/1/2012	$0.00
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND I	10/1/2012	$0.00
77071	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CA	10/1/2015	$0.00
77072	BONE AGE STUDIES	10/1/2015	$0.00
77073	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	10/1/2015	$0.00
77074	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	10/1/2015	$0.00

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77075	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETO	10/1/2016	$0.00
77076	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	10/1/2015	$0.00
77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	10/1/2015	$0.00
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	10/1/2018	$24.38
77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXI	10/1/2018	$24.10
77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; APP	10/1/2018	$13.00
77084	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	10/1/2018	$96.43
77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXI	1/1/2015	$0.00
77086	VERTEBRAL FRACTURE ASSESSMENT VIA DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA)	1/1/2015	$0.00
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	10/1/2018	$49.13
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	10/1/2018	$126.84
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	10/1/2018	$126.84
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FO	10/1/2017	$0.00
77295	MANAGEMENT OF RADIATION THERAPY, 3D	10/1/2018	$209.57
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	10/1/2018	$49.13
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF,	10/1/2018	$26.53
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR	10/1/2018	$467.14
77306	TELETHERAPY ISODOSE PLAN; SIMPLE (1 OR 2 UNMODIFIED PORTS DIRECTED TO A SINGLE A	10/1/2018	$59.84
77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, T	10/1/2018	$108.30
77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (CALCULATION(S) MADE FROM 1 TO 4 SOURCES, OR	10/1/2018	$89.89
77317	BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE (CALCULATION(S) MADE FROM 5 TO 10 SOURC	10/1/2018	$117.51
77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (CALCULATION(S) MADE FROM OVER 10 SOURCES, O	10/1/2018	$126.84
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY	10/1/2018	$34.12
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY	10/1/2018	$14.62
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	10/1/2018	$26.81
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS,	10/1/2018	$45.22
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL	10/1/2018	$53.34
77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT	10/1/2018	$49.13
77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY	10/1/2018	$126.84
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	10/1/2018	$49.13
77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE O	10/1/2015	$1,550.47
77372	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE O	10/1/2015	$844.30
77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MO	10/1/2015	$825.91
77385	RADIATION THERAPY DELIVERY	10/1/2018	$205.13

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77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND T	10/1/2018	$205.13
77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT D	1/1/2015	$0.00
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES,	10/1/2018	$49.13
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE	10/1/2018	$18.95
77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL	10/1/2018	$49.05
77407	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS	10/1/2018	$49.05
77412	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLO	10/1/2018	$86.34
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)	10/1/2012	$0.00
77423	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH CO	10/1/2018	$20.85
77424	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION	10/1/2018	$1,415.61
77425	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION	10/1/2018	$1,415.61
77435	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE,	10/1/2012	$0.00
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER	10/1/2018	$23.83
77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	10/1/2018	$205.13
77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	10/1/2018	$415.28
77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	10/1/2018	$415.28
77525	PROTON TREATMENT DELIVERY; COMPLEX	10/1/2018	$415.28
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM	10/1/2018	$86.34
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4	10/1/2018	$279.91
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL	10/1/2018	$205.13
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL	10/1/2018	$205.13
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	10/1/2018	$205.13
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION (INCLUDES THREE MONTHS FOLLOW-	10/1/2018	$86.34
77761	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE	10/1/2018	$148.92
77762	INTRACAVITARY RADIATION SOURCE APPLICATION; INTERMEDIATE	10/1/2018	$171.12
77763	INTRACAVITARY RADIATION SOURCE APPLICATION; COMPLEX	10/1/2018	$226.08
77767	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE SKIN SURFACE BRACHYTHERAPY, INCL	10/1/2018	$86.34
77768	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE SKIN SURFACE BRACHYTHERAPY, INCL	10/1/2018	$86.34
77770	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BR	10/1/2018	$172.47
77771	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BR	10/1/2018	$279.91
77772	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BR	10/1/2018	$279.91
77778	INTERSTITIAL RADIATION SOURCE APPLICATION; COMPLEX	10/1/2018	$279.91
77789	SURFACE APPLICATION OF RADIATION SOURCE	10/1/2018	$47.65
77790	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	10/1/2012	$0.00

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77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	10/1/2018	$49.05
78012	THYROID UPTAKE, SINGLE OR MULTIPLE QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMUL	10/1/2018	$147.32
78013	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED);	10/1/2018	$147.32
78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIP	10/1/2018	$147.32
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	10/1/2018	$147.32
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY	10/1/2018	$147.32
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	10/1/2018	$205.03
78020	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITION TO CODE FOR	10/1/2012	$0.00
78070	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED);	10/1/2018	$147.32
78071	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRA	10/1/2018	$147.32
78072	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRA	10/1/2018	$205.03
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	10/1/2018	$536.81
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	10/1/2018	$147.32
78102	BONE MARROW IMAGING; LIMITED AREA	10/1/2018	$147.32
78103	BONE MARROW IMAGING; MULTIPLE AREAS	10/1/2018	$147.32
78104	BONE MARROW IMAGING; WHOLE BODY	10/1/2018	$147.32
78110	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE	10/1/2018	$536.81
78111	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE	10/1/2018	$536.81
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	10/1/2018	$147.32
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	10/1/2018	$205.03
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA	10/1/2018	$205.03
78130	RED CELL SURVIVAL STUDY;	10/1/2018	$147.32
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC	10/1/2018	$147.32
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR	10/1/2018	$147.32
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	10/1/2018	$147.32
78191	PLATELET SURVIVAL STUDY	10/1/2018	$147.32
78195	LYMPHATICS AND LYMPH NODES IMAGING	10/1/2018	$205.03
78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC	10/1/2018	$147.32
78201	LIVER IMAGING; STATIC ONLY	10/1/2018	$536.81
78202	LIVER IMAGING; WITH VASCULAR FLOW	10/1/2018	$536.81
78205	LIVER IMAGING (SPECT);	10/1/2018	$536.81
78206	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	10/1/2018	$205.03
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	10/1/2018	$147.32
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	10/1/2018	$147.32

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
78226	HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT;	10/1/2018	$147.32
78227	WITH PHARMACOLOGIC INTERVENTION, INCLUDING QUANTITATIVE MEASUREMENT(S) WHEN PERF	10/1/2018	$205.03
78230	SALIVARY GLAND IMAGING;	10/1/2018	$147.32
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	10/1/2018	$147.32
78232	SALIVARY GLAND FUNCTION STUDY	10/1/2018	$147.32
78258	ESOPHAGEAL MOTILITY	10/1/2018	$147.32
78261	GASTRIC MUCOSA IMAGING	10/1/2018	$147.32
78262	GASTROESOPHAGEAL REFLUX STUDY	10/1/2018	$147.32
78264	GASTRIC EMPTYING STUDY	10/1/2018	$147.32
78265	GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH); WITH SMALL BOWEL TR	10/1/2018	$147.32
78266	GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH); WITH SMALL BOWEL AN	10/1/2018	$205.03
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR	10/1/2018	$147.32
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR	10/1/2018	$147.32
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR	10/1/2018	$147.32
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	10/1/2018	$147.32
78282	GASTROINTESTINAL PROTEIN LOSS	10/1/2018	$147.32
78290	INTESTINE IMAGING	10/1/2018	$147.32
78291	PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	10/1/2018	$147.32
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	10/1/2018	$147.32
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	10/1/2018	$147.32
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	10/1/2018	$147.32
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	10/1/2018	$147.32
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	10/1/2018	$147.32
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	10/1/2018	$205.03
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	10/1/2018	$147.32
78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION W	10/1/2018	$205.03
78428	CARDIAC SHUNT DETECTION	10/1/2018	$147.32
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	10/1/2018	$147.32
78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECT	10/1/2018	$536.81
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECT	10/1/2018	$536.81
78453	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL	10/1/2018	$536.81
78454	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL	10/1/2018	$536.81
78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	10/1/2018	$536.81
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	10/1/2018	$536.81

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
78458	VENOUS THROMBOSIS IMAGING, VENOGRAM; BILATERAL	10/1/2018	$147.32
78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	10/1/2018	$536.81
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	10/1/2018	$147.32
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS	10/1/2018	$205.03
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT	10/1/2018	$536.81
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT REST OR	10/1/2018	$147.32
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION	10/1/2018	$147.32
78481	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT	10/1/2018	$205.03
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MULTIPLE STUDIES,	10/1/2018	$205.03
78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY	10/1/2018	$591.77
78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE	10/1/2018	$591.77
78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION	10/1/2018	$147.32
78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH	10/1/2012	$0.00
78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	10/1/2018	$147.32
78579	PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS)	10/1/2018	$147.32
78580	PULMONARY PERFUSION IMAGING (EG, PARTICULATE)	10/1/2018	$147.32
78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	10/1/2018	$205.03
78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED	10/1/2018	$147.32
78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION (EG, AEROSOL OR GA	10/1/2018	$205.03
78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	10/1/2018	$147.32
78600	BRAIN IMAGING, LESS THAN 4 STATIC VIEWS;	10/1/2018	$147.32
78601	BRAIN IMAGING, LESS THAN 4 STATIC VIEWS; WITH VASCULAR FLOW	10/1/2018	$147.32
78605	BRAIN IMAGING, MINIMUM 4 STATIC VIEWS;	10/1/2018	$205.03
78606	BRAIN IMAGING, MINIMUM 4 STATIC VIEWS; WITH VASCULAR FLOW	10/1/2018	$205.03
78607	BRAIN IMAGING, TOMOGRAPHIC (SPECT)	10/1/2018	$536.81
78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	10/1/2018	$591.77
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	10/1/2018	$205.03
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	10/1/2018	$205.03
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	10/1/2018	$205.03
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	10/1/2018	$205.03
78647	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	10/1/2018	$536.81
78650	CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION	10/1/2018	$536.81
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	10/1/2018	$147.32
78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	10/1/2018	$147.32

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
78700	KIDNEY IMAGING MORPHOLOGY;	10/1/2018	$147.32
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	10/1/2018	$147.32
78707	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, SINGLE STUDY WITHOUT	10/1/2018	$205.03
78708	NUCLEAR MEDICINE STUDY OF KIDNEY WITH ASSESSMENT OF BLOOD FLOW AND FUNCTION	10/1/2018	$205.03
78709	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, MULTIPLE STUDIES, WI	10/1/2018	$205.03
78710	KIDNEY IMAGING MORPHOLOGY; TOMOGRAPHIC (SPECT)	10/1/2018	$205.03
78725	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY	10/1/2018	$147.32
78730	URINARY BLADDER RESIDUAL STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	10/1/2014	$0.00
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)	10/1/2018	$147.32
78761	TESTICULAR IMAGING WITH VASCULAR FLOW	10/1/2018	$147.32
78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	10/1/2018	$147.32
78800	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL	10/1/2018	$147.32
78801	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	10/1/2018	$147.32
78802	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	10/1/2018	$536.81
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	10/1/2018	$205.03
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	10/1/2018	$536.81
78805	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIMITED AREA	10/1/2018	$536.81
78806	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; WHOLE BODY	10/1/2018	$536.81
78807	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; TOMOGRAPHIC (SPECT)	10/1/2018	$205.03
78808	INJECTION PROCEDURE FOR RADIOPHARMACEUTICAL LOCALIZATION BY NON-IMAGING PROBE ST	10/1/2012	$0.00
78811	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; LIMITED AREA (EG, CHEST, HEAD/NECK)	10/1/2018	$536.81
78812	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; SKULL BASE TO MID-THIGH	10/1/2018	$591.77
78813	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; WHOLE BODY	10/1/2018	$591.77
78814	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	10/1/2018	$591.77
78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	10/1/2018	$591.77
78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	10/1/2018	$591.77
78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	10/1/2018	$147.32
79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	10/1/2018	$37.36
79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	10/1/2018	$37.09
79200	RADIOPHARMACEUTICAL THERAPY, BY INTRACAVITARY ADMINISTRATION	10/1/2018	$38.72
79300	RADIOPHARMACEUTICAL THERAPY, BY INTERSTITIAL RADIOACTIVE COLLOID ADMINISTRATION	10/1/2018	$112.51
79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS	10/1/2018	$63.36
79440	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTICULAR ADMINISTRATION	10/1/2018	$31.41
79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	10/1/2018	$112.51

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
79999	RADIOPHARMACEUTICAL THERAPY, UNLISTED PROCEDURE	10/1/2018	$112.51
85060	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT	10/1/2014	$15.28
85097	BONE MARROW, SMEAR INTERPRETATION	10/1/2014	$16.58
88172	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUD	10/1/2014	$9.00
88173	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTERPRETATION AND REPORT	10/1/2014	$16.58
88177	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUD	10/1/2014	$5.02
88184	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL	10/1/2014	$16.58
88185	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL	10/1/2014	$5.02
88187	FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS	10/1/2014	$82.00
88189	FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS	10/1/2014	$16.58
88333	PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUCH PREP, SQ	10/1/2014	$16.58
90296	DIPHTHERIA ANTITOXIN, EQUINE, ANY ROUTE	10/1/2014	$251.27
90371	HEPATITIS B IMMUNE GLOBULIN (HBIG), HUMAN, FOR INTRAMUSCULAR USE	10/1/2018	$118.06
90375	RABIES IMMUNE GLOBULIN FOR INJECTION BENEATH THE SKIN AND/OR INTO MUSCLE	10/1/2018	$298.56
90376	RABIES IMMUNE GLOBULIN, HEAT-TREATED (RIG-HT), HUMAN, FOR INTRAMUSCULAR AND/OR S	10/1/2018	$301.56
90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, FOR INTRAMUSCULAR	10/1/2018	$167.53
90385	RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, MINI-DOSE, FOR INTRAMUSCULAR USE	10/1/2012	$0.00
90393	VACCINIA IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE	2/1/2012	CCR
90396	VARICELLA-ZOSTER IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE	10/1/2018	$1,239.60
90476	ADENOVIRUS VACCINE, TYPE 4, LIVE, FOR ORAL USE	10/1/2012	$0.00
90477	ADENOVIRUS VACCINE, TYPE 7, LIVE, FOR ORAL USE	10/1/2013	$0.00
90581	ANTHRAX VACCINE, FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	10/1/2016	$0.00
90585	BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR TUBERCULOSIS, LIVE, FOR PERCUTANEOUS	10/1/2016	$116.74
90620	MENINGOCOCCAL RECOMBINANT PROTEIN AND OUTER MEMBRANE VESICLE	10/1/2016	$147.92
90621	MENINGOCOCCAL RECOMBINANT LIPOPROTEIN VACCINE, SEROGROUP B,	10/1/2015	$116.57
90630	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, FO	10/1/2016	$0.00
90632	HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	10/1/2012	$0.00
90633	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR INTRAMUSCU	10/1/2012	$0.00
90634	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-3 DOSE SCHEDULE, FOR INTRAMUSCU	10/1/2012	$0.00
90636	HEPATITIS A AND HEPATITIS B VACCINE (HEPA-HEPB), ADULT DOSAGE, FOR INTRAMUSCULAR	10/1/2012	$0.00
90644	VACCINE FOR MENINGOCOCCAL AND HEMOPHILUS INFLUENZA B (4 DOSE SCHEDULE) INJECTION	10/1/2013	$0.00
90647	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE), FOR I	10/1/2012	$0.00
90648	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FOR INT	10/1/2012	$0.00
90653	INFLUENZA VIRUS VACCINE, INACTIVATED, SUBUNIT, ADJUVANTED, FOR INTRAMUSCULAR USE	10/1/2017	$0.00

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
90655	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.25 ML DOSAGE	10/1/2012	$0.00
90656	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE	10/1/2012	$0.00
90657	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.25 ML DOSAGE	10/1/2012	$0.00
90660	INFLUENZA VIRUS VACCINE, TRIVALENT, LIVE, FOR INTRANASAL USE	10/1/2012	$0.00
90662	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, ENHANCED IMMUNOGENICITY	10/1/2012	$0.00
90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT, FOR INTRAMUSCULAR USE	10/1/2012	$0.00
90672	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL USE	10/1/2013	$0.00
90673	INFLUENZA VIRUS VACCINE, TRIVALENT, DERIVED FROM RECOMBINANT DNA (RIV3), HEMAGGL	10/1/2014	$0.00
90674	INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIIV4) DERIVED FROM CELL CULTURES, SUBUN	1/1/2017	$0.00
90675	RABIES VACCINE, FOR INTRAMUSCULAR USE	10/1/2018	$255.66
90676	RABIES VACCINE, FOR INTRADERMAL USE	10/1/2018	$133.97
90680	ROTAVIRUS VACCINE, PENTAVALENT, 3 DOSE SCHEDULE, LIVE, FOR ORAL USE	10/1/2012	$0.00
90681	ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE SCHEDULE, LIVE, FOR ORAL USE	10/1/2014	$92.51
90682	VACCINE FOR INFLUENZA FOR INJECTION INTO MUSCLE	10/1/2017	$0.00
90685	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.25 ML DOSAGE	10/1/2016	$0.00
90686	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE	10/1/2013	$0.00
90687	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.25 ML DOSAGE	10/1/2015	$0.00
90688	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE	10/1/2014	$0.00
90690	TYPHOID VACCINE, LIVE, ORAL	10/1/2012	$0.00
90691	TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE (VICPS), FOR INTRAMUSCULAR USE	10/1/2012	$0.00
90696	DIPTHERIA, TETNUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE & POLIOVIRUS VACCINE INAC	10/1/2012	$0.00
90698	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HAEMOPHILUS INFLUENZA	10/1/2012	$0.00
90700	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP), WHEN ADMINI	10/1/2012	$0.00
90702	DIPHTHERIA AND TETANUS TOXOIDS (DT) ADSORBED WHEN ADMINISTERED TO INDIVIDUALS YO	10/1/2012	$0.00
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE	10/1/2012	$0.00
90710	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV), LIVE, FOR SUBCUTANEOUS US	10/1/2012	$0.00
90713	POLIOVIRUS VACCINE, INACTIVATED (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	10/1/2012	$0.00
90714	TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, WHEN ADMINISTER	10/1/2012	$0.00
90715	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), WHEN ADMINIS	10/1/2012	$0.00
90717	YELLOW FEVER VACCINE, LIVE, FOR SUBCUTANEOUS USE	10/1/2012	$0.00
90732	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED PATIEN	10/1/2012	$0.00
90733	MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP[S]), FOR SUBCUTANEOUS USE	10/1/2013	$101.17
90734	VACCINE FOR MENINGOCOCCUS FOR ADMINISTRATION INTO MUSCLE	10/1/2016	$96.29
90740	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (3 DOSE SCHEDUL	2/1/2012	CCR

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
90743	HEPATITIS B VACCINE, ADOLESCENT (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	2/1/2012	CCR
90744	HEPATITIS B VACCINE, PEDIATRIC/ADOLESCENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUS	2/1/2012	CCR
90746	HEPATITIS B VACCINE, ADULT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	2/1/2012	CCR
90747	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (4 DOSE SCHEDUL	2/1/2012	CCR
90749	UNLISTED VACCINE/TOXOID	10/1/2012	$0.00
90756	INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIIV4), DERIVED FROM CELL CULTURES, SUBU	2/1/2018	$0.00
90832	PSYCHOTHERAPY, 30 MINUTES	10/1/2014	$38.31
90834	PSYCHOTHERAPY, 45 MINUTES	10/1/2014	$52.15
90837	PSYCHOTHERAPY, 60 MINUTES	10/1/2014	$52.15
91020	GASTRIC MOTILITY (MANOMETRIC) STUDIES	10/1/2015	$143.52
91035	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACHED TELEMETRY PH	10/1/2018	$182.05
91200	LIVER ELASTOGRAPHY, MECHANICALLY INDUCED SHEAR WAVE (EG, VIBRATION), WITHOUT IMA	10/1/2016	$0.00
92015	ASSESSMENT FOR PRESCRIPTION EYE WEAR USING A RANGE OF LENS POWERS	10/1/2014	$14.65
92018	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR	10/1/2015	$0.00
92071	FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE	10/1/2012	$0.00
92072	FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTING	10/1/2012	$0.00
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE	10/1/2014	$0.00
92586	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE	10/1/2014	$58.02
93261	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY	1/1/2015	$0.00
93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR GUIDANCE OF A TRANSCATHETER INTRACAR	1/1/2015	$0.00
93590	PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; INITIAL OCCLUSION DEVIC	10/1/2017	$8,732.45
93591	PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; INITIAL OCCLUSION DEVI	10/1/2017	$8,732.45
93644	ELECTROPHYSIOLOGIC EVALUATION OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR (INCLUDE	1/1/2015	$0.00
93895	QUANTITATIVE CAROTID INTIMA MEDIA THICKNESS AND CAROTID ATHEROMA EVALUATION, BIL	1/1/2015	$0.00
95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONE	10/1/2013	$0.00
95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING	10/1/2013	$0.00
99152	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	10/1/2018	$0.00
99153	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	10/1/2018	$0.00
99497	ADVANCED CARE PLANNING INCLUDING THE EXPLANATION AND DISCUSSION FOR ADVANCE DIRE	1/1/2015	$0.00
99498	ADVANCED CARE PLANNING INCLUDING THE EXPLANATION AND DISCUSSION FOR ADVANCE DIRE	1/1/2015	$0.00
A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	10/1/2017	$0.00
A4217	STERILE WATER/SALINE, 500 ML	10/1/2017	$0.00
A4218	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML	10/1/2012	$0.00
A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP	10/1/2012	$0.00

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A4244	ALCOHOL OR PEROXIDE, PER PINT	10/1/2017	$0.00
A4245	ALCOHOL WIPES, PER BOX	10/1/2017	$0.00
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	10/1/2017	$0.00
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	10/1/2017	$0.00
A4248	CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML	10/1/2012	$0.00
A4262	TEMPORARY, ABSORBABLE LACRIMAL DUCT IMPLANT, EACH	10/1/2012	$0.00
A4263	PERMANENT, LONG TERM, NON-DISSOLVABLE LACRIMAL DUCT IMPLANT, EACH	10/1/2012	$0.00
A4270	DISPOSABLE ENDOSCOPE SHEATH, EACH	10/1/2012	$0.00
A4300	IMPLANTABLE ACCESS CATHETER, (E,G., VENOUS, ARTERIAL, EPIDURAL SUBARACHNOID, OR	10/1/2012	$0.00
A4301	IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR (E.G., VENOUS, ARTERIAL,	10/1/2012	$0.00
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR	10/1/2012	$0.00
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR	10/1/2012	$0.00
A4459	MANUAL PUMP-OPERATED ENEMA SYSTEM, INCLUDES BALLOON, CATHETER AND ALL ACCESSORIE	1/1/2015	$0.00
A4602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 1.5 VO	1/1/2015	$0.00
A4641	RADIOPHARMACEUTICAL, DIAGNOSTIC, NOT OTHERWISE CLASSIFIED	10/1/2012	$0.00
A4642	INDIUM IN-111 SATUMOMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURI	10/1/2012	$0.00
A4648	TISSUE MARKER, IMPLANTABLE, ANY TYPE, EACH	10/1/2012	$0.00
A4650	IMPLANTABLE RADIATION DOSIMETER, EACH	10/1/2012	$0.00
A7048	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FO	1/1/2015	$0.00
A9500	TECHNETIUM TC-99M SESTAMIBI, DIAGNOSTIC, PER STUDY DOSE	10/1/2012	$0.00
A9501	TECHNETIUM TC-99M TEBOROXIME, DIAGNOSTIC, PER STUDY DOSE	10/1/2012	$0.00
A9502	TECHNETIUM TC-99M TETROFOSMIN, DIAGNOSTIC, PER STUDY DOSE	10/1/2012	$0.00
A9503	TECHNETIUM TC-99M MEDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	10/1/2012	$0.00
A9504	TECHNETIUM TC-99M APCITIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES	10/1/2012	$0.00
A9505	THALLIUM TL-201 THALLOUS CHLORIDE, DIAGNOSTIC, PER MILLICURIE	10/1/2012	$0.00
A9507	INDIUM IN-111 CAPROMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURI	10/1/2012	$0.00
A9508	IODINE I-131 IOBENGUANE SULFATE, DIAGNOSTIC, PER 0.5 MILLICURIE	10/1/2012	$0.00
A9509	IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER MILLICURIE	10/1/2012	$0.00
A9510	TECHNETIUM TC-99M DISOFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	10/1/2012	$0.00
A9512	TECHNETIUM TC-99M PERTECHNETATE, DIAGNOSTIC, PER MILLICURIE	10/1/2012	$0.00
A9515	CHOLINE C-11, DIAGNOSTIC, PER STUDY UP TO 20 MILLICURIES	10/1/2018	$5,415.00
A9516	IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER 100 MICROCURIES, UP TO 999 MICROCURI	10/1/2012	$0.00
A9520	TECHNETIUM TC-99M, TILMANOCEPT, DIAGNOSTIC, UP TO 0.5 MILLICURIES	10/1/2016	$0.00
A9521	TECHNETIUM TC-99M EXAMETAZIME, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	10/1/2012	$0.00

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
A9524	IODINE I-131 IODINATED SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES	10/1/2012	$0.00
A9526	NITROGEN N-13 AMMONIA, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES	10/1/2012	$0.00
A9527	IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	10/1/2018	$25.32
A9528	IODINE I-131 SODIUM IODIDE CAPSULE(S), DIAGNOSTIC, PER MILLICURIE	10/1/2012	$0.00
A9529	IODINE I-131 SODIUM IODIDE SOLUTION, DIAGNOSTIC, PER MILLICURIE	10/1/2012	$0.00
A9531	IODINE I-131 SODIUM IODIDE, DIAGNOSTIC, PER MICROCURIE (UP TO 100 MICROCURIES)	10/1/2012	$0.00
A9532	IODINE I-125 SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES	10/1/2012	$0.00
A9536	TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 35 MILLICURIES	10/1/2012	$0.00
A9537	TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	10/1/2012	$0.00
A9538	TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIE	10/1/2012	$0.00
A9539	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	10/1/2012	$0.00
A9540	TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 10	10/1/2012	$0.00
A9541	TECHNETIUM TC-99M SULFUR COLLOID, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURI	10/1/2012	$0.00
A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICUR	10/1/2012	$0.00
A9546	COBALT CO-57/58, CYANOCOBALAMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE	10/1/2012	$0.00
A9547	INDIUM IN-111 OXYQUINOLINE, DIAGNOSTIC, PER 0.5 MILLICURIE	10/1/2012	$0.00
A9548	INDIUM IN-111 PENTETATE, DIAGNOSTIC, PER 0.5 MILLICURIE	10/1/2012	$0.00
A9550	TECHNETIUM TC-99M SODIUM GLUCEPTATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLIC	10/1/2012	$0.00
A9551	TECHNETIUM TC-99M SUCCIMER, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	10/1/2012	$0.00
A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	10/1/2012	$0.00
A9553	CHROMIUM CR-51 SODIUM CHROMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 250 MICROCURIE	10/1/2012	$0.00
A9554	IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MICROCURIE	10/1/2012	$0.00
A9555	RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES	10/1/2012	$0.00
A9556	GALLIUM GA-67 CITRATE, DIAGNOSTIC, PER MILLICURIE	10/1/2012	$0.00
A9557	TECHNETIUM TC-99M BICISATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	10/1/2012	$0.00
A9558	XENON XE-133 GAS, DIAGNOSTIC, PER 10 MILLICURIES	10/1/2012	$0.00
A9559	COBALT CO-57 CYANOCOBALAMIN, ORAL, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURI	10/1/2012	$0.00
A9560	TECHNETIUM TC-99M LABELED RED BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE, UP TO 30	10/1/2012	$0.00
A9561	TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	10/1/2012	$0.00
A9562	TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	10/1/2012	$0.00
A9566	TECHNETIUM TC-99M FANOLESOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	10/1/2012	$0.00
A9567	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, AEROSOL, PER STUDY DOSE, UP TO 75 MILLI	10/1/2012	$0.00
A9568	TECHNETIUM TC-99M ARCITUMOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	10/1/2012	$0.00
A9569	TECHNETIUM TC-99M EXAMETAZIME LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC,	10/1/2012	$0.00

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
A9570	INDIUM IN-111 LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE	10/1/2012	$0.00
A9571	INDIUM IN-111 LABELED AUTOLOGOUS PLATELETS, DIAGNOSTIC, PER STUDY DOSE	10/1/2012	$0.00
A9572	INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURIES	10/1/2012	$0.00
A9575	INJECTION, GADOTERATE MEGLUMINE, 0.1 ML	1/1/2014	$0.00
A9576	INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML	10/1/2012	$0.00
A9577	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML	10/1/2012	$0.00
A9578	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER ML	10/1/2012	$0.00
A9579	INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHERWISE SPE	10/1/2012	$0.00
A9580	SODIUM FLUORIDE F-18, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	10/1/2012	$0.00
A9581	INJECTION, GADOXETATE DISODIUM, 1 ML	10/1/2012	$0.00
A9582	IODINE I-123 IOBENGUANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	10/1/2012	$0.00
A9583	INJECTION, GADOFOSVESET TRISODIUM, 1 ML	10/1/2012	$0.00
A9584	IODINE 1-123 IOFLUPANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	10/1/2014	$0.00
A9585	INJECTION, GADOBUTROL, 0.1 ML	10/1/2012	$0.00
A9586	FLORBETAPIR F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURRIES	10/1/2018	$2,618.20
A9587	GALLIUM GA-68, DOTATATE, DIAGNOSTIC, 0.1 MILLICURIE	10/1/2018	$63.40
A9588	FLUCICLOVINE F-18, DIAGNOSTIC, 1 MILLICURIE	10/1/2018	$370.07
A9597	POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR TUMOR IDENTIFI	1/1/2017	$0.00
A9598	POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR NON-TUMOR IDEN	1/1/2017	$0.00
A9606	RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE	1/1/2015	$114.62
A9698	NON-RADIOACTIVE CONTRAST IMAGING MATERIAL, NOT OTHERWISE CLASSIFIED, PER STUDY	10/1/2012	$0.00
A9700	SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY	10/1/2017	$0.00
C1713	ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-TO-BONE (IMPLANTABLE)	10/1/2012	$0.00
C1714	CATHETER, TRANSLUMINAL ATHERECTOMY, DIRECTIONAL	10/1/2012	$0.00
C1715	BRACHYTHERAPY NEEDLE	10/1/2012	$0.00
C1716	BRACHYTHERAPY SOURCE, NON-STRANDED, GOLD-198, PER SOURCE	10/1/2018	$116.46
C1717	BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH DOSE RATE IRIDIUM-192, PER SOURCE	10/1/2018	$279.84
C1719	BRACHYTHERAPY SOURCE, NON-STRANDED, NON-HIGH DOSE RATE IRIDIUM-192, PER SOURCE	10/1/2018	$18.20
C1721	CARDIOVERTER-DEFIBRILLATOR, DUAL CHAMBER (IMPLANTABLE)	10/1/2012	$0.00
C1722	CARDIOVERTER-DEFIBRILLATOR, SINGLE CHAMBER (IMPLANTABLE)	10/1/2012	$0.00
C1724	CATHETER, TRANSLUMINAL ATHERECTOMY, ROTATIONAL	10/1/2012	$0.00
C1725	CATHETER, TRANSLUMINAL ANGIOPLASTY, NON-LASER (MAY INCLUDE GUIDANCE,	10/1/2012	$0.00
C1726	CATHETER, BALLOON DILATATION, NON-VASCULAR	10/1/2012	$0.00
C1727	CATHETER, BALLOON TISSUE DISSECTOR, NON-VASCULAR (INSERTABLE)	10/1/2012	$0.00

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
C1728	CATHETER, BRACHYTHERAPY SEED ADMINISTRATION	10/1/2012	$0.00
C1729	CATHETER, DRAINAGE	10/1/2012	$0.00
C1730	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC, OTHER THAN 3D MAPPING (19 OR FEWER	10/1/2012	$0.00
C1731	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC, OTHER THAN 3D MAPPING (20 OR MORE	10/1/2012	$0.00
C1732	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, 3D OR VECTOR MAPPING	10/1/2012	$0.00
C1733	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, OTHER THAN 3D OR VECTOR	10/1/2012	$0.00
C1749	ENDOSCOPE, RETROGRADE IMAGING/ILLUMINATION COLONOSCOPE DEVICE (IMPLANTABLE)	10/1/2013	$0.00
C1750	CATHETER, HEMODIALYSIS/PERITONEAL, LONG-TERM	10/1/2012	$0.00
C1751	CATHETER, INFUSION, INSERTED PERIPHERALLY, CENTRALLY OR MIDLINE (OTHER THAN	10/1/2012	$0.00
C1752	CATHETER, HEMODIALYSIS/PERITONEAL, SHORT-TERM	10/1/2012	$0.00
C1753	CATHETER, INTRAVASCULAR ULTRASOUND	10/1/2012	$0.00
C1754	CATHETER, INTRADISCAL	10/1/2012	$0.00
C1755	CATHETER, INTRASPINAL	10/1/2012	$0.00
C1756	CATHETER, PACING, TRANSESOPHAGEAL	10/1/2012	$0.00
C1757	CATHETER, THROMBECTOMY/EMBOLECTOMY	10/1/2012	$0.00
C1758	CATHETER, URETERAL	10/1/2012	$0.00
C1759	CATHETER, INTRACARDIAC ECHOCARDIOGRAPHY	10/1/2012	$0.00
C1760	CLOSURE DEVICE, VASCULAR (IMPLANTABLE/INSERTABLE)	10/1/2012	$0.00
C1762	CONNECTIVE TISSUE, HUMAN (INCLUDES FASCIA LATA)	10/1/2012	$0.00
C1763	CONNECTIVE TISSUE, NON-HUMAN (INCLUDES SYNTHETIC)	10/1/2012	$0.00
C1764	EVENT RECORDER, CARDIAC (IMPLANTABLE)	10/1/2012	$0.00
C1765	ADHESION BARRIER	10/1/2012	$0.00
C1766	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, STEERABLE, OTHER	10/1/2012	$0.00
C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE	10/1/2012	$0.00
C1768	GRAFT, VASCULAR	10/1/2012	$0.00
C1769	GUIDE WIRE	10/1/2012	$0.00
C1770	IMAGING COIL, MAGNETIC RESONANCE (INSERTABLE)	10/1/2012	$0.00
C1771	REPAIR DEVICE, URINARY, INCONTINENCE, WITH SLING GRAFT	10/1/2012	$0.00
C1772	INFUSION PUMP, PROGRAMMABLE (IMPLANTABLE)	10/1/2012	$0.00
C1773	RETRIEVAL DEVICE, INSERTABLE (USED TO RETRIEVE FRACTURED MEDICAL DEVICES)	10/1/2012	$0.00
C1776	JOINT DEVICE (IMPLANTABLE)	10/1/2012	$0.00
C1777	LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL SINGLE COIL (IMPLANTABLE)	10/1/2012	$0.00
C1778	LEAD, NEUROSTIMULATOR (IMPLANTABLE)	10/1/2012	$0.00
C1779	LEAD, PACEMAKER, TRANSVENOUS VDD SINGLE PASS	10/1/2012	$0.00

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
C1780	LENS, INTRAOCULAR (NEW TECHNOLOGY)	10/1/2012	$0.00
C1781	MESH (IMPLANTABLE)	10/1/2012	$0.00
C1782	MORCELLATOR	10/1/2012	$0.00
C1783	OCULAR IMPLANT, AQUEOUS DRAINAGE ASSIST DEVICE	10/1/2012	$0.00
C1784	OCULAR DEVICE, INTRAOPERATIVE, DETACHED RETINA	10/1/2012	$0.00
C1785	PACEMAKER, DUAL CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)	10/1/2012	$0.00
C1786	PACEMAKER, SINGLE CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)	10/1/2012	$0.00
C1787	PATIENT PROGRAMMER, NEUROSTIMULATOR	10/1/2012	$0.00
C1788	PORT, INDWELLING (IMPLANTABLE)	10/1/2012	$0.00
C1789	PROSTHESIS, BREAST (IMPLANTABLE)	10/1/2012	$0.00
C1813	PROSTHESIS, PENILE, INFLATABLE	10/1/2012	$0.00
C1814	RETINAL TAMPONADE DEVICE, SILICONE OIL	10/1/2012	$0.00
C1815	PROSTHESIS, URINARY SPHINCTER (IMPLANTABLE)	10/1/2012	$0.00
C1816	RECEIVER AND/OR TRANSMITTER, NEUROSTIMULATOR (IMPLANTABLE)	10/1/2012	$0.00
C1817	SEPTAL DEFECT IMPLANT SYSTEM, INTRACARDIAC	10/1/2012	$0.00
C1818	INTEGRATED KERATOPROSTHESIS	10/1/2012	$0.00
C1819	SURGICAL TISSUE LOCALIZATION AND EXCISION DEVICE (IMPLANTABLE)	10/1/2012	$0.00
C1820	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON HIGH-FREQUENCY WITH RECHARGEABLE B	10/1/2012	$0.00
C1821	INTERSPINOUS PROCESS DISTRACTION DEVICE (IMPLANTABLE)	10/1/2012	$0.00
C1822	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), HIGH FREQUENCY, WITH RECHARGEABLE BATT	1/1/2016	CCR
C1874	STENT, COATED/COVERED, WITH DELIVERY SYSTEM	10/1/2012	$0.00
C1875	STENT, COATED/COVERED, WITHOUT DELIVERY SYSTEM	10/1/2012	$0.00
C1876	STENT, NON-COATED/NON-COVERED, WITH DELIVERY SYSTEM	10/1/2012	$0.00
C1877	STENT, NON-COATED/NON-COVERED, WITHOUT DELIVERY SYSTEM	10/1/2012	$0.00
C1878	MATERIAL FOR VOCAL CORD MEDIALIZATION, SYNTHETIC (IMPLANTABLE)	10/1/2012	$0.00
C1880	VENA CAVA FILTER	10/1/2012	$0.00
C1881	DIALYSIS ACCESS SYSTEM (IMPLANTABLE)	10/1/2012	$0.00
C1882	CARDIOVERTER-DEFIBRILLATOR, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)	10/1/2012	$0.00
C1883	ADAPTOR/EXTENSION, PACING LEAD OR NEUROSTIMULATOR LEAD (IMPLANTABLE)	10/1/2012	$0.00
C1884	EMBOLIZATION PROTECTIVE SYSTEM	10/1/2012	$0.00
C1885	CATHETER, TRANSLUMINAL ANGIOPLASTY, LASER	10/1/2012	$0.00
C1886	CATHETER, EXTRAVASCULAR TISSUE ABLATION, ANY MODALITY (INSERTABLE)	10/1/2013	$0.00
C1887	CATHETER, GUIDING (MAY INCLUDE INFUSION/PERFUSION CAPABILITY)	10/1/2012	$0.00
C1888	CATHETER, ABLATION, NON-CARDIAC, ENDOVASCULAR (IMPLANTABLE)	10/1/2012	$0.00

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
C1889	IMPLANTABLE/INSERTABLE DEVICE, FOR DEVICE INTENSIVE PROCEDURE, NOT OTHERWISE CLA	1/1/2017	$0.00
C1891	INFUSION PUMP, NON-PROGRAMMABLE, PERMANENT (IMPLANTABLE)	10/1/2012	$0.00
C1892	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED-CURVE,	10/1/2012	$0.00
C1893	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED-CURVE,	10/1/2012	$0.00
C1894	INTRODUCER/SHEATH, OTHER THAN GUIDING, OTHER THAN INTRACARDIAC ELECTROPHYSIOLOGI	10/1/2012	$0.00
C1895	LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL DUAL COIL (IMPLANTABLE)	10/1/2012	$0.00
C1897	LEAD, NEUROSTIMULATOR TEST KIT (IMPLANTABLE)	10/1/2012	$0.00
C1898	LEAD, PACEMAKER, OTHER THAN TRANSVENOUS VDD SINGLE PASS	10/1/2012	$0.00
C1899	LEAD, PACEMAKER/CARDIOVERTER-DEFIBRILLATOR COMBINATION (IMPLANTABLE)	10/1/2012	$0.00
C1900	LEAD, LEFT VENTRICULAR CORONARY VENOUS SYSTEM	10/1/2012	$0.00
C2613	LUNG BIOPSY PLUG WITH DELIVERY SYSTEM	10/1/2015	CCR
C2614	PROBE, PERCUTANEOUS LUMBAR DISCECTOMY	10/1/2012	$0.00
C2615	SEALANT, PULMONARY, LIQUID	10/1/2012	$0.00
C2616	BRACHYTHERAPY SOURCE, NON-STRANDED, YTTRIUM-90, PER SOURCE	10/1/2018	$15,880.61
C2617	STENT, NON-CORONARY, TEMPORARY, WITHOUT DELIVERY SYSTEM	10/1/2012	$0.00
C2618	PROBE/NEEDLE, CRYOABLATION	10/1/2012	$0.00
C2619	PACEMAKER, DUAL CHAMBER, NON RATE-RESPONSIVE (IMPLANTABLE)	10/1/2012	$0.00
C2620	PACEMAKER, SINGLE CHAMBER, NON RATE-RESPONSIVE (IMPLANTABLE)	10/1/2012	$0.00
C2621	PACEMAKER, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)	10/1/2012	$0.00
C2622	PROSTHESIS, PENILE, NON-INFLATABLE	10/1/2012	$0.00
C2625	STENT, NON-CORONARY, TEMPORARY, WITH DELIVERY SYSTEM	10/1/2012	$0.00
C2626	INFUSION PUMP, NON-PROGRAMMABLE, TEMPORARY (IMPLANTABLE)	10/1/2012	$0.00
C2627	CATHETER, SUPRAPUBIC/CYSTOSCOPIC	10/1/2012	$0.00
C2628	CATHETER, OCCLUSION	10/1/2012	$0.00
C2629	INTRODUCER/SHEATH, OTHER THAN GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, LASER	10/1/2012	$0.00
C2630	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, OTHER THAN 3D OR VECTOR	10/1/2012	$0.00
C2631	REPAIR DEVICE, URINARY, INCONTINENCE, WITHOUT SLING GRAFT	10/1/2012	$0.00
C2634	BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH ACTIVITY, IODINE-125, GREATER THAN 1.01	10/1/2018	$111.78
C2635	BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH ACTIVITY, PALADIUM-103, GREATER THAN 2.	10/1/2018	$24.64
C2636	BRACHYTHERAPY LINEAR SOURCE, NON-STRANDED, PALADIUM-103, PER 1 MM	10/1/2018	$25.73
C2638	BRACHYTHERAPY SOURCE, STRANDED, IODINE-125, PER SOURCE	10/1/2018	$32.99
C2639	BRACHYTHERAPY SOURCE, NON-STRANDED, IODINE-125, PER SOURCE	10/1/2018	$32.93
C2640	BRACHYTHERAPY SOURCE, STRANDED, PALLADIUM-103. PER SOURCE	10/1/2018	$74.77
C2641	BRACHYTHERAPY SOURCE, STRANDED, PALLADIUM-103 PER SOURCE	10/1/2018	$61.06

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
C2642	BRACHYTHERAPY SOURCE, STRANDED, CESIUM0131, PER SOURCE	10/1/2018	$83.50
C2643	BRACHYTHERAPY SOURCE, NON-STRANDED CESIUM-131, PER SOURCE	10/1/2018	$83.03
C2644	BRACHYTHERAPY SOURCE, CESIUM-131 CHLORIDE SOLUTION, PER MILLICURIE	10/1/2018	$99.83
C2645	BRACHYTHERAPY PLANAR SOURCE, PALLADIUM-103, PER SQUARE MILLIMETER	10/1/2018	$4.46
C2698	BRACHYTHERAPY SOURCE, STRANDED, NOT OTHERWISE SPECIFIED, PERSOURCE	10/1/2018	$32.99
C2699	BRACHYTHERAPY SOURCE, NON-STRANDED, NOT OTHERWISE SPECIFIED,PER SOURCE	10/1/2018	$18.20
C5271	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND	10/1/2018	$197.06
C5272	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND	1/1/2014	$0.00
C5273	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND	10/1/2018	$776.48
C5274	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND	1/1/2014	$0.00
C5275	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE,SCALP, EYELIDS, MOUTH, NEC	10/1/2018	$197.06
C5276	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE,SCALP, EYELIDS, MOUTH, NEC	1/1/2014	$0.00
C5277	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE,SCALP, EYELIDS, MOUTH, NEC	10/1/2018	$197.06
C5278	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE,SCALP, EYELIDS, MOUTH, NEC	1/1/2014	$0.00
C8900	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, ABDOMEN	10/1/2018	$111.58
C8901	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, ABDOMEN	10/1/2018	$96.43
C8902	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	10/1/2018	$193.02
C8903	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; UNILATERAL	10/1/2018	$111.58
C8904	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; UNILATERAL	10/1/2018	$96.43
C8905	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST;	10/1/2018	$193.02
C8906	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; BILATERAL	10/1/2018	$193.02
C8907	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; BILATERAL	10/1/2018	$96.43
C8908	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST;	10/1/2018	$193.02
C8909	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	10/1/2018	$111.58
C8910	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	10/1/2018	$96.43
C8911	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	10/1/2018	$193.02
C8912	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, LOWER EXTREMITY	10/1/2018	$193.02
C8913	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, LOWER EXTREMITY	10/1/2018	$96.43
C8914	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	10/1/2018	$193.02
C8918	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, PELVIS	10/1/2018	$111.58
C8919	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, PELVIS	10/1/2018	$96.43
C8920	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	10/1/2018	$193.02
C8931	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, SPINAL CANAL AND CONTENTS	10/1/2018	$193.02
C8932	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, SPINAL CANAL AND CONTENTS	10/1/2018	$96.43

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C8933	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, SPINA	10/1/2018	$111.58
C8934	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, UPPER EXTREMITY	10/1/2018	$111.58
C8935	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, UPPER EXTREMITY	10/1/2018	$46.87
C8936	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, UPPER	10/1/2018	$111.58
C9014	INJECTION, CERLIPONASE ALFA, 1 MG	10/1/2018	$90.63
C9015	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), HAEGARDA, 10 UNITS	10/1/2018	$9.46
C9016	INJECTION, TRIPTORELIN EXTENDED RELEASE, 3.75 MG	10/1/2018	$2,685.34
C9024	INJECTION, LIPOSOMAL, 1 MG DAUNORUBICIN AND 2.27 MG CYTARABINE	10/1/2018	$177.37
C9028	INJECTION, INOTUZUMAB OZOGAMICIN, 0.1 MG	10/1/2018	$2,092.32
C9029	INJECTION, GUSELKUMAB, 1 MG	10/1/2018	$97.52
C9113	INJECTION, PANTOPRAZOLE SODIUM, PER VIAL	10/1/2012	$0.00
C9132	PROTHROMBIN COMPLEX CONCENTRATE (HUMAN), KCENTRA, PER I.U. O	10/1/2018	$1.77
C9248	INJECTION, CLEVIDIPINE BUTYRATE, 1 MG	10/1/2018	$2.09
C9254	INJECTION, LACOSAMIDE, 1 MG	10/1/2013	$0.00
C9257	INJECTION, BEVACIZUMAB, 0.25 MG	10/1/2018	$1.79
C9275	INJECTION, HEXAMINOLEVULINATE HYDROCHLORIDE, 100 MG, PER STUDY DOSE	10/1/2013	$0.00
C9285	LIDOCAINE 70 MG/TETRACAINE 70 MG, PER PATCH	10/1/2014	$0.00
C9290	INJECTION, BUPIVACAINE LIPOSOME, 1 MG	10/1/2015	$0.00
C9293	INJECTION, GLUCARPIDASE, 10 UNITS	10/1/2018	$283.67
C9352	MICROPOROUS COLLAGEN IMPLANTABLE TUBE (NEURAGEN NERVE GUIDE), PER CENTIMETER LEN	10/1/2012	$0.00
C9353	MICROPOROUS COLLAGEN IMPLANTABLE SLIT TUBE (NEURAWRAP NERVE PROTECTOR), PER CENT	10/1/2012	$0.00
C9359	POROUS PURIFIED COLLAGEN MATRIX BONE VOID FILLER (INTEGRA MOZAIK OSTEOCONDUCTIVE	10/1/2012	$0.00
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	10/1/2015	CCR
C9447	INJECTION, PHENYLEPHRINE AND KETOROLAC, 4 ML VIAL	10/1/2018	$463.47
C9460	INJECTION, CANGRELOR, 1 MG	10/1/2018	$14.41
C9482	INJECTION, SOTATOL HYDROCHLORIDE, 1 MG	10/1/2018	$9.49
C9488	INJECTION, CONIVAPTAN HYDROCHLORIDE, 1 MG	10/1/2018	$28.99
C9492	INJECTION, DURVALUMAB, 10 MG	10/1/2018	$70.06
C9493	INJECTION, EDARAVONE	10/1/2018	$18.23
C9497	LOXAPINE, INHALATION POWDER, 10 MG	10/1/2018	$146.02
C9725	PLACEMENT OF ENDORECTAL INTRACAVITARY APPLICATOR FOR HIGH INTENSITY BRACHYTHERAP	10/1/2018	$287.00
C9726	RXT BREAST APP. PLACE/REMOVE	10/1/2014	$0.00
C9728	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY/SURGERY GUIDANCE (EG,	10/1/2018	$467.14
C9733	NON-OPHTHALMIC FLUORESCENT VASCULAR ANGIOGRAPHY	10/1/2012	$0.00

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C9738	ADJUNCTIVE BLUE LIGHT CYSTOSCOPY WITH FLUORESCENT IMAGING AGENT (LIST SEPARATELY	2/1/2018	$0.00
C9739	CYSTOURETHROSCOPY, WITH INSERTION OF TRANSPROSTATIC IMPLANT;	10/1/2018	$2,144.09
C9740	CYSTOURETHROSCOPY, WITH INSERTION OF TRANSPROSTATIC IMPLANT;	10/1/2018	$5,662.37
C9744	ULTRASOUND, ABDOMINAL, WITH CONTRAST	10/1/2018	$111.58
C9745	NASAL ENDOSCOPY, SURGICAL; BALLOON DILATION OF EUSTACHI	10/1/2018	$2,311.43
C9746	TRANSPERINEAL IMPLANTATION OF PERMANENT ADJUSTABLE BALL	10/1/2018	$11,045.83
C9747	ABLATION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUS	10/1/2018	$4,839.05
C9748	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY WATER VAPOR (STE	10/1/2018	$641.85
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	10/1/2014	$215.92
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	10/1/2014	$215.92
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	10/1/2014	$215.92
D1352	PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT - PERMANE	10/1/2014	$215.92
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	10/1/2014	$215.92
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH	10/1/2014	$215.92
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	10/1/2014	$215.92
D2932	PREFABRICATED RESIN CROWN	10/1/2014	$215.92
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO	10/1/2014	$215.92
D5992	ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE	10/1/2014	$215.92
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	10/1/2014	$215.92
E0616	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND PROGRAMMER	10/1/2012	$0.00
E0749	OSTEOGENESIS STIMULATOR, ELECTRICAL, SURGICALLY IMPLANTED	10/1/2012	$0.00
E0782	INFUSION PUMP, IMPLANTABLE, NON-PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G.,	10/1/2012	$0.00
E0783	INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G.,	10/1/2012	$0.00
E0785	IMPLANTABLE INTRASPINAL (EPIDURAL/INTRATHECAL) CATHETER USED WITH IMPLANTABLE	10/1/2012	$0.00
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	10/1/2018	$104.24
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	10/1/2018	$287.00
G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR	10/1/2018	$287.00
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	10/1/2015	$0.00
G0130	SINGLE ENERGY X-RAY ABSORPTIOMETRY (SEXA) BONE DENSITY STUDY, ONE OR MORE	10/1/2018	$17.87
G0186	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOROIDAL	10/1/2018	$197.57
G0247	ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSORY	10/1/2015	$0.00
G0259	INJECTION PROCEDURE FOR SACROILIAC JOINT; ARTHROGRAPY	10/1/2012	$0.00
G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID	10/1/2018	$267.80
G0268	REMOVAL OF IMPACTED CERUMEN (ONE OR BOTH EARS) BY PHYSICIAN ON SAME DATE OF	10/1/2012	$0.00

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G0269	PLACEMENT OF OCCLUSIVE DEVICE INTO EITHER A VENOUS OR ARTERIAL ACCESS SITE,	10/1/2012	$0.00
G0289	ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY,	10/1/2012	$0.00
G0339	IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY,	10/1/2014	$1,305.80
G0340	IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEROTACTIC RADIOSURGERY,	10/1/2014	$931.58
G0365	VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACCESS (SERVICES FOR PREOPERATIVE	10/1/2018	$46.62
G0516	INSERTION OF NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE (SERVICES FOR S	2/1/2018	$0.00
G0517	REMOVAL OF NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE (SERVICES FOR SUB	2/1/2018	$0.00
G0518	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE (S	2/1/2018	$0.00
J0120	INJECTION, TETRACYCLINE, UP TO 250 MG	10/1/2018	$6.93
J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERE	10/1/2018	$47.11
J0130	INJECTION ABCIXIMAB, 10 MG	10/1/2018	$1,094.58
J0131	INJECTION, ACETAMINOPHEN, 10 MG	10/1/2014	$0.00
J0132	INJECTION, ACETYLCYSTEINE, 100 MG	10/1/2017	$0.00
J0133	INJECTION, ACYCLOVIR, 5 MG	10/1/2012	$0.00
J0135	INJECTION, ADALIMUMAB, 20 MG	10/1/2018	$1,118.08
J0153	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COM	1/1/2015	$0.00
J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	10/1/2012	$0.00
J0178	INJECTION, AFLIBERCEPT, 1 MG	10/1/2018	$925.86
J0180	INJECTION, AGALSIDASE BETA, 1 MG	10/1/2018	$162.52
J0190	INJECTION, BIPERIDEN LACTATE, PER 5 MG	10/1/2014	$2.85
J0200	INJECTION, ALATROFLOXACIN MESYLATE, 100 MG	10/1/2016	$0.00
J0202	INJECTION, ALEMTUZUMAB, 1 MG	10/1/2018	$1,689.67
J0205	INJECTION, ALGLUCERASE, PER 10 UNITS	10/1/2014	$37.93
J0207	INJECTION, AMIFOSTINE, 500 MG	10/1/2018	$911.82
J0210	INJECTION, METHYLDOPATE HCL, UP TO 250 MG	10/1/2014	$0.00
J0215	INJECTION, ALEFACEPT, 0.5 MG	10/1/2013	$39.56
J0220	INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE SPECIFIED	10/1/2018	$196.37
J0221	INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	10/1/2018	$151.74
J0256	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG	10/1/2018	$4.69
J0257	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	10/1/2018	$4.34
J0278	INJECTION, AMIKACIN SULFATE, 100 MG	10/1/2012	$0.00
J0280	INJECTION, AMINOPHYLLIN, UP TO 250 MG	10/1/2012	$0.00
J0282	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	10/1/2012	$0.00
J0285	INJECTION, AMPHOTERICIN B, 50 MG	10/1/2012	$0.00

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	10/1/2018	$13.17
J0288	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG	10/1/2014	$0.00
J0289	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	10/1/2018	$20.44
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	10/1/2012	$0.00
J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	10/1/2012	$0.00
J0300	INJECTION, AMOBARBITAL, UP TO 125 MG	10/1/2018	$184.55
J0330	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	10/1/2012	$0.00
J0348	INJECTION, ANIDULAFUNGIN, 1 MG	10/1/2014	$0.00
J0350	INJECTION, ANISTREPLASE, PER 30 UNITS	10/1/2013	$0.00
J0360	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	10/1/2012	$0.00
J0364	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	10/1/2013	$0.00
J0365	INJECTION, APROTONIN, 10,000 KIU	10/1/2014	$3.25
J0380	INJECTION, METARAMINOL BITARTRATE, PER 10 MG	10/1/2012	$0.00
J0390	INJECTION, CHLOROQUINE HYDROCHLORIDE, UP TO 250 MG	10/1/2012	$0.00
J0395	INJECTION, ARBUTAMINE HCL, 1 MG	10/1/2014	$77.95
J0400	INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG	10/1/2018	$0.72
J0401	INJECTION, ARIPIPRAZOLE, EXTENDED RELEASE, 1 MG	10/1/2018	$4.65
J0456	INJECTION, AZITHROMYCIN, 500 MG	10/1/2012	$0.00
J0461	INJECTION, ATROPINE SULFATE, 0.01 MG	10/1/2012	$0.00
J0470	INJECTION, DIMERCAPROL, PER 100 MG	10/1/2018	$50.06
J0475	INJECTION, BACLOFEN, 10 MG	10/1/2018	$156.39
J0476	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	10/1/2018	$66.82
J0480	INJECTION, BASILIXIMAB, 20 MG	10/1/2018	$3,268.35
J0485	INJECTION, BELATACEPT, 1 MG	10/1/2018	$3.74
J0490	INJECTION, BELIMUMAB, 10 MG	10/1/2018	$40.67
J0500	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	10/1/2012	$0.00
J0515	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	10/1/2012	$0.00
J0520	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	10/1/2012	$0.00
J0558	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 100,000 UNITS	10/1/2012	$0.00
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	10/1/2018	$11.32
J0565	INJECTION, BEZLOTOXUMAB, 10 MG	10/1/2018	$38.22
J0570	BUPRENORPHINE IMPLANT, 74.5 MG	10/1/2018	$1,198.24
J0583	INJECTION, BIVALIRUDIN, 1 MG	10/1/2018	$1.41
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	10/1/2018	$5.73

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	10/1/2018	$7.85
J0587	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	10/1/2018	$11.38
J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	10/1/2018	$4.83
J0592	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	10/1/2012	$0.00
J0594	INJECTION, BUSULFAN, 1 MG	10/1/2018	$32.99
J0595	INJECTION, BUTORPHANOL TARTRATE, 1 MG	10/1/2012	$0.00
J0596	INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS	10/1/2018	$26.59
J0597	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS	10/1/2018	$46.52
J0598	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), CINRYZE, 10 UNITS	10/1/2018	$54.35
J0600	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	10/1/2018	$5,314.70
J0606	INJECTION, ETECALCETIDE, 0.1 MG	10/1/2018	$3.30
J0610	INJECTION, CALCIUM GLUCONATE, PER 10 ML	10/1/2012	$0.00
J0620	INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML	10/1/2012	$0.00
J0630	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	10/1/2018	$2,173.54
J0636	INJECTION, CALCITRIOL, 0.1 MCG	10/1/2012	$0.00
J0637	INJECTION, CASPOFUNGIN ACETATE, 5 MG	10/1/2018	$11.84
J0638	INJECTION, CANAKINUMAB, 1 MG	10/1/2018	$100.81
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	10/1/2012	$0.00
J0641	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG	10/1/2018	$0.50
J0670	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	10/1/2012	$0.00
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	10/1/2012	$0.00
J0692	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	10/1/2012	$0.00
J0694	INJECTION, CEFOXITIN SODIUM, 1 GM	10/1/2012	$0.00
J0695	INJECTION, CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	10/1/2018	$4.71
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	10/1/2012	$0.00
J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	10/1/2012	$0.00
J0698	INJECTION, CEFOTAXIME SODIUM, PER GM	10/1/2012	$0.00
J0702	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	10/1/2012	$0.00
J0710	INJECTION, CEPHAPIRIN SODIUM, UP TO 1 GM	10/1/2012	$0.00
J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 MG	10/1/2018	$2.50
J0713	INJECTION, CEFTAZIDIME, PER 500 MG	10/1/2012	$0.00
J0714	INJECTION, CEFTAZIDIME AND AVIBACTAM, 0.5 G/0.125 G	10/1/2018	$73.07
J0715	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	10/1/2012	$0.00
J0716	INJECTION, CENTRUROIDES IMMUNE F(AB)2, UP TO 120 MILLIGRAMS	10/1/2018	$4,236.07

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J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADM	10/1/2018	$7.10
J0720	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	10/1/2017	$0.00
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	10/1/2017	$0.00
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	10/1/2012	$0.00
J0740	INJECTION, CIDOFOVIR, 375 MG	10/1/2018	$453.67
J0743	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	10/1/2012	$0.00
J0744	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	10/1/2012	$0.00
J0745	INJECTION, CODEINE PHOSPHATE, PER 30 MG	10/1/2012	$0.00
J0770	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	10/1/2012	$0.00
J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	10/1/2018	$39.74
J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	10/1/2012	$0.00
J0795	INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM	10/1/2018	$8.18
J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS	10/1/2018	$3,582.79
J0833	INJECTION, COSYNTROPIN, NOT OTHERWISE SPECIFIED, 0.25 MG	10/1/2017	$0.00
J0834	INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG	10/1/2012	$0.00
J0840	INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GRAM	10/1/2018	$2,727.18
J0850	INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL	10/1/2018	$1,072.27
J0875	INJECTION, DALBAVANCIN, 5MG	10/1/2018	$13.68
J0878	INJECTION, DAPTOMYCIN, 1 MG	10/1/2018	$0.59
J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	10/1/2018	$3.75
J0882	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	10/1/2018	$3.75
J0883	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	10/1/2018	$1.23
J0884	INJECTION, ARGATROBAN, 1 MG (FOR ESRD ON DIALYSIS)	10/1/2018	$1.23
J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	10/1/2018	$12.29
J0894	INJECTION, DECITABINE, 1 MG	10/1/2018	$16.82
J0895	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	10/1/2012	$0.00
J0897	INJECTION, DENOSUMAB, 1 MG	10/1/2018	$16.46
J0945	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	10/1/2012	$0.00
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	10/1/2012	$0.00
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	10/1/2012	$0.00
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	10/1/2012	$0.00
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	10/1/2012	$0.00
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	10/1/2013	$0.00
J1071	INJECTION, TESTOSTERONE CYPIONATE, 1MG	1/1/2015	$0.00

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
J1094	INJECTION, DEXAMETHASONE ACETATE, 1 MG	10/1/2012	$0.00
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	10/1/2012	$0.00
J1110	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	10/1/2018	$100.34
J1120	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG	10/1/2012	$0.00
J1130	INJECTION, DICLOFENAC SODIUM, 0.5 MG	10/1/2018	$0.18
J1160	INJECTION, DIGOXIN, UP TO 0.5 MG	10/1/2012	$0.00
J1162	INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	10/1/2018	$3,103.68
J1165	INJECTION, PHENYTOIN SODIUM, PER 50 MG	10/1/2012	$0.00
J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG	10/1/2012	$0.00
J1180	INJECTION, DYPHYLLINE, UP TO 500 MG	10/1/2012	$0.00
J1190	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	10/1/2018	$176.60
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	10/1/2012	$0.00
J1205	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	10/1/2018	$74.01
J1212	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	10/1/2018	$526.45
J1230	INJECTION, METHADONE HCL, UP TO 10 MG	10/1/2012	$0.00
J1240	INJECTION, DIMENHYDRINATE, UP TO 50 MG	10/1/2012	$0.00
J1245	INJECTION, DIPYRIDAMOLE, PER 10 MG	10/1/2012	$0.00
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	10/1/2012	$0.00
J1260	INJECTION, DOLASETRON MESYLATE, 10 MG	10/1/2012	$0.00
J1265	INJECTION, DOPAMINE HCL, 40 MG	10/1/2012	$0.00
J1267	INJECTION, DORIPENEM, 10 MG	10/1/2012	$0.00
J1270	INJECTION, DOXERCALCIFEROL, 1 MCG	10/1/2012	$0.00
J1290	INJECTION, ECALLANTIDE, 1 MG	10/1/2018	$419.23
J1300	INJECTION, ECULIZUMAB, 10 MG	10/1/2018	$215.30
J1320	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	10/1/2012	$0.00
J1322	INJECTION, ELOSULFASE ALFA, 1MG	10/1/2018	$219.41
J1324	INJECTION, ENFUVIRTIDE, 1 MG	10/1/2015	$17.70
J1325	INJECTION, EPOPROSTENOL, 0.5 MG	10/1/2012	$0.00
J1327	INJECTION, EPTIFIBATIDE, 5 MG	10/1/2018	$20.65
J1330	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	10/1/2012	$0.00
J1335	INJECTION, ERTAPENEM SODIUM, 500 MG	10/1/2012	$0.00
J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	10/1/2018	$61.66
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	10/1/2012	$0.00
J1410	INJECTION, ESTROGEN CONJUGATED, PER 25 MG	10/1/2018	$289.38

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
J1428	INJECTION, ETEPLIRSEN, 10 MG	10/1/2018	$161.12
J1430	INJECTION, ETHANOLAMINE OLEATE, 100 MG	10/1/2018	$421.50
J1435	INJECTION, ESTRONE, PER 1 MG	10/1/2014	$1.39
J1436	INJECTION, ETIDRONATE DISODIUM, PER 300 MG	10/1/2012	$0.00
J1438	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	10/1/2018	$559.14
J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	10/1/2018	$1.01
J1442	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	10/1/2018	$0.96
J1443	INJECTION, FERRIC PYROPHOSPHATE CITRATE SOLUTION, 0.1 MG OF IRON	10/1/2017	$0.00
J1447	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM	10/1/2018	$0.60
J1450	INJECTION FLUCONAZOLE, 200 MG	10/1/2012	$0.00
J1451	INJECTION, FOMEPIZOLE, 15 MG	10/1/2018	$6.85
J1452	INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65 MG	10/1/2014	$0.00
J1453	INJECTION, FOSAPREPITANT, 1 MG	10/1/2018	$1.93
J1455	INJECTION, FOSCARNET SODIUM, PER 1000 MG	10/1/2018	$71.41
J1457	INJECTION, GALLIUM NITRATE, 1 MG	10/1/2012	$0.00
J1458	INJECTION, GALSULFASE, 1 MG	10/1/2018	$361.48
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID	10/1/2018	$36.58
J1460	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	10/1/2018	$30.17
J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	10/1/2018	$12.52
J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG	10/1/2018	$36.39
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G.LIQUI	10/1/2018	$39.03
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	10/1/2018	$9.32
J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC	10/1/2018	$301.76
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID),	10/1/2018	$36.99
J1562	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG	10/1/2014	$11.48
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWIS	10/1/2018	$32.57
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID	10/1/2018	$34.79
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID),	10/1/2018	$37.79
J1570	INJECTION, GANCICLOVIR SODIUM, 500 MG	10/1/2015	$0.00
J1571	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	10/1/2018	$58.06
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHI	10/1/2018	$28.35
J1573	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	10/1/2018	$58.06
J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	10/1/2018	$12.48
J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	10/1/2012	$0.00

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHE	10/1/2012	$0.00
J1600	INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG	10/1/2016	$0.00
J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	10/1/2018	$23.50
J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	10/1/2018	$195.27
J1620	INJECTION, GONADORELIN HYDROCHLORIDE, PER 100 MCG	10/1/2014	$5.47
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	10/1/2012	$0.00
J1627	INJECTION, GRANISETRON, EXTENDED-RELEASE, 0.1 MG	10/1/2018	$4.64
J1630	INJECTION, HALOPERIDOL, UP TO 5 MG	10/1/2012	$0.00
J1631	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	10/1/2012	$0.00
J1640	INJECTION, HEMIN, 1 MG	10/1/2018	$22.80
J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	10/1/2012	$0.00
J1644	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	10/1/2012	$0.00
J1645	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	10/1/2012	$0.00
J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG	10/1/2012	$0.00
J1652	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	10/1/2012	$0.00
J1655	INJECTION, TINZAPARIN SODIUM, 1000 IU	10/1/2012	$0.00
J1670	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	10/1/2018	$529.58
J1700	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	10/1/2012	$0.00
J1710	INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG	10/1/2012	$0.00
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	10/1/2012	$0.00
J1726	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	10/1/2018	$2.57
J1729	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	2/1/2018	$0.00
J1730	INJECTION, DIAZOXIDE, UP TO 300 MG	10/1/2017	$655.53
J1740	INJECTION, IBANDRONATE SODIUM, 1 MG	10/1/2018	$78.73
J1741	INJECTION, IBUPROFEN, 100 MG	10/1/2013	$0.00
J1742	INJECTION, IBUTILIDE FUMARATE, 1 MG	10/1/2018	$160.68
J1743	INJECTION, IDURSULFASE, 1 MG	10/1/2018	$515.72
J1744	INJECTION, ICATIBANT, 1 MG	10/1/2018	$318.57
J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	10/1/2018	$82.79
J1750	INJECTION, IRON DEXTRAN, 50 MG	10/1/2018	$12.39
J1756	INJECTION, IRON SUCROSE, 1 MG	10/1/2013	$0.00
J1786	INJECTION, IMIGLUCERASE, 10 UNITS	10/1/2018	$39.61
J1790	INJECTION, DROPERIDOL, UP TO 5 MG	10/1/2012	$0.00
J1800	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	10/1/2012	$0.00

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
J1815	INJECTION, INSULIN, PER 5 UNITS	10/1/2012	$0.00
J1817	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	10/1/2012	$0.00
J1826	INJECTION, INTERFERON BETA-1A, 30 MCG	10/1/2018	$458.10
J1830	INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	10/1/2018	$361.38
J1833	INJECTION, ISAVUCONAZONIUM, 1 MG	10/1/2018	$0.66
J1835	INJECTION, ITRACONAZOLE, 50 MG	10/1/2014	$0.26
J1840	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	10/1/2012	$0.00
J1850	INJECTION, KANAMYCIN SULFATE, UP TO 75 MG	10/1/2012	$0.00
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	10/1/2012	$0.00
J1890	INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM	10/1/2012	$0.00
J1930	INJECTION, LANREOTIDE, 1 MG	10/1/2018	$53.18
J1931	INJECTION, LARONIDASE, 0.1 MG	10/1/2018	$29.08
J1940	INJECTION, FUROSEMIDE, UP TO 20 MG	10/1/2012	$0.00
J1942	INJECTION, ARIPIPRAZOLE LAUROXIL, 1 MG	10/1/2018	$2.34
J1945	INJECTION, LEPIRUDIN, 50 MG	10/1/2017	$12.07
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	10/1/2018	$1,033.51
J1953	INJECTION, LEVETIRACETAM, 10 MG	10/1/2012	$0.00
J1956	INJECTION, LEVOFLOXACIN, 250 MG	10/1/2012	$0.00
J1960	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	10/1/2012	$0.00
J1980	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	10/1/2012	$0.00
J1990	INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG	10/1/2012	$0.00
J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	10/1/2012	$0.00
J2010	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	10/1/2012	$0.00
J2020	INJECTION, LINEZOLID, 200MG	10/1/2017	$0.00
J2060	INJECTION, LORAZEPAM, 2 MG	10/1/2012	$0.00
J2150	INJECTION, MANNITOL, 25% IN 50 ML	10/1/2012	$0.00
J2170	INJECTION, MECASERMIN, 1 MG	10/1/2013	$0.00
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	10/1/2012	$0.00
J2180	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG	10/1/2012	$0.00
J2182	INJECTION, MEPOLIZUMAB, 1 MG	10/1/2018	$26.38
J2185	INJECTION, MEROPENEM, 100 MG	10/1/2012	$0.00
J2210	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	10/1/2012	$0.00
J2212	INJECTION, METHYLNALTREXONE, 0.1 MG	10/1/2015	$0.00
J2248	INJECTION, MICAFUNGIN SODIUM, 1 MG	10/1/2016	$0.00

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	10/1/2012	$0.00
J2260	INJECTION, MILRINONE LACTATE, 5 MG	10/1/2018	$2.36
J2265	INJECTION, MINOCYCLINE HYDROCHLORIDE, 1 MG	10/1/2018	$1.47
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	10/1/2012	$0.00
J2274	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE,	1/1/2015	$0.00
J2278	INJECTION, ZICONOTIDE, 1 MICROGRAM	10/1/2018	$7.05
J2280	INJECTION, MOXIFLOXACIN, 100 MG	10/1/2012	$0.00
J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	10/1/2012	$0.00
J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	10/1/2012	$0.00
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	10/1/2018	$3.10
J2320	INJECTION, NANDROLONE DECANOATE, UP TO 50 MG	10/1/2018	$126.69
J2323	INJECTION, NATALIZUMAB, 1 MG	10/1/2018	$18.45
J2325	INJECTION, NESIRITIDE, 0.1 MG	10/1/2018	$69.64
J2326	INJECTION, NUSINERSEN, 0.1 MG	10/1/2018	$1,048.60
J2350	INJECTION, OCRELIZUMAB, 1 MG	10/1/2018	$54.55
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	10/1/2018	$174.46
J2354	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS	10/1/2012	$0.00
J2355	INJECTION, OPRELVEKIN, 5 MG	10/1/2018	$443.86
J2357	INJECTION, OMALIZUMAB, 5 MG	10/1/2018	$33.18
J2358	INJECTION, OLANZAPINE, LONG-ACTING, 1 MG	10/1/2018	$2.77
J2360	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	10/1/2012	$0.00
J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	10/1/2012	$0.00
J2400	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	10/1/2012	$0.00
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	10/1/2012	$0.00
J2407	INJECTION, ORITAVANCIN, 10 MG	10/1/2018	$22.19
J2410	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	10/1/2012	$0.00
J2425	INJECTION, PALIFERMIN, 50 MICROGRAMS	10/1/2018	$18.24
J2426	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE, 1 MG	10/1/2018	$9.52
J2430	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	10/1/2012	$0.00
J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG	10/1/2012	$0.00
J2460	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	10/1/2013	$0.00
J2469	INJECTION, PALONOSETRON HCL, 25 MCG	10/1/2018	$19.86
J2501	INJECTION, PARICALCITOL, 1 MCG	10/1/2012	$0.00
J2502	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	10/1/2018	$253.84

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
J2503	INJECTION, PEGAPTANIB SODIUM, 0.3 MG	10/1/2018	$693.00
J2504	INJECTION, PEGADEMASE BOVINE, 25 IU	10/1/2018	$334.66
J2505	INJECTION, PEGFILGRASTIM, 6 MG	10/1/2018	$4,104.69
J2507	INJECTION, PEGLOTICASE, 1 MG	10/1/2018	$1,906.33
J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	10/1/2018	$25.43
J2513	INJECTION, PENTASTARCH, 10% SOLUTION, 100 ML	10/1/2013	$0.00
J2515	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	10/1/2018	$49.78
J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	10/1/2012	$0.00
J2543	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125	10/1/2012	$0.00
J2547	INJECTION, PERAMIVIR, 1 MG	10/1/2018	$1.53
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	10/1/2012	$0.00
J2560	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	10/1/2012	$0.00
J2562	INJECTION, PLERIXAFOR, 1 MG	10/1/2018	$298.72
J2590	INJECTION, OXYTOCIN, UP TO 10 UNITS	10/1/2012	$0.00
J2597	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	10/1/2018	$12.11
J2650	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	10/1/2012	$0.00
J2670	INJECTION, TOLAZOLINE HCL, UP TO 25 MG	10/1/2018	$1,520.38
J2675	INJECTION, PROGESTERONE, PER 50 MG	10/1/2012	$0.00
J2680	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	10/1/2012	$0.00
J2690	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	10/1/2012	$0.00
J2700	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	10/1/2014	$0.00
J2704	INJECTION, PROPOFOL, 10 MG	1/1/2015	$0.00
J2710	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	10/1/2012	$0.00
J2720	INJECTION, PROTAMINE SULFATE, PER 10 MG	10/1/2012	$0.00
J2724	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	10/1/2018	$14.37
J2725	INJECTION, PROTIRELIN, PER 250 MCG	10/1/2014	$26.84
J2730	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	10/1/2018	$82.69
J2760	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	10/1/2018	$340.37
J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	10/1/2012	$0.00
J2770	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	10/1/2018	$407.19
J2778	INJECTION, RANIBIZUMAB, 0.1 MG	10/1/2018	$359.43
J2780	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	10/1/2012	$0.00
J2783	INJECTION, RASBURICASE, 0.5 MG	10/1/2018	$249.91
J2785	INJECTION, REGADENOSON, 0.1 MG	10/1/2014	$0.00

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
J2786	INJECTION, RESLIZUMAB, 1 MG	10/1/2018	$8.41
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	10/1/2014	$0.00
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	10/1/2014	$0.00
J2791	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVE	10/1/2016	$0.00
J2792	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	10/1/2018	$22.61
J2793	INJECTION, RILONACEPT, 1 MG	10/1/2018	$22.89
J2794	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	10/1/2018	$8.20
J2795	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	10/1/2012	$0.00
J2796	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	10/1/2018	$63.52
J2800	INJECTION, METHOCARBAMOL, UP TO 10 ML	10/1/2012	$0.00
J2805	INJECTION, SINCALIDE, 5 MICROGRAMS	10/1/2012	$0.00
J2810	INJECTION, THEOPHYLLINE, PER 40 MG	10/1/2012	$0.00
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	10/1/2018	$35.82
J2840	INJECTION, SEBELIPASE ALFA, 1 MG	10/1/2018	$503.50
J2850	INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MICROGRAM	10/1/2018	$33.04
J2860	INJECTION, SILTUXIMAB, 10 MG	10/1/2018	$88.14
J2910	INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG	10/1/2012	$0.00
J2916	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	10/1/2012	$0.00
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	10/1/2012	$0.00
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	10/1/2012	$0.00
J2940	INJECTION, SOMATREM, 1 MG	10/1/2014	$38.18
J2941	INJECTION, SOMATROPIN, 1 MG	10/1/2018	$77.51
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG	10/1/2012	$0.00
J2993	INJECTION, RETEPLASE, 18.1 MG	10/1/2018	$2,186.81
J2995	INJECTION, STREPTOKINASE, PER 250,000 IU	10/1/2013	$0.00
J2997	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	10/1/2018	$79.79
J3000	INJECTION, STREPTOMYCIN, UP TO 1 GM	10/1/2012	$0.00
J3010	INJECTION, FENTANYL CITRATE, 0.1 MG	10/1/2012	$0.00
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	10/1/2013	$0.00
J3060	INJECTION, TALIGLUCERASE ALFA, 10 UNITS	10/1/2018	$38.35
J3070	INJECTION, PENTAZOCINE, 30 MG	10/1/2018	$67.90
J3090	INJECTION, TEDIZOLID PHOSPHATE, 1 MG	10/1/2018	$1.26
J3095	INJECTION, TELEVANCIN, 10 MG	10/1/2018	$4.86
J3101	INJECTION, TENECTEPLASE, 1 MG	10/1/2018	$106.12

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	10/1/2012	$0.00
J3121	INJECTION, TESTOSTERONE ENANTHATE, 1MG	1/1/2015	$0.00
J3145	INJECTION, TESTOSTERONE UNDECANOATE, 1 MG	10/1/2018	$1.23
J3230	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	10/1/2012	$0.00
J3240	INJECTION, THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG VIAL	10/1/2018	$1,500.71
J3243	INJECTION, TIGECYCLINE, 1 MG	10/1/2018	$2.84
J3246	INJECTION, TIROFIBAN HCL, 0.25MG	10/1/2018	$8.73
J3250	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	10/1/2012	$0.00
J3260	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	10/1/2012	$0.00
J3262	INJECTION, TOCILIZUMAB, 1 MG	10/1/2018	$4.15
J3265	INJECTION, TORSEMIDE, 10 MG/ML	10/1/2012	$0.00
J3280	INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG	10/1/2012	$0.00
J3285	INJECTION, TREPROSTINIL, 1 MG	10/1/2018	$58.18
J3300	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG	10/1/2018	$3.69
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	10/1/2012	$0.00
J3302	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	10/1/2012	$0.00
J3303	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	10/1/2012	$0.00
J3305	INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG	10/1/2017	$0.00
J3310	INJECTION, PERPHENAZINE, UP TO 5 MG	10/1/2013	$0.00
J3315	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	10/1/2018	$371.55
J3320	INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM	10/1/2014	$27.15
J3350	INJECTION, UREA, UP TO 40 GM	10/1/2016	$0.00
J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	10/1/2018	$177.90
J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	10/1/2018	$12.24
J3360	INJECTION, DIAZEPAM, UP TO 5 MG	10/1/2012	$0.00
J3364	INJECTION, UROKINASE, 5000 IU VIAL	10/1/2012	$0.00
J3365	INJECTION, IV, UROKINASE, 250,000 I.U. VIAL	10/1/2017	$249.65
J3370	INJECTION, VANCOMYCIN HCL, 500 MG	10/1/2012	$0.00
J3380	INJECTION, VEDOLIZUMAB, 1 MG	10/1/2018	$17.66
J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS	10/1/2018	$325.23
J3396	INJECTION, VERTEPORFIN, 0.1 MG	10/1/2018	$10.22
J3400	INJECTION, TRIFLUPROMAZINE HCL, UP TO 20 MG	10/1/2013	$0.00
J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	10/1/2012	$0.00
J3411	INJECTION, THIAMINE HCL, 100 MG	10/1/2012	$0.00

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
J3415	INJECTION, PYRIDOXINE HCL, 100 MG	10/1/2012	$0.00
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	10/1/2012	$0.00
J3430	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	10/1/2012	$0.00
J3465	INJECTION, VORICONAZOLE, 10 MG	10/1/2018	$2.57
J3470	INJECTION, HYALURONIDASE, UP TO 150 UNITS	10/1/2012	$0.00
J3471	INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 US	10/1/2012	$0.00
J3472	INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1000 USP UNITS	10/1/2012	$0.00
J3473	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT	10/1/2012	$0.00
J3475	INJECTION, MAGNESIUM SULFATE, PER 500 MG	10/1/2012	$0.00
J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	10/1/2012	$0.00
J3485	INJECTION, ZIDOVUDINE, 10 MG	10/1/2016	$0.00
J3486	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	10/1/2012	$0.00
J3489	INJECTION, ZOLEDRONIC ACID, 1 MG	10/1/2017	$0.00
J3490	UNCLASSIFIED DRUGS	10/1/2012	$0.00
J3530	NASAL VACCINE INHALATION	10/1/2012	$0.00
J3590	UNCLASSIFIED BIOLOGICS	10/1/2012	$0.00
J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	10/1/2012	$0.00
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	10/1/2012	$0.00
J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	10/1/2012	$0.00
J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	10/1/2012	$0.00
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	10/1/2012	$0.00
J7070	INFUSION, D5W, 1000 CC	10/1/2012	$0.00
J7100	INFUSION, DEXTRAN 40, 500 ML	10/1/2012	$0.00
J7110	INFUSION, DEXTRAN 75, 500 ML	10/1/2012	$0.00
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC	10/1/2012	$0.00
J7121	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	10/1/2018	$0.00
J7131	HYPERTONIC SALINE SOLUTION, 1 ML	10/1/2012	$0.00
J7175	INJECTION, FACTOR X (HUMAN), 1 I.U.	10/1/2018	$6.49
J7178	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 1 MG	10/1/2018	$1.10
J7179	INJECTION, VON WILLEBRAND FACTOR, (RECOMBINANT), (VONDENDI), 1 I.U. VWF.RCO	10/1/2018	$2.16
J7180	INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 I.U.	10/1/2018	$7.80
J7181	INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU	10/1/2018	$14.37
J7182	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER I	10/1/2018	$1.23
J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO	10/1/2018	$0.99

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
J7185	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.	10/1/2018	$1.19
J7186	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER	10/1/2018	$0.93
J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO	10/1/2018	$1.04
J7188	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (OBIZUR), PER I.U.	10/1/2018	$5.04
J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM	10/1/2018	$1.90
J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.	10/1/2018	$0.97
J7191	FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), PER I.U.	1/1/2014	$0.19
J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFI	10/1/2018	$1.18
J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.	10/1/2018	$1.08
J7194	FACTOR IX, COMPLEX, PER I.U.	10/1/2018	$1.32
J7195	INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU, NOT OTHERWISE	10/1/2018	$1.43
J7196	INJECTION, ANTITHROMBIN RECOMBINANT, 50 I.U.	10/1/2013	$98.18
J7197	ANTITHROMBIN III (HUMAN), PER I.U.	10/1/2018	$3.56
J7198	ANTI-INHIBITOR, PER I.U.	10/1/2018	$1.84
J7200	INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU	10/1/2018	$1.21
J7201	INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 I.U.	10/1/2018	$2.84
J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	10/1/2018	$3.93
J7205	INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU	10/1/2018	$1.92
J7207	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	10/1/2018	$1.78
J7209	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (NUWIQ), 1 I.U.	10/1/2018	$1.44
J7210	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (AFSTYLA), 1 I.U.	10/1/2018	$1.34
J7211	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (KOVALTRY), 1 I.U.	10/1/2018	$1.18
J7308	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT DOSAGE	10/1/2018	$349.42
J7309	METHYL AMINOLEVULINATE (MAL) FOR TOPICAL ADMINISTRATION, 16.8%, 1 GRAM	10/1/2018	$79.51
J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT	10/1/2017	$11.12
J7311	FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT	10/1/2018	$19,108.63
J7312	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	10/1/2018	$190.70
J7313	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG	10/1/2018	$466.26
J7315	MITOMYCIN, OPTHALMIC, 0.2 MG	10/1/2016	$0.00
J7316	INJECTION, OCRIPLASMIN, 0.125 MG	10/1/2018	$994.41
J7320	HYALURONAN OR DERIVITIVE, GENVISC 850, FOR INTRA-ARTICU	10/1/2018	$7.05
J7321	HYALURONAN OR DERIVATIVE, HYALGAN, SUPARTZ OR VISCO-3, FOR INTRA-ARTICULAR INJEC	10/1/2018	$83.26
J7322	HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION, 1 MG	10/1/2018	$18.30
J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	10/1/2018	$147.47

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	10/1/2018	$142.01
J7325	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION,	10/1/2018	$11.66
J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	10/1/2018	$485.04
J7327	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	10/1/2018	$813.95
J7328	HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1 MG	10/1/2018	$2.07
J7336	CAPSAICIN 8% PATCH, PER SQUARE CENTIMETER	10/1/2018	$2.99
J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION, 100 ML	10/1/2018	$2.03
J7342	INSTALLATION, CIPROFLOXACIN OTIC SUSPENSION, 6 MG	10/1/2018	$28.46
J7345	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG	10/1/2018	$1.36
J7500	AZATHIOPRINE, ORAL, 50 MG	10/1/2012	$0.00
J7501	AZATHIOPRINE, PARENTERAL, 100 MG	10/1/2018	$226.18
J7502	CYCLOSPORINE, ORAL, 100 MG	10/1/2012	$0.00
J7503	TACROLIMUS, EXTENDED RELEASE, (ENVARSUS XR), ORAL, 0.25 MG	10/1/2018	$1.18
J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG	10/1/2018	$1,726.19
J7505	MUROMONAB-CD3, PARENTERAL, 5 MG	10/1/2018	$219.66
J7507	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	10/1/2012	$0.00
J7508	TACROLIMUS, EXTENDED RELEASE, (ASTAGRAF XL), ORAL, 0.1 MG	10/1/2017	$0.00
J7509	METHYLPREDNISOLONE ORAL, PER 4 MG	10/1/2012	$0.00
J7510	PREDNISOLONE ORAL, PER 5 MG	10/1/2012	$0.00
J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG	10/1/2018	$674.83
J7512	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	10/1/2017	$0.00
J7513	DACLIZUMAB, PARENTERAL, 25 MG	10/1/2017	$9.50
J7515	CYCLOSPORINE, ORAL, 25 MG	10/1/2012	$0.00
J7516	CYCLOSPORIN, PARENTERAL, 250 MG	10/1/2012	$0.00
J7517	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	10/1/2012	$0.00
J7518	MYCOPHENOLIC ACID, ORAL, 180 MG	10/1/2012	$0.00
J7520	SIROLIMUS, ORAL, 1 MG	10/1/2012	$0.00
J7525	TACROLIMUS, PARENTERAL, 5 MG	10/1/2018	$178.90
J7527	EVEROLIMUS, ORAL, 0.25 MG	10/1/2014	$0.00
J7599	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	10/1/2012	$0.00
J7665	MANNITOL, ADMINISTERED THROUGH AN INHALER, 5 MG	10/1/2013	$0.00
J7674	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER,	10/1/2012	$0.00
J7799	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	10/1/2012	$0.00
J7999	COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED	10/1/2017	$0.00

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
J8501	APREPITANT, ORAL, 5 MG	10/1/2018	$7.28
J8510	BUSULFAN; ORAL, 2 MG	10/1/2018	$22.49
J8520	CAPECITABINE, ORAL, 150 MG	10/1/2017	$0.00
J8521	CAPECITABINE, ORAL, 500 MG	10/1/2017	$0.00
J8530	CYCLOPHOSPHAMIDE; ORAL, 25 MG	10/1/2012	$0.00
J8540	DEXAMETHASONE, ORAL, 0.25 MG	10/1/2012	$0.00
J8560	ETOPOSIDE; ORAL, 50 MG	10/1/2018	$70.47
J8562	FLUDARABINE PHOSPHATE, ORAL, 10 MG	10/1/2014	$0.00
J8600	MELPHALAN; ORAL, 2 MG	10/1/2012	$0.00
J8610	METHOTREXATE; ORAL, 2.5 MG	10/1/2012	$0.00
J8650	NABILONE, ORAL, 1 MG	10/1/2017	$36.29
J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG	10/1/2018	$435.55
J8670	ROLAPITANT, ORAL, 1 MG	10/1/2018	$2.19
J8700	TEMOZOLOMIDE, ORAL, 5 MG	10/1/2018	$1.77
J8705	TOPOTECAN, ORAL, 0.25 MG	10/1/2018	$98.45
J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	10/1/2012	$0.00
J9015	INJECTION, ALDESLEUKIN, PER SINGLE USE VIAL	10/1/2018	$3,418.46
J9017	INJECTION, ARSENIC TRIOXIDE, 1 MG	10/1/2018	$67.77
J9019	INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU	10/1/2018	$382.60
J9020	INJECTION, ASPARAGINASE, NOT OTHERWISE SPECIFIED, 10,000 UNITS	10/1/2016	$0.00
J9022	INJECTION, ATEZOLIZUMAB, 10 MG	10/1/2018	$71.86
J9023	INJECTION, AVELUMAB, 10 MG	10/1/2018	$75.47
J9025	INJECTION, AZACITIDINE, 1 MG	10/1/2018	$1.58
J9027	INJECTION, CLOFARABINE, 1 MG	10/1/2018	$142.46
J9031	BCG (INTRAVESICAL) PER INSTILLATION	10/1/2018	$124.69
J9032	INJECTION, BELINOSTAT, 10 MG	10/1/2018	$33.45
J9033	INJECTION, BENDAMUSTINE HCL (TREANDA), 1 MG	10/1/2018	$27.73
J9034	INJECTION, BENDAMUSTINE HCL (BENDEKA), 1 MG	10/1/2018	$22.58
J9035	INJECTION, BEVACIZUMAB, 10 MG	10/1/2018	$71.42
J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM	10/1/2018	$98.26
J9040	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	10/1/2012	$0.00
J9041	INJECTION, BORTEZOMIB, 0.1 MG	10/1/2018	$44.53
J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	10/1/2018	$132.42
J9043	INJECTION, CABAZITAXEL, 1 MG	10/1/2018	$151.15

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
J9045	INJECTION, CARBOPLATIN, 50 MG	10/1/2012	$0.00
J9047	INJECTION, CARFILZOMIB, 1 MG	10/1/2018	$31.50
J9050	INJECTION, CARMUSTINE, 100 MG	10/1/2018	$3,670.30
J9055	INJECTION, CETUXIMAB, 10 MG	10/1/2018	$54.74
J9060	INJECTION, CISPLATIN, POWDER OR S0LUTION, 10 MG	10/1/2012	$0.00
J9065	INJECTION, CLADRIBINE, PER 1 MG	10/1/2018	$19.63
J9070	CYCLOPHOSPHAMIDE, 100 MG	10/1/2018	$39.96
J9098	INJECTION, CYTARABINE LIPOSOME, 10 MG	10/1/2018	$609.59
J9100	INJECTION, CYTARABINE, 100 MG	10/1/2012	$0.00
J9120	INJECTION, DACTINOMYCIN, 0.5 MG	10/1/2018	$1,333.81
J9130	DACARBAZINE, 100 MG	10/1/2012	$0.00
J9145	INJECTION, DARATUMUMAB, 10 MG	10/1/2018	$46.69
J9150	INJECTION, DAUNORUBICIN, 10 MG	10/1/2018	$35.97
J9151	INJECTION, DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	10/1/2017	$231.61
J9155	INJECTION, DEGARELIX, 1 MG	10/1/2018	$3.46
J9160	INJECTION, DENILEUKIN DIFTITOX, 300 MICROGRAMS	10/1/2013	$1,563.87
J9165	INJECTION, DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG	10/1/2014	$11.64
J9171	INJECTION, DOCETAXEL, 1 MG	10/1/2018	$1.80
J9175	INJECTION, ELLIOTTS' B SOLUTION, 1 ML	10/1/2012	$0.00
J9176	INJECTION, ELOTUZUMAB, 1 MG	10/1/2018	$5.95
J9178	INJECTION, EPIRUBICIN HCL, 2 MG	10/1/2014	$0.00
J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	10/1/2018	$103.70
J9181	INJECTION, ETOPOSIDE, 10 MG	10/1/2012	$0.00
J9185	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	10/1/2018	$99.65
J9190	INJECTION, FLUOROURACIL, 500 MG	10/1/2012	$0.00
J9200	INJECTION, FLOXURIDINE, 500 MG	10/1/2018	$57.56
J9201	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	10/1/2014	$0.00
J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	10/1/2018	$333.95
J9203	INJECTION, GEMTUZUMAB OZOGAMICIN, 0.1 MG	10/1/2018	$183.50
J9205	INJECTION, IRINOTECAN LIPOSOME, 1 MG	10/1/2018	$39.07
J9206	INJECTION, IRINOTECAN, 20 MG	10/1/2013	$0.00
J9207	INJECTION, IXABEPILONE, 1 MG	10/1/2018	$70.40
J9208	INJECTION, IFOSFAMIDE, 1 GRAM	10/1/2018	$26.67
J9209	INJECTION, MESNA, 200 MG	10/1/2012	$0.00

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
J9211	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	10/1/2018	$37.50
J9212	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	10/1/2014	$0.00
J9213	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	10/1/2018	$30.62
J9214	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	10/1/2018	$30.12
J9215	INJECTION, INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU	10/1/2015	$0.00
J9216	INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS	10/1/2018	$5,992.72
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	10/1/2018	$199.22
J9218	LEUPROLIDE ACETATE, PER 1 MG	10/1/2018	$24.67
J9219	LEUPROLIDE ACETATE IMPLANT, 65 MG	10/1/2017	$160.06
J9225	HISTRELIN IMPLANT (VANTAS), 50 MG	10/1/2018	$3,119.91
J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	10/1/2018	$27,553.49
J9228	INJECTION, IPILIMUMAB, 1 MG	10/1/2018	$139.44
J9230	INJECTION, MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	10/1/2018	$277.86
J9245	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	10/1/2018	$1,300.99
J9250	METHOTREXATE SODIUM, 5 MG	10/1/2012	$0.00
J9260	METHOTREXATE SODIUM, 50 MG	10/1/2012	$0.00
J9261	INJECTION, NELARABINE, 50 MG	10/1/2018	$144.08
J9262	INJECTION, OMACETAXINE MEPESUCCINATE 0.01 MG	10/1/2018	$2.71
J9263	INJECTION, OXALIPLATIN, 0.5 MG	10/1/2018	$0.26
J9264	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	10/1/2018	$10.24
J9266	INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL	10/1/2018	$13,212.20
J9267	INJECTION, PACLITAXEL, 1 MG	1/1/2015	$0.00
J9268	INJECTION, PENTOSTATIN, 10 MG	10/1/2018	$1,901.20
J9270	INJECTION, PLICAMYCIN, 2.5 MG	10/1/2012	$0.00
J9271	INJECTION, PEMBROLIZUMAB, 1 MG	10/1/2018	$45.57
J9280	INJECTION, MITOMYCIN, 5 MG	10/1/2018	$126.97
J9285	INJECTION, OLARATUMAB, 10 MG	10/1/2018	$47.45
J9293	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	10/1/2018	$37.03
J9295	INJECTION, NECITUMUMAB, 1 MG	10/1/2018	$5.03
J9299	INJECTION, NIVOLUMAB, 1 MG	10/1/2018	$25.46
J9301	INJECTION, OBINUTUZUMAB, 10 MG	10/1/2018	$55.99
J9302	INJECTION, OFATUMUMAB, 10 MG	10/1/2018	$52.16
J9303	INJECTION, PANITUMUMAB, 10 MG	10/1/2018	$104.77
J9305	INJECTION, PEMETREXED, 10 MG	10/1/2018	$61.73

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
J9306	INJECTION, PERTUZUMAB, 1 MG	10/1/2018	$10.60
J9307	INJECTION, PRALATREXATE, 1 MG	10/1/2018	$235.57
J9308	INJECTION, RAMUCIRUMAB, 5 MG	10/1/2018	$53.70
J9310	INJECTION, RITUXIMAB, 100 MG	10/1/2018	$805.99
J9315	INJECTION, ROMIDEPSIN, 1 MG	10/1/2018	$312.39
J9320	INJECTION, STREPTOZOCIN, 1 GRAM	10/1/2018	$306.59
J9325	INJECTION, TALIMOGENE LAHERPAREPVEC, PER 1 MILLION PLAQUE FORMING UNITS	10/1/2018	$44.85
J9328	INJECTION, TEMOZOLOMIDE, 1 MG	10/1/2018	$9.22
J9330	INJECTION, TEMSIROLIMUS, 1 MG	10/1/2018	$66.98
J9340	INJECTION, THIOTEPA, 15 MG	10/1/2018	$787.46
J9351	INJECTION, TOPOTECAN, 0.1 MG	10/1/2018	$1.20
J9352	INJECTION, TRABECTEDIN, 0.1 MG	10/1/2018	$274.71
J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	10/1/2018	$28.32
J9355	INJECTION, TRASTUZUMAB, 10 MG	10/1/2018	$92.91
J9357	INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG	10/1/2018	$1,138.63
J9360	INJECTION, VINBLASTINE SULFATE, 1 MG	10/1/2012	$0.00
J9370	VINCRISTINE SULFATE, 1 MG	10/1/2012	$0.00
J9371	INJECTION, VINCRISTINE SULFATE LIPOSOME, 1 MG	10/1/2018	$2,566.69
J9390	INJECTION, VINORELBINE TARTRATE, 10 MG	10/1/2013	$0.00
J9395	INJECTION, FULVESTRANT, 25 MG	10/1/2018	$91.93
J9400	INJECTION, ZIV-AFLIBERCEPT, 1 MG	10/1/2018	$7.74
J9600	INJECTION, PORFIMER SODIUM, 75 MG	10/1/2018	$20,158.59
J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	10/1/2012	$0.00
L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	10/1/2012	$0.00
L8603	INJECTABLE BULKING AGENT, COLLAGEN IMPLANT, URINARY TRACT, 2.5 ML SYRINGE,	10/1/2012	$0.00
L8604	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, URINARY	10/1/2012	$0.00
L8605	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, ANAL CA	10/1/2017	$0.00
L8606	INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT, 1 ML SYRINGE,	10/1/2012	$0.00
L8607	INJECTABLE BULKING AGENT FOR VOCAL CORD MEDIALIZATION, 0.1 ML, INCLUDES SHIPPING	10/1/2017	$0.00
L8609	ARTIFICIAL CORNEA	10/1/2012	$0.00
L8610	OCULAR IMPLANT	10/1/2012	$0.00
L8612	AQUEOUS SHUNT	10/1/2012	$0.00
L8613	OSSICULA IMPLANT	10/1/2012	$0.00
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	10/1/2012	$0.00

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L8630	METACARPOPHALANGEAL JOINT IMPLANT	10/1/2012	$0.00
L8631	METACARPAL PHALANGEAL JOINT REPLACEMENT, TWO OR MORE PIECES, METAL (E.G.,	10/1/2012	$0.00
L8641	METATARSAL JOINT IMPLANT	10/1/2012	$0.00
L8642	HALLUX IMPLANT	10/1/2012	$0.00
L8658	INTERPHALANGEAL JOINT SPACER, SILICONE OR EQUAL, EACH	10/1/2012	$0.00
L8659	INTERPHALANGEAL FINGER JOINT REPLACEMENT, 2 OR MORE PIECES, METAL (E.G.,	10/1/2012	$0.00
L8670	VASCULAR GRAFT MATERIAL, SYNTHETIC, IMPLANT	10/1/2012	$0.00
L8679	IMPLANTABLE NEUROSTIMULATOR, PULSE GENERATOR, ANY TYPE	10/1/2017	$0.00
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE (WITH ANY NUMBER OF CONTACT POINTS), EACH	10/1/2014	$79.06
L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	10/1/2012	$0.00
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	10/1/2012	$0.00
L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED	10/1/2012	$0.00
L9900	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER	10/1/2013	$0.00
P9041	INFUSION, ALBUMIN (HUMAN), 5%, 50 ML	10/1/2018	$11.21
P9045	INFUSION, ALBUMIN (HUMAN), 5%, 250 ML	10/1/2018	$51.98
P9046	INFUSION, ALBUMIN (HUMAN), 25%, 20 ML	10/1/2018	$21.37
P9047	INFUSION, ALBUMIN (HUMAN), 25%, 50 ML	10/1/2018	$50.77
Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD	10/1/2018	$0.86
Q0139	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD	10/1/2018	$0.86
Q0161	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	1/1/2014	$0.00
Q0162	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMP	10/1/2012	$0.00
Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION	10/1/2012	$0.00
Q0164	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	10/1/2012	$0.00
Q0166	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	10/1/2012	$0.00
Q0167	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A	10/1/2012	$0.00
Q0169	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION	10/1/2012	$0.00
Q0173	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION	10/1/2012	$0.00
Q0174	THIETHYLPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	10/1/2013	$0.00
Q0175	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A	10/1/2012	$0.00
Q0177	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR	10/1/2012	$0.00
Q0180	DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR	10/1/2012	$0.00
Q0181	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS	10/1/2014	$0.00
Q0507	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN EXTERNAL VENTRICULAR ASSIST D	1/1/2014	$0.00
Q0508	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED VENTRICULAR ASSIST D	1/1/2014	$0.00

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
Q0509	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE ANY IMPLANTED VENTRICULAR ASSIST DEVIC	1/1/2014	$0.00
Q0515	INJECTION, SERMORELIN ACETATE, 1 MICROGRAM	10/1/2014	$1.62
Q2004	IRRIGATION SOLUTION FOR TREATMENT OF BLADDER CALCULI, FOR EXAMPLE RENACIDIN,	10/1/2012	$0.00
Q2009	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	10/1/2018	$4.72
Q2017	INJECTION, TENIPOSIDE, 50 MG	10/1/2018	$2,513.42
Q2034	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, FOR INTRAMUSCULAR USE (AGRIFLU)	1/1/2014	$0.00
Q2040	TISAGENLECLEUCEL, UP TO 250 MILLION CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKA	10/1/2018	$478,325.00
Q2043	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM	10/1/2018	$38,418.16
Q2049	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPOSOMAL, IMPORTED, 1	10/1/2018	$483.01
Q2050	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWI	10/1/2018	$356.18
Q3027	INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE	10/1/2018	$47.60
Q3031	COLLAGEN SKIN TEST	10/1/2013	$0.00
Q4100	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	10/1/2012	$0.00
Q4101	APLIGRAF, PER SQUARE CENTIMETER	10/1/2014	$0.00
Q4102	OASIS WOUND MATRIX, PER SQUARE CENTIMETER	10/1/2014	$0.00
Q4103	OASIS BURN MATRIX, PER SQUARE CENTIMETER	10/1/2014	$0.00
Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQUARE CENTIMETER	10/1/2014	$0.00
Q4105	INTEGRA DERMAL REGENERATION TEMPLATE (DRT) OR INTEGRA OMNIGRAFT DERMAL REGENERAT	10/1/2014	$0.00
Q4106	DERMAGRAFT, PER SQUARE CENTIMETER	10/1/2014	$0.00
Q4107	GRAFTJACKET, PER SQUARE CENTIMETER	10/1/2014	$0.00
Q4108	INTEGRA MATRIX, PER SQUARE CENTIMETER	10/1/2014	$0.00
Q4110	PRIMATRIX, PER SQUARE CENTIMETER	10/1/2014	$0.00
Q4111	GAMMAGRAFT, PER SQUARE CENTIMETER	10/1/2014	$0.00
Q4112	CYMETRA, INJECTABLE, 1CC	10/1/2014	$0.00
Q4113	GRAFTJACKET XPRESS, INJECTABLE, 1CC	10/1/2014	$0.00
Q4114	INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC	10/1/2014	$0.00
Q4115	ALLOSKIN, PER SQUARE CENTIMETER	10/1/2014	$0.00
Q4116	ALLODERM, PER SQUARE CENTIMETER	10/1/2014	$0.00
Q4117	HYALOMATRIX, PER SQUARE CENTIMETER	10/1/2015	$0.00
Q4118	MATRISTEM MICROMATRIX, 1 MG	10/1/2014	$0.00
Q4119	MATRISTEM WOUND MATRIX, PER SQUARE CENTIMETER	10/1/2014	$0.00
Q4120	MATRISTEM BURN MATRIX, PER SQUARE CENTIMETER	10/1/2015	$0.00
Q4121	THERASKIN, PER SQUARE CENTIMETER	10/1/2017	$0.00
Q4122	DERMACELL, PER SQUARE CENTIMETER	10/1/2016	$0.00

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Q4123	ALLOSKIN RT, PER SQUARE CENTIMETER	10/1/2014	$0.00
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX, PER SQUARE CENTIMETER	10/1/2014	$0.00
Q4125	ARTHROFLEX, PER SQUARE CENTIMETER	10/1/2014	$0.00
Q4126	MEMODERM, DERMASPAN, TRANZGRAFT OR INTEGUPLY, PER SQUARE CENTIMETER	10/1/2015	$0.00
Q4127	TALYMED, PER SQUARE CENTIMETER	10/1/2016	$0.00
Q4128	FLEX HD, ALLOPATCH HD, OR MATRIX HD, PER SQUARE CENTIMETER	10/1/2014	$0.00
Q4129	UNITE BIOMATRIX, PER SQUARE CENTIMETER	10/1/2015	$0.00
Q4130	STRATTICE TM, PER SQUARE CENTIMETER	10/1/2012	$0.00
Q4131	EPIFIX OR EPICORD, PER SQUARE CENTIMETER	10/1/2015	$0.00
Q4132	GRAFIX CORE AND GRAFIXPL CORE, PER SQUARE CENTIMETER	10/1/2015	$0.00
Q4133	GRAFIX PRIME AND GRAFIXPL PRIME, PER SQUARE CENTIMETER	10/1/2015	$0.00
Q4134	HMATRIX, PER SQUARE CENTIMER	10/1/2015	$0.00
Q4135	MEDISKIN, PER SQUARE CENTIMETER	10/1/2015	$0.00
Q4136	EZ-DERM, PER SQUARE CENTIMETER	10/1/2015	$0.00
Q4137	AMNIOEXCEL OR BIODEXCEL, PER SQ CM	1/1/2014	$0.00
Q4138	BIODFENCE DRYFLEX, PER SQ CM	1/1/2014	$0.00
Q4139	AMNIOMATRIX OR BIODMATRIX, INJECTABLE, 1CC	1/1/2014	$0.00
Q4140	BIODFENCE, PER SQ CM	1/1/2014	$0.00
Q4141	ALLOSKIN AC, PER SQ CM	1/1/2014	$0.00
Q4142	XCM BIOLOGIC TISSUE MATRIX, PER SQUARE CENTIMETER	1/1/2014	$0.00
Q4143	REPRIZA, PER SQUARE CENTIMETER	1/1/2014	$0.00
Q4145	EPIFIX, INJECTABLE, 1 MG	1/1/2014	$0.00
Q4146	TENSIXTM ACELLULAR DERMAL MATRIX, PER SQ CM	1/1/2014	$0.00
Q4147	ARCHITECT, ARCHITECT PX, OR ARCHITECT FX, EXTRACELLULAR MATRIX, PER SQUARE CENTI	1/1/2014	$0.00
Q4148	NEOX CORD 1K, NEOX CORD RT, OR CLARIX CORD 1K, PER SQUARE CENTIMETER	1/1/2014	$0.00
Q4149	EXCELLAGEN, 0.1 CC	1/1/2014	$0.00
Q4150	ALLOWRAP DS OR DRY, PER SQUARE CENTIMETER	1/1/2015	$0.00
Q4151	AMNIOBAND OR GUARDIAN, PER SQUARE CENTIMETER	1/1/2015	$0.00
Q4152	DERMAPURE, PER SQUARE CENTIMETER	1/1/2015	$0.00
Q4153	DERMAVEST AND PLURIVEST, PER SQUARE CENTIMETER	1/1/2015	$0.00
Q4154	BIOVANCE, PER SQUARE CENTIMETER	1/1/2015	$0.00
Q4155	NEOXFLO OR CLARIXFLO, 1 MG	1/1/2015	$0.00
Q4156	NEOX 100 OR CLARIX 100, PER SQUARE CENTIMETER	1/1/2015	$0.00
Q4157	REVITALON, PER SQUARE CENTIMETER	1/1/2015	$0.00

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
Q4158	KERECIS OMEGA3, PER SQUARE CENTIMETER	1/1/2015	$0.00
Q4159	AFFINITY, PER SQUARE CENTIMETER	1/1/2015	$0.00
Q4160	NUSHIELD, PER SQUARE CENTIMETER	1/1/2015	$0.00
Q4161	BIO-CONNEKT WOUND MATRIX, PER SQUARE CENTIMETER	10/1/2017	$0.00
Q4162	WOUNDEX FLOW, BIOSKIN FLOW, 0.5 CC	10/1/2017	$0.00
Q4163	WOUNDEX, BIOSKIN, PER SQUARE CENTIMETER	10/1/2017	$0.00
Q4164	HELICOLL, PER SQUARE CENTIMETER	10/1/2017	$0.00
Q4165	KERAMATRIX, PER SQUARE CENTIMETER	10/1/2017	$0.00
Q5101	INJECTION, FILGRASTIM (G-CSF) BIOSIMILAR, 1 MICROGRAM	10/1/2018	$0.67
Q9950	INJECTION, SULFUR HEXAFLUORIDE LIPID MICROSPHERES, PER ML	10/1/2018	$20.53
Q9951	LOW OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION PER ML	10/1/2012	$0.00
Q9953	INJECTION, IRON-BASED MAGNETIC RESONANCE CONTRAST AGENT PER ML	10/1/2012	$0.00
Q9954	ORAL MAGNETIC RESONANCE CONTRAST AGENT, PER ML	10/1/2012	$0.00
Q9955	INJECTION PERFLEXANE LIPID MICROSPHERES, PER ML (ULTRASOUND CONTRAST AGENT)	10/1/2012	$0.00
Q9956	INJECTION, OCTAFLOUROPROPANE MICROSPHERES, PER ML	10/1/2012	$0.00
Q9957	INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML	10/1/2012	$0.00
Q9958	HIGH OSMOLAR CONTRAST MATERIAL UP TO 149 MG/ML IODINE CONCENTRATION, PER ML	10/1/2012	$0.00
Q9959	HIGH OSMOLAR CONTRAST MATERIAL, 150-199 MG/ML IODINE CONC.	10/1/2012	$0.00
Q9960	HIGH OSMOLAR CONTRAST METERIAL, 200-249 MG/ML IODINE CONCECENTRATION PER ML	10/1/2012	$0.00
Q9961	HIGH OSMOLAR CONTRAST MATERIAL, 250-299 MG/ML IODINE CONCENTRATION, PER ML	10/1/2012	$0.00
Q9962	HIGH OSMOLAR CONTRAST METERIAL, 300-349 MG/ML IODINE CONCENTRATIONM PER ML	10/1/2012	$0.00
Q9963	HIGH OSMOLAR CONTRAST METERIAL, 350-399 MG/ML IODINE CONCENTRATION, PER ML	10/1/2012	$0.00
Q9964	HIGH OLMOLAR CONTRAST METERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION PER ML	10/1/2012	$0.00
Q9965	LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION, PER ML	10/1/2012	$0.00
Q9966	LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION, PER ML	10/1/2012	$0.00
Q9967	LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML	10/1/2012	$0.00
Q9968	INJECTION, NON-RADIOACTIVE, NON-CONTRAST, VISUALIZATION ADJUNCT (E.G., METHYLENE	10/1/2018	$3.84
Q9982	FLUTEMETAMOL F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	10/1/2018	$3,323.10
Q9983	FLORBETABEN F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 8.1 MILLICURIES	10/1/2018	$2,819.60
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	10/1/2017	$0.00
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D	10/1/2017	$0.00
V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12	10/1/2017	$0.00
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	10/1/2012	$0.00
V2631	IRIS SUPPORTED INTRAOCULAR LENS	10/1/2012	$0.00

Procedure Code	Procedure Code Description	Eff Date	FFS Rate
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	10/1/2012	$0.00
V2700	BALANCE LENS, PER LENS	10/1/2017	$0.00
V2755	U-V LENS, PER LENS	10/1/2017	$0.00
V2785	PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE	10/1/2011	CCR
V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROC	10/1/2012	$0.00

$5,715,932.01