

**** PROPOSED ****

**Arizona Health Care Cost Containment System
FFS Physician Fee Schedule Rates
Effective 10/01/2017**

Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
0001M	INFECTIOUS DISEASE, HCV, SIX BIOCHEMICAL ASSAYS (ALT, A2-MACROGLOBULIN, APOLIPOP	BR	BR	01/01/2015
0002M	LIVER DISEASE, TEN BIOCHEMICAL ASSAYS (ALT, A2-MACROGLOBULIN, APOLIPOPROTEIN A-1	BR	BR	01/01/2015
0003M	LIVER DISEASE, TEN BIOCHEMICAL ASSAYS (ALT, A2-MACROGLOBULIN, APOLIPOPROTEIN A-1	BR	BR	01/01/2015
0004M	SCOLIOSIS, DNA ANALYSIS OF 53 SINGLE NUCLEOTIDE POLYMORPHISMS (SNPS), USING SALI	BR	BR	01/01/2015
00100	ANESTHESIA FOR PROCEDURES ON SALIVARY GLANDS, INCLUDING BIOPSY	\$27.70	\$27.70	10/01/2011
00102	ANESTHESIA FOR PROCEDURES INVOLVING PLASTIC REPAIR OF CLEFT LIP	\$27.70	\$27.70	10/01/2011
00103	ANESTHESIA FOR RECONSTRUCTIVE PROCEDURES OF EYELID (EG, BLEPHAROPLASTY, PTOSIS	\$27.70	\$27.70	10/01/2011
00104	ANESTHESIA FOR ELECTROCONVULSIVE THERAPY	\$27.70	\$27.70	10/01/2011
00120	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOPSY;	\$27.70	\$27.70	10/01/2011
00124	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOPSY;	\$27.70	\$27.70	10/01/2011
00126	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOPSY;	\$27.70	\$27.70	10/01/2011
00140	ANESTHESIA FOR PROCEDURES ON EYE; NOT OTHERWISE SPECIFIED	\$27.70	\$27.70	10/01/2011
00142	ANESTHESIA FOR PROCEDURES ON EYE; LENS SURGERY	\$27.70	\$27.70	10/01/2011
00144	ANESTHESIA FOR PROCEDURES ON EYE; CORNEAL TRANSPLANT	\$27.70	\$27.70	10/01/2011
00145	ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY	\$27.70	\$27.70	10/01/2011
00147	ANESTHESIA FOR PROCEDURES ON EYE; IRIDECTOMY	\$27.70	\$27.70	10/01/2011
00148	ANESTHESIA FOR PROCEDURES ON EYE; OPHTHALMOSCOPY	\$27.70	\$27.70	10/01/2011
00160	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; NOT OTHERWISE SPECIFIED	\$27.70	\$27.70	10/01/2011
00162	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; RADICAL SURGERY	\$27.70	\$27.70	10/01/2011
00164	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; BIOPSY, SOFT TISSUE	\$27.70	\$27.70	10/01/2011
00170	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; NOT OTHERWISE SPECIFIED	\$27.70	\$27.70	10/01/2011
00172	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; REPAIR OF CLEFT PALATE	\$27.70	\$27.70	10/01/2011
00174	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; EXCISION OF	\$27.70	\$27.70	10/01/2011
00176	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; RADICAL SURGERY	\$27.70	\$27.70	10/01/2011
00190	ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; NOT OTHERWISE SPECIFIED	\$27.70	\$27.70	10/01/2011
00192	ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; RADICAL SURGERY (INCLUDING	\$27.70	\$27.70	10/01/2011
00210	ANESTHESIA FOR INTRACRANIAL PROCEDURES; NOT OTHERWISE SPECIFIED	\$27.70	\$27.70	10/01/2011
00211	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CRANIOTOMY OR CRANIECTOMY FOR EVACUATION	\$27.70	\$27.70	10/01/2011
00212	ANESTHESIA FOR INTRACRANIAL PROCEDURES; SUBDURAL TAPS	\$27.70	\$27.70	10/01/2011
00214	ANESTHESIA FOR INTRACRANIAL PROCEDURES; BURR HOLES, INCLUDING VENTRICULOGRAPHY	\$27.70	\$27.70	10/01/2011
00215	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CRANIOPLASTY OR ELEVATION OF DEPRESSED	\$27.70	\$27.70	10/01/2011
00216	ANESTHESIA FOR INTRACRANIAL PROCEDURES; VASCULAR PROCEDURES	\$27.70	\$27.70	10/01/2011
00218	ANESTHESIA FOR INTRACRANIAL PROCEDURES; PROCEDURES IN SITTING POSITION	\$27.70	\$27.70	10/01/2011
00220	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CEREBROSPINAL FLUID SHUNTING PROCEDURES	\$27.70	\$27.70	10/01/2011
00222	ANESTHESIA FOR INTRACRANIAL PROCEDURES; ELECTROCOAGULATION OF INTRACRANIAL NERVE	\$27.70	\$27.70	10/01/2011

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00300	ANESTHESIA FOR ALL PROCEDURES ON THE INTEGUMENTARY SYSTEM, MUSCLES AND NERVES OF	\$27.70	\$27.70	10/01/2011
00320	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX, TRACHEA AND	\$27.70	\$27.70	10/01/2011
00322	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX, TRACHEA AND	\$27.70	\$27.70	10/01/2011
00326	ANESTHESIA FOR ALL PROCEDURES ON THE LARYNX AND TRACHEA IN CHILDREN LESS THAN 1	\$27.70	\$27.70	10/01/2011
00350	ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; NOT OTHERWISE SPECIFIED	\$27.70	\$27.70	10/01/2011
00352	ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; SIMPLE LIGATION	\$27.70	\$27.70	10/01/2011
00400	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES, ANTERI	\$27.70	\$27.70	10/01/2011
00402	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	\$27.70	\$27.70	10/01/2011
00404	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	\$27.70	\$27.70	10/01/2011
00406	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	\$27.70	\$27.70	10/01/2011
00410	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	\$27.70	\$27.70	10/01/2011
00450	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; NOT OTHERWISE SPECIFIED	\$27.70	\$27.70	10/01/2011
00454	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; BIOPSY OF CLAVICLE	\$27.70	\$27.70	10/01/2011
00470	ANESTHESIA FOR PARTIAL RIB RESECTION; NOT OTHERWISE SPECIFIED	\$27.70	\$27.70	10/01/2011
00472	ANESTHESIA FOR PARTIAL RIB RESECTION; THORACOPLASTY (ANY TYPE)	\$27.70	\$27.70	10/01/2011
00474	ANESTHESIA FOR PARTIAL RIB RESECTION; RADICAL PROCEDURES (EG, PECTUS EXCAVATUM)	\$27.70	\$27.70	10/01/2011
00500	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS	\$27.70	\$27.70	10/01/2011
00520	ANESTHESIA FOR CLOSED CHEST PROCEDURES; (INCLUDING BRONCHOSCOPY) NOT OTHERWISE	\$27.70	\$27.70	10/01/2011
00522	ANESTHESIA FOR CLOSED CHEST PROCEDURES; NEEDLE BIOPSY OF PLEURA	\$27.70	\$27.70	10/01/2011
00524	ANESTHESIA FOR CLOSED CHEST PROCEDURES; PNEUMOCENTESIS	\$27.70	\$27.70	10/01/2011
00528	ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND DIAGNOSTIC	\$27.70	\$27.70	10/01/2011
00529	ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND DIAGNOSTIC	\$27.70	\$27.70	10/01/2011
00530	ANESTHESIA FOR PERMANENT TRANSVENOUS PACEMAKER INSERTION	\$27.70	\$27.70	10/01/2011
00532	ANESTHESIA FOR ACCESS TO CENTRAL VENOUS CIRCULATION	\$27.70	\$27.70	10/01/2011
00534	ANESTHESIA FOR TRANSVENOUS INSERTION OR REPLACEMENT OF PACING	\$27.70	\$27.70	10/01/2011
00537	ANESTHESIA FOR CARDIAC ELECTROPHYSIOLOGIC PROCEDURES INCLUDING RADIOFREQUENCY	\$27.70	\$27.70	10/01/2011
00539	ANESTHESIA FOR TRACHEOBRONCHIAL RECONSTRUCTION	\$27.70	\$27.70	10/01/2011
00540	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND	\$27.70	\$27.70	10/01/2011
00541	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND	\$27.70	\$27.70	10/01/2011
00542	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND	\$27.70	\$27.70	10/01/2011
00546	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND	\$27.70	\$27.70	10/01/2011
00548	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND	\$27.70	\$27.70	10/01/2011
0054T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WI	BR	BR	01/01/2009
00550	ANESTHESIA FOR STERNAL DEBRIDEMENT	\$27.70	\$27.70	10/01/2011
0055T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WI	BR	BR	01/01/2009

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00560	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF	\$27.70	\$27.70	10/01/2011
00561	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF	\$27.70	\$27.70	10/01/2011
00562	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF CHEST;	\$27.70	\$27.70	10/01/2011
00563	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF	\$27.70	\$27.70	10/01/2011
00566	ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING; WITHOUT PUMP OXYGENATOR	\$27.70	\$27.70	10/01/2011
00567	ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING; WITH PUMP OXYGENATOR	\$27.70	\$27.70	10/01/2011
00580	ANESTHESIA FOR HEART TRANSPLANT OR HEART/LUNG TRANSPLANT	\$27.70	\$27.70	10/01/2011
0058T	CRYOPRESERVATION; REPRODUCTIVE TISSUE, OVARIAN	BR	BR	01/01/2011
00600	ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; NOT OTHERWISE SPECIFIED	\$27.70	\$27.70	10/01/2011
00604	ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; PROCEDURES WITH PATIENT	\$27.70	\$27.70	10/01/2011
00620	ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD; NOT OTHERWISE SPECIFIED	\$27.70	\$27.70	10/01/2011
00625	ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD, VIA AN ANTERIOR TRANST	\$27.70	\$27.70	10/01/2011
00626	ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD, VIA AN ANTERIOR TRANST	\$27.70	\$27.70	10/01/2011
00630	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; NOT OTHERWISE SPECIFIED	\$27.70	\$27.70	10/01/2011
00632	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; LUMBAR SYMPATHECTOMY	\$27.70	\$27.70	10/01/2011
00635	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; DIAGNOSTIC OR THERAPEUTIC LUMBAR	\$27.70	\$27.70	10/01/2011
00640	ANESTHESIA FOR MANIPULATION OF THE SPINE OR FOR CLOSED PROCEDURES ON THE	\$27.70	\$27.70	10/01/2011
00670	ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES (EG, SPINAL	\$27.70	\$27.70	10/01/2011
00700	ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; NOT OTHERWISE SPECIF	\$27.70	\$27.70	10/01/2011
00702	ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; PERCUTANEOUS LIVER	\$27.70	\$27.70	10/01/2011
00730	ANESTHESIA FOR PROCEDURES ON UPPER POSTERIOR ABDOMINAL WALL	\$27.70	\$27.70	10/01/2011
00740	ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE	\$27.70	\$27.70	10/01/2011
00750	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOT OTHERWISE SPECIFIED	\$27.70	\$27.70	10/01/2011
00752	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; LUMBAR AND VENTRAL (INCISIONAL)	\$27.70	\$27.70	10/01/2011
00754	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; OMPHALOCELE	\$27.70	\$27.70	10/01/2011
00756	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; TRANSABDOMINAL REPAIR OF	\$27.70	\$27.70	10/01/2011
00770	ANESTHESIA FOR ALL PROCEDURES ON MAJOR ABDOMINAL BLOOD VESSELS	\$27.70	\$27.70	10/01/2011
00790	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	\$27.70	\$27.70	10/01/2011
00792	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	\$27.70	\$27.70	10/01/2011
00794	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	\$27.70	\$27.70	10/01/2011
00796	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	\$27.70	\$27.70	10/01/2011
00797	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	\$27.70	\$27.70	10/01/2011
00800	ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; NOT OTHERWISE SPECIF	\$27.70	\$27.70	10/01/2011
00802	ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; PANNICULECTOMY	\$27.70	\$27.70	10/01/2011
00810	ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE INTRODUCED	\$27.70	\$27.70	10/01/2011

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00820	ANESTHESIA FOR PROCEDURES ON LOWER POSTERIOR ABDOMINAL WALL	\$27.70	\$27.70	10/01/2011
00830	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; NOT OTHERWISE SPECIFIED	\$27.70	\$27.70	10/01/2011
00832	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; VENTRAL AND INCISIONAL HERNIAS	\$27.70	\$27.70	10/01/2011
00834	ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIED,	\$27.70	\$27.70	10/01/2011
00836	ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIED,	\$27.70	\$27.70	10/01/2011
00840	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$27.70	\$27.70	10/01/2011
00842	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$27.70	\$27.70	10/01/2011
00844	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$27.70	\$27.70	10/01/2011
00846	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$27.70	\$27.70	10/01/2011
00848	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$27.70	\$27.70	10/01/2011
00851	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$27.70	\$27.70	10/01/2011
00860	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	\$27.70	\$27.70	10/01/2011
00862	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	\$27.70	\$27.70	10/01/2011
00864	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	\$27.70	\$27.70	10/01/2011
00865	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	\$27.70	\$27.70	10/01/2011
00866	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	\$27.70	\$27.70	10/01/2011
00868	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	\$27.70	\$27.70	10/01/2011
00870	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	\$27.70	\$27.70	10/01/2011
00872	ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; WITH WATER BATH	\$27.70	\$27.70	10/01/2011
00873	ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; WITHOUT WATER BATH	\$27.70	\$27.70	10/01/2011
00880	ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; NOT OTHERWISE	\$27.70	\$27.70	10/01/2011
00882	ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; INFERIOR VENA CAVA	\$27.70	\$27.70	10/01/2011
00902	ANESTHESIA FOR; ANORECTAL PROCEDURE	\$27.70	\$27.70	10/01/2011
00904	ANESTHESIA FOR; RADICAL PERINEAL PROCEDURE	\$27.70	\$27.70	10/01/2011
00906	ANESTHESIA FOR; VULVECTOMY	\$27.70	\$27.70	10/01/2011
00908	ANESTHESIA FOR; PERINEAL PROSTATECTOMY	\$27.70	\$27.70	10/01/2011
00910	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); NOT	\$27.70	\$27.70	10/01/2011
00912	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);	\$27.70	\$27.70	10/01/2011
00914	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);	\$27.70	\$27.70	10/01/2011
00916	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);	\$27.70	\$27.70	10/01/2011
00918	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); WITH	\$27.70	\$27.70	10/01/2011
00920	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$27.70	\$27.70	10/01/2011
00921	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$27.70	\$27.70	10/01/2011
00922	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$27.70	\$27.70	10/01/2011
00924	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$27.70	\$27.70	10/01/2011

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00926	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$27.70	\$27.70	10/01/2011
00928	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$27.70	\$27.70	10/01/2011
00930	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$27.70	\$27.70	10/01/2011
00932	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$27.70	\$27.70	10/01/2011
00934	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$27.70	\$27.70	10/01/2011
00936	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$27.70	\$27.70	10/01/2011
00940	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	\$27.70	\$27.70	10/01/2011
00942	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	\$27.70	\$27.70	10/01/2011
00944	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	\$27.70	\$27.70	10/01/2011
00948	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	\$27.70	\$27.70	10/01/2011
00950	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	\$27.70	\$27.70	10/01/2011
00952	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	\$27.70	\$27.70	10/01/2011
0095T	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH AD	BR	BR	07/01/2005
0098T	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANT	BR	BR	07/01/2005
01112	ANESTHESIA FOR BONE MARROW ASPIRATION AND/OR BIOPSY, ANTERIOR OR POSTERIOR ILIAC	\$27.70	\$27.70	10/01/2011
01120	ANESTHESIA FOR PROCEDURES ON BONY PELVIS	\$27.70	\$27.70	10/01/2011
01130	ANESTHESIA FOR BODY CAST APPLICATION OR REVISION	\$27.70	\$27.70	10/01/2011
01140	ANESTHESIA FOR INTERPELVIABDOMINAL (HINDQUARTER) AMPUTATION	\$27.70	\$27.70	10/01/2011
01150	ANESTHESIA FOR RADICAL PROCEDURES FOR TUMOR OF PELVIS, EXCEPT HINDQUARTER	\$27.70	\$27.70	10/01/2011
01160	ANESTHESIA FOR CLOSED PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JOINT	\$27.70	\$27.70	10/01/2011
01170	ANESTHESIA FOR OPEN PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JOINT	\$27.70	\$27.70	10/01/2011
01173	ANESTHESIA FOR OPEN REPAIR OF FRACTURE DISRUPTION OF PELVIS OR COLUMN FRACTURE	\$27.70	\$27.70	10/01/2011
01180	ANESTHESIA FOR OBTURATOR NEURECTOMY; EXTRAPELVIC	\$27.70	\$27.70	10/01/2011
01190	ANESTHESIA FOR OBTURATOR NEURECTOMY; INTRAPELVIC	\$27.70	\$27.70	10/01/2011
01200	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING HIP JOINT	\$27.70	\$27.70	10/01/2011
01202	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF HIP JOINT	\$27.70	\$27.70	10/01/2011
01210	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; NOT OTHERWISE SPECIFIED	\$27.70	\$27.70	10/01/2011
01212	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; HIP DISARTICULATION	\$27.70	\$27.70	10/01/2011
01214	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; TOTAL HIP ARTHROPLASTY	\$27.70	\$27.70	10/01/2011
01215	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; REVISION OF TOTAL HIP	\$27.70	\$27.70	10/01/2011
01220	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING UPPER 2/3 OF FEMUR	\$27.70	\$27.70	10/01/2011
01230	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; NOT OTHERWISE	\$27.70	\$27.70	10/01/2011
01232	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; AMPUTATION	\$27.70	\$27.70	10/01/2011
01234	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; RADICAL RESECTION	\$27.70	\$27.70	10/01/2011
01250	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE	\$27.70	\$27.70	10/01/2011

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
01260	ANESTHESIA FOR ALL PROCEDURES INVOLVING VEINS OF UPPER LEG, INCLUDING	\$27.70	\$27.70	10/01/2011
01270	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS	\$27.70	\$27.70	10/01/2011
01272	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS	\$27.70	\$27.70	10/01/2011
01274	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS	\$27.70	\$27.70	10/01/2011
01320	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	\$27.70	\$27.70	10/01/2011
01340	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER 1/3 OF FEMUR	\$27.70	\$27.70	10/01/2011
01360	ANESTHESIA FOR ALL OPEN PROCEDURES ON LOWER 1/3 OF FEMUR	\$27.70	\$27.70	10/01/2011
01380	ANESTHESIA FOR ALL CLOSED PROCEDURES ON KNEE JOINT	\$27.70	\$27.70	10/01/2011
01382	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF KNEE JOINT	\$27.70	\$27.70	10/01/2011
01390	ANESTHESIA FOR ALL CLOSED PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND/OR	\$27.70	\$27.70	10/01/2011
01392	ANESTHESIA FOR ALL OPEN PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND/OR	\$27.70	\$27.70	10/01/2011
01400	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; NOT	\$27.70	\$27.70	10/01/2011
01402	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; TOTAL	\$27.70	\$27.70	10/01/2011
01404	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT;	\$27.70	\$27.70	10/01/2011
01420	ANESTHESIA FOR ALL CAST APPLICATIONS, REMOVAL, OR REPAIR INVOLVING KNEE JOINT	\$27.70	\$27.70	10/01/2011
01430	ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; NOT OTHERWISE	\$27.70	\$27.70	10/01/2011
01432	ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; ARTERIOVENOUS	\$27.70	\$27.70	10/01/2011
01440	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; NOT OTHERWISE	\$27.70	\$27.70	10/01/2011
01442	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEAL	\$27.70	\$27.70	10/01/2011
01444	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEAL	\$27.70	\$27.70	10/01/2011
01462	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER LEG, ANKLE, AND FOOT	\$27.70	\$27.70	10/01/2011
01464	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF ANKLE AND/OR FOOT	\$27.70	\$27.70	10/01/2011
01470	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER LEG,	\$27.70	\$27.70	10/01/2011
01472	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER LEG,	\$27.70	\$27.70	10/01/2011
01474	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER LEG,	\$27.70	\$27.70	10/01/2011
01480	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; NOT	\$27.70	\$27.70	10/01/2011
01482	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; RADICAL	\$27.70	\$27.70	10/01/2011
01484	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT;	\$27.70	\$27.70	10/01/2011
01486	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; TOTAL	\$27.70	\$27.70	10/01/2011
01490	ANESTHESIA FOR LOWER LEG CAST APPLICATION, REMOVAL, OR REPAIR	\$27.70	\$27.70	10/01/2011
01500	ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDING BYPASS GRAFT; NOT	\$27.70	\$27.70	10/01/2011
01502	ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDING BYPASS GRAFT;	\$27.70	\$27.70	10/01/2011
01520	ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; NOT OTHERWISE SPECIFIED	\$27.70	\$27.70	10/01/2011
01522	ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; VENOUS THROMBECTOMY, DIRECT OR	\$27.70	\$27.70	10/01/2011
01610	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	\$27.70	\$27.70	10/01/2011

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
01620	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR	\$27.70	\$27.70	10/01/2011
01622	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF SHOULDER JOINT	\$27.70	\$27.70	10/01/2011
01630	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND	\$27.70	\$27.70	10/01/2011
01634	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND	\$27.70	\$27.70	10/01/2011
01636	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND	\$27.70	\$27.70	10/01/2011
01638	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND	\$27.70	\$27.70	10/01/2011
0163T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTO	BR	BR	01/01/2007
0164T	REMOVAL OF TOTAL DISC ARTHROPLASTY, (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH A	BR	BR	01/01/2007
01650	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; NOT OTHERWISE	\$27.70	\$27.70	10/01/2011
01652	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; AXILLARY-BRACHIAL	\$27.70	\$27.70	10/01/2011
01654	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; BYPASS GRAFT	\$27.70	\$27.70	10/01/2011
01656	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; AXILLARY-FEMORAL	\$27.70	\$27.70	10/01/2011
0165T	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANT	BR	BR	01/01/2007
01670	ANESTHESIA FOR ALL PROCEDURES ON VEINS OF SHOULDER AND AXILLA	\$27.70	\$27.70	10/01/2011
01680	ANESTHESIA FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; NOT OTHERWISE	\$27.70	\$27.70	10/01/2011
01682	ANESTHESIA FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; SHOULDER SPICA	\$27.70	\$27.70	10/01/2011
01710	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF UPP	\$27.70	\$27.70	10/01/2011
01712	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	\$27.70	\$27.70	10/01/2011
01714	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	\$27.70	\$27.70	10/01/2011
01716	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	\$27.70	\$27.70	10/01/2011
01730	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERUS AND ELBOW	\$27.70	\$27.70	10/01/2011
01732	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF ELBOW JOINT	\$27.70	\$27.70	10/01/2011
01740	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; NOT	\$27.70	\$27.70	10/01/2011
01742	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; OSTEOTOMY	\$27.70	\$27.70	10/01/2011
01744	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; REPAIR OF	\$27.70	\$27.70	10/01/2011
01756	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; RADICAL	\$27.70	\$27.70	10/01/2011
01758	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; EXCISION	\$27.70	\$27.70	10/01/2011
01760	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; TOTAL	\$27.70	\$27.70	10/01/2011
01770	ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; NOT OTHERWISE	\$27.70	\$27.70	10/01/2011
01772	ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; EMBOLECTOMY	\$27.70	\$27.70	10/01/2011
01780	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; NOT OTHERWISE	\$27.70	\$27.70	10/01/2011
01782	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; PHLEBORRHAPHY	\$27.70	\$27.70	10/01/2011
01810	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	\$27.70	\$27.70	10/01/2011
01820	ANESTHESIA FOR ALL CLOSED PROCEDURES ON RADIUS, ULNA, WRIST, OR HAND BONES	\$27.70	\$27.70	10/01/2011
01829	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES ON THE WRIST	\$27.70	\$27.70	10/01/2011

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01830	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON DISTAL	\$27.70	\$27.70	10/01/2011
01832	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON DISTAL	\$27.70	\$27.70	10/01/2011
01840	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND; NOT	\$27.70	\$27.70	10/01/2011
01842	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND; EMBOLECTOMY	\$27.70	\$27.70	10/01/2011
01844	ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY TYPE (EG, DIALYSIS)	\$27.70	\$27.70	10/01/2011
0184T	EXCISION OF RECTAL TUMOR, TRANSANAL ENDOSCOPIC MICROSURGICAL APPROACH (IE, TEMS)	\$619.22	\$619.22	10/01/2017
01850	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; NOT OTHERWISE	\$27.70	\$27.70	10/01/2011
01852	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; PHLEBORRHAPHY	\$27.70	\$27.70	10/01/2011
01860	ANESTHESIA FOR FOREARM, WRIST, OR HAND CAST APPLICATION, REMOVAL, OR REPAIR	\$27.70	\$27.70	10/01/2011
0190T	PLACEMENT OF INTRAOCULAR RADIATION SRC APPLICATOR (LIST SEP IN ADD TO PRIM PROC)	BR	BR	07/01/2008
01916	ANESTHESIA FOR DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPHY	\$27.70	\$27.70	10/01/2011
0191T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESER	\$780.11	\$780.11	10/01/2017
01920	ANESTHESIA FOR CARDIAC CATHETERIZATION INCLUDING CORONARY ANGIOGRAPHY AND	\$27.70	\$27.70	10/01/2011
01922	ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THERAPY	\$27.70	\$27.70	10/01/2011
01924	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	\$27.70	\$27.70	10/01/2011
01925	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	\$27.70	\$27.70	10/01/2011
01926	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	\$27.70	\$27.70	10/01/2011
01930	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	\$27.70	\$27.70	10/01/2011
01931	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGICAL PROCEDURES INVOLVING THE	\$27.70	\$27.70	10/01/2011
01932	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	\$27.70	\$27.70	10/01/2011
01933	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	\$27.70	\$27.70	10/01/2011
01935	ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL CORD	\$27.70	\$27.70	10/01/2011
01936	ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL CORD	\$27.70	\$27.70	10/01/2011
01951	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR WITH	\$27.70	\$27.70	10/01/2011
01952	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR	\$27.70	\$27.70	10/01/2011
01953	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR	\$27.70	\$27.70	10/01/2011
01958	ANESTHESIA FOR EXTERNAL CEPHALIC VERSION PROCEDURE	\$27.70	\$27.70	10/01/2011
01960	ANESTHESIA FOR VAGINAL DELIVERY ONLY	\$27.70	\$27.70	10/01/2011
01961	ANESTHESIA FOR CESAREAN DELIVERY ONLY	\$27.70	\$27.70	10/01/2011
01962	ANESTHESIA FOR URGENT HYSTERECTOMY FOLLOWING DELIVERY	\$27.70	\$27.70	10/01/2011
01963	ANESTHESIA FOR CESAREAN REMOVAL OF UTERUS	\$27.70	\$27.70	10/01/2011
01965	ANESTHESIA FOR INCOMPLETE OR MISSED ABORTION PROCEDURES	\$27.70	\$27.70	10/01/2011
01966	ANESTHESIA FOR INDUCED ABORTION PROCEDURES	\$27.70	\$27.70	10/01/2011
01967	NEURAXIAL LABOR ANALGESIA/ANESTHESIA FOR PLANNED VAGINAL DELIVERY (THIS	\$27.70	\$27.70	10/01/2011
01968	ANESTHESIA FOR CESAREAN DELIVERY FOLLOWING NEURAXIAL LABOR ANALGESIA/ANESTHESIA	\$27.70	\$27.70	10/01/2011

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01969	ANESTHESIA FOR CESAREAN HYSTERECTOMY FOLLOWING NEURAXIAL LABOR	\$27.70	\$27.70	10/01/2011
01991	ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN BLOCK	\$27.70	\$27.70	10/01/2011
01992	ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN BLOCK	\$27.70	\$27.70	10/01/2011
01996	DAILY HOSPITAL MANAGEMENT OF EPIDURAL OR SUBARACHNOID CONTINUOUS DRUG	\$27.70	\$27.70	10/01/2011
01999	UNLISTED ANESTHESIA PROCEDURE(S)	\$27.70	\$27.70	10/01/2011
0213T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$162.85	\$162.85	10/01/2017
0214T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$81.89	\$81.89	10/01/2017
0215T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$82.86	\$82.86	10/01/2017
0216T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$145.18	\$145.18	10/01/2017
0217T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$74.47	\$74.47	10/01/2017
0218T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$75.44	\$75.44	10/01/2017
0234T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICA	BR	BR	01/01/2011
0235T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICA	BR	BR	01/01/2011
0236T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICA	BR	BR	01/01/2011
0237T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICA	BR	BR	01/01/2011
0238T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICA	BR	BR	01/01/2011
0249T	LIGATION, HEMORRHOIDAL VASCULAR BUNDLE(S), INCLUDING ULTRASOUND GUIDANCE	BR	BR	01/01/2011
0253T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESER	BR	BR	01/01/2011
0254T	ENDOVASCULAR REPAIR OF ILIAC ARTERY BIFURCATION (EG, ANEURYSM, PSEUDOANEURYSM, A	BR	BR	01/01/2011
0255T	ENDOVASCULAR REPAIR OF ILICAC ARTERY BIFURCATION (EG, ANEURYSM, PSEUDOANEURYSM,	BR	BR	01/01/2011
0340T	ABLATION, PULMONARY TUMOR(S), INCLUDING PLEURA OR CHEST WALL WHEN INVOLVED BY TU	BR	BR	01/01/2014
0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEAL	BR	BR	07/01/2014
0360T	OBSERVATIONAL BEHAVIORAL FOLLOW-UP ASSESSMENT, INCLUDES PHYSICIAN OR OTHER Q	BR	BR	07/01/2014
0361T	OBSERVATIONAL BEHAVIORAL FOLLOW-UP ASSESSMENT, INCLUDES PHYSICIAN OR OTHER Q	BR	BR	07/01/2014
0362T	EXPOSURE BEHAVIORAL FOLLOW-UP ASSESSMENT, INCLUDES PHYSICIANOR OTHER QUALIFIED H	BR	BR	07/01/2014
0363T	EXPOSURE BEHAVIORAL FOLLOW-UP ASSESSMENT, INCLUDES PHYSICIANOR OTHER QUALIFIED H	BR	BR	07/01/2014
0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-	BR	BR	07/01/2014
0365T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-	BR	BR	07/01/2014
0366T	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-	BR	BR	07/01/2014
0367T	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-	BR	BR	07/01/2014
0368T	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION ADMINISTERED BY PHYS	BR	BR	07/01/2014
0369T	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION ADMINISTERED BY PHYS	BR	BR	07/01/2014
0370T	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BYPHYSICIAN OR OTHER Q	BR	BR	07/01/2014
0371T	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYS	BR	BR	07/01/2014
0372T	ADAPTIVE BEHAVIOR TREATMENT SOCIAL SKILLS GROUP, ADMINISTERED BY PHYS	BR	BR	07/01/2014

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0373T	EXPOSURE ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION REQUIR	BR	BR	07/01/2014
0374T	EXPOSURE ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION REQUIR	BR	BR	07/01/2014
0394T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY	\$139.99	\$139.99	10/01/2017
0395T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY	\$502.44	\$502.44	10/01/2017
0412T	REMOVAL OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM; PULSE GENERATOR ON	BR	BR	01/01/2016
0413T	REMOVAL OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM; TRANSVENOUS ELECTR	BR	BR	01/01/2016
0428T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; PULSE GE	BR	BR	01/01/2016
0429T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SENSING	BR	BR	01/01/2016
0430T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULAT	BR	BR	01/01/2016
0437T	REINFORCEMENT OF FASCIA OF ABDOMINAL WALL WITH SYNTHETIC IMPLANT	BR	BR	07/01/2016
0438T	INJECTION OF BIODEGRADABLE MATERIAL ADJACENT TO PROSTATE, ACCESSE	BR	BR	07/01/2016
0439T	ULTRASOUND OF HEART WITH INJECTION OF X-RAY CONTRAST MATERIAL PER	BR	BR	07/01/2016
0440T	FREEZING DESTRUCTION OF NERVE IN ARM, ACCESSED THROUGH THE SKIN,	BR	BR	07/01/2016
0441T	FREEZING DESTRUCTION OF NERVE IN LEG, ACCESSED THROUGH THE SKIN,	BR	BR	07/01/2016
0442T	FREEZING DESTRUCTION OF NERVE PLEXUS, ACCESSED THROUGH THE SKIN,	BR	BR	07/01/2016
0443T	REAL TIME ANALYSIS OF PROSTATE TISSUE USING FLUORESCENCE SPECTROS	BR	BR	07/01/2016
0444T	INITIAL INSERTION OF DRUG-RELEASING IMPLANT UNDER ONE OR BOTH EYE	BR	BR	07/01/2016
0445T	REPLACEMENT OF DRUG-RELEASING IMPLANT UNDER ONE OR BOTH EYELIDS	BR	BR	07/01/2016
0449T	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT INTRAOCULAR RESERVOIR, INTERNAL AP	BR	BR	01/01/2017
0450T	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT INTRAOCULAR RESERVOIR, INTERNAL AP	BR	BR	01/01/2017
0451T	INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VE	BR	BR	01/01/2017
0452T	INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VE	BR	BR	01/01/2017
0453T	INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VE	BR	BR	01/01/2017
0454T	INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VE	BR	BR	01/01/2017
0455T	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SY	BR	BR	01/01/2017
0456T	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SY	BR	BR	01/01/2017
0457T	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SY	BR	BR	01/01/2017
0458T	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SY	BR	BR	01/01/2017
0459T	RELOCATION OF SKIN POCKET WITH REPLACEMENT OF IMPLANTED AORTIC COUNTERPULSATION	BR	BR	01/01/2017
0460T	REPOSITIONING OF PREVIOUSLY IMPLANTED AORTIC COUNTERPULSATION VENTRICULAR ASSIST	BR	BR	01/01/2017
0461T	REPOSITIONING OF PREVIOUSLY IMPLANTED AORTIC COUNTERPULSATION VENTRICULAR ASSIST	BR	BR	01/01/2017
0462T	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLA	BR	BR	01/01/2017
0463T	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT, IN	BR	BR	01/01/2017
0465T	SUPRACHOROIDAL INJECTION OF A PHARMACOLOGIC AGENT (DOES NOT INCLUDE SUPPLY OF ME	BR	BR	01/01/2017
0466T	INSERTION OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY, INCLUDI	BR	BR	01/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
0467T	REVISION OR REPLACEMENT OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE	BR	BR	01/01/2017
0468T	REMOVAL OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY	BR	BR	01/01/2017
10021	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE	\$107.28	\$61.77	10/01/2017
10022	FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE	\$123.85	\$58.22	10/01/2017
10030	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS, HEMATOMA, SEROM	\$611.51	\$136.97	10/01/2017
10035	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE	\$471.88	\$79.36	10/01/2017
10036	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE	\$408.22	\$39.55	10/01/2017
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	\$103.09	\$86.06	10/01/2017
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	\$181.25	\$158.65	10/01/2017
10080	INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE	\$157.05	\$90.81	10/01/2017
10081	INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED	\$235.86	\$149.80	10/01/2017
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	\$133.69	\$91.28	10/01/2017
10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED	\$240.09	\$163.94	10/01/2017
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	\$143.20	\$104.51	10/01/2017
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	\$113.81	\$84.71	10/01/2017
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	\$215.66	\$157.46	10/01/2017
11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BODY SURFACE	\$47.73	\$25.44	10/01/2017
11001	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% OF THE	\$18.89	\$12.70	10/01/2017
11004	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING	\$515.35	\$515.35	10/01/2017
11005	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING	\$694.95	\$694.95	10/01/2017
11006	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING	\$627.19	\$627.19	10/01/2017
11008	REMOVAL OF PROSTHETIC MATERIAL OR MESH, ABDOMINAL WALL FOR INFECTION (EG, FOR CH	\$244.26	\$244.26	10/01/2017
11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTUR	\$443.24	\$252.25	10/01/2017
11011	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTUR	\$470.82	\$265.89	10/01/2017
11012	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTUR	\$623.61	\$378.14	10/01/2017
11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED);	\$102.11	\$54.74	10/01/2017
11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS	\$200.19	\$138.27	10/01/2017
11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/O	\$275.85	\$204.96	10/01/2017
11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED);	\$35.84	\$23.15	10/01/2017
11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS	\$64.41	\$49.87	10/01/2017
11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/O	\$109.29	\$88.55	10/01/2017
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE L	\$41.86	\$14.31	10/01/2017
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); TWO TO	\$51.17	\$20.22	10/01/2017
11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MORE	\$57.39	\$26.43	10/01/2017
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLO	\$90.61	\$43.55	10/01/2017

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11101	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE	\$28.72	\$22.22	10/01/2017
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCATANEOUS TAGS, ANY AREA; UP TO AND INCLUDIN	\$77.61	\$65.23	10/01/2017
11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCATANEOUS TAGS, ANY AREA; EACH ADDITIONAL 10	\$16.68	\$14.82	10/01/2017
11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESIO	\$85.99	\$31.51	10/01/2017
11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	\$105.77	\$47.89	10/01/2017
11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	\$124.60	\$56.19	10/01/2017
11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	\$137.57	\$66.37	10/01/2017
11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$87.05	\$35.05	10/01/2017
11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$107.70	\$46.41	10/01/2017
11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$126.52	\$59.66	10/01/2017
11308	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$132.87	\$65.70	10/01/2017
11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS,	\$100.20	\$42.31	10/01/2017
11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS,	\$97.38	\$58.38	10/01/2017
11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS,	\$141.26	\$69.75	10/01/2017
11313	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS,	\$163.78	\$89.49	10/01/2017
11400	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWH	\$108.83	\$71.37	10/01/2017
11401	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$130.73	\$92.03	10/01/2017
11402	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$145.50	\$100.92	10/01/2017
11403	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$168.21	\$130.44	10/01/2017
11404	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$190.95	\$143.59	10/01/2017
11406	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$274.81	\$218.16	10/01/2017
11420	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$107.38	\$72.40	10/01/2017
11421	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$137.27	\$97.65	10/01/2017
11422	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$153.88	\$120.13	10/01/2017
11423	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$176.62	\$138.86	10/01/2017
11424	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$204.92	\$159.41	10/01/2017
11426	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$292.54	\$243.32	10/01/2017
11440	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	\$117.87	\$90.94	10/01/2017
11441	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	\$147.12	\$115.86	10/01/2017
11442	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	\$164.67	\$128.45	10/01/2017
11443	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	\$196.39	\$157.70	10/01/2017
11444	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	\$246.96	\$201.15	10/01/2017
11446	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	\$342.88	\$288.71	10/01/2017
11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH	\$334.11	\$222.98	10/01/2017
11451	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH	\$425.64	\$287.27	10/01/2017

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11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH	\$326.56	\$213.27	10/01/2017
11463	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH	\$431.50	\$289.11	10/01/2017
11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL,	\$360.80	\$247.81	10/01/2017
11471	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL,	\$447.60	\$309.23	10/01/2017
11600	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAM	\$168.79	\$105.95	10/01/2017
11601	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	\$200.85	\$132.44	10/01/2017
11602	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	\$217.84	\$145.41	10/01/2017
11603	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	\$248.94	\$174.34	10/01/2017
11604	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	\$276.63	\$191.81	10/01/2017
11606	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	\$395.38	\$284.56	10/01/2017
11620	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$170.26	\$107.12	10/01/2017
11621	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$202.06	\$133.33	10/01/2017
11622	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$225.21	\$152.78	10/01/2017
11623	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$264.03	\$188.81	10/01/2017
11624	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$297.86	\$213.97	10/01/2017
11626	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$358.11	\$261.84	10/01/2017
11640	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$175.85	\$110.84	10/01/2017
11641	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$208.86	\$138.91	10/01/2017
11642	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$238.45	\$163.85	10/01/2017
11643	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$280.99	\$205.15	10/01/2017
11644	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$346.10	\$253.54	10/01/2017
11646	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$452.31	\$352.02	10/01/2017
11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	\$12.42	\$6.84	10/01/2017
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE	\$28.23	\$13.06	10/01/2017
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE	\$39.39	\$22.05	10/01/2017
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	\$92.07	\$49.35	10/01/2017
11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE	\$27.90	\$15.83	10/01/2017
11740	EVACUATION OF SUBUNGUAL HEMATOMA	\$43.38	\$28.83	10/01/2017
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFORMED	\$134.55	\$100.50	10/01/2017
11755	BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIIUM, PROXIMAL AND LATERAL	\$116.87	\$68.89	10/01/2017
11760	REPAIR OF NAIL BED	\$165.55	\$101.47	10/01/2017
11762	RECONSTRUCTION OF NAIL BED WITH GRAFT	\$244.78	\$162.13	10/01/2017
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	\$146.90	\$83.44	10/01/2017
11770	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE	\$242.46	\$163.22	10/01/2017
11771	EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE	\$501.74	\$382.87	10/01/2017

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11772	EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED	\$607.94	\$507.65	10/01/2017
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS	\$48.85	\$27.80	10/01/2017
11901	INJECTION, INTRALESIONAL; MORE THAN SEVEN LESIONS	\$61.50	\$43.24	10/01/2017
11920	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT	\$149.16	\$100.87	10/01/2017
11921	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT	\$173.24	\$118.76	10/01/2017
11960	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT	\$840.81	\$840.81	10/01/2017
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	\$539.69	\$539.69	10/01/2017
11971	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS	\$411.81	\$281.17	10/01/2017
11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	\$125.29	\$83.50	10/01/2017
11980	SUBCUTANEOUS HORMONE PELLETT IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR	\$82.64	\$50.14	10/01/2017
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$123.72	\$73.57	10/01/2017
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$140.36	\$89.29	10/01/2017
11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$198.35	\$156.25	10/01/2017
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA,	\$78.55	\$39.23	10/01/2017
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	\$95.23	\$51.89	10/01/2017
12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	\$111.87	\$64.82	10/01/2017
12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	\$141.19	\$84.23	10/01/2017
12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	\$166.78	\$103.63	10/01/2017
12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	\$191.71	\$129.80	10/01/2017
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$95.82	\$48.77	10/01/2017
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$99.83	\$51.23	10/01/2017
12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$116.80	\$66.04	10/01/2017
12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$141.50	\$83.31	10/01/2017
12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$178.86	\$113.54	10/01/2017
12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$138.04	\$138.04	10/01/2017
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$156.29	\$156.29	10/01/2017
12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	\$245.90	\$166.97	10/01/2017
12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING	\$142.31	\$121.57	10/01/2017
12031	REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	\$208.25	\$136.13	10/01/2017
12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS, A	\$266.08	\$173.53	10/01/2017
12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	\$273.61	\$184.46	10/01/2017
12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	\$333.72	\$212.99	10/01/2017
12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	\$368.94	\$247.29	10/01/2017
12037	REPAIR OF WOUND (OVER 30.0 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS, AN	\$421.75	\$291.43	10/01/2017
12041	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.5	\$207.99	\$134.00	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
12042	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6	\$253.65	\$178.74	10/01/2017
12044	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6	\$314.88	\$191.06	10/01/2017
12045	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.	\$351.16	\$239.41	10/01/2017
12046	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 20.	\$415.83	\$273.43	10/01/2017
12047	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVE	\$481.01	\$328.40	10/01/2017
12051	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$226.19	\$152.51	10/01/2017
12052	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$257.98	\$181.83	10/01/2017
12053	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$302.80	\$193.83	10/01/2017
12054	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$315.74	\$197.80	10/01/2017
12055	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$409.01	\$271.26	10/01/2017
12056	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$430.41	\$304.42	10/01/2017
12057	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$475.26	\$346.79	10/01/2017
13100	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM	\$293.52	\$183.63	10/01/2017
13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	\$347.31	\$225.97	10/01/2017
13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN	\$106.48	\$66.24	10/01/2017
13120	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM	\$307.12	\$210.53	10/01/2017
13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM	\$374.80	\$238.59	10/01/2017
13122	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LESS (LIST	\$116.97	\$76.42	10/01/2017
13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS	\$338.31	\$223.16	10/01/2017
13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS	\$418.03	\$281.21	10/01/2017
13133	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS	\$157.14	\$117.51	10/01/2017
13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM	\$370.68	\$256.45	10/01/2017
13152	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM	\$444.84	\$311.11	10/01/2017
13153	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR LESS	\$170.68	\$126.41	10/01/2017
13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED	\$710.92	\$710.92	10/01/2017
14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS	\$546.22	\$445.61	10/01/2017
14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ	\$704.90	\$582.63	10/01/2017
14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10	\$611.97	\$504.56	10/01/2017
14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10.1	\$766.03	\$639.11	10/01/2017
14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK,	\$669.93	\$562.21	10/01/2017
14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK,	\$830.45	\$693.32	10/01/2017
14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;	\$683.51	\$599.00	10/01/2017
14061	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;	\$893.48	\$741.80	10/01/2017
14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA: DEFECT 30.1 SQ CM TO 60.0 S	\$947.75	\$784.61	10/01/2017
14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM	\$197.06	\$197.06	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE	\$610.56	\$610.56	10/01/2017
15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	\$304.83	\$201.75	10/01/2017
15003	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	\$66.29	\$40.60	10/01/2017
15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	\$352.02	\$240.27	10/01/2017
15005	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	\$109.72	\$81.24	10/01/2017
15040	HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS	\$222.78	\$113.20	10/01/2017
15050	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, OR OTHER	\$492.28	\$392.92	10/01/2017
15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PE	\$753.49	\$633.70	10/01/2017
15101	SPLIT GRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL	\$163.04	\$98.65	10/01/2017
15110	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT	\$699.74	\$611.83	10/01/2017
15111	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDIT	\$101.60	\$91.70	10/01/2017
15115	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,	\$706.66	\$618.75	10/01/2017
15116	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,	\$144.30	\$131.91	10/01/2017
15120	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENI	\$747.53	\$618.44	10/01/2017
15121	SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS,	\$183.16	\$118.47	10/01/2017
15130	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF	\$585.85	\$495.15	10/01/2017
15131	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITION	\$79.34	\$72.84	10/01/2017
15135	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA	\$739.75	\$650.91	10/01/2017
15136	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA	\$76.65	\$72.01	10/01/2017
15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 25 SQ CM OR LESS	\$600.30	\$551.08	10/01/2017
15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUNK, ARMS, LEGS; ADDITIONAL 1 SQ CM TO 75 SQ C	\$106.23	\$98.18	10/01/2017
15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR	\$129.59	\$121.85	10/01/2017
15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$632.81	\$587.00	10/01/2017
15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$143.92	\$136.49	10/01/2017
15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$162.58	\$152.05	10/01/2017
15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20	\$730.51	\$596.79	10/01/2017
15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH	\$128.37	\$69.87	10/01/2017
15220	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP,	\$677.95	\$546.70	10/01/2017
15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS,	\$119.77	\$63.74	10/01/2017
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD,	\$821.25	\$712.60	10/01/2017
15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CH	\$162.07	\$99.23	10/01/2017
15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS,	\$891.86	\$765.25	10/01/2017
15261	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS,	\$189.04	\$124.96	10/01/2017
15271	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE A	\$123.00	\$75.33	10/01/2017
15272	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE A	\$23.78	\$15.42	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
15273	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE A	\$263.24	\$180.59	10/01/2017
15274	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE A	\$62.81	\$40.83	10/01/2017
15275	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$131.01	\$85.51	10/01/2017
15276	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$30.62	\$22.57	10/01/2017
15277	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$287.18	\$202.67	10/01/2017
15278	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$75.15	\$51.32	10/01/2017
15570	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK	\$803.05	\$652.30	10/01/2017
15572	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, ARMS, OR	\$782.72	\$663.54	10/01/2017
15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD,	\$802.21	\$679.94	10/01/2017
15576	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; EYELIDS, NOSE,	\$709.61	\$596.31	10/01/2017
15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK	\$282.39	\$182.71	10/01/2017
15610	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, ARMS, OR	\$312.66	\$214.53	10/01/2017
15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEEKS,	\$383.66	\$287.70	10/01/2017
15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE,	\$403.15	\$307.19	10/01/2017
15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, WALKING	\$444.05	\$339.73	10/01/2017
15731	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (EG, AXIAL PATTERN FLAP, PAR	\$990.88	\$893.37	10/01/2017
15732	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALIS,	\$1,130.83	\$989.68	10/01/2017
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	\$1,322.18	\$1,167.40	10/01/2017
15736	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY	\$1,161.50	\$1,009.20	10/01/2017
15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	\$1,232.42	\$1,089.40	10/01/2017
15740	FLAP; ISLAND PEDICLE REQUIRING IDENTIFICATION AND DISSECTION OF AN ANATOMICALLY	\$896.35	\$758.29	10/01/2017
15750	FLAP; NEUROVASCULAR PEDICLE	\$812.97	\$812.97	10/01/2017
15756	FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS	\$2,059.67	\$2,059.67	10/01/2017
15757	FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS	\$2,031.95	\$2,031.95	10/01/2017
15758	FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS	\$2,037.64	\$2,037.64	10/01/2017
15760	GRAFT; COMPOSITE (EG, FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), INCLUDING	\$750.90	\$629.86	10/01/2017
15770	GRAFT; DERMA-FAT-FASCIA	\$592.01	\$592.01	10/01/2017
15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE R	\$191.72	\$191.72	10/01/2017
15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	\$403.04	\$217.31	10/01/2017
15789	CHEMICAL PEEL, FACIAL; DERMAL	\$489.67	\$376.69	10/01/2017
15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	\$383.09	\$227.38	10/01/2017
15793	CHEMICAL PEEL, NONFACIAL; DERMAL	\$434.52	\$326.49	10/01/2017
15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	\$533.45	\$478.97	10/01/2017
15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN,	\$1,040.06	\$1,040.06	10/01/2017
15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)	\$890.24	\$890.24	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)	\$1,411.52	\$1,411.52	10/01/2017
15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSURGICAL TECHNIQUE	\$2,164.59	\$2,164.59	10/01/2017
15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER	\$885.43	\$885.43	10/01/2017
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDOMEN (	\$382.18	\$382.18	10/01/2017
15850	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON	\$77.59	\$36.73	10/01/2017
15851	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON	\$86.69	\$40.56	10/01/2017
15852	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL)	\$41.60	\$41.60	10/01/2017
15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP	\$97.56	\$97.56	10/01/2017
15920	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYECTOMY; WITH PRIMARY SUTURE	\$547.77	\$547.77	10/01/2017
15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYECTOMY; WITH FLAP CLOSURE	\$692.02	\$692.02	10/01/2017
15931	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE;	\$606.65	\$606.65	10/01/2017
15933	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	\$746.27	\$746.27	10/01/2017
15934	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	\$823.49	\$823.49	10/01/2017
15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	\$975.46	\$975.46	10/01/2017
15936	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP	\$786.93	\$786.93	10/01/2017
15937	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP	\$911.94	\$911.94	10/01/2017
15940	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE;	\$617.76	\$617.76	10/01/2017
15941	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	\$793.58	\$793.58	10/01/2017
15944	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	\$786.29	\$786.29	10/01/2017
15945	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	\$868.62	\$868.62	10/01/2017
15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE OR	\$1,447.38	\$1,447.38	10/01/2017
15950	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE;	\$522.17	\$522.17	10/01/2017
15951	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	\$768.78	\$768.78	10/01/2017
15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	\$795.03	\$795.03	10/01/2017
15953	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	\$880.89	\$880.89	10/01/2017
15956	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR	\$1,015.84	\$1,015.84	10/01/2017
15958	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR	\$1,036.77	\$1,036.77	10/01/2017
15999	UNLISTED PROCEDURE, EXCISION PRESSURE ULCER	BR	BR	10/01/1982
16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUI	\$60.61	\$40.80	10/01/2017
16020	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	\$71.76	\$47.93	10/01/2017
16025	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	\$129.45	\$98.80	10/01/2017
16030	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	\$162.93	\$118.66	10/01/2017
16035	ESCHAROTOMY; INITIAL INCISION	\$172.99	\$172.99	10/01/2017
16036	ESCHAROTOMY; EACH ADDITIONAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR	\$72.30	\$72.30	10/01/2017
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI	\$58.45	\$46.99	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
17003	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	\$4.93	\$2.14	10/01/2017
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI	\$131.70	\$88.36	10/01/2017
17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE);	\$301.31	\$245.90	10/01/2017
17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE);	\$380.39	\$307.03	10/01/2017
17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE);	\$565.78	\$469.51	10/01/2017
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI	\$97.14	\$61.85	10/01/2017
17111	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	\$115.36	\$76.05	10/01/2017
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR FISTULA)	\$69.27	\$32.75	10/01/2017
17260	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, C	\$83.12	\$62.38	10/01/2017
17261	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$125.52	\$81.25	10/01/2017
17262	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$153.32	\$103.48	10/01/2017
17263	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$167.53	\$114.59	10/01/2017
17264	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$178.96	\$122.01	10/01/2017
17266	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$203.97	\$143.60	10/01/2017
17270	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$131.96	\$88.94	10/01/2017
17271	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$143.10	\$98.53	10/01/2017
17272	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$163.18	\$113.34	10/01/2017
17273	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$182.33	\$128.47	10/01/2017
17274	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$215.68	\$157.17	10/01/2017
17276	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$249.09	\$187.80	10/01/2017
17280	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$123.62	\$80.90	10/01/2017
17281	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$156.04	\$111.16	10/01/2017
17282	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$179.23	\$127.85	10/01/2017
17283	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$214.73	\$159.94	10/01/2017
17284	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$245.31	\$186.81	10/01/2017
17286	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$314.36	\$250.28	10/01/2017
17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	\$580.58	\$337.58	10/01/2017
17312	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	\$341.16	\$179.57	10/01/2017
17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	\$542.63	\$302.73	10/01/2017
17314	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	\$327.28	\$166.63	10/01/2017
17315	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	\$70.43	\$47.52	10/01/2017
17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE	\$45.48	\$43.31	10/01/2017
17999	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE	BR	BR	10/01/1982
19000	PUNCTURE ASPIRATION OF CYST OF BREAST;	\$98.98	\$38.92	10/01/2017
19001	PUNCTURE ASPIRATION OF CYST OF BREAST; EACH ADDITIONAL CYST (LIST SEPARATELY IN	\$23.82	\$19.48	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
19020	MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP	\$414.25	\$270.00	10/01/2017
19030	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM	\$145.28	\$69.75	10/01/2017
19081	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	\$607.90	\$151.31	10/01/2017
19082	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	\$501.73	\$76.10	10/01/2017
19083	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	\$589.67	\$142.37	10/01/2017
19084	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	\$482.31	\$70.92	10/01/2017
19085	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	\$895.94	\$166.32	10/01/2017
19086	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	\$716.72	\$82.76	10/01/2017
19100	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING IMAGING GUIDANCE (SEPARAT	\$131.86	\$61.90	10/01/2017
19101	BIOPSY OF BREAST; OPEN, INCISIONAL	\$298.71	\$195.32	10/01/2017
19105	ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDING ULTRASOUND GUIDANCE, EACH FIB	\$2,059.59	\$178.75	10/01/2017
19110	NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS DUCT OR	\$425.20	\$302.00	10/01/2017
19112	EXCISION OF LACTIFEROUS DUCT FISTULA	\$402.90	\$275.67	10/01/2017
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR, ABERRANT BRE	\$433.09	\$364.68	10/01/2017
19125	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL	\$479.93	\$404.71	10/01/2017
19126	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL	\$143.34	\$143.34	10/01/2017
19260	EXCISION OF CHEST WALL TUMOR INCLUDING RIBS	\$1,062.67	\$1,062.67	10/01/2017
19271	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION;	\$1,436.86	\$1,436.86	10/01/2017
19272	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; WITH	\$1,572.46	\$1,572.46	10/01/2017
19281	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	\$211.26	\$90.84	10/01/2017
19282	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	\$146.49	\$45.58	10/01/2017
19283	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	\$238.38	\$91.65	10/01/2017
19284	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	\$179.18	\$46.07	10/01/2017
19285	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	\$454.17	\$77.75	10/01/2017
19286	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	\$395.92	\$39.01	10/01/2017
19287	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	\$760.09	\$116.22	10/01/2017
19288	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	\$611.48	\$58.00	10/01/2017
19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANN	\$3,463.61	\$186.68	10/01/2017
19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANN	\$84.21	\$84.21	10/01/2017
19298	PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE	\$860.44	\$280.03	10/01/2017
19300	MASTECTOMY FOR GYNECOMASTIA	\$459.29	\$364.26	10/01/2017
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	\$575.77	\$575.77	10/01/2017
19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	\$794.30	\$794.30	10/01/2017
19303	MASTECTOMY, SIMPLE, COMPLETE	\$892.19	\$892.19	10/01/2017
19304	MASTECTOMY, SUBCUTANEOUS	\$508.87	\$508.87	10/01/2017

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19305	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY LYMPH NODES	\$997.77	\$997.77	10/01/2017
19306	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY AND INTERNAL MAMMARY L	\$1,047.19	\$1,047.19	10/01/2017
19307	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHOUT PE	\$1,056.48	\$1,056.48	10/01/2017
19316	MASTOPEXY	\$682.64	\$682.64	10/01/2017
19318	REDUCTION MAMMAPLASTY	\$978.16	\$978.16	10/01/2017
19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	\$569.13	\$569.13	10/01/2017
19328	REMOVAL OF INTACT MAMMARY IMPLANT	\$438.38	\$438.38	10/01/2017
19330	REMOVAL OF MAMMARY IMPLANT MATERIAL	\$561.33	\$561.33	10/01/2017
19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN	\$890.11	\$890.11	10/01/2017
19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN	\$817.87	\$817.87	10/01/2017
19350	NIPPLE/AREOLA RECONSTRUCTION	\$726.01	\$596.93	10/01/2017
19355	CORRECTION OF INVERTED NIPPLES	\$612.48	\$502.90	10/01/2017
19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING	\$1,334.71	\$1,334.71	10/01/2017
19361	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITHOUT PROSTHETIC IMPLANT	\$1,399.17	\$1,399.17	10/01/2017
19364	BREAST RECONSTRUCTION WITH FREE FLAP	\$2,448.83	\$2,448.83	10/01/2017
19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	\$1,251.57	\$1,251.57	10/01/2017
19367	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP	\$1,588.07	\$1,588.07	10/01/2017
19368	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP	\$1,957.09	\$1,957.09	10/01/2017
19369	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP	\$1,802.58	\$1,802.58	10/01/2017
19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	\$608.02	\$608.02	10/01/2017
19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	\$694.93	\$694.93	10/01/2017
19380	REVISION OF RECONSTRUCTED BREAST	\$685.76	\$685.76	10/01/2017
19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	\$256.99	\$129.77	10/01/2017
19499	UNLISTED PROCEDURE, BREAST	BR	BR	10/01/1982
20005	INCISION AND DRAINAGE OF SOFT TISSUE ABSCESS, SUBFASCIAL (IE, INVOLVES THE SOFT	\$274.13	\$207.89	10/01/2017
20100	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); NECK	\$537.90	\$537.90	10/01/2017
20101	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST	\$391.41	\$184.32	10/01/2017
20102	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK	\$426.85	\$225.33	10/01/2017
20103	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY	\$512.41	\$309.03	10/01/2017
20150	EXCISION OF EPIPHYSEAL BAR WITH/WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OBTAINED TH	\$835.50	\$835.50	10/01/2017
20200	BIOPSY, MUSCLE; SUPERFICIAL	\$181.77	\$84.57	10/01/2017
20205	BIOPSY, MUSCLE; DEEP	\$253.49	\$138.03	10/01/2017
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	\$206.81	\$52.96	10/01/2017
20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS	\$147.77	\$64.50	10/01/2017
20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR)	\$458.49	\$96.94	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
20240	BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS,	\$136.15	\$136.15	10/01/2017
20245	BIOPSY, BONE, OPEN; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)	\$314.61	\$314.61	10/01/2017
20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	\$343.35	\$343.35	10/01/2017
20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	\$375.74	\$375.74	10/01/2017
20500	INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)	\$90.77	\$74.37	10/01/2017
20501	INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM)	\$103.75	\$34.10	10/01/2017
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	\$179.27	\$129.75	10/01/2017
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	\$420.25	\$219.35	10/01/2017
20526	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL TUNNEL	\$67.86	\$51.15	10/01/2017
20527	INJECTION OF ENZYME IN PALM TISSUE	\$74.00	\$59.14	10/01/2017
20550	INJECTIONS OF TENDON SHEATH, LIGAMENT, OR MUSCLE MEMBRANE	\$46.40	\$34.94	10/01/2017
20551	INJECTION(S); SINGLE TENDON ORIGIN/INSERTION	\$53.25	\$37.77	10/01/2017
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)	\$48.60	\$33.75	10/01/2017
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)	\$56.03	\$38.39	10/01/2017
20555	PLACEMENT OF NEEDLES OR CATHETERS INTO MUSCLE AND/OR SOFT TISSUE FOR SUBSEQUENT	\$290.72	\$290.72	10/01/2017
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, FINGERS,	\$42.10	\$31.58	10/01/2017
20604	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, SMALL JOINT OR BURSA (EG, FINGERS,	\$63.75	\$41.46	10/01/2017
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (EG,	\$44.24	\$33.09	10/01/2017
20606	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JOINT OR BURSA (EG, TE	\$70.53	\$47.00	10/01/2017
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG,	\$53.10	\$41.03	10/01/2017
20611	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT, OR BURSA (EG, SHOULDER	\$80.00	\$54.62	10/01/2017
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	\$53.18	\$37.09	10/01/2017
20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	\$212.42	\$143.70	10/01/2017
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING	\$183.88	\$139.92	10/01/2017
20660	APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME, INCLUDING REMOVAL	\$217.55	\$217.55	10/01/2017
20661	APPLICATION OF HALO, INCLUDING REMOVAL; CRANIAL	\$445.12	\$445.12	10/01/2017
20662	APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC	\$387.14	\$387.14	10/01/2017
20663	APPLICATION OF HALO, INCLUDING REMOVAL; FEMORAL	\$401.36	\$401.36	10/01/2017
20664	APPLICATION OF HALO, INCLUDING REMOVAL, CRANIAL, 6 OR MORE PINS PLACED, FOR THIN	\$771.85	\$771.85	10/01/2017
20665	REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER INDIVIDUAL	\$93.67	\$80.67	10/01/2017
20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE	\$333.34	\$130.28	10/01/2017
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR	\$543.97	\$374.95	10/01/2017
20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIX	\$526.88	\$526.88	10/01/2017
20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL,	\$992.05	\$992.05	10/01/2017
20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG,	\$393.30	\$393.30	10/01/2017

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20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	\$373.92	\$299.00	10/01/2017
20696	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EX	\$1,070.32	\$1,070.32	10/01/2017
20697	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EX	\$1,848.84	\$1,848.84	10/01/2017
20802	REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH ELBOW JOINT); COMPL	\$2,455.56	\$2,455.56	10/01/2017
20805	REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL CARPAL JOINT),	\$2,774.77	\$2,774.77	10/01/2017
20808	REPLANTATION, HAND (INCLUDES HAND THROUGH METACARPOPHALANGEAL JOINTS), COMPLETE	\$3,556.99	\$3,556.99	10/01/2017
20816	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES METACARPOPHALANGEAL JOINT TO	\$1,873.07	\$1,873.07	10/01/2017
20822	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDON	\$1,591.54	\$1,591.54	10/01/2017
20824	REPLANTATION, THUMB (INCLUDES CARPOMETACARPAL JOINT TO MP JOINT), COMPLETE	\$1,737.49	\$1,737.49	10/01/2017
20827	REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT), COMPLETE AMPUTATION	\$1,633.80	\$1,633.80	10/01/2017
20838	REPLANTATION, FOOT, COMPLETE AMPUTATION	\$2,399.83	\$2,399.83	10/01/2017
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	\$366.24	\$168.13	10/01/2017
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	\$253.53	\$253.53	10/01/2017
20910	CARTILAGE GRAFT; COSTOCHONDRAL	\$400.39	\$400.39	10/01/2017
20912	CARTILAGE GRAFT; NASAL SEPTUM	\$422.34	\$422.34	10/01/2017
20920	FASCIA LATA GRAFT; BY STRIPPER	\$349.45	\$349.45	10/01/2017
20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	\$519.57	\$432.28	10/01/2017
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	\$448.93	\$448.93	10/01/2017
20926	TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)	\$374.65	\$374.65	10/01/2017
20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGER	BR	BR	01/01/1996
20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CO	\$100.15	\$100.15	10/01/2017
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIB	BR	BR	01/01/1996
20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (TH	\$149.93	\$149.93	10/01/2017
20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BI	\$165.27	\$165.27	10/01/2017
20950	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVICE, EG, WIC	\$220.99	\$80.76	10/01/2017
20955	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA	\$2,227.70	\$2,227.70	10/01/2017
20956	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	\$2,357.91	\$2,357.91	10/01/2017
20957	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	\$2,028.95	\$2,028.95	10/01/2017
20962	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CREST, OR	\$1,921.53	\$1,921.53	10/01/2017
20969	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN ILIAC	\$2,456.49	\$2,456.49	10/01/2017
20970	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	\$2,554.31	\$2,554.31	10/01/2017
20972	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	\$2,153.13	\$2,153.13	10/01/2017
20973	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB	\$2,210.11	\$2,210.11	10/01/2017
20974	ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NONOPERATIVE)	\$67.80	\$44.90	10/01/2017
20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	\$158.18	\$158.18	10/01/2017

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20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE	\$45.76	\$28.73	10/01/2017
20982	DESTRUCTION OF 1 OR MORE BONE GROWTHS ACCESSED THROUGH THE SKIN	\$1,497.56	\$329.93	10/01/2017
20983	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE BONE TUMORS (EG, META	\$5,523.34	\$330.59	10/01/2017
20999	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL	BR	BR	10/01/1982
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	\$671.92	\$671.92	10/01/2017
21011	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS THAN 2 CM	\$306.46	\$229.69	10/01/2017
21012	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; 2 CM OR GREATER	\$300.14	\$300.14	10/01/2017
21013	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRA	\$457.26	\$355.73	10/01/2017
21014	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG,SUBGALEAL, INTRAM	\$462.08	\$462.08	10/01/2017
21015	REMOVAL OF (LESS THAN 2 CENTIMETERS) SOFT TISSUE GROWTH OF FACE OR SCALP	\$627.06	\$627.06	10/01/2017
21016	REMOVAL OF (2 CENTIMETERS OR GREATER) SOFT TISSUE GROWTH OF FACE OR SCALP	\$904.99	\$904.99	10/01/2017
21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE	\$792.26	\$671.22	10/01/2017
21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)	\$549.71	\$446.01	10/01/2017
21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA)	\$682.58	\$569.28	10/01/2017
21030	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION AND	\$461.90	\$373.37	10/01/2017
21031	EXCISION OF TORUS MANDIBULARIS	\$352.06	\$264.45	10/01/2017
21032	EXCISION OF MAXILLARY TORUS PALATINUS	\$356.10	\$260.75	10/01/2017
21034	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA	\$1,169.12	\$1,032.61	10/01/2017
21040	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION AND/OR CURETTAGE	\$465.00	\$373.68	10/01/2017
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	\$778.98	\$778.98	10/01/2017
21045	EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION	\$1,090.56	\$1,090.56	10/01/2017
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOMY	\$998.33	\$998.33	10/01/2017
21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOMY	\$1,173.42	\$1,173.42	10/01/2017
21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY	\$1,024.14	\$1,024.14	10/01/2017
21049	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY AND	\$1,073.81	\$1,073.81	10/01/2017
21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	\$741.69	\$741.69	10/01/2017
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	\$713.96	\$713.96	10/01/2017
21070	CORONOIDECTOMY (SEPARATE PROCEDURE)	\$540.92	\$540.92	10/01/2017
21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANES	\$353.55	\$228.49	10/01/2017
21076	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	\$884.75	\$742.35	10/01/2017
21077	IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS	\$2,234.37	\$1,880.86	10/01/2017
21079	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS	\$1,505.08	\$1,252.79	10/01/2017
21080	IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS	\$1,690.65	\$1,395.34	10/01/2017
21081	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS	\$1,559.12	\$1,283.31	10/01/2017
21082	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS	\$1,470.16	\$1,196.52	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
21083	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS	\$1,403.05	\$1,113.93	10/01/2017
21084	IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS	\$1,608.38	\$1,290.47	10/01/2017
21085	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	\$674.78	\$506.69	10/01/2017
21086	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS	\$1,659.73	\$1,391.96	10/01/2017
21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	\$1,651.26	\$1,381.95	10/01/2017
21088	IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS	BR	BR	01/01/1991
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	BR	BR	01/01/1991
21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES REMOVAL	\$739.26	\$361.29	10/01/2017
21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE	\$715.13	\$600.28	10/01/2017
21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	\$129.61	\$39.53	10/01/2017
21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)	\$531.64	\$424.22	10/01/2017
21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	\$715.98	\$599.90	10/01/2017
21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION	\$587.16	\$587.16	10/01/2017
21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES	\$804.11	\$804.11	10/01/2017
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	\$2,830.97	\$655.44	10/01/2017
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR	\$3,873.59	\$793.85	10/01/2017
21137	REDUCTION FOREHEAD; CONTOURING ONLY	\$617.24	\$617.24	10/01/2017
21138	REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE	\$816.76	\$816.76	10/01/2017
21139	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL	\$963.12	\$963.12	10/01/2017
21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY	\$1,209.74	\$1,209.74	10/01/2017
21142	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY	\$1,282.34	\$1,282.34	10/01/2017
21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY	\$1,304.75	\$1,304.75	10/01/2017
21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY	\$1,425.65	\$1,425.65	10/01/2017
21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY	\$1,484.82	\$1,484.82	10/01/2017
21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY	\$1,497.00	\$1,497.00	10/01/2017
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS	\$1,545.79	\$1,545.79	10/01/2017
21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS	\$1,792.82	\$1,792.82	10/01/2017
21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE	\$1,678.83	\$1,678.83	10/01/2017
21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE	\$1,862.92	\$1,862.92	10/01/2017
21159	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD	\$2,337.98	\$2,337.98	10/01/2017
21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD	\$2,424.30	\$2,424.30	10/01/2017
21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR	\$1,810.03	\$1,810.03	10/01/2017
21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD,	\$1,883.94	\$1,883.94	10/01/2017
21179	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH	\$1,213.22	\$1,213.22	10/01/2017
21180	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH	\$1,408.20	\$1,408.20	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS	\$657.42	\$657.42	10/01/2017
21182	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING	\$1,757.61	\$1,757.61	10/01/2017
21183	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING	\$1,995.89	\$1,995.89	10/01/2017
21184	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING	\$2,388.68	\$2,388.68	10/01/2017
21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS	\$1,452.26	\$1,452.26	10/01/2017
21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEOTOMY;	\$1,050.90	\$1,050.90	10/01/2017
21194	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEOTOMY;	\$1,317.21	\$1,317.21	10/01/2017
21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTERNAL	\$1,175.09	\$1,175.09	10/01/2017
21196	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITH INTERNAL	\$1,324.60	\$1,324.60	10/01/2017
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL;	\$1,042.22	\$1,042.22	10/01/2017
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	\$900.36	\$900.36	10/01/2017
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	\$1,085.61	\$1,085.61	10/01/2017
21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC	\$1,634.82	\$749.80	10/01/2017
21209	OSTEOPLASTY, FACIAL BONES; REDUCTION	\$721.98	\$551.11	10/01/2017
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	\$2,015.34	\$774.03	10/01/2017
21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	\$3,553.73	\$805.52	10/01/2017
21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES	\$662.19	\$662.19	10/01/2017
21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	\$640.78	\$503.03	10/01/2017
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES	\$999.92	\$999.92	10/01/2017
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	\$920.12	\$920.12	10/01/2017
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	\$1,526.75	\$1,526.75	10/01/2017
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG,	\$947.58	\$947.58	10/01/2017
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	\$977.17	\$784.63	10/01/2017
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	\$785.97	\$785.97	10/01/2017
21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS	\$1,365.56	\$1,365.56	10/01/2017
21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER);	\$988.67	\$810.37	10/01/2017
21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER);	\$1,347.13	\$1,145.30	10/01/2017
21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE	\$1,233.44	\$1,233.44	10/01/2017
21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS	\$1,073.48	\$1,073.48	10/01/2017
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS;	\$1,111.19	\$1,111.19	10/01/2017
21261	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED	\$1,878.78	\$1,878.78	10/01/2017
21263	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH	\$1,735.21	\$1,735.21	10/01/2017
21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS;	\$1,411.80	\$1,411.80	10/01/2017
21268	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS;	\$1,550.56	\$1,550.56	10/01/2017
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	\$860.21	\$647.86	10/01/2017

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21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	\$744.58	\$744.58	10/01/2017
21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)	\$503.69	\$503.69	10/01/2017
21282	LATERAL CANTHOPEXY	\$336.32	\$336.32	10/01/2017
21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC	\$164.89	\$164.89	10/01/2017
21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC	\$393.88	\$393.88	10/01/2017
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	BR	BR	01/01/1991
21310	CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION	\$116.63	\$24.07	10/01/2017
21315	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITHOUT STABILIZATION	\$243.01	\$134.05	10/01/2017
21320	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION	\$225.35	\$119.48	10/01/2017
21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED	\$419.21	\$419.21	10/01/2017
21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNAL	\$506.81	\$506.81	10/01/2017
21335	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED	\$640.59	\$640.59	10/01/2017
21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	\$571.26	\$571.26	10/01/2017
21337	CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	\$356.55	\$261.52	10/01/2017
21338	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION	\$666.77	\$666.77	10/01/2017
21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION	\$751.00	\$751.00	10/01/2017
21340	PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE OR	\$714.25	\$714.25	10/01/2017
21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE	\$1,079.03	\$1,079.03	10/01/2017
21344	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING POSTERIOR WALL)	\$1,235.56	\$1,235.56	10/01/2017
21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH	\$712.84	\$574.16	10/01/2017
21346	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING	\$803.63	\$803.63	10/01/2017
21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRING	\$1,010.51	\$1,010.51	10/01/2017
21348	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE	\$1,068.27	\$1,068.27	10/01/2017
21355	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND	\$397.88	\$296.35	10/01/2017
21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLIES APPROACH)	\$443.81	\$335.46	10/01/2017
21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR	\$479.41	\$479.41	10/01/2017
21365	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE	\$989.02	\$989.02	10/01/2017
21366	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE	\$1,005.89	\$1,005.89	10/01/2017
21385	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; TRANSANTRAL APPROACH	\$601.09	\$601.09	10/01/2017
21386	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH	\$616.39	\$616.39	10/01/2017
21387	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; COMBINED APPROACH	\$628.51	\$628.51	10/01/2017
21390	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH, WITH	\$706.22	\$706.22	10/01/2017
21395	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH WITH	\$897.37	\$897.37	10/01/2017
21400	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT MANIPULATION	\$169.93	\$138.36	10/01/2017
21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH MANIPULATION	\$429.76	\$270.03	10/01/2017

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21406	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT IMPLANT	\$506.71	\$506.71	10/01/2017
21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH IMPLANT	\$573.78	\$573.78	10/01/2017
21408	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH BONE GRAFTING	\$793.29	\$793.29	10/01/2017
21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH	\$750.39	\$621.30	10/01/2017
21422	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);	\$601.71	\$601.71	10/01/2017
21423	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED	\$701.94	\$701.94	10/01/2017
21431	CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL	\$652.84	\$652.84	10/01/2017
21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AND/OR	\$604.25	\$604.25	10/01/2017
21433	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (EG,	\$1,545.22	\$1,545.22	10/01/2017
21435	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED,	\$1,128.32	\$1,128.32	10/01/2017
21436	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED,	\$1,688.46	\$1,688.46	10/01/2017
21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE	\$513.93	\$417.97	10/01/2017
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE	\$682.27	\$556.28	10/01/2017
21450	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION	\$548.95	\$440.29	10/01/2017
21451	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION	\$729.89	\$602.05	10/01/2017
21452	PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH EXTERNAL FIXATION	\$506.59	\$299.50	10/01/2017
21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION	\$810.78	\$695.31	10/01/2017
21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION	\$513.19	\$513.19	10/01/2017
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	\$1,896.46	\$836.86	10/01/2017
21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	\$2,016.09	\$933.27	10/01/2017
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	\$836.56	\$836.56	10/01/2017
21470	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL	\$1,074.48	\$1,074.48	10/01/2017
21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL OR SUBSEQUENT	\$86.89	\$28.38	10/01/2017
21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRENT	\$620.41	\$519.81	10/01/2017
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	\$816.53	\$816.53	10/01/2017
21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	\$657.71	\$547.20	10/01/2017
21499	UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD	BR	BR	10/01/1982
21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;	\$398.24	\$283.70	10/01/2017
21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR	\$448.72	\$448.72	10/01/2017
21510	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE	\$394.97	\$394.97	10/01/2017
21550	BIOPSY, SOFT TISSUE OF NECK OR THORAX	\$231.48	\$140.16	10/01/2017
21552	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; 3 CM OR G	\$394.75	\$394.75	10/01/2017
21554	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG, INTRAMUS	\$647.61	\$647.61	10/01/2017
21555	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; LESS THAN	\$365.30	\$270.88	10/01/2017
21556	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG, INTRAMU	\$468.59	\$468.59	10/01/2017

**** PROPOSED ****

**Arizona Health Care Cost Containment System
FFS Physician Fee Schedule Rates
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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
21557	REMOVAL OF (LESS THAN 5 CENTIMETERS) GROWTH OF NECK OR FRONT OF CHEST	\$849.94	\$849.94	10/01/2017
21558	REMOVAL OF (5 CENTIMETERS OR GREATER) GROWTH OF NECK OR FRONT OF CHEST	\$1,192.55	\$1,192.55	10/01/2017
21600	EXCISION OF RIB, PARTIAL	\$491.80	\$491.80	10/01/2017
21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)	\$1,040.61	\$1,040.61	10/01/2017
21615	EXCISION FIRST AND/OR CERVICAL RIB;	\$551.72	\$551.72	10/01/2017
21616	EXCISION FIRST AND/OR CERVICAL RIB; WITH SYMPATHECTOMY	\$667.08	\$667.08	10/01/2017
21620	OSTECTOMY OF STERNUM, PARTIAL	\$446.22	\$446.22	10/01/2017
21627	STERNAL DEBRIDEMENT	\$477.76	\$477.76	10/01/2017
21630	RADICAL RESECTION OF STERNUM;	\$1,076.46	\$1,076.46	10/01/2017
21632	RADICAL RESECTION OF STERNUM; WITH MEDIASTINAL LYMPHADENECTOMY	\$1,059.48	\$1,059.48	10/01/2017
21685	HYOID MYOTOMY AND SUSPENSION	\$882.74	\$882.74	10/01/2017
21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	\$327.17	\$327.17	10/01/2017
21705	DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB	\$488.01	\$488.01	10/01/2017
21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CAST	\$435.91	\$435.91	10/01/2017
21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST	\$477.90	\$477.90	10/01/2017
21740	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN	\$910.28	\$910.28	10/01/2017
21742	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE	\$978.85	\$978.85	10/01/2017
21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE	BR	BR	01/01/2003
21750	CLOSURE OF MEDIAN STERNOTOMY SEPARATION WITH OR WITHOUT DEBRIDEMENT (SEPARATE	\$605.50	\$605.50	10/01/2017
21811	OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THORACOSCOPIC	\$539.39	\$539.39	10/01/2017
21812	OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THORACOSCOPIC	\$646.77	\$646.77	10/01/2017
21813	OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THORACOSCOPIC	\$852.84	\$852.84	10/01/2017
21820	CLOSED TREATMENT OF STERNUM FRACTURE	\$126.53	\$126.53	10/01/2017
21825	OPEN TREATMENT OF STERNUM FRACTURE WITH OR WITHOUT SKELETAL FIXATION	\$477.31	\$477.31	10/01/2017
21899	UNLISTED PROCEDURE, NECK OR THORAX	BR	BR	10/01/1982
21920	BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL	\$226.83	\$142.33	10/01/2017
21925	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP	\$395.77	\$315.91	10/01/2017
21930	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; LESS THAN 3 CM	\$416.48	\$323.31	10/01/2017
21931	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; 3 CM OR GREATER	\$416.06	\$416.06	10/01/2017
21932	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); L	\$586.15	\$586.15	10/01/2017
21933	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR);	\$653.69	\$653.69	10/01/2017
21935	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF BACK OR FLANK	\$912.71	\$912.71	10/01/2017
21936	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF BACK OR FLANK	\$1,253.08	\$1,253.08	10/01/2017
22010	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; CERV	\$844.04	\$844.04	10/01/2017
22015	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; LUMB	\$831.48	\$831.48	10/01/2017

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**Arizona Health Care Cost Containment System
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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
22100	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA O	\$811.42	\$811.42	10/01/2017
22101	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA	\$753.61	\$753.61	10/01/2017
22102	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA	\$693.46	\$693.46	10/01/2017
22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA	\$124.88	\$124.88	10/01/2017
22110	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT	\$925.04	\$925.04	10/01/2017
22112	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT	\$972.55	\$972.55	10/01/2017
22114	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT	\$878.17	\$878.17	10/01/2017
22116	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT	\$125.78	\$125.78	10/01/2017
22206	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VER	\$2,175.92	\$2,175.92	10/01/2017
22207	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VER	\$2,135.64	\$2,135.64	10/01/2017
22208	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VER	\$520.02	\$520.02	10/01/2017
22210	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT;	\$1,586.66	\$1,586.66	10/01/2017
22212	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL	\$1,319.39	\$1,319.39	10/01/2017
22214	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL	\$1,322.68	\$1,322.68	10/01/2017
22216	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL	\$324.74	\$324.74	10/01/2017
22220	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL	\$1,419.91	\$1,419.91	10/01/2017
22222	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL	\$1,337.28	\$1,337.28	10/01/2017
22224	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL	\$1,406.86	\$1,406.86	10/01/2017
22226	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL	\$323.28	\$323.28	10/01/2017
22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION, REQUIRING	\$271.43	\$250.07	10/01/2017
22315	CLOSED TREATMENT OF BROKEN AND/OR DISLOCATED SPINE BONES WITH CASTING AND/OR BRA	\$780.03	\$682.83	10/01/2017
22318	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(S)	\$1,454.36	\$1,454.36	10/01/2017
22319	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(S)	\$1,619.66	\$1,619.66	10/01/2017
22325	OPEN TREATMENT OF BROKEN AND/OR DISLOCATED LOWER SPINE BONES	\$1,276.71	\$1,276.71	10/01/2017
22326	OPEN TREATMENT OF BROKEN AND/OR DISLOCATED UPPER SPINE BONES	\$1,322.60	\$1,322.60	10/01/2017
22327	OPEN TREATMENT OF BROKEN AND/OR DISLOCATED MIDDLE SPINE BONES	\$1,331.90	\$1,331.90	10/01/2017
22328	OPEN TREATMENT OF BROKEN AND/OR DISLOCATED SPINE BONES	\$252.06	\$252.06	10/01/2017
22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION	\$117.52	\$117.52	10/01/2017
22510	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL B	\$1,478.41	\$390.64	10/01/2017
22511	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL B	\$1,464.70	\$366.41	10/01/2017
22512	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL B	\$840.76	\$187.29	10/01/2017
22513	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI	\$6,302.08	\$464.84	10/01/2017
22514	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI	\$6,265.83	\$432.62	10/01/2017
22515	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI	\$3,823.55	\$200.86	10/01/2017
22532	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PR	\$1,577.93	\$1,577.93	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	\$1,476.24	\$1,476.24	10/01/2017
22534	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	\$322.21	\$322.21	10/01/2017
22548	ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS	\$1,729.27	\$1,729.27	10/01/2017
22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, O	\$1,521.75	\$1,521.75	10/01/2017
22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, O	\$355.97	\$355.97	10/01/2017
22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	\$1,114.86	\$1,114.86	10/01/2017
22556	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	\$1,483.38	\$1,483.38	10/01/2017
22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	\$1,367.58	\$1,367.58	10/01/2017
22585	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	\$293.66	\$293.66	10/01/2017
22590	ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)	\$1,402.97	\$1,402.97	10/01/2017
22595	ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	\$1,338.65	\$1,338.65	10/01/2017
22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL	\$1,145.23	\$1,145.23	10/01/2017
22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; THORACIC (WITH	\$1,122.06	\$1,122.06	10/01/2017
22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH L	\$1,412.42	\$1,412.42	10/01/2017
22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH	\$350.01	\$350.01	10/01/2017
22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR	\$1,396.06	\$1,396.06	10/01/2017
22632	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR	\$287.22	\$287.22	10/01/2017
22633	FUSION OF LOWER SPINE BONES WITH REMOVAL OF DISC, POSTERIOR OR POSTEROLATERAL AP	\$1,649.32	\$1,649.32	10/01/2017
22634	FUSION OF LOWER SPINE BONES WITH REMOVAL OF DISC, POSTERIOR OR POSTEROLATERAL AP	\$443.99	\$443.99	10/01/2017
22800	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; UP TO 6 VERT	\$1,201.53	\$1,201.53	10/01/2017
22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12	\$1,869.88	\$1,869.88	10/01/2017
22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR MORE	\$2,161.44	\$2,161.44	10/01/2017
22808	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 TO 3	\$1,643.06	\$1,643.06	10/01/2017
22810	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 4 TO 7	\$1,821.72	\$1,821.72	10/01/2017
22812	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 OR MORE	\$1,957.53	\$1,957.53	10/01/2017
22818	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL	\$1,951.95	\$1,951.95	10/01/2017
22819	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL	\$2,415.09	\$2,415.09	10/01/2017
22830	EXPLORATION OF SPINAL FUSION	\$722.47	\$722.47	10/01/2017
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE F	\$679.55	\$679.55	10/01/2017
22841	INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES (LIST SEPARATELY IN ADDI	BR	BR	01/01/1996
22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIP	\$682.23	\$682.23	10/01/2017
22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIP	\$729.97	\$729.97	10/01/2017
22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIP	\$882.44	\$882.44	10/01/2017
22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION	\$652.96	\$652.96	10/01/2017
22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION	\$678.02	\$678.02	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDIT	\$743.65	\$743.65	10/01/2017
22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRU	\$321.83	\$321.83	10/01/2017
22849	REINSERTION OF SPINAL FIXATION DEVICE	\$1,155.03	\$1,155.03	10/01/2017
22850	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)	\$642.41	\$642.41	10/01/2017
22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	\$615.09	\$615.09	10/01/2017
22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH I	\$232.82	\$232.82	10/01/2017
22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) W	\$301.38	\$301.38	10/01/2017
22855	REMOVAL OF ANTERIOR INSTRUMENTATION	\$983.91	\$983.91	10/01/2017
22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTO	\$1,454.54	\$1,454.54	10/01/2017
22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTO	\$1,581.30	\$1,581.30	10/01/2017
22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTO	\$446.94	\$446.94	10/01/2017
22859	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH, M	\$301.38	\$301.38	10/01/2017
22861	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANT	\$1,746.53	\$1,746.53	10/01/2017
22862	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANT	\$1,895.53	\$1,895.53	10/01/2017
22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE	\$1,835.04	\$1,835.04	10/01/2017
22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE	\$1,807.21	\$1,807.21	10/01/2017
22867	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE,	\$872.28	\$872.28	10/01/2017
22868	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE,	\$217.80	\$217.80	10/01/2017
22869	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE,	\$481.09	\$481.09	10/01/2017
22870	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE,	\$126.99	\$126.99	10/01/2017
22899	UNLISTED PROCEDURE, SPINE	BR	BR	10/01/1982
22900	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR);	\$499.67	\$499.67	10/01/2017
22901	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG,INTRAMUSCULAR); 5	\$590.33	\$590.33	10/01/2017
22902	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; LESS THAN 3 CM	\$385.73	\$292.25	10/01/2017
22903	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; 3 CM OR GREATER	\$388.35	\$388.35	10/01/2017
22904	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH IN ABDOMINAL WALL	\$931.58	\$931.58	10/01/2017
22905	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH IN ABDOMINAL WALL	\$1,180.91	\$1,180.91	10/01/2017
22999	UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL SYSTEM	BR	BR	10/01/1982
23000	REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN	\$511.04	\$326.23	10/01/2017
23020	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)	\$609.56	\$609.56	10/01/2017
23030	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA	\$389.63	\$226.50	10/01/2017
23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA	\$374.43	\$193.96	10/01/2017
23035	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	\$600.93	\$600.93	10/01/2017
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF	\$634.13	\$634.13	10/01/2017
23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, INCLUDING EXPLORATION,	\$501.58	\$501.58	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
23065	BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL	\$191.77	\$149.06	10/01/2017
23066	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP	\$491.07	\$315.86	10/01/2017
23071	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; 3 CM OR GREATER	\$371.11	\$371.11	10/01/2017
23073	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5	\$614.93	\$614.93	10/01/2017
23075	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; LESS THAN 3 CM	\$412.67	\$288.85	10/01/2017
23076	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); L	\$477.11	\$477.11	10/01/2017
23077	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF SHOULDER AREA	\$1,012.95	\$1,012.95	10/01/2017
23078	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF SHOULDER AREA	\$1,272.22	\$1,272.22	10/01/2017
23100	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY	\$440.82	\$440.82	10/01/2017
23101	ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR STERNOCLAVICULAR JOINT, INCLUDING BIOPSY	\$394.59	\$394.59	10/01/2017
23105	ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	\$562.63	\$562.63	10/01/2017
23106	ARTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	\$424.78	\$424.78	10/01/2017
23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL	\$584.68	\$584.68	10/01/2017
23120	CLAVICULECTOMY; PARTIAL	\$516.14	\$516.14	10/01/2017
23125	CLAVICULECTOMY; TOTAL	\$613.75	\$613.75	10/01/2017
23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL	\$538.37	\$538.37	10/01/2017
23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	\$475.97	\$475.97	10/01/2017
23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH	\$606.38	\$606.38	10/01/2017
23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH	\$544.41	\$544.41	10/01/2017
23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;	\$582.03	\$582.03	10/01/2017
23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH	\$698.54	\$698.54	10/01/2017
23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH	\$591.58	\$591.58	10/01/2017
23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE	\$495.20	\$495.20	10/01/2017
23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	\$489.79	\$489.79	10/01/2017
23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO	\$670.57	\$670.57	10/01/2017
23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$584.47	\$584.47	10/01/2017
23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$581.24	\$581.24	10/01/2017
23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$647.77	\$647.77	10/01/2017
23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	\$504.66	\$504.66	10/01/2017
23195	RESECTION, HUMERAL HEAD	\$667.63	\$667.63	10/01/2017
23200	RADICAL RESECTION OF TUMOR; CLAVICLE	\$1,339.41	\$1,339.41	10/01/2017
23210	RADICAL RESECTION OF TUMOR; SCAPULA	\$1,566.48	\$1,566.48	10/01/2017
23220	RADICAL RESECTION OF TUMOR, PROXIMAL HUMERUS	\$1,727.40	\$1,727.40	10/01/2017
23330	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS	\$217.68	\$136.58	10/01/2017
23333	REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$399.18	\$399.18	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
23334	REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUME	\$953.73	\$953.73	10/01/2017
23335	REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUME	\$1,135.17	\$1,135.17	10/01/2017
23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY OR ENHANCED CT/MRI SHOULDER	\$114.61	\$45.58	10/01/2017
23395	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE	\$1,135.21	\$1,135.21	10/01/2017
23397	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; MULTIPLE	\$1,011.34	\$1,011.34	10/01/2017
23400	SCAPULOPEXY (EG, SPRENGELS DEFORMITY OR FOR PARALYSIS)	\$835.45	\$835.45	10/01/2017
23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON	\$550.58	\$550.58	10/01/2017
23406	TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION	\$680.93	\$680.93	10/01/2017
23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUTE	\$727.03	\$727.03	10/01/2017
23412	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; CHRONIC	\$753.56	\$753.56	10/01/2017
23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY	\$616.42	\$616.42	10/01/2017
23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES	\$857.47	\$857.47	10/01/2017
23430	TENODESIS OF LONG TENDON OF BICEPS	\$659.22	\$659.22	10/01/2017
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS	\$667.38	\$667.38	10/01/2017
23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	\$840.29	\$840.29	10/01/2017
23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)	\$881.19	\$881.19	10/01/2017
23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK	\$962.77	\$962.77	10/01/2017
23462	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER	\$935.27	\$935.27	10/01/2017
23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK	\$984.38	\$984.38	10/01/2017
23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY	\$990.87	\$990.87	10/01/2017
23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	\$1,064.79	\$1,064.79	10/01/2017
23472	ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUMERAL	\$1,291.92	\$1,291.92	10/01/2017
23473	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUM	\$1,442.54	\$1,442.54	10/01/2017
23474	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUM	\$1,558.19	\$1,558.19	10/01/2017
23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;	\$725.10	\$725.10	10/01/2017
23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR	\$843.35	\$843.35	10/01/2017
23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$741.89	\$741.89	10/01/2017
23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$895.08	\$895.08	10/01/2017
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION	\$194.75	\$194.75	10/01/2017
23505	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION	\$307.72	\$290.69	10/01/2017
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORME	\$636.97	\$636.97	10/01/2017
23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	\$203.78	\$203.78	10/01/2017
23525	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION	\$327.29	\$303.14	10/01/2017
23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	\$503.70	\$503.70	10/01/2017
23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL	\$547.97	\$547.97	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	\$199.73	\$199.73	10/01/2017
23545	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION	\$295.55	\$269.23	10/01/2017
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	\$495.11	\$495.11	10/01/2017
23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL	\$578.86	\$578.86	10/01/2017
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION	\$210.05	\$210.05	10/01/2017
23575	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITHOUT	\$349.73	\$328.06	10/01/2017
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) INCLUDES INTERNA	\$867.62	\$867.62	10/01/2017
23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE;	\$286.30	\$269.89	10/01/2017
23605	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE;	\$406.65	\$372.60	10/01/2017
23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLU	\$782.49	\$782.49	10/01/2017
23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLU	\$1,100.38	\$1,100.38	10/01/2017
23620	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITHOUT MANIPULATION	\$236.01	\$224.87	10/01/2017
23625	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITH MANIPULATION	\$331.47	\$308.56	10/01/2017
23630	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, INCLUDES INTERNAL FIXATIO	\$689.72	\$689.72	10/01/2017
23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA	\$275.47	\$253.18	10/01/2017
23655	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING	\$353.44	\$353.44	10/01/2017
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	\$513.62	\$513.62	10/01/2017
23665	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL	\$373.63	\$347.94	10/01/2017
23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROS	\$774.56	\$774.56	10/01/2017
23675	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK	\$482.35	\$439.94	10/01/2017
23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTUR	\$819.32	\$819.32	10/01/2017
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION	\$173.33	\$173.33	10/01/2017
23800	ARTHRODESIS, GLENOHUMERAL JOINT;	\$900.16	\$900.16	10/01/2017
23802	ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING	\$1,132.95	\$1,132.95	10/01/2017
23900	INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)	\$1,230.80	\$1,230.80	10/01/2017
23920	DISARTICULATION OF SHOULDER;	\$976.74	\$976.74	10/01/2017
23921	DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION	\$411.44	\$411.44	10/01/2017
23929	UNLISTED PROCEDURE, SHOULDER	BR	BR	10/01/1982
23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA	\$312.01	\$191.28	10/01/2017
23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA	\$252.37	\$141.24	10/01/2017
23935	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE	\$446.99	\$446.99	10/01/2017
24000	ARTHROTOMY, ELBOW, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	\$421.98	\$421.98	10/01/2017
24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE	\$629.15	\$629.15	10/01/2017
24065	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL	\$225.83	\$149.06	10/01/2017
24066	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR	\$549.55	\$367.53	10/01/2017

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**Arizona Health Care Cost Containment System
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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
24071	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; 3 CM OR G	\$358.92	\$358.92	10/01/2017
24073	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBFASCIAL (EG,INTRAMUS	\$613.15	\$613.15	10/01/2017
24075	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; LESS THAN	\$431.61	\$292.00	10/01/2017
24076	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBFASCIAL (EG, INTRAMU	\$480.18	\$480.18	10/01/2017
24077	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF UPPER ARM OR ELBOW	\$917.75	\$917.75	10/01/2017
24079	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF UPPER ARM OR ELBOW	\$1,177.78	\$1,177.78	10/01/2017
24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY	\$365.79	\$365.79	10/01/2017
24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR	\$439.52	\$439.52	10/01/2017
24102	ARTHROTOMY, ELBOW; WITH SYNOVECTOMY	\$544.51	\$544.51	10/01/2017
24105	EXCISION, OLECRANON BURSA	\$308.77	\$308.77	10/01/2017
24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;	\$514.39	\$514.39	10/01/2017
24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT	\$642.31	\$642.31	10/01/2017
24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT	\$763.17	\$763.17	10/01/2017
24120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR	\$467.01	\$467.01	10/01/2017
24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR	\$543.30	\$543.30	10/01/2017
24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR	\$568.73	\$568.73	10/01/2017
24130	EXCISION, RADIAL HEAD	\$448.12	\$448.12	10/01/2017
24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS	\$660.92	\$660.92	10/01/2017
24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK	\$525.36	\$525.36	10/01/2017
24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS	\$595.16	\$595.16	10/01/2017
24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$621.51	\$621.51	10/01/2017
24145	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$516.54	\$516.54	10/01/2017
24147	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$549.94	\$549.94	10/01/2017
24149	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH	\$1,040.08	\$1,040.08	10/01/2017
24150	RADICAL RESECTION OF TUMOR, SHAFT OR DISTAL HUMERUS	\$1,381.58	\$1,381.58	10/01/2017
24152	RADICAL RESECTION OF TUMOR, RADIAL HEAD OR NECK	\$1,187.58	\$1,187.58	10/01/2017
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	\$755.49	\$755.49	10/01/2017
24160	REMOVAL OF ELBOW JOINT HARDWARE	\$1,122.43	\$1,122.43	10/01/2017
24164	REMOVAL OF HARDWARE OF FOREARM BONE AT ELBOW JOINT	\$645.82	\$645.82	10/01/2017
24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS	\$181.94	\$123.43	10/01/2017
24201	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR	\$481.90	\$320.00	10/01/2017
24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	\$139.65	\$61.34	10/01/2017
24300	MANIPULATION, ELBOW, UNDER ANESTHESIA	\$366.34	\$366.34	10/01/2017
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING	\$662.99	\$662.99	10/01/2017
24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON	\$509.57	\$509.57	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
24310	TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH TENDON	\$413.74	\$413.74	10/01/2017
24320	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO	\$675.75	\$675.75	10/01/2017
24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	\$633.14	\$633.14	10/01/2017
24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANCEMENT	\$688.49	\$688.49	10/01/2017
24332	TENOLYSIS, TRICEPS	\$541.06	\$541.06	10/01/2017
24340	TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)	\$541.38	\$541.38	10/01/2017
24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR	\$659.41	\$659.41	10/01/2017
24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT	\$685.74	\$685.74	10/01/2017
24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	\$625.01	\$625.01	10/01/2017
24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES	\$965.43	\$965.43	10/01/2017
24345	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	\$621.95	\$621.95	10/01/2017
24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES	\$971.68	\$971.68	10/01/2017
24357	INCISION OF TENDON TO REPAIR ELBOW JOINT, ACCESSED THROUGH THE SKIN	\$372.90	\$372.90	10/01/2017
24358	REMOVAL OF TISSUE AND/OR BONE AT ELBOW, OPEN PROCEDURE	\$461.27	\$461.27	10/01/2017
24359	REMOVAL OF TISSUE AND/OR BONE AT ELBOW WITH TENDON REPAIR, OPEN PROCEDURE	\$582.76	\$582.76	10/01/2017
24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL)	\$795.89	\$795.89	10/01/2017
24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT	\$887.57	\$887.57	10/01/2017
24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	\$939.06	\$939.06	10/01/2017
24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC	\$1,291.66	\$1,291.66	10/01/2017
24365	ARTHROPLASTY, RADIAL HEAD;	\$564.14	\$564.14	10/01/2017
24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	\$601.72	\$601.72	10/01/2017
24370	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERA	\$1,376.20	\$1,376.20	10/01/2017
24371	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERA	\$1,582.93	\$1,582.93	10/01/2017
24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	\$724.07	\$724.07	10/01/2017
24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT	\$936.31	\$936.31	10/01/2017
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	\$872.43	\$872.43	10/01/2017
24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION	\$936.59	\$936.59	10/01/2017
24435	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT	\$952.78	\$952.78	10/01/2017
24470	HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)	\$592.96	\$592.96	10/01/2017
24495	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION	\$469.48	\$469.48	10/01/2017
24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHOUT	\$764.53	\$764.53	10/01/2017
24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION	\$314.36	\$286.50	10/01/2017
24505	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR WITHOUT	\$438.08	\$396.29	10/01/2017
24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT	\$775.42	\$775.42	10/01/2017
24516	TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT,	\$760.47	\$760.47	10/01/2017

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**Arizona Health Care Cost Containment System
FFS Physician Fee Schedule Rates
Effective 10/01/2017**

Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR	\$333.74	\$302.48	10/01/2017
24535	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR	\$539.60	\$499.05	10/01/2017
24538	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL	\$658.26	\$658.26	10/01/2017
24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, INCLUDES INTE	\$822.46	\$822.46	10/01/2017
24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, INCLUDES INTE	\$920.28	\$920.28	10/01/2017
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT	\$281.23	\$252.44	10/01/2017
24565	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH	\$466.59	\$428.83	10/01/2017
24566	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR	\$634.07	\$634.07	10/01/2017
24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTE	\$648.74	\$648.74	10/01/2017
24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT	\$298.13	\$268.10	10/01/2017
24577	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH	\$478.17	\$439.17	10/01/2017
24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTERNA	\$738.89	\$738.89	10/01/2017
24582	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL,	\$714.48	\$714.48	10/01/2017
24586	OPEN TREATMENT OF BROKEN AND/OR DISLOCATED UPPER OR LOWER ARM BONES AT ELBOW	\$958.25	\$958.25	10/01/2017
24587	OPEN TREATMENT OF BROKEN AND/OR DISLOCATED UPPER OR LOWER ARM BONES AT ELBOW WIT	\$959.11	\$959.11	10/01/2017
24600	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA	\$319.53	\$292.91	10/01/2017
24605	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA	\$413.37	\$413.37	10/01/2017
24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	\$629.64	\$629.64	10/01/2017
24620	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE	\$483.95	\$483.95	10/01/2017
24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROX	\$594.59	\$594.59	10/01/2017
24640	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, NURSEMAID ELBOW, WITH	\$102.98	\$75.74	10/01/2017
24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION	\$229.34	\$210.77	10/01/2017
24655	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION	\$382.57	\$348.52	10/01/2017
24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION OR RA	\$576.63	\$576.63	10/01/2017
24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION OR RA	\$648.19	\$648.19	10/01/2017
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROC	\$254.91	\$230.46	10/01/2017
24675	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROC	\$396.53	\$362.17	10/01/2017
24685	OPEN TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROCES	\$577.44	\$577.44	10/01/2017
24800	ARTHRODESIS, ELBOW JOINT; LOCAL	\$733.79	\$733.79	10/01/2017
24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	\$874.28	\$874.28	10/01/2017
24900	AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE	\$646.21	\$646.21	10/01/2017
24920	AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLotine)	\$637.19	\$637.19	10/01/2017
24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION	\$457.53	\$457.53	10/01/2017
24930	AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION	\$671.86	\$671.86	10/01/2017
24931	AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT	\$711.65	\$711.65	10/01/2017

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**Arizona Health Care Cost Containment System
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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
24935	STUMP ELONGATION, UPPER EXTREMITY	\$856.29	\$856.29	10/01/2017
24940	CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE	\$1,591.40	\$1,591.40	10/01/2017
24999	UNLISTED PROCEDURE, HUMERUS OR ELBOW	BR	BR	10/01/1982
25000	INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE)	\$296.31	\$296.31	10/01/2017
25001	INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CARPI RADIALIS)	\$302.83	\$302.83	10/01/2017
25020	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR COMPARTMENT;	\$506.30	\$506.30	10/01/2017
25023	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR COMPARTMENT;	\$970.95	\$970.95	10/01/2017
25024	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR	\$685.32	\$685.32	10/01/2017
25025	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR	\$1,083.19	\$1,083.19	10/01/2017
25028	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA	\$461.40	\$461.40	10/01/2017
25031	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA	\$320.03	\$320.03	10/01/2017
25035	INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST (EG, OSTEOMYELITIS OR BONE	\$514.36	\$514.36	10/01/2017
25040	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH EXPLORATION, DRAINAGE, OR	\$496.70	\$496.70	10/01/2017
25065	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL	\$223.13	\$144.81	10/01/2017
25066	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$317.29	\$317.29	10/01/2017
25071	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; 3 CM OR	\$376.35	\$376.35	10/01/2017
25073	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL (EG, INTRA	\$471.88	\$471.88	10/01/2017
25075	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; LESS TH	\$419.78	\$279.55	10/01/2017
25076	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL (EG, INTRA	\$457.73	\$457.73	10/01/2017
25077	REMOVAL (LESS THAN 3 CENTIMETERS) TISSUE GROWTH AT FOREARM AND/OR WRIST	\$787.43	\$787.43	10/01/2017
25078	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH AT FOREARM AND/OR WRIST	\$1,032.54	\$1,032.54	10/01/2017
25085	CAPSULOTOMY, WRIST (EG, CONTRACTURE)	\$395.39	\$395.39	10/01/2017
25100	ARTHROTOMY, WRIST JOINT; WITH BIOPSY	\$297.42	\$297.42	10/01/2017
25101	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH	\$356.02	\$356.02	10/01/2017
25105	ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOMY	\$425.42	\$425.42	10/01/2017
25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAGE,	\$544.07	\$544.07	10/01/2017
25109	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH	\$475.36	\$475.36	10/01/2017
25110	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST	\$301.07	\$301.07	10/01/2017
25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY	\$282.33	\$282.33	10/01/2017
25112	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT	\$341.14	\$341.14	10/01/2017
25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG,	\$670.82	\$670.82	10/01/2017
25116	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG,	\$529.97	\$529.97	10/01/2017
25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;	\$336.32	\$336.32	10/01/2017
25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECTION	\$435.56	\$435.56	10/01/2017
25120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING	\$438.91	\$438.91	10/01/2017

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Arizona Health Care Cost Containment System
FFS Physician Fee Schedule Rates
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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
25125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING	\$520.96	\$520.96	10/01/2017
25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING	\$519.62	\$519.62	10/01/2017
25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;	\$393.19	\$393.19	10/01/2017
25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH	\$492.48	\$492.48	10/01/2017
25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH	\$428.50	\$428.50	10/01/2017
25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST	\$456.47	\$456.47	10/01/2017
25150	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG,	\$498.26	\$498.26	10/01/2017
25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG,	\$514.57	\$514.57	10/01/2017
25170	RADICAL RESECTION OF TUMOR, RADIUS OR ULNA	\$1,310.10	\$1,310.10	10/01/2017
25210	CARPECTOMY; ONE BONE	\$430.19	\$430.19	10/01/2017
25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW	\$545.80	\$545.80	10/01/2017
25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)	\$381.55	\$381.55	10/01/2017
25240	EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG, DARRACH TYPE OR MATCHED RESECTION)	\$377.78	\$377.78	10/01/2017
25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	\$142.15	\$67.24	10/01/2017
25248	EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST	\$362.97	\$362.97	10/01/2017
25250	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)	\$467.86	\$467.86	10/01/2017
25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING TOTAL WRIST	\$634.95	\$634.95	10/01/2017
25259	MANIPULATION, WRIST, UNDER ANESTHESIA	\$365.76	\$365.76	10/01/2017
25260	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TE	\$555.66	\$555.66	10/01/2017
25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH	\$550.44	\$550.44	10/01/2017
25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE	\$660.76	\$660.76	10/01/2017
25270	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH	\$432.22	\$432.22	10/01/2017
25272	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE,	\$488.24	\$488.24	10/01/2017
25274	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE	\$584.87	\$584.87	10/01/2017
25275	REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT	\$592.02	\$592.02	10/01/2017
25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST,	\$497.56	\$497.56	10/01/2017
25290	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH	\$385.02	\$385.02	10/01/2017
25295	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	\$462.84	\$462.84	10/01/2017
25300	TENODESIS AT WRIST; FLEXORS OF FINGERS	\$600.61	\$600.61	10/01/2017
25301	TENODESIS AT WRIST; EXTENSORS OF FINGERS	\$568.14	\$568.14	10/01/2017
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST,	\$547.09	\$547.09	10/01/2017
25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST,	\$634.03	\$634.03	10/01/2017
25315	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM	\$681.46	\$681.46	10/01/2017
25316	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM	\$805.48	\$805.48	10/01/2017
25320	CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG, CAPSULODESIS, LIGAMENT	\$872.21	\$872.21	10/01/2017

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**Arizona Health Care Cost Containment System
FFS Physician Fee Schedule Rates
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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR	\$744.35	\$744.35	10/01/2017
25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	\$835.78	\$835.78	10/01/2017
25337	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR	\$787.91	\$787.91	10/01/2017
25350	OSTEOTOMY, RADIUS; DISTAL THIRD	\$595.09	\$595.09	10/01/2017
25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	\$673.15	\$673.15	10/01/2017
25360	OSTEOTOMY; ULNA	\$576.98	\$576.98	10/01/2017
25365	OSTEOTOMY; RADIUS AND ULNA	\$809.50	\$809.50	10/01/2017
25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	\$890.29	\$890.29	10/01/2017
25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	\$843.13	\$843.13	10/01/2017
25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	\$681.21	\$681.21	10/01/2017
25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	\$881.04	\$881.04	10/01/2017
25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	\$904.11	\$904.11	10/01/2017
25393	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	\$996.12	\$996.12	10/01/2017
25394	OSTEOPLASTY, CARPAL BONE, SHORTENING	\$694.08	\$694.08	10/01/2017
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION	\$710.30	\$710.30	10/01/2017
25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUDES	\$917.64	\$917.64	10/01/2017
25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION	\$855.85	\$855.85	10/01/2017
25420	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAFT (INCLUDES	\$1,028.77	\$1,028.77	10/01/2017
25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	\$851.88	\$851.88	10/01/2017
25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA	\$970.28	\$970.28	10/01/2017
25430	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HORI PROCEDURE)	\$646.52	\$646.52	10/01/2017
25431	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR))	\$697.62	\$697.62	10/01/2017
25440	REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT RADIAL	\$680.31	\$680.31	10/01/2017
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	\$828.81	\$828.81	10/01/2017
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	\$712.84	\$712.84	10/01/2017
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR)	\$684.26	\$684.26	10/01/2017
25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	\$724.00	\$724.00	10/01/2017
25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM	\$638.37	\$638.37	10/01/2017
25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE	\$1,039.03	\$1,039.03	10/01/2017
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS	\$732.46	\$732.46	10/01/2017
25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	\$914.46	\$914.46	10/01/2017
25450	EPIPHYSEAL ARREST BY EPIPHYSEODESIS OR STAPLING; DISTAL RADIUS OR ULNA	\$458.78	\$458.78	10/01/2017
25455	EPIPHYSEAL ARREST BY EPIPHYSEODESIS OR STAPLING; DISTAL RADIUS AND ULNA	\$640.94	\$640.94	10/01/2017
25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$635.38	\$635.38	10/01/2017
25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$653.81	\$653.81	10/01/2017

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**Arizona Health Care Cost Containment System
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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$799.83	\$799.83	10/01/2017
25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION	\$239.87	\$220.37	10/01/2017
25505	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION	\$439.01	\$402.48	10/01/2017
25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFOR	\$590.65	\$590.65	10/01/2017
25520	CLOSED TREATMENT OF BROKEN FOREARM AND DISLOCATED WRIST BONES	\$496.16	\$471.09	10/01/2017
25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFOR	\$693.73	\$693.73	10/01/2017
25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFOR	\$841.42	\$841.42	10/01/2017
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	\$229.62	\$208.26	10/01/2017
25535	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION	\$428.55	\$397.29	10/01/2017
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORM	\$550.42	\$550.42	10/01/2017
25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION	\$243.58	\$220.67	10/01/2017
25565	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION	\$454.30	\$410.96	10/01/2017
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION, WHEN	\$595.48	\$595.48	10/01/2017
25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION, WHEN	\$796.69	\$796.69	10/01/2017
25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYS	\$287.68	\$272.21	10/01/2017
25605	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR	\$477.36	\$449.50	10/01/2017
25606	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPARATIO	\$584.99	\$584.99	10/01/2017
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO	\$649.23	\$649.23	10/01/2017
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO	\$728.31	\$728.31	10/01/2017
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO	\$926.35	\$926.35	10/01/2017
25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION	\$267.03	\$243.81	10/01/2017
25624	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION	\$418.24	\$381.71	10/01/2017
25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, INCLUDES INTERNAL FIXATI	\$637.10	\$637.10	10/01/2017
25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID	\$267.86	\$246.50	10/01/2017
25635	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID	\$369.39	\$331.32	10/01/2017
25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SCAPHOID	\$498.26	\$498.26	10/01/2017
25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE	\$279.98	\$262.95	10/01/2017
25651	PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	\$426.20	\$426.20	10/01/2017
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	\$550.62	\$550.62	10/01/2017
25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES,	\$361.99	\$361.99	10/01/2017
25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES	\$535.05	\$535.05	10/01/2017
25671	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION	\$467.83	\$467.83	10/01/2017
25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION	\$379.53	\$346.10	10/01/2017
25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	\$554.74	\$554.74	10/01/2017
25680	CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION, WITH	\$422.66	\$422.66	10/01/2017

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25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	\$647.80	\$647.80	10/01/2017
25690	CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION	\$416.17	\$416.17	10/01/2017
25695	OPEN TREATMENT OF LUNATE DISLOCATION	\$558.91	\$558.91	10/01/2017
25800	ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND/ OR I	\$647.33	\$647.33	10/01/2017
25805	ARTHRODESIS, WRIST; WITH SLIDING GRAFT	\$747.04	\$747.04	10/01/2017
25810	ARTHRODESIS, WRIST; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$768.23	\$768.23	10/01/2017
25820	ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCARPAL)	\$542.89	\$542.89	10/01/2017
25825	ARTHRODESIS, WRIST; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$669.59	\$669.59	10/01/2017
25830	ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR	\$832.84	\$832.84	10/01/2017
25900	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;	\$625.99	\$625.99	10/01/2017
25905	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLotine)	\$620.23	\$620.23	10/01/2017
25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION	\$538.10	\$538.10	10/01/2017
25909	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION	\$602.71	\$602.71	10/01/2017
25915	KRUKENBERG PROCEDURE	\$900.68	\$900.68	10/01/2017
25920	DISARTICULATION THROUGH WRIST;	\$614.60	\$614.60	10/01/2017
25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION	\$451.06	\$451.06	10/01/2017
25924	DISARTICULATION THROUGH WRIST; RE-AMPUTATION	\$588.87	\$588.87	10/01/2017
25927	TRANSMETACARPAL AMPUTATION;	\$710.62	\$710.62	10/01/2017
25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION	\$503.59	\$503.59	10/01/2017
25931	TRANSMETACARPAL AMPUTATION; RE-AMPUTATION	\$638.96	\$638.96	10/01/2017
25999	UNLISTED PROCEDURE, FOREARM OR WRIST	BR	BR	10/01/1982
26010	DRAINAGE OF FINGER ABSCESS; SIMPLE	\$232.23	\$121.10	10/01/2017
26011	DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)	\$342.07	\$163.15	10/01/2017
26020	DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH	\$381.93	\$381.93	10/01/2017
26025	DRAINAGE OF PALMAR BURSA; SINGLE, BURSA	\$372.38	\$372.38	10/01/2017
26030	DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA	\$434.91	\$434.91	10/01/2017
26034	INCISION, BONE CORTEX, HAND OR FINGER (EG, OSTEOMYELITIS OR BONE ABSCESS)	\$475.72	\$475.72	10/01/2017
26035	DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN)	\$756.45	\$756.45	10/01/2017
26037	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)	\$499.44	\$499.44	10/01/2017
26040	RELEASE OF TISSUES OF PALM, ACCESSED THROUGH THE SKIN	\$274.80	\$274.80	10/01/2017
26045	PARTIAL RELEASE OF TISSUES OF PALM, OPEN PROCEDURE	\$412.79	\$412.79	10/01/2017
26055	TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER)	\$489.60	\$273.22	10/01/2017
26060	TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT	\$229.59	\$229.59	10/01/2017
26070	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY;	\$278.24	\$278.24	10/01/2017
26075	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY;	\$293.56	\$293.56	10/01/2017

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26080	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY;	\$343.77	\$343.77	10/01/2017
26100	ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT, EACH	\$285.76	\$285.76	10/01/2017
26105	ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH	\$293.89	\$293.89	10/01/2017
26110	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT, EACH	\$283.66	\$283.66	10/01/2017
26111	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTAN	\$369.15	\$369.15	10/01/2017
26113	EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFA	\$485.06	\$485.06	10/01/2017
26115	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTA	\$442.66	\$293.46	10/01/2017
26116	EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFA	\$465.37	\$465.37	10/01/2017
26117	REMOVAL (LESS THAN 3 CENTIMETERS) TISSUE GROWTH OF HAND OR FINGER	\$660.42	\$660.42	10/01/2017
26118	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH OF HAND OR FINGER	\$933.65	\$933.65	10/01/2017
26121	FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE	\$527.21	\$527.21	10/01/2017
26123	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL	\$737.38	\$737.38	10/01/2017
26125	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL	\$243.76	\$243.76	10/01/2017
26130	SYNOVECTOMY, CARPOMETACARPAL JOINT	\$407.38	\$407.38	10/01/2017
26135	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR	\$485.23	\$485.23	10/01/2017
26140	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION,	\$444.78	\$444.78	10/01/2017
26145	SYNOVECTOMY, TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR TENDON, PALM	\$452.34	\$452.34	10/01/2017
26160	EXCISION OF LESION OF TENDON SHEATH OR JOINT CAPSULE (EG, CYST, MUCOUS CYST, OR	\$503.45	\$294.19	10/01/2017
26170	EXCISION OF TENDON, PALM, FLEXOR OR EXTENSOR, SINGLE, EACH TENDON	\$358.08	\$358.08	10/01/2017
26180	EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON	\$390.49	\$390.49	10/01/2017
26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)	\$480.45	\$480.45	10/01/2017
26200	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL;	\$396.05	\$396.05	10/01/2017
26205	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH	\$526.06	\$526.06	10/01/2017
26210	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR	\$389.96	\$389.96	10/01/2017
26215	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR	\$492.95	\$492.95	10/01/2017
26230	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$440.85	\$440.85	10/01/2017
26235	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$434.37	\$434.37	10/01/2017
26236	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$388.66	\$388.66	10/01/2017
26250	RADICAL RESECTION OF TUMOR, METACARPAL	\$955.92	\$955.92	10/01/2017
26260	RADICAL RESECTION OF TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER	\$710.75	\$710.75	10/01/2017
26262	RADICAL RESECTION OF TUMOR, DISTAL PHALANX OF FINGER	\$555.73	\$555.73	10/01/2017
26320	REMOVAL OF IMPLANT FROM FINGER OR HAND	\$305.59	\$305.59	10/01/2017
26340	MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	\$293.49	\$293.49	10/01/2017
26341	MANIPULATION OF PALM PRETENDINOUS CORD FOLLOWING ENZYME INJECTION	\$86.69	\$66.26	10/01/2017
26350	REPAIR OF FINGER TENDON	\$619.35	\$619.35	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
26352	REPAIR OF FINGER TENDON WITH GRAFT	\$697.72	\$697.72	10/01/2017
26356	REPAIR OF FINGER TENDON	\$700.49	\$700.49	10/01/2017
26357	REPAIR OF FINGER TENDON	\$782.66	\$782.66	10/01/2017
26358	REPAIR OF FINGER TENDON WITH GRAFT	\$863.46	\$863.46	10/01/2017
26370	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON;	\$659.60	\$659.60	10/01/2017
26372	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON;	\$750.10	\$750.10	10/01/2017
26373	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON;	\$726.96	\$726.96	10/01/2017
26390	EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TENDON	\$728.94	\$728.94	10/01/2017
26392	REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FINGER	\$845.97	\$845.97	10/01/2017
26410	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH	\$491.00	\$491.00	10/01/2017
26412	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES	\$601.75	\$601.75	10/01/2017
26415	EXCISION OF EXTENSOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED	\$596.06	\$596.06	10/01/2017
26416	REMOVAL OF SYNTHETIC ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES	\$754.27	\$754.27	10/01/2017
26418	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH	\$501.95	\$501.95	10/01/2017
26420	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITH FREE GRAFT	\$614.39	\$614.39	10/01/2017
26426	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY);	\$441.98	\$441.98	10/01/2017
26428	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY);	\$644.95	\$644.95	10/01/2017
26432	CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION, WITH OR WITHOUT	\$433.34	\$433.34	10/01/2017
26433	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITHOUT	\$460.10	\$460.10	10/01/2017
26434	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITH FREE	\$562.05	\$562.05	10/01/2017
26437	REALIGNMENT OF EXTENSOR TENDON, HAND, EACH TENDON	\$541.45	\$541.45	10/01/2017
26440	TENOLYSIS, FLEXOR TENDON; PALM OR FINGER, EACH TENDON	\$538.06	\$538.06	10/01/2017
26442	TENOLYSIS, FLEXOR TENDON; PALM AND FINGER, EACH TENDON	\$841.52	\$841.52	10/01/2017
26445	TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER, EACH TENDON	\$500.79	\$500.79	10/01/2017
26449	TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, INCLUDING FOREARM, EACH TENDON	\$613.19	\$613.19	10/01/2017
26450	TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDON	\$352.71	\$352.71	10/01/2017
26455	TENOTOMY, FLEXOR, FINGER, OPEN, EACH TENDON	\$350.61	\$350.61	10/01/2017
26460	TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN, EACH TENDON	\$342.56	\$342.56	10/01/2017
26471	TENODESIS; OF PROXIMAL INTERPHALANGEAL JOINT, EACH JOINT	\$534.89	\$534.89	10/01/2017
26474	TENODESIS; OF DISTAL JOINT, EACH JOINT	\$521.65	\$521.65	10/01/2017
26476	LENGTHENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	\$502.79	\$502.79	10/01/2017
26477	SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	\$506.31	\$506.31	10/01/2017
26478	LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	\$538.74	\$538.74	10/01/2017
26479	SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	\$534.56	\$534.56	10/01/2017
26480	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND;	\$653.93	\$653.93	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
26483	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND; WITH	\$731.78	\$731.78	10/01/2017
26485	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH TENDON	\$701.68	\$701.68	10/01/2017
26489	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITH FREE TENDON GRAFT (INCLUDES	\$812.13	\$812.13	10/01/2017
26490	OPPONENSPLASTY; SUPERFICIALIS TENDON TRANSFER TYPE, EACH TENDON	\$694.02	\$694.02	10/01/2017
26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT), EACH	\$769.96	\$769.96	10/01/2017
26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER	\$680.99	\$680.99	10/01/2017
26496	OPPONENSPLASTY; OTHER METHODS	\$748.33	\$748.33	10/01/2017
26497	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER	\$755.15	\$755.15	10/01/2017
26498	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS	\$992.89	\$992.89	10/01/2017
26499	CORRECTION CLAW FINGER, OTHER METHODS	\$715.57	\$715.57	10/01/2017
26500	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH LOCAL TISSUES (SEPARATE	\$543.02	\$543.02	10/01/2017
26502	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH TENDON OR FASCIAL GRAFT	\$617.29	\$617.29	10/01/2017
26508	RELEASE OF THENAR MUSCLE(S) (EG, THUMB CONTRACTURE)	\$548.38	\$548.38	10/01/2017
26510	CROSS INTRINSIC TRANSFER, EACH TENDON	\$517.35	\$517.35	10/01/2017
26516	CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE DIGIT	\$609.48	\$609.48	10/01/2017
26517	CAPSULODESIS, METACARPOPHALANGEAL JOINT; TWO DIGITS	\$680.85	\$680.85	10/01/2017
26518	CAPSULODESIS, METACARPOPHALANGEAL JOINT; THREE OR FOUR DIGITS	\$719.46	\$719.46	10/01/2017
26520	CAPSULECTOMY OR CAPSULOTOMY; METACARPOPHALANGEAL JOINT, EACH JOINT	\$565.42	\$565.42	10/01/2017
26525	CAPSULECTOMY OR CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT	\$565.79	\$565.79	10/01/2017
26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT	\$474.67	\$474.67	10/01/2017
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	\$550.83	\$550.83	10/01/2017
26535	ARTHROPLASTY, INTERPHALANGEAL JOINT; EACH JOINT	\$373.04	\$373.04	10/01/2017
26536	ARTHROPLASTY, INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	\$615.95	\$615.95	10/01/2017
26540	REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT	\$571.73	\$571.73	10/01/2017
26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH	\$697.55	\$697.55	10/01/2017
26542	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH	\$590.25	\$590.25	10/01/2017
26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING	\$613.42	\$613.42	10/01/2017
26546	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WITH OR	\$867.53	\$867.53	10/01/2017
26548	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT	\$659.91	\$659.91	10/01/2017
26550	POLLICIZATION OF A DIGIT	\$1,438.05	\$1,438.05	10/01/2017
26551	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WRAP-AROUND	\$2,952.04	\$2,952.04	10/01/2017
26553	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE,	\$2,500.66	\$2,500.66	10/01/2017
26554	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE,	\$2,927.76	\$2,927.76	10/01/2017
26555	TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS	\$1,123.62	\$1,123.62	10/01/2017
26556	TRANSFER, FREE TOE JOINT, WITH MICROVASCULAR ANASTOMOSIS	\$3,003.10	\$3,003.10	10/01/2017

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26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	\$505.33	\$505.33	10/01/2017
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS	\$812.28	\$812.28	10/01/2017
26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE,	\$1,167.90	\$1,167.90	10/01/2017
26565	OSTEOTOMY; METACARPAL, EACH	\$589.22	\$589.22	10/01/2017
26567	OSTEOTOMY; PHALANX OF FINGER, EACH	\$590.41	\$590.41	10/01/2017
26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	\$783.18	\$783.18	10/01/2017
26580	REPAIR CLEFT HAND	\$1,311.27	\$1,311.27	10/01/2017
26587	RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE	\$887.02	\$887.02	10/01/2017
26590	REPAIR MACRODACTYLIA, EACH DIGIT	\$1,149.40	\$1,149.40	10/01/2017
26591	REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	\$377.97	\$377.97	10/01/2017
26593	RELEASE, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	\$522.18	\$522.18	10/01/2017
26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	\$661.47	\$661.47	10/01/2017
26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE	\$257.78	\$242.61	10/01/2017
26605	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BONE	\$281.40	\$256.94	10/01/2017
26607	CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH EXTERNAL	\$400.66	\$400.66	10/01/2017
26608	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE	\$419.27	\$419.27	10/01/2017
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN	\$508.17	\$508.17	10/01/2017
26641	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULATION	\$329.10	\$300.32	10/01/2017
26645	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT	\$374.45	\$344.11	10/01/2017
26650	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (B	\$420.19	\$420.19	10/01/2017
26665	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE)	\$553.72	\$553.72	10/01/2017
26670	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH	\$297.68	\$270.44	10/01/2017
26675	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH	\$395.92	\$364.34	10/01/2017
26676	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER THAN	\$439.93	\$439.93	10/01/2017
26685	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; INCLUDES INTERN	\$507.82	\$507.82	10/01/2017
26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; COMPLEX,	\$550.26	\$550.26	10/01/2017
26700	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION;	\$283.49	\$266.46	10/01/2017
26705	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION;	\$362.55	\$332.52	10/01/2017
26706	PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH	\$387.44	\$387.44	10/01/2017
26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, INCLUDES INTERNAL FIX	\$504.87	\$504.87	10/01/2017
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX,	\$173.60	\$161.53	10/01/2017
26725	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX,	\$294.70	\$266.22	10/01/2017
26727	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXIMAL	\$413.37	\$413.37	10/01/2017
26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER	\$526.35	\$526.35	10/01/2017
26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR	\$201.85	\$189.77	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
26742	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR	\$323.93	\$293.90	10/01/2017
26746	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHAL	\$655.73	\$655.73	10/01/2017
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT	\$161.59	\$161.59	10/01/2017
26755	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH	\$274.76	\$239.47	10/01/2017
26756	PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB,	\$366.99	\$366.99	10/01/2017
26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, INCLUDES INTERNAL	\$441.49	\$441.49	10/01/2017
26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH	\$241.04	\$223.40	10/01/2017
26775	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH	\$335.46	\$304.20	10/01/2017
26776	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE,	\$389.67	\$389.67	10/01/2017
26785	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	\$482.99	\$482.99	10/01/2017
26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	\$668.09	\$668.09	10/01/2017
26841	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;	\$631.11	\$631.11	10/01/2017
26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;	\$682.18	\$682.18	10/01/2017
26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH;	\$640.82	\$640.82	10/01/2017
26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH; WITH	\$714.29	\$714.29	10/01/2017
26850	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	\$601.66	\$601.66	10/01/2017
26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	\$692.80	\$692.80	10/01/2017
26860	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	\$490.70	\$490.70	10/01/2017
26861	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH	\$92.02	\$92.02	10/01/2017
26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	\$631.86	\$631.86	10/01/2017
26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	\$205.80	\$205.80	10/01/2017
26910	AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION), SINGLE, WITH OR W	\$627.94	\$627.94	10/01/2017
26951	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX,	\$567.54	\$567.54	10/01/2017
26952	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX,	\$560.53	\$560.53	10/01/2017
26989	UNLISTED PROCEDURE, HANDS OR FINGERS	BR	BR	10/01/1982
26990	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA	\$553.34	\$553.34	10/01/2017
26991	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA	\$622.23	\$462.50	10/01/2017
26992	INCISION, BONE CORTEX, PELVIS AND/OR HIP JOINT (EG, OSTEOMYELITIS OR BONE	\$848.69	\$848.69	10/01/2017
27000	TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS (SEPARATE PROCEDURE)	\$360.57	\$360.57	10/01/2017
27001	TENOTOMY, ADDUCTOR OF HIP, OPEN	\$478.74	\$478.74	10/01/2017
27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY	\$516.41	\$516.41	10/01/2017
27005	TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)	\$640.07	\$640.07	10/01/2017
27006	TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDURE)	\$649.58	\$649.58	10/01/2017
27025	FASCIOTOMY, HIP OR THIGH, ANY TYPE	\$807.31	\$807.31	10/01/2017
27027	INCISION OF TISSUE OF MUSCLE COMPARTMENTS OF ONE SIDE OF PELVIS	\$785.21	\$785.21	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
27030	ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)	\$828.69	\$828.69	10/01/2017
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	\$861.29	\$861.29	10/01/2017
27035	DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES OF	\$946.48	\$946.48	10/01/2017
27036	CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH OR WITHOUT EXCISION OF HETEROTOPIC BONE,	\$895.22	\$895.22	10/01/2017
27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL	\$303.35	\$177.05	10/01/2017
27041	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	\$612.92	\$612.92	10/01/2017
27043	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; 3 CM OR GREAT	\$416.37	\$416.37	10/01/2017
27045	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, INTRAMUSCUL	\$662.74	\$662.74	10/01/2017
27047	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; LESS THAN 3 C	\$411.02	\$320.32	10/01/2017
27048	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, INTRAMUSCUL	\$540.83	\$540.83	10/01/2017
27049	REMOVAL OF (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF PELVIS OR HIP	\$1,179.62	\$1,179.62	10/01/2017
27050	ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT	\$341.35	\$341.35	10/01/2017
27052	ARTHROTOMY, WITH BIOPSY; HIP JOINT	\$512.54	\$512.54	10/01/2017
27054	ARTHROTOMY WITH SYNOVECTOMY, HIP JOINT	\$604.93	\$604.93	10/01/2017
27057	INCISION OF TISSUE ON ONE SIDE OF PELVIC MUSCLE COMPARTMENT WITH REMOVAL OF MUSC	\$895.09	\$895.09	10/01/2017
27059	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF PELVIS OR HIP	\$1,607.26	\$1,607.26	10/01/2017
27060	EXCISION; ISCHIAL BURSA	\$408.81	\$408.81	10/01/2017
27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION	\$402.38	\$402.38	10/01/2017
27065	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATE	\$456.21	\$456.21	10/01/2017
27066	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATE	\$719.37	\$719.37	10/01/2017
27067	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATE	\$906.63	\$906.63	10/01/2017
27070	PARTIAL EXCISION, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF FEMUR	\$754.03	\$754.03	10/01/2017
27071	PARTIAL EXCISION, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF FEMUR	\$809.80	\$809.80	10/01/2017
27075	RADICAL RESECTION OF TUMOR; WING OF ILIUM, 1 PUBIC OR ISCHIAL RAMUS OR SYMPHYSIS	\$1,852.37	\$1,852.37	10/01/2017
27076	RADICAL RESECTION OF TUMOR; ILIUM, INCLUDING ACETABULUM, BOTH PUBIC RAMI, OR ISC	\$2,242.94	\$2,242.94	10/01/2017
27077	RADICAL RESECTION OF TUMOR; INNOMINATE BONE, TOTAL	\$2,504.01	\$2,504.01	10/01/2017
27078	RADICAL RESECTION OF TUMOR; ISCHIAL TUBEROSITY AND GREATER TROCHANTER OF FEMUR	\$1,828.80	\$1,828.80	10/01/2017
27080	COCCYGECTOMY, PRIMARY	\$451.52	\$451.52	10/01/2017
27086	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE	\$244.19	\$142.04	10/01/2017
27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$546.40	\$546.40	10/01/2017
27090	REMOVAL OF HIP PROSTHESIS; (SEPARATE PROCEDURE)	\$733.77	\$733.77	10/01/2017
27091	REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PROSTHESIS,	\$1,416.46	\$1,416.46	10/01/2017
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA	\$164.68	\$62.53	10/01/2017
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	\$213.74	\$74.14	10/01/2017
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANC	\$140.08	\$74.45	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
27097	RELEASE OR RECESSION, HAMSTRING, PROXIMAL	\$598.56	\$598.56	10/01/2017
27098	TRANSFER, ADDUCTOR TO ISCHIUM	\$566.94	\$566.94	10/01/2017
27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR	\$723.27	\$723.27	10/01/2017
27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)	\$766.97	\$766.97	10/01/2017
27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR	\$857.89	\$857.89	10/01/2017
27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK	\$797.81	\$797.81	10/01/2017
27120	ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)	\$1,147.48	\$1,147.48	10/01/2017
27122	ACETABULOPLASTY; RESECTION, FEMORAL HEAD (EG, GIRDLESTONE PROCEDURE)	\$975.33	\$975.33	10/01/2017
27125	HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR	\$1,005.11	\$1,005.11	10/01/2017
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP	\$1,203.32	\$1,203.32	10/01/2017
27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHOUT	\$1,486.64	\$1,486.64	10/01/2017
27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT	\$1,702.07	\$1,702.07	10/01/2017
27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITHOUT	\$1,307.81	\$1,307.81	10/01/2017
27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT	\$1,358.59	\$1,358.59	10/01/2017
27140	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER OF FEMUR (SEPARATE PROCEDURE)	\$790.24	\$790.24	10/01/2017
27146	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;	\$1,129.52	\$1,129.52	10/01/2017
27147	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH OPEN REDUCTION OF HIP	\$1,296.00	\$1,296.00	10/01/2017
27151	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY	\$1,413.08	\$1,413.08	10/01/2017
27156	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY AND	\$1,505.25	\$1,505.25	10/01/2017
27158	OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFORMATION)	\$1,244.15	\$1,244.15	10/01/2017
27161	OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)	\$1,076.25	\$1,076.25	10/01/2017
27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTERNAL	\$1,217.39	\$1,217.39	10/01/2017
27170	BONE GRAFT, FEMORAL HEAD, NECK, INTERTROCHANTERIC OR SUBTROCHANTERIC AREA	\$1,042.65	\$1,042.65	10/01/2017
27175	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY TRACTION, WITHOUT REDUCTION	\$581.49	\$581.49	10/01/2017
27176	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, IN SITU	\$813.36	\$813.36	10/01/2017
27177	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OR MULTIPLE PINNING OR BONE	\$987.62	\$987.62	10/01/2017
27178	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION WITH SINGLE OR	\$715.25	\$715.25	10/01/2017
27179	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK	\$845.95	\$845.95	10/01/2017
27181	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL FIXATION	\$1,120.24	\$1,120.24	10/01/2017
27185	EPIPHYSEAL ARREST BY EPIPHYSEODESIS OR STAPLING, GREATER TROCHANTER OF FEMUR	\$635.02	\$635.02	10/01/2017
27187	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$878.21	\$878.21	10/01/2017
27197	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLOCATION(S), DIASTASIS	\$103.52	\$103.52	10/01/2017
27198	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLOCATION(S), DIASTASIS	\$263.43	\$263.43	10/01/2017
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	\$165.95	\$165.95	10/01/2017
27202	OPEN TREATMENT OF COCCYGEAL FRACTURE	\$488.37	\$488.37	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
27215	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTURE(S)	\$554.14	\$554.14	10/01/2017
27216	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCAT	\$821.63	\$821.63	10/01/2017
27217	OPEN TREATMENT OF ANTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION FOR FRACTURE	\$770.96	\$770.96	10/01/2017
27218	OPEN TREATMENT OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION, FOR FRACTUR	\$1,065.57	\$1,065.57	10/01/2017
27220	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITHOUT MANIPULATION	\$467.74	\$464.03	10/01/2017
27222	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITH MANIPULATION,	\$862.88	\$862.88	10/01/2017
27226	OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE, WITH INTERNAL	\$936.86	\$936.86	10/01/2017
27227	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERIOR (ONE)	\$1,474.24	\$1,474.24	10/01/2017
27228	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTERIOR (TWO)	\$1,675.27	\$1,675.27	10/01/2017
27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION	\$418.97	\$416.19	10/01/2017
27232	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION,	\$662.88	\$662.88	10/01/2017
27235	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK	\$805.66	\$805.66	10/01/2017
27236	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION OR	\$1,060.87	\$1,060.87	10/01/2017
27238	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC	\$406.26	\$406.26	10/01/2017
27240	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC	\$848.01	\$848.01	10/01/2017
27244	TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL	\$1,091.86	\$1,091.86	10/01/2017
27245	TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL	\$1,091.86	\$1,091.86	10/01/2017
27246	CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATION	\$340.96	\$340.96	10/01/2017
27248	OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, INCLUDES INTERNAL FIXATION, WHE	\$657.64	\$657.64	10/01/2017
27250	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA	\$159.93	\$159.93	10/01/2017
27252	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA	\$670.28	\$670.28	10/01/2017
27253	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITHOUT INTERNAL FIXATION	\$834.46	\$834.46	10/01/2017
27254	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR WALL AND FEMORAL	\$1,123.86	\$1,123.86	10/01/2017
27256	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL	\$263.15	\$207.43	10/01/2017
27257	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL	\$302.35	\$302.35	10/01/2017
27258	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING	\$982.89	\$982.89	10/01/2017
27259	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING	\$1,378.56	\$1,378.56	10/01/2017
27265	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHESIA	\$351.19	\$351.19	10/01/2017
27266	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIONAL OR	\$513.39	\$513.39	10/01/2017
27267	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITHOUT MANIPULATION	\$382.06	\$382.06	10/01/2017
27268	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH MANIPULATION	\$468.96	\$468.96	10/01/2017
27269	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD, INCLUDES INTERNAL FIXATI	\$1,102.74	\$1,102.74	10/01/2017
27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	\$160.85	\$160.85	10/01/2017
27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISU	\$610.79	\$610.79	10/01/2017
27280	FUSION OF SACROILIAC JOINT OBTAINING BONE GRAFT OPEN PROCEDURE	\$1,205.88	\$1,205.88	10/01/2017

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**Arizona Health Care Cost Containment System
FFS Physician Fee Schedule Rates
Effective 10/01/2017**

Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
27282	ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)	\$720.62	\$720.62	10/01/2017
27284	ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT);	\$1,320.89	\$1,320.89	10/01/2017
27286	ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT); WITH SUBTROCHANTERIC	\$1,442.94	\$1,442.94	10/01/2017
27290	INTERPELVIABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION)	\$1,426.63	\$1,426.63	10/01/2017
27295	DISARTICULATION OF HIP	\$1,121.71	\$1,121.71	10/01/2017
27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	BR	BR	10/01/1982
27301	INCISION AND DRAINAGE, DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH OR KNEE REGION	\$591.22	\$443.25	10/01/2017
27303	INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE (EG, OSTEOMYELITIS	\$566.08	\$566.08	10/01/2017
27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	\$423.93	\$423.93	10/01/2017
27306	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE	\$311.46	\$311.46	10/01/2017
27307	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; MULTIPLE TENDONS	\$376.98	\$376.98	10/01/2017
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY (EG,	\$646.07	\$646.07	10/01/2017
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL	\$238.64	\$158.15	10/01/2017
27324	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$351.15	\$351.15	10/01/2017
27325	NEURECTOMY, HAMSTRING MUSCLE	\$450.49	\$450.49	10/01/2017
27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	\$439.90	\$439.90	10/01/2017
27327	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; LESS THAN 3 CM	\$403.83	\$277.53	10/01/2017
27328	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG, INTRAMUSCULA	\$549.62	\$549.62	10/01/2017
27329	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF THIGH OR KNEE	\$920.76	\$920.76	10/01/2017
27330	ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY	\$363.40	\$363.40	10/01/2017
27331	ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE OR	\$419.09	\$419.09	10/01/2017
27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL OR	\$566.63	\$566.63	10/01/2017
27333	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL	\$517.66	\$517.66	10/01/2017
27334	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR OR POSTERIOR	\$604.04	\$604.04	10/01/2017
27335	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL	\$673.92	\$673.92	10/01/2017
27337	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; 3 CM OR GREATER	\$369.56	\$369.56	10/01/2017
27339	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG, INTRAMUSCULA	\$667.18	\$667.18	10/01/2017
27340	EXCISION, PREPATELLAR BURSA	\$327.71	\$327.71	10/01/2017
27345	REMOVAL OF CYST OF MEMBRANE COVERING BEHIND KNEE JOINT	\$423.41	\$423.41	10/01/2017
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE	\$466.77	\$466.77	10/01/2017
27350	PATELLECTOMY OR HEMIPATELLECTOMY	\$575.11	\$575.11	10/01/2017
27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	\$532.63	\$532.63	10/01/2017
27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT	\$649.67	\$649.67	10/01/2017
27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT	\$719.54	\$719.54	10/01/2017
27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL	\$248.28	\$248.28	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEMUR,	\$751.20	\$751.20	10/01/2017
27364	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF THIGH OR KNEE	\$1,383.68	\$1,383.68	10/01/2017
27365	RADICAL RESECTION OF TUMOR, FEMUR OR KNEE	\$1,831.46	\$1,831.46	10/01/2017
27370	INJECTION OF CONTRACT FOR X-RAY IMAGING OF KNEE	\$135.25	\$45.17	10/01/2017
27372	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA	\$530.60	\$355.08	10/01/2017
27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	\$523.56	\$523.56	10/01/2017
27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR	\$705.61	\$705.61	10/01/2017
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	\$506.71	\$506.71	10/01/2017
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION,	\$731.61	\$731.61	10/01/2017
27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON	\$389.40	\$389.40	10/01/2017
27391	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, ONE LEG	\$505.55	\$505.55	10/01/2017
27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL	\$618.76	\$618.76	10/01/2017
27393	LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON	\$450.16	\$450.16	10/01/2017
27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG	\$563.57	\$563.57	10/01/2017
27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL	\$777.42	\$777.42	10/01/2017
27396	TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH (EG, EXTENS	\$540.96	\$540.96	10/01/2017
27397	TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH (EG, EXTENS	\$800.51	\$800.51	10/01/2017
27400	TRANSFER OF TENDON OR MUSCLE IN HAMSTRING	\$604.54	\$604.54	10/01/2017
27403	ARTHROTOMY WITH MENISCUS REPAIR, KNEE	\$565.19	\$565.19	10/01/2017
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	\$595.75	\$595.75	10/01/2017
27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	\$685.08	\$685.08	10/01/2017
27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE	\$854.54	\$854.54	10/01/2017
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	\$1,466.77	\$1,466.77	10/01/2017
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	\$1,218.67	\$1,218.67	10/01/2017
27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (EG, MOSAICPLASTY) (INCLUDES HARVESTING O	\$868.87	\$868.87	10/01/2017
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	\$729.06	\$729.06	10/01/2017
27420	RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)	\$656.62	\$656.62	10/01/2017
27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE	\$656.60	\$656.60	10/01/2017
27424	RECONSTRUCTION OF DISLOCATING PATELLA; WITH PATELLECTOMY	\$661.78	\$661.78	10/01/2017
27425	LATERAL RETINACULAR RELEASE, OPEN	\$395.08	\$395.08	10/01/2017
27427	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	\$628.70	\$628.70	10/01/2017
27428	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	\$983.93	\$983.93	10/01/2017
27429	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND	\$1,099.92	\$1,099.92	10/01/2017
27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	\$653.30	\$653.30	10/01/2017
27435	CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE	\$713.09	\$713.09	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS	\$584.92	\$584.92	10/01/2017
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	\$743.10	\$743.10	10/01/2017
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	\$703.92	\$703.92	10/01/2017
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	\$730.01	\$730.01	10/01/2017
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;	\$769.79	\$769.79	10/01/2017
27443	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; WITH DEBRIDEMENT AND	\$719.67	\$719.67	10/01/2017
27445	ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE)	\$1,110.94	\$1,110.94	10/01/2017
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	\$1,028.33	\$1,028.33	10/01/2017
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH	\$1,202.74	\$1,202.74	10/01/2017
27448	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITHOUT FIXATION	\$682.43	\$682.43	10/01/2017
27450	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH FIXATION	\$897.32	\$897.32	10/01/2017
27454	OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD, FEMORAL SHAFT (EG,	\$1,150.79	\$1,150.79	10/01/2017
27455	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOOTOMY (INCLUDES	\$832.93	\$832.93	10/01/2017
27457	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOOTOMY (INCLUDES	\$837.81	\$837.81	10/01/2017
27465	OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)	\$1,092.93	\$1,092.93	10/01/2017
27466	OSTEOPLASTY, FEMUR; LENGTHENING	\$1,040.95	\$1,040.95	10/01/2017
27468	OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHORTENING WITH FEMORAL SEGMENT	\$1,191.33	\$1,191.33	10/01/2017
27470	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITHOUT GRAFT	\$1,041.62	\$1,041.62	10/01/2017
27472	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITH ILIAC OR	\$1,119.05	\$1,119.05	10/01/2017
27475	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); DISTAL FEMUR	\$584.92	\$584.92	10/01/2017
27477	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); TIBIA AND FIBULA, PROXIMAL	\$648.55	\$648.55	10/01/2017
27479	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); COMBINED DISTAL FEMUR,	\$815.43	\$815.43	10/01/2017
27485	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL TIBIA OR FIBULA (EG, GENU	\$589.30	\$589.30	10/01/2017
27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE COMPONENT	\$1,248.05	\$1,248.05	10/01/2017
27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AND	\$1,560.77	\$1,560.77	10/01/2017
27488	REMOVAL OF PROSTHESIS, INCLUDING TOTAL KNEE PROSTHESIS, METHYLMETHACRYLATE WITH	\$1,064.13	\$1,064.13	10/01/2017
27495	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$997.14	\$997.14	10/01/2017
27496	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR	\$474.33	\$474.33	10/01/2017
27497	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR	\$510.40	\$510.40	10/01/2017
27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	\$574.56	\$574.56	10/01/2017
27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH	\$611.87	\$611.87	10/01/2017
27500	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION	\$457.21	\$423.47	10/01/2017
27501	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR	\$444.25	\$440.54	10/01/2017
27502	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR WITHOUT	\$672.53	\$672.53	10/01/2017
27503	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR	\$707.25	\$707.25	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
27506	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE, WITH OR WITHOUT EXTERNAL FIXATION,	\$1,186.09	\$1,186.09	10/01/2017
27507	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT	\$862.10	\$862.10	10/01/2017
27508	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE,	\$462.32	\$435.08	10/01/2017
27509	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR	\$567.10	\$567.10	10/01/2017
27510	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE,	\$603.17	\$603.17	10/01/2017
27511	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT INTERC	\$884.09	\$884.09	10/01/2017
27513	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INTERCOND	\$1,100.18	\$1,100.18	10/01/2017
27514	OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, INCLU	\$857.08	\$857.08	10/01/2017
27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULATION	\$446.08	\$418.84	10/01/2017
27517	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH MANIPULATION,	\$567.07	\$567.07	10/01/2017
27519	OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, INCLUDES INTERNAL FIXATI	\$790.62	\$790.62	10/01/2017
27520	CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION	\$283.53	\$259.07	10/01/2017
27524	OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL OR	\$665.18	\$665.18	10/01/2017
27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION	\$265.03	\$246.15	10/01/2017
27532	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHOUT	\$542.01	\$509.20	10/01/2017
27535	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, INCLUDES INT	\$795.23	\$795.23	10/01/2017
27536	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR	\$1,054.13	\$1,054.13	10/01/2017
27538	CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF	\$418.84	\$392.53	10/01/2017
27540	OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KN	\$718.13	\$718.13	10/01/2017
27550	CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA	\$446.49	\$414.30	10/01/2017
27552	CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA	\$553.60	\$553.60	10/01/2017
27556	OPEN TREATMENT OF KNEE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED;	\$765.26	\$765.26	10/01/2017
27557	OPEN TREATMENT OF KNEE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED;	\$906.23	\$906.23	10/01/2017
27558	OPEN TREATMENT OF KNEE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED;	\$1,060.94	\$1,060.94	10/01/2017
27560	CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA	\$316.04	\$291.90	10/01/2017
27562	CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA	\$419.09	\$419.09	10/01/2017
27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL	\$787.26	\$787.26	10/01/2017
27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRA	\$133.31	\$133.31	10/01/2017
27580	ARTHRODESIS, KNEE, ANY TECHNIQUE	\$1,273.27	\$1,273.27	10/01/2017
27590	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;	\$711.99	\$711.99	10/01/2017
27591	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQUE	\$855.79	\$855.79	10/01/2017
27592	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLotine)	\$607.24	\$607.24	10/01/2017
27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVISION	\$447.92	\$447.92	10/01/2017
27596	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE-AMPUTATION	\$641.68	\$641.68	10/01/2017
27598	DISARTICULATION AT KNEE	\$636.33	\$636.33	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
27599	UNLISTED PROCEDURE, FEMUR OR KNEE	BR	BR	10/01/1982
27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY	\$361.13	\$361.13	10/01/2017
27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY	\$395.15	\$395.15	10/01/2017
27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR	\$433.11	\$433.11	10/01/2017
27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA	\$465.56	\$342.67	10/01/2017
27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA	\$432.64	\$304.18	10/01/2017
27605	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); LOCAL ANESTHESIA	\$303.11	\$164.74	10/01/2017
27606	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); GENERAL ANESTHESIA	\$249.80	\$249.80	10/01/2017
27607	INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	\$538.17	\$538.17	10/01/2017
27610	ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	\$575.03	\$575.03	10/01/2017
27612	ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TENDON	\$499.39	\$499.39	10/01/2017
27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL	\$222.94	\$144.62	10/01/2017
27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$511.95	\$359.96	10/01/2017
27615	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF LEG OR ANKLE	\$906.61	\$906.61	10/01/2017
27616	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF LEG OR ANKLE	\$1,125.70	\$1,125.70	10/01/2017
27618	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS; LESS THAN 3 CM	\$397.30	\$273.17	10/01/2017
27619	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG, INTRAMUSCULAR	\$414.63	\$414.63	10/01/2017
27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHO	\$402.63	\$402.63	10/01/2017
27625	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE;	\$513.60	\$513.60	10/01/2017
27626	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE; INCLUDING TENOSYNOVECTOMY	\$536.70	\$536.70	10/01/2017
27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG	\$494.13	\$322.94	10/01/2017
27632	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH BENEATH THE SKIN OF LEG OR ANKL	\$365.72	\$365.72	10/01/2017
27634	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG, INTRAMUSCULAR	\$606.96	\$606.96	10/01/2017
27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;	\$518.01	\$518.01	10/01/2017
27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH	\$673.96	\$673.96	10/01/2017
27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH	\$674.98	\$674.98	10/01/2017
27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OST	\$739.02	\$739.02	10/01/2017
27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OST	\$591.70	\$591.70	10/01/2017
27645	RADICAL RESECTION OF TUMOR; TIBIA	\$1,574.83	\$1,574.83	10/01/2017
27646	RADICAL RESECTION OF TUMOR; FIBULA	\$1,317.81	\$1,317.81	10/01/2017
27647	RADICAL RESECTION OF TUMOR; TALUS OR CALCANEUS	\$916.64	\$916.64	10/01/2017
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	\$145.69	\$46.94	10/01/2017
27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	\$583.35	\$583.35	10/01/2017
27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT	\$607.87	\$607.87	10/01/2017
27654	REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	\$628.30	\$628.30	10/01/2017

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**Arizona Health Care Cost Containment System
FFS Physician Fee Schedule Rates
Effective 10/01/2017**

Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
27656	REPAIR, FASCIAL DEFECT OF LEG	\$547.38	\$344.93	10/01/2017
27658	REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	\$330.53	\$330.53	10/01/2017
27659	REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	\$424.34	\$424.34	10/01/2017
27664	REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	\$321.08	\$321.08	10/01/2017
27665	REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	\$363.80	\$363.80	10/01/2017
27675	REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	\$434.85	\$434.85	10/01/2017
27676	REPAIR, DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	\$537.71	\$537.71	10/01/2017
27680	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH TENDON	\$380.39	\$380.39	10/01/2017
27681	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; MULTIPLE TENDONS	\$483.22	\$483.22	10/01/2017
27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE	\$588.16	\$411.71	10/01/2017
27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE TENDONS (THROUGH	\$495.08	\$495.08	10/01/2017
27687	GASTROCNEMIUS RECESSON (EG, STRAYER PROCEDURE)	\$402.41	\$402.41	10/01/2017
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	\$562.05	\$562.05	10/01/2017
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	\$662.74	\$662.74	10/01/2017
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	\$93.31	\$93.31	10/01/2017
27695	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL	\$423.07	\$423.07	10/01/2017
27696	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS	\$490.66	\$490.66	10/01/2017
27698	REPAIR, SECONDARY, DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES	\$568.23	\$568.23	10/01/2017
27700	ARTHROPLASTY, ANKLE;	\$541.02	\$541.02	10/01/2017
27702	ARTHROPLASTY, ANKLE; WITH IMPLANT (TOTAL ANKLE)	\$854.32	\$854.32	10/01/2017
27703	ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE	\$983.50	\$983.50	10/01/2017
27704	REMOVAL OF ANKLE IMPLANT	\$508.75	\$508.75	10/01/2017
27705	OSTEOTOMY; TIBIA	\$671.17	\$671.17	10/01/2017
27707	OSTEOTOMY; FIBULA	\$353.57	\$353.57	10/01/2017
27709	OSTEOTOMY; TIBIA AND FIBULA	\$1,038.67	\$1,038.67	10/01/2017
27712	OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG, SOFIELD TYPE	\$980.26	\$980.26	10/01/2017
27715	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING	\$930.91	\$930.91	10/01/2017
27720	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION	\$774.16	\$774.16	10/01/2017
27722	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT	\$788.61	\$788.61	10/01/2017
27724	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES	\$1,120.80	\$1,120.80	10/01/2017
27725	REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA, ANY METHOD	\$1,055.83	\$1,055.83	10/01/2017
27726	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION	\$853.16	\$853.16	10/01/2017
27727	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	\$792.78	\$792.78	10/01/2017
27730	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA	\$490.33	\$490.33	10/01/2017
27732	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL FIBULA	\$328.74	\$328.74	10/01/2017

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**Arizona Health Care Cost Containment System
FFS Physician Fee Schedule Rates
Effective 10/01/2017**

Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
27734	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA AND FIBULA	\$580.00	\$580.00	10/01/2017
27740	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DISTAL	\$614.88	\$614.88	10/01/2017
27742	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DISTAL	\$670.09	\$670.09	10/01/2017
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$668.98	\$668.98	10/01/2017
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WI	\$304.44	\$279.36	10/01/2017
27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE);	\$472.05	\$436.14	10/01/2017
27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT	\$509.67	\$509.67	10/01/2017
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE)	\$788.81	\$788.81	10/01/2017
27759	TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY	\$884.64	\$884.64	10/01/2017
27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION	\$292.39	\$267.01	10/01/2017
27762	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR	\$413.80	\$377.27	10/01/2017
27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PE	\$538.36	\$538.36	10/01/2017
27767	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	\$247.81	\$247.81	10/01/2017
27768	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION	\$386.23	\$386.23	10/01/2017
27769	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN	\$639.32	\$639.32	10/01/2017
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION	\$268.82	\$244.99	10/01/2017
27781	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION	\$374.92	\$347.99	10/01/2017
27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION,	\$632.36	\$632.36	10/01/2017
27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT	\$277.49	\$251.49	10/01/2017
27788	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH	\$369.89	\$338.00	10/01/2017
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), INCLUDES INTERNAL	\$577.13	\$577.13	10/01/2017
27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI,	\$293.51	\$263.80	10/01/2017
27810	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI,	\$409.67	\$371.90	10/01/2017
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, O	\$682.62	\$682.62	10/01/2017
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION	\$282.74	\$253.95	10/01/2017
27818	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION	\$425.15	\$381.50	10/01/2017
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION, WHEN	\$759.86	\$759.86	10/01/2017
27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION, WHEN	\$861.59	\$861.59	10/01/2017
27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL	\$275.79	\$268.05	10/01/2017
27825	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL	\$479.27	\$435.32	10/01/2017
27826	OPEN TREATMENT OF FRACTURE OF LOWER WEIGHT BEARING JOINT OF FIBULA (SMALLER LOWE	\$752.55	\$752.55	10/01/2017
27827	OPEN TREATMENT OF FRACTURE OF LOWER WEIGHT BEARING JOINT OF SHIN BONE	\$973.28	\$973.28	10/01/2017
27828	OPEN TREATMENT OF FRACTURE OF LOWER WEIGHT BEARING JOINT OF BOTH LOWER LEG BONES	\$1,163.87	\$1,163.87	10/01/2017
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, INCLUDES I	\$615.62	\$615.62	10/01/2017
27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTHESIA	\$331.02	\$308.73	10/01/2017

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**Arizona Health Care Cost Containment System
FFS Physician Fee Schedule Rates
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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
27831	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING	\$333.87	\$333.87	10/01/2017
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, INCLUDES INTERNAL FIX	\$669.30	\$669.30	10/01/2017
27840	CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA	\$323.84	\$323.84	10/01/2017
27842	CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOUT	\$435.30	\$435.30	10/01/2017
27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	\$644.78	\$644.78	10/01/2017
27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	\$714.02	\$714.02	10/01/2017
27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION	\$153.04	\$153.04	10/01/2017
27870	ARTHRODESIS, ANKLE, OPEN	\$913.27	\$913.27	10/01/2017
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	\$605.98	\$605.98	10/01/2017
27880	AMPUTATION LEG, THROUGH TIBIA AND FIBULA;	\$816.29	\$816.29	10/01/2017
27881	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; WITH IMMEDIATE FITTING TECHNIQUE	\$770.83	\$770.83	10/01/2017
27882	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; OPEN, CIRCULAR (GUILLotine)	\$534.03	\$534.03	10/01/2017
27884	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION	\$511.61	\$511.61	10/01/2017
27886	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; RE-AMPUTATION	\$584.77	\$584.77	10/01/2017
27888	AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (EG, SYME, PIROGOFF	\$611.44	\$611.44	10/01/2017
27889	ANKLE DISARTICULATION	\$576.32	\$576.32	10/01/2017
27892	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH D	\$492.34	\$492.34	10/01/2017
27893	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT	\$535.87	\$535.87	10/01/2017
27894	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR	\$759.51	\$759.51	10/01/2017
27899	UNLISTED PROCEDURE, LEG OR ANKLE	BR	BR	10/01/1982
28001	INCISION AND DRAINAGE, BURSA, FOOT	\$246.73	\$151.08	10/01/2017
28002	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT,	\$393.48	\$283.28	10/01/2017
28003	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT,	\$625.34	\$499.66	10/01/2017
28005	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), FOOT	\$514.06	\$514.06	10/01/2017
28008	FASCIOTOMY, FOOT AND/OR TOE	\$387.06	\$262.00	10/01/2017
28010	TENOTOMY, PERCUTANEOUS, TOE; SINGLE TENDON	\$206.49	\$186.06	10/01/2017
28011	TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TENDONS	\$285.66	\$255.32	10/01/2017
28020	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN	\$481.77	\$322.04	10/01/2017
28022	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN	\$433.80	\$288.31	10/01/2017
28024	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN	\$410.39	\$270.78	10/01/2017
28035	RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION)	\$471.03	\$316.56	10/01/2017
28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM OR GREATER	\$452.96	\$311.49	10/01/2017
28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5	\$407.24	\$407.24	10/01/2017
28043	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; LESS THAN 1.5 CM	\$358.73	\$234.91	10/01/2017
28045	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); LES	\$444.33	\$310.92	10/01/2017

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**Arizona Health Care Cost Containment System
FFS Physician Fee Schedule Rates
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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
28046	REMOVAL (LESS THAN 3 CENTIMETERS) TISSUE GROWTH OF FOOT OR TOE	\$649.21	\$649.21	10/01/2017
28047	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH OF FOOT OR TOE	\$945.97	\$945.97	10/01/2017
28050	ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	\$424.29	\$275.70	10/01/2017
28052	ARTHROTOMY WITH BIOPSY; METATARSOPHALANGEAL JOINT	\$396.18	\$252.54	10/01/2017
28054	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT	\$344.38	\$214.68	10/01/2017
28055	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	\$336.59	\$336.59	10/01/2017
28060	FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	\$462.37	\$317.81	10/01/2017
28062	FASCIECTOMY, PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)	\$525.31	\$364.03	10/01/2017
28070	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH	\$479.89	\$319.23	10/01/2017
28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH	\$455.10	\$296.92	10/01/2017
28080	EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	\$470.12	\$327.72	10/01/2017
28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	\$486.93	\$320.08	10/01/2017
28088	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR	\$398.97	\$251.31	10/01/2017
28090	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	\$420.54	\$274.74	10/01/2017
28092	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	\$379.70	\$240.41	10/01/2017
28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	\$541.49	\$367.21	10/01/2017
28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH	\$535.65	\$535.65	10/01/2017
28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH	\$354.40	\$354.40	10/01/2017
28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL,	\$472.01	\$315.07	10/01/2017
28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL,	\$383.14	\$383.14	10/01/2017
28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL,	\$463.28	\$312.21	10/01/2017
28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT	\$393.82	\$257.31	10/01/2017
28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE	\$414.71	\$258.39	10/01/2017
28111	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD	\$440.78	\$290.65	10/01/2017
28112	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH)	\$437.74	\$279.25	10/01/2017
28113	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD	\$529.08	\$379.25	10/01/2017
28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL	\$959.02	\$746.05	10/01/2017
28116	OSTECTOMY, EXCISION OF TARSAL COALITION	\$679.07	\$510.67	10/01/2017
28118	OSTECTOMY, CALCANEUS;	\$528.47	\$366.27	10/01/2017
28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE	\$469.95	\$321.99	10/01/2017
28120	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$603.09	\$442.12	10/01/2017
28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$535.72	\$392.40	10/01/2017
28124	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$427.44	\$294.95	10/01/2017
28126	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE	\$354.42	\$221.93	10/01/2017
28130	TALECTOMY (ASTRAGALECTOMY)	\$571.38	\$571.38	10/01/2017

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**Arizona Health Care Cost Containment System
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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
28140	METATARSECTOMY	\$532.06	\$391.21	10/01/2017
28150	PHALANGECTOMY, TOE, EACH TOE	\$381.64	\$250.08	10/01/2017
28153	RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE	\$367.76	\$234.96	10/01/2017
28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PROXIMAL END OF	\$375.76	\$239.87	10/01/2017
28171	RADICAL RESECTION OF TUMOR; TARSAL (EXCEPT TALUS OR CALCANEUS)	\$758.26	\$758.26	10/01/2017
28173	RADICAL RESECTION OF TUMOR; METATARSAL	\$678.48	\$678.48	10/01/2017
28175	RADICAL RESECTION OF TUMOR; PHALANX OF TOE	\$437.30	\$437.30	10/01/2017
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	\$229.84	\$119.33	10/01/2017
28192	REMOVAL OF FOREIGN BODY, FOOT; DEEP	\$419.40	\$279.48	10/01/2017
28193	REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED	\$475.68	\$329.57	10/01/2017
28200	REPAIR, TENDON, FLEXOR, FOOT; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TEN	\$439.34	\$287.04	10/01/2017
28202	REPAIR, TENDON, FLEXOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES	\$531.27	\$378.66	10/01/2017
28208	REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH TENDON	\$426.59	\$279.55	10/01/2017
28210	REPAIR, TENDON, EXTENSOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON	\$521.77	\$369.78	10/01/2017
28220	TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON	\$404.74	\$270.39	10/01/2017
28222	TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDONS	\$454.50	\$312.11	10/01/2017
28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON	\$369.80	\$232.98	10/01/2017
28226	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TENDONS	\$439.03	\$283.02	10/01/2017
28230	TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SINGLE OR MULTIPLE TENDON(S) (SEPARATE	\$390.09	\$253.27	10/01/2017
28232	TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE PROCEDURE)	\$347.02	\$217.01	10/01/2017
28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON	\$365.52	\$235.20	10/01/2017
28238	RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF	\$599.22	\$433.61	10/01/2017
28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	\$404.49	\$264.26	10/01/2017
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE	\$516.33	\$358.77	10/01/2017
28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	\$619.18	\$458.52	10/01/2017
28261	CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING	\$894.56	\$705.11	10/01/2017
28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND	\$1,305.10	\$1,049.10	10/01/2017
28264	CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)	\$780.51	\$598.49	10/01/2017
28270	CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, EACH JOINT	\$440.70	\$298.31	10/01/2017
28272	CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROCEDURE)	\$353.43	\$227.13	10/01/2017
28280	SYNDACTYLIZATION, TOES (EG, WEBBING OR KELIKIAN TYPE PROCEDURE)	\$461.99	\$311.55	10/01/2017
28285	CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL	\$478.92	\$337.14	10/01/2017
28286	CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUIZ-MORA TYPE	\$403.67	\$266.85	10/01/2017
28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH	\$539.98	\$382.41	10/01/2017
28289	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF	\$667.90	\$414.07	10/01/2017

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**Arizona Health Care Cost Containment System
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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
28291	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF	\$654.77	\$428.80	10/01/2017
28292	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; KELLER,	\$668.51	\$431.39	10/01/2017
28295	CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED, W	\$839.68	\$478.12	10/01/2017
28296	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WITH	\$815.82	\$459.84	10/01/2017
28297	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS	\$936.19	\$536.87	10/01/2017
28298	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY PHALANX	\$760.13	\$441.91	10/01/2017
28299	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY DOUBLE	\$895.99	\$516.78	10/01/2017
28300	OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT	\$578.03	\$578.03	10/01/2017
28302	OSTEOTOMY; TALUS	\$633.49	\$633.49	10/01/2017
28304	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	\$738.87	\$540.75	10/01/2017
28305	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT	\$593.27	\$593.27	10/01/2017
28306	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$549.34	\$359.59	10/01/2017
28307	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$595.71	\$392.33	10/01/2017
28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$507.40	\$336.53	10/01/2017
28309	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$800.22	\$800.22	10/01/2017
28310	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX,	\$490.53	\$319.97	10/01/2017
28312	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY	\$455.14	\$284.27	10/01/2017
28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY (EG,	\$470.83	\$318.22	10/01/2017
28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	\$432.11	\$290.95	10/01/2017
28320	REPAIR, NONUNION OR MALUNION; TARSAL BONES	\$543.94	\$543.94	10/01/2017
28322	REPAIR, NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES	\$701.37	\$512.55	10/01/2017
28340	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	\$518.71	\$369.51	10/01/2017
28341	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION	\$601.92	\$439.71	10/01/2017
28344	RECONSTRUCTION, TOE(S); POLYDACTYLY	\$497.48	\$316.39	10/01/2017
28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB	\$475.53	\$330.97	10/01/2017
28360	RECONSTRUCTION, CLEFT FOOT	\$819.21	\$819.21	10/01/2017
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	\$219.37	\$200.49	10/01/2017
28405	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION	\$347.25	\$315.36	10/01/2017
28406	PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATION	\$460.43	\$460.43	10/01/2017
28415	OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$996.18	\$996.18	10/01/2017
28420	OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$1,126.65	\$1,126.65	10/01/2017
28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION	\$208.54	\$185.32	10/01/2017
28435	CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION	\$284.18	\$254.15	10/01/2017
28436	PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIPULATION	\$393.53	\$393.53	10/01/2017
28445	OPEN TREATMENT OF TALUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$943.10	\$943.10	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS (INCLUDES OBTAINING GRAFT[S])	\$1,068.74	\$1,068.74	10/01/2017
28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT	\$190.74	\$170.00	10/01/2017
28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH	\$254.68	\$228.98	10/01/2017
28456	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS AND	\$278.19	\$278.19	10/01/2017
28465	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), INCLUDES IN	\$557.78	\$557.78	10/01/2017
28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	\$193.18	\$180.49	10/01/2017
28475	CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH	\$226.14	\$201.06	10/01/2017
28476	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATION, EACH	\$311.82	\$311.82	10/01/2017
28485	OPEN TREATMENT OF METATARSAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORME	\$481.22	\$481.22	10/01/2017
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT	\$128.68	\$110.72	10/01/2017
28495	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION	\$157.88	\$133.11	10/01/2017
28496	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES,	\$398.24	\$211.27	10/01/2017
28505	OPEN TREATMENT OF FRACTURE, GREAT TOE, PHALANX OR PHALANGES, INCLUDES INTERNAL F	\$596.99	\$445.62	10/01/2017
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE;	\$109.57	\$106.47	10/01/2017
28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH	\$143.36	\$126.64	10/01/2017
28525	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, INCLUDES	\$503.54	\$353.10	10/01/2017
28530	CLOSED TREATMENT OF SESAMOID FRACTURE	\$102.23	\$90.78	10/01/2017
28531	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION	\$306.85	\$162.60	10/01/2017
28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WITHOUT	\$171.22	\$154.82	10/01/2017
28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; REQUIRING	\$261.17	\$231.76	10/01/2017
28546	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN	\$499.51	\$293.66	10/01/2017
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERF	\$781.78	\$592.34	10/01/2017
28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$159.97	\$135.52	10/01/2017
28575	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$313.04	\$283.32	10/01/2017
28576	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH	\$349.07	\$349.07	10/01/2017
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN	\$771.15	\$603.06	10/01/2017
28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$196.00	\$168.14	10/01/2017
28605	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$288.95	\$259.86	10/01/2017
28606	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, WITH	\$351.04	\$351.04	10/01/2017
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	\$713.21	\$713.21	10/01/2017
28630	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$140.99	\$98.58	10/01/2017
28635	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$156.33	\$117.63	10/01/2017
28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH	\$310.30	\$198.55	10/01/2017
28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXAT	\$586.30	\$431.83	10/01/2017
28660	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$103.57	\$79.11	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$138.07	\$117.33	10/01/2017
28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH	\$164.65	\$164.65	10/01/2017
28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	\$521.48	\$366.39	10/01/2017
28705	ARTHRODESIS; PANTALAR	\$1,108.17	\$1,108.17	10/01/2017
28715	ARTHRODESIS; TRIPLE	\$833.09	\$833.09	10/01/2017
28725	ARTHRODESIS; SUBTALAR	\$690.67	\$690.67	10/01/2017
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;	\$650.71	\$650.71	10/01/2017
28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH	\$696.52	\$696.52	10/01/2017
28737	ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL	\$619.99	\$619.99	10/01/2017
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	\$754.68	\$554.09	10/01/2017
28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	\$723.12	\$524.07	10/01/2017
28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	\$454.49	\$294.45	10/01/2017
28760	ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK,	\$710.13	\$517.59	10/01/2017
28800	AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART TYPE PROCEDURE)	\$481.58	\$481.58	10/01/2017
28805	AMPUTATION, FOOT; TRANSMETATARSAL	\$652.02	\$652.02	10/01/2017
28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE	\$383.82	\$383.82	10/01/2017
28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT	\$503.41	\$352.04	10/01/2017
28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT	\$481.25	\$330.50	10/01/2017
28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN OR OTHER QUALIF	\$289.37	\$201.15	10/01/2017
28899	UNLISTED PROCEDURE, FOOT OR TOES	BR	BR	10/01/1982
29000	APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION)	\$263.75	\$159.43	10/01/2017
29010	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY	\$193.27	\$123.01	10/01/2017
29015	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; INCLUDING HEAD	\$235.55	\$150.42	10/01/2017
29035	APPLICATION OF BODY CAST, SHOULDER TO HIPS;	\$225.59	\$127.77	10/01/2017
29040	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TYPE	\$199.41	\$129.45	10/01/2017
29044	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING ONE THIGH	\$220.48	\$135.98	10/01/2017
29046	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH THIGHS	\$230.95	\$147.06	10/01/2017
29049	APPLICATION, CAST; FIGURE-OF-EIGHT	\$64.87	\$50.01	10/01/2017
29055	APPLICATION, CAST; SHOULDER SPICA	\$193.71	\$121.90	10/01/2017
29058	APPLICATION, CAST; PLASTER VELPEAU	\$108.13	\$83.05	10/01/2017
29065	APPLICATION, CAST; SHOULDER TO HAND (LONG ARM)	\$84.59	\$60.44	10/01/2017
29075	APPLICATION, CAST; ELBOW TO FINGER (SHORT ARM)	\$76.58	\$55.22	10/01/2017
29085	APPLICATION, CAST; HAND AND LOWER FOREARM (GAUNTLET)	\$84.28	\$60.13	10/01/2017
29086	APPLICATION, CAST; FINGER (EG, CONTRACTURE)	\$67.12	\$44.21	10/01/2017
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	\$77.55	\$52.79	10/01/2017

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**Arizona Health Care Cost Containment System
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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	\$56.89	\$34.91	10/01/2017
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC	\$66.79	\$42.65	10/01/2017
29130	APPLICATION OF FINGER SPLINT; STATIC	\$36.15	\$25.32	10/01/2017
29131	APPLICATION OF FINGER SPLINT; DYNAMIC	\$44.84	\$29.36	10/01/2017
29200	STRAPPING; THORAX	\$26.40	\$16.19	10/01/2017
29240	STRAPPING; SHOULDER (EG, VELPEAU)	\$25.16	\$16.19	10/01/2017
29260	STRAPPING; ELBOW OR WRIST	\$25.39	\$17.34	10/01/2017
29280	STRAPPING; HAND OR FINGER	\$25.43	\$17.38	10/01/2017
29305	APPLICATION OF HIP SPICA CAST; ONE LEG	\$216.22	\$140.37	10/01/2017
29325	APPLICATION OF HIP SPICA CAST; ONE AND ONE-HALF SPICA OR BOTH LEGS	\$240.68	\$157.71	10/01/2017
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	\$120.28	\$89.63	10/01/2017
29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY TYPE	\$124.28	\$94.56	10/01/2017
29358	APPLICATION OF LONG LEG CAST BRACE	\$141.53	\$92.00	10/01/2017
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	\$108.27	\$77.63	10/01/2017
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	\$72.30	\$53.41	10/01/2017
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY TYPE	\$69.28	\$50.40	10/01/2017
29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	\$103.71	\$74.00	10/01/2017
29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST	\$38.78	\$25.78	10/01/2017
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	\$118.83	\$92.52	10/01/2017
29450	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHORT LEG	\$128.29	\$101.05	10/01/2017
29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	\$73.92	\$44.20	10/01/2017
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	\$63.72	\$44.22	10/01/2017
29520	STRAPPING; HIP	\$27.64	\$16.50	10/01/2017
29530	STRAPPING; KNEE	\$25.16	\$16.19	10/01/2017
29540	STRAPPING; ANKLE AND/OR FOOT	\$22.96	\$16.15	10/01/2017
29550	STRAPPING; TOES	\$16.74	\$10.24	10/01/2017
29580	STRAPPING; UNNA BOOT	\$46.08	\$31.53	10/01/2017
29581	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; LEG (BELOW KNEE), INCLUDING ANKLE	\$54.86	\$11.52	10/01/2017
29582	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; THIGH AND LEG, INCLUDING ANKLE A	\$62.02	\$14.04	10/01/2017
29583	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM AND FOREARM	\$38.76	\$9.97	10/01/2017
29584	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM, FOREARM, HAND, AND FI	\$62.02	\$14.04	10/01/2017
29700	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST	\$55.60	\$29.91	10/01/2017
29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST	\$58.93	\$41.90	10/01/2017
29710	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA, OR RISSE JACKET, ETC.	\$107.21	\$73.78	10/01/2017
29720	REPAIR OF SPICA, BODY CAST OR JACKET	\$74.95	\$39.35	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
29730	WINDOWING OF CAST	\$56.80	\$39.77	10/01/2017
29740	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)	\$87.78	\$62.39	10/01/2017
29750	WEDGING OF CLUBFOOT CAST	\$80.32	\$61.44	10/01/2017
29799	UNLISTED PROCEDURE, CASTING OR STRAPPING	BR	BR	10/01/1982
29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPS	\$466.88	\$466.88	10/01/2017
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	\$572.31	\$572.31	10/01/2017
29805	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$417.42	\$417.42	10/01/2017
29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	\$940.82	\$940.82	10/01/2017
29807	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	\$917.45	\$917.45	10/01/2017
29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$518.30	\$518.30	10/01/2017
29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	\$473.23	\$473.23	10/01/2017
29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	\$517.08	\$517.08	10/01/2017
29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	\$502.38	\$502.38	10/01/2017
29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	\$548.08	\$548.08	10/01/2017
29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL	\$590.66	\$590.66	10/01/2017
29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR	\$511.32	\$511.32	10/01/2017
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL	\$156.78	\$156.78	10/01/2017
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	\$936.25	\$936.25	10/01/2017
29828	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	\$807.71	\$807.71	10/01/2017
29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$404.11	\$404.11	10/01/2017
29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$431.44	\$431.44	10/01/2017
29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	\$443.58	\$443.58	10/01/2017
29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	\$506.58	\$506.58	10/01/2017
29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	\$462.82	\$462.82	10/01/2017
29838	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE	\$520.07	\$520.07	10/01/2017
29840	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$398.50	\$398.50	10/01/2017
29843	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	\$428.50	\$428.50	10/01/2017
29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	\$438.95	\$438.95	10/01/2017
29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	\$509.89	\$509.89	10/01/2017
29846	ARTHROSCOPY, WRIST, SURGICAL; EXCISION AND/OR REPAIR OF TRIANGULAR	\$460.33	\$460.33	10/01/2017
29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY	\$479.39	\$479.39	10/01/2017
29848	ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT	\$452.33	\$452.33	10/01/2017
29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY	\$536.76	\$536.76	10/01/2017
29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY	\$799.33	\$799.33	10/01/2017
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICOND	\$692.65	\$692.65	10/01/2017

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29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDY	\$878.91	\$878.91	10/01/2017
29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$584.53	\$584.53	10/01/2017
29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$639.23	\$639.23	10/01/2017
29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	\$714.78	\$714.78	10/01/2017
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	\$714.31	\$714.31	10/01/2017
29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCL	\$919.12	\$919.12	10/01/2017
29867	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY)	\$1,134.99	\$1,134.99	10/01/2017
29868	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHROTOMY FOR	\$1,461.56	\$1,461.56	10/01/2017
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$514.06	\$363.93	10/01/2017
29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	\$455.53	\$455.53	10/01/2017
29873	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	\$462.86	\$462.86	10/01/2017
29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG,	\$475.71	\$475.71	10/01/2017
29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF	\$438.15	\$438.15	10/01/2017
29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG,	\$582.23	\$582.23	10/01/2017
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	\$550.21	\$550.21	10/01/2017
29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY	\$586.47	\$586.47	10/01/2017
29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING AN	\$497.92	\$497.92	10/01/2017
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY	\$479.16	\$479.16	10/01/2017
29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	\$621.21	\$621.21	10/01/2017
29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)	\$748.37	\$748.37	10/01/2017
29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT	\$544.08	\$544.08	10/01/2017
29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BONE	\$661.94	\$661.94	10/01/2017
29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS	\$562.22	\$562.22	10/01/2017
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS	\$655.09	\$655.09	10/01/2017
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR	\$873.45	\$873.45	10/01/2017
29889	REPAIR OF POSTERIOR CRUCIATE LIGAMENT OF KNEE WITH ASSISTANCE OF AN ENDOSCOPE	\$1,083.38	\$1,083.38	10/01/2017
29891	ARTHROSCOPY, ANKLE, SURGICAL, EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND/OR	\$596.18	\$596.18	10/01/2017
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION, TALAR	\$576.09	\$576.09	10/01/2017
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	\$546.33	\$381.34	10/01/2017
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL	\$441.17	\$441.17	10/01/2017
29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY,	\$423.80	\$423.80	10/01/2017
29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT,	\$446.45	\$446.45	10/01/2017
29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT,	\$500.85	\$500.85	10/01/2017
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKLE	\$920.87	\$920.87	10/01/2017
29900	ARTHROSCOPY, METACARPPOPHALANGEAL JOINT, DIAGNOSTIC, INCLUDES SYNOVIAL BIOPSY	\$374.58	\$374.58	10/01/2017

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29901	ARTHROSCOPY, METACARPOTRAPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT	\$467.21	\$467.21	10/01/2017
29902	ARTHROSCOPY, METACARPOTRAPHALANGEAL JOINT, SURGICAL; WITH REDUCTION OF DISPLACED	\$431.36	\$431.36	10/01/2017
29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BOD	\$555.83	\$555.83	10/01/2017
29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	\$601.99	\$601.99	10/01/2017
29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	\$613.39	\$613.39	10/01/2017
29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS	\$775.82	\$775.82	10/01/2017
29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	\$881.34	\$881.34	10/01/2017
29915	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PI	\$897.89	\$897.89	10/01/2017
29916	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH LABRAL REPAIR	\$898.82	\$898.82	10/01/2017
29999	UNLISTED PROCEDURE, ARTHROSCOPY	BR	BR	01/01/2002
30000	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	\$200.38	\$103.49	10/01/2017
30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	\$203.17	\$104.42	10/01/2017
30100	BIOPSY, INTRANASAL	\$123.08	\$60.55	10/01/2017
30110	EXCISION, NASAL POLYP(S), SIMPLE	\$201.28	\$114.29	10/01/2017
30115	EXCISION, NASAL POLYP(S), EXTENSIVE	\$377.92	\$377.92	10/01/2017
30117	EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; INTERNAL APPROACH	\$765.04	\$298.23	10/01/2017
30118	EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; EXTERNAL APPROACH	\$674.38	\$674.38	10/01/2017
30120	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA	\$458.32	\$387.43	10/01/2017
30124	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS	\$250.27	\$250.27	10/01/2017
30125	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE	\$531.09	\$531.09	10/01/2017
30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	\$333.53	\$333.53	10/01/2017
30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	\$385.15	\$385.15	10/01/2017
30150	RHINECTOMY; PARTIAL	\$673.64	\$673.64	10/01/2017
30160	RHINECTOMY; TOTAL	\$676.62	\$676.62	10/01/2017
30200	INJECTION INTO TURBINATE(S), THERAPEUTIC	\$98.64	\$52.21	10/01/2017
30210	DISPLACEMENT THERAPY (PROETZ TYPE)	\$130.78	\$87.45	10/01/2017
30220	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)	\$264.43	\$109.65	10/01/2017
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	\$155.92	\$93.08	10/01/2017
30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA	\$180.83	\$180.83	10/01/2017
30320	REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY	\$395.53	\$395.53	10/01/2017
30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	\$884.66	\$884.66	10/01/2017
30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL	\$1,030.39	\$1,030.39	10/01/2017
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	\$1,200.19	\$1,200.19	10/01/2017
30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)	\$749.78	\$749.78	10/01/2017
30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)	\$1,101.61	\$1,101.61	10/01/2017

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30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)	\$1,307.84	\$1,307.84	10/01/2017
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR	\$715.25	\$715.25	10/01/2017
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR	\$1,236.59	\$1,236.59	10/01/2017
30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL	\$858.87	\$858.87	10/01/2017
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING,	\$545.36	\$545.36	10/01/2017
30540	REPAIR CHOANAL ATRESIA; INTRANASAL	\$606.17	\$606.17	10/01/2017
30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE	\$778.11	\$778.11	10/01/2017
30560	LYSIS INTRANASAL SYNECHIA	\$234.13	\$120.22	10/01/2017
30580	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED)	\$575.73	\$452.84	10/01/2017
30600	REPAIR FISTULA; ORONASAL	\$499.66	\$376.15	10/01/2017
30620	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)	\$546.82	\$546.82	10/01/2017
30630	REPAIR NASAL SEPTAL PERFORATIONS	\$544.70	\$544.70	10/01/2017
30801	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHO	\$200.17	\$119.69	10/01/2017
30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHO	\$253.83	\$166.54	10/01/2017
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY	\$83.41	\$50.29	10/01/2017
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING)	\$193.56	\$71.29	10/01/2017
30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY,	\$237.77	\$94.14	10/01/2017
30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY,	\$304.25	\$121.30	10/01/2017
30915	LIGATION ARTERIES; ETHMOIDAL	\$503.87	\$503.87	10/01/2017
30920	LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL	\$733.20	\$733.20	10/01/2017
30930	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	\$107.88	\$107.88	10/01/2017
30999	UNLISTED PROCEDURE, NOSE	BR	BR	10/01/1982
31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM)	\$161.11	\$93.01	10/01/2017
31002	LAVAGE BY CANNULATION; SPHENOID SINUS	\$167.08	\$167.08	10/01/2017
31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL	\$425.15	\$315.88	10/01/2017
31030	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL OF	\$605.07	\$464.23	10/01/2017
31032	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF	\$503.51	\$503.51	10/01/2017
31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH	\$668.48	\$668.48	10/01/2017
31050	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;	\$423.66	\$423.66	10/01/2017
31051	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REMOVAL	\$565.15	\$565.15	10/01/2017
31070	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION)	\$383.83	\$383.83	10/01/2017
31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNCH	\$688.00	\$688.00	10/01/2017
31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION	\$914.44	\$914.44	10/01/2017
31081	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISION	\$1,299.44	\$1,299.44	10/01/2017
31084	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	\$1,040.49	\$1,040.49	10/01/2017

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31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	\$1,386.08	\$1,386.08	10/01/2017
31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	\$993.92	\$993.92	10/01/2017
31087	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	\$954.88	\$954.88	10/01/2017
31090	SINUSOTOMY, UNILATERAL, THREE OR MORE PARANASAL SINUSES (FRONTAL, MAXILLARY,	\$897.36	\$897.36	10/01/2017
31200	ETHMOIDECTOMY; INTRANASAL, ANTERIOR	\$503.14	\$503.14	10/01/2017
31201	ETHMOIDECTOMY; INTRANASAL, TOTAL	\$648.16	\$648.16	10/01/2017
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL	\$791.80	\$791.80	10/01/2017
31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	\$1,649.68	\$1,649.68	10/01/2017
31230	MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC)	\$1,816.27	\$1,816.27	10/01/2017
31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	\$183.13	\$57.45	10/01/2017
31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY (VIA INFERIOR	\$229.38	\$120.73	10/01/2017
31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCTURE OF	\$261.88	\$142.70	10/01/2017
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT	\$226.23	\$142.34	10/01/2017
31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORRHAGE	\$225.90	\$149.13	10/01/2017
31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY	\$544.33	\$544.33	10/01/2017
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	\$141.99	\$141.99	10/01/2017
31254	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL (ANTERIOR)	\$241.38	\$241.38	10/01/2017
31255	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, TOTAL (ANTERIOR AND	\$353.45	\$353.45	10/01/2017
31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	\$174.73	\$174.73	10/01/2017
31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF	\$280.29	\$280.29	10/01/2017
31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITHOUT	\$445.74	\$445.74	10/01/2017
31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	\$204.98	\$204.98	10/01/2017
31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE	\$237.67	\$237.67	10/01/2017
31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK;	\$1,019.23	\$1,019.23	10/01/2017
31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK;	\$1,086.04	\$1,086.04	10/01/2017
31292	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL OR INFERIOR ORBITAL WALL	\$881.72	\$881.72	10/01/2017
31293	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL ORBITAL WALL AND INFERIOR ORBITAL	\$957.77	\$957.77	10/01/2017
31294	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH OPTIC NERVE DECOMPRESSION	\$1,107.65	\$1,107.65	10/01/2017
31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM (EG, BA	\$1,773.64	\$144.78	10/01/2017
31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM (EG, BAL	\$1,809.17	\$173.50	10/01/2017
31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF SPHENOID SINUS OSTIUM (EG, B	\$1,776.44	\$142.00	10/01/2017
31299	UNLISTED PROCEDURE, ACCESSORY SINUSES	BR	BR	10/01/1982
31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCELE, C	\$1,152.47	\$1,152.47	10/01/2017
31320	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); DIAGNOSTIC	\$496.62	\$496.62	10/01/2017
31360	LARYNGECTOMY; TOTAL, WITHOUT RADICAL NECK DISSECTION	\$1,866.02	\$1,866.02	10/01/2017

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31365	LARYNGECTOMY; TOTAL, WITH RADICAL NECK DISSECTION	\$2,301.22	\$2,301.22	10/01/2017
31367	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITHOUT RADICAL NECK DISSECTION	\$1,972.77	\$1,972.77	10/01/2017
31368	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITH RADICAL NECK DISSECTION	\$2,195.37	\$2,195.37	10/01/2017
31370	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); HORIZONTAL	\$1,856.97	\$1,856.97	10/01/2017
31375	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); LATEROVERTICAL	\$1,760.71	\$1,760.71	10/01/2017
31380	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTEROVERTICAL	\$1,737.23	\$1,737.23	10/01/2017
31382	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTERO-LATERO-VERTICAL	\$1,910.58	\$1,910.58	10/01/2017
31390	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITHOUT RECONSTRUCTION	\$2,566.42	\$2,566.42	10/01/2017
31395	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITH RECONSTRUCTION	\$2,712.63	\$2,712.63	10/01/2017
31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH	\$869.80	\$869.80	10/01/2017
31420	EPIGLOTTIDECTOMY	\$733.13	\$733.13	10/01/2017
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	\$125.84	\$125.84	10/01/2017
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	\$31.22	\$31.22	10/01/2017
31505	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); DIAGNOSTIC	\$72.38	\$43.59	10/01/2017
31510	LARYNGOSCOPY, INDIRECT; WITH BIOPSY	\$186.36	\$108.04	10/01/2017
31511	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF FOREIGN BODY	\$186.03	\$115.15	10/01/2017
31512	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF LESION	\$181.43	\$115.50	10/01/2017
31513	LARYNGOSCOPY, INDIRECT; WITH VOCAL CORD INJECTION	\$117.29	\$117.29	10/01/2017
31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION	\$160.10	\$92.61	10/01/2017
31520	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, NEWBORN	\$139.22	\$139.22	10/01/2017
31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN	\$222.48	\$142.31	10/01/2017
31526	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MI	\$139.85	\$139.85	10/01/2017
31527	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF OBTURATOR	\$173.14	\$173.14	10/01/2017
31528	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, INITIAL	\$128.74	\$128.74	10/01/2017
31529	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, SUBSEQUENT	\$143.84	\$143.84	10/01/2017
31530	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL;	\$176.24	\$176.24	10/01/2017
31531	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATING MICRO	\$188.63	\$188.63	10/01/2017
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	\$168.53	\$168.53	10/01/2017
31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE OR TELES	\$187.69	\$187.69	10/01/2017
31540	REMOVAL OF GROWTH OF TONGUE AND/OR VOCAL CORD STRIPPING USING AN ENDOSCOPE	\$215.43	\$215.43	10/01/2017
31541	REMOVAL OF GROWTH OF TONGUE AND/OR VOCAL CORD STRIPPING USING AN ENDOSCOPE WITH	\$234.90	\$234.90	10/01/2017
31545	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH	\$322.62	\$322.62	10/01/2017
31546	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH	\$490.17	\$490.17	10/01/2017
31551	LARYNGOPLASTY, FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT INDWELLING STENT PLAC	\$1,258.77	\$1,258.77	10/01/2017
31552	LARYNGOPLASTY, FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT INDWELLING STENT PLAC	\$1,272.83	\$1,272.83	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
31553	LARYNGOPLASTY, FOR LARYNGEAL STENOSIS, WITH GRAFT, WITH INDWELLING STENT PLACEME	\$1,387.79	\$1,387.79	10/01/2017
31554	LARYNGOPLASTY, FOR LARYNGEAL STENOSIS WITH GRAFT, WITH INDWELLING STENT PLACEMEN	\$1,461.46	\$1,461.46	10/01/2017
31560	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY;	\$278.86	\$278.86	10/01/2017
31561	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING MICROSCOPE	\$305.27	\$305.27	10/01/2017
31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;	\$297.66	\$204.17	10/01/2017
31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERA	\$222.53	\$222.53	10/01/2017
31572	LARYNGOSCOPY, FLEXIBLE, WITH ABLATION OR DESTRUCTION OF LESION(S) WITH LASER UNI	\$437.59	\$160.84	10/01/2017
31573	LARYNGOSCOPY, FLEXIBLE WITH THERAPEUTIC INJECTION(S) (EG, CHEMODENERVATION AGENT	\$232.73	\$132.75	10/01/2017
31574	LARYNGOSCOPY, FLEXIBLE WITH INJECTION(S) (EG, PERCUTANEOUS TRANSORAL), UNILATERA	\$902.30	\$132.75	10/01/2017
31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	\$99.87	\$59.94	10/01/2017
31576	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY	\$232.86	\$105.95	10/01/2017
31577	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY	\$241.15	\$119.49	10/01/2017
31578	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION	\$264.93	\$132.75	10/01/2017
31579	LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, WITH STROBOSCOPY	\$155.78	\$106.25	10/01/2017
31580	LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND REMOVAL	\$1,103.76	\$1,103.76	10/01/2017
31584	LARYNGOPLASTY; WITH OPEN REDUCTION OF FRACTURE	\$1,224.82	\$1,224.82	10/01/2017
31587	LARYNGOPLASTY, CRICOID SPLIT	\$1,027.19	\$1,027.19	10/01/2017
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	\$770.44	\$770.44	10/01/2017
31591	LARYNGOPLASTY, MEDIALIZATION UNILATERAL	\$922.42	\$922.42	10/01/2017
31592	CRICOTRACHEAL RESECTION	\$1,492.41	\$1,492.41	10/01/2017
31595	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNILATERAL	\$669.19	\$669.19	10/01/2017
31599	UNLISTED PROCEDURE, LARYNX	BR	BR	10/01/1982
31600	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE);	\$352.39	\$352.39	10/01/2017
31601	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); UNDER TWO YEARS	\$189.39	\$189.39	10/01/2017
31603	TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL	\$198.27	\$198.27	10/01/2017
31605	TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE	\$163.64	\$163.64	10/01/2017
31610	TRACHEOSTOMY, FENESTRATION PROCEDURE WITH SKIN FLAPS	\$629.42	\$629.42	10/01/2017
31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN	\$473.36	\$473.36	10/01/2017
31612	TRACHEAL PUNCTURE, PERCUTANEOUS WITH TRANSTRACHEAL ASPIRATION AND/OR INJECTION	\$73.15	\$42.82	10/01/2017
31613	TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION	\$400.07	\$400.07	10/01/2017
31614	TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION	\$664.95	\$664.95	10/01/2017
31615	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION	\$148.06	\$102.25	10/01/2017
31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$212.32	\$117.91	10/01/2017
31623	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$238.61	\$120.05	10/01/2017
31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$223.10	\$121.56	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
31625	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$292.13	\$140.45	10/01/2017
31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$740.37	\$178.23	10/01/2017
31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$1,227.40	\$87.32	10/01/2017
31628	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$309.97	\$157.98	10/01/2017
31629	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$382.87	\$168.04	10/01/2017
31630	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$178.68	\$178.68	10/01/2017
31631	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$204.66	\$204.66	10/01/2017
31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$57.08	\$44.08	10/01/2017
31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$71.02	\$56.78	10/01/2017
31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$1,574.86	\$173.51	10/01/2017
31635	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$246.48	\$157.02	10/01/2017
31636	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$197.03	\$197.03	10/01/2017
31637	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; EACH	\$66.45	\$66.45	10/01/2017
31638	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$224.43	\$224.43	10/01/2017
31640	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$225.77	\$225.77	10/01/2017
31641	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$230.54	\$230.54	10/01/2017
31643	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$158.80	\$158.80	10/01/2017
31645	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$224.64	\$133.64	10/01/2017
31646	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$202.33	\$114.10	10/01/2017
31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$188.73	\$188.73	10/01/2017
31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$172.81	\$172.81	10/01/2017
31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$62.28	\$62.28	10/01/2017
31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$66.72	\$66.72	10/01/2017
31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$727.12	\$199.02	10/01/2017
31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$769.54	\$220.39	10/01/2017
31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$111.21	\$60.76	10/01/2017
31717	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY	\$229.04	\$96.86	10/01/2017
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL	\$46.45	\$46.45	10/01/2017
31725	CATHETER ASPIRATION (SEPARATE PROCEDURE); TRACHEOBRONCHIAL WITH FIBERSCOPE,	\$69.75	\$69.75	10/01/2017
31730	INSERTION INTO WINDPIPE OF NEEDLE WIRE, DILATOR, STENT, OR TUBE FOR OXYGEN DELIV	\$1,084.69	\$132.82	10/01/2017
31750	TRACHEOPLASTY; CERVICAL	\$1,239.37	\$1,239.37	10/01/2017
31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	\$1,570.61	\$1,570.61	10/01/2017
31760	TRACHEOPLASTY; INTRATHORACIC	\$1,233.02	\$1,233.02	10/01/2017
31766	CARINAL RECONSTRUCTION	\$1,580.99	\$1,580.99	10/01/2017
31770	BRONCHOPLASTY; GRAFT REPAIR	\$1,183.77	\$1,183.77	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
31775	BRONCHOPLASTY; EXCISION STENOSIS AND ANASTOMOSIS	\$1,145.52	\$1,145.52	10/01/2017
31780	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICAL	\$1,043.43	\$1,043.43	10/01/2017
31781	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICOTHORACIC	\$1,231.33	\$1,231.33	10/01/2017
31785	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL	\$958.32	\$958.32	10/01/2017
31786	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; THORACIC	\$1,331.88	\$1,331.88	10/01/2017
31800	SUTURE OF TRACHEAL WOUND OR INJURY; CERVICAL	\$648.80	\$648.80	10/01/2017
31805	SUTURE OF TRACHEAL WOUND OR INJURY; INTRATHORACIC	\$725.65	\$725.65	10/01/2017
31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR	\$380.90	\$288.96	10/01/2017
31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR	\$527.66	\$423.03	10/01/2017
31830	REVISION OF TRACHEOSTOMY SCAR	\$388.47	\$303.03	10/01/2017
31899	UNLISTED PROCEDURE, TRACHEA, BRONCHI	BR	BR	10/01/1982
32035	THORACOSTOMY; WITH RIB RESECTION FOR EMPYEMA	\$642.51	\$642.51	10/01/2017
32036	THORACOSTOMY; WITH OPEN FLAP DRAINAGE FOR EMPYEMA	\$685.68	\$685.68	10/01/2017
32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S) (EG, WEDGE, INCIS	\$715.33	\$715.33	10/01/2017
32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES) (EG, WEDG	\$713.64	\$713.64	10/01/2017
32098	THORACOTOMY, WITH BIOPSY(IES) OF PLEURA	\$676.82	\$676.82	10/01/2017
32100	THORACOTOMY; WITH EXPLORATION	\$719.63	\$719.63	10/01/2017
32110	THORACOTOMY; WITH CONTROL OF TRAUMATIC HEMORRHAGE AND/OR REPAIR OF LUNG TEAR	\$1,298.60	\$1,298.60	10/01/2017
32120	THORACOTOMY; FOR POSTOPERATIVE COMPLICATIONS	\$773.55	\$773.55	10/01/2017
32124	THORACOTOMY; WITH OPEN INTRAPLEURAL PNEUMONOLYSIS	\$822.44	\$822.44	10/01/2017
32140	THORACOTOMY; WITH CYST(S) REMOVAL, INCLUDES PLEURAL PROCEDURE WHEN PERFORMED	\$874.60	\$874.60	10/01/2017
32141	THORACOTOMY; WITH RESECTION-PLICATION OF BULLAE, INCLUDES ANY PLEURAL PROCEDURE	\$1,352.43	\$1,352.43	10/01/2017
32150	THORACOTOMY; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEPOSIT	\$891.82	\$891.82	10/01/2017
32151	THORACOTOMY; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY	\$889.60	\$889.60	10/01/2017
32160	THORACOTOMY; WITH CARDIAC MASSAGE	\$701.83	\$701.83	10/01/2017
32200	DRAINAGE OF INFECTED LUNG MATERIAL OR CYST, OPEN PROCEDURE	\$1,002.53	\$1,002.53	10/01/2017
32215	PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX	\$707.34	\$707.34	10/01/2017
32220	DECORTICATION, PULMONARY (SEPARATE PROCEDURE); TOTAL	\$1,404.65	\$1,404.65	10/01/2017
32225	DECORTICATION, PULMONARY (SEPARATE PROCEDURE); PARTIAL	\$881.20	\$881.20	10/01/2017
32310	PLEURECTOMY, PARIETAL (SEPARATE PROCEDURE)	\$811.09	\$811.09	10/01/2017
32320	DECORTICATION AND PARIETAL PLEURECTOMY	\$1,417.22	\$1,417.22	10/01/2017
32400	BIOPSY, PLEURA; PERCUTANEOUS NEEDLE	\$133.23	\$78.13	10/01/2017
32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE	\$341.56	\$81.85	10/01/2017
32440	REMOVAL OF LUNG, PNEUMONECTOMY;	\$1,388.22	\$1,388.22	10/01/2017
32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH RESECTION OF SEGMENT OF TRACHEA FOLLOWED BY	\$2,728.76	\$2,728.76	10/01/2017

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32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTRAPLEURAL	\$3,147.09	\$3,147.09	10/01/2017
32480	REMOVAL OF LUNG, OTHER THAN PNEUMONECTOMY; SINGLE LOBE (LOBECTOMY)	\$1,311.80	\$1,311.80	10/01/2017
32482	REMOVAL OF LUNG, OTHER THAN PNEUMONECTOMY; 2 LOBES (BILOBECTOMY)	\$1,403.64	\$1,403.64	10/01/2017
32484	REMOVAL OF LUNG, OTHER THAN PNEUMONECTOMY; SINGLE SEGMENT (SEGMENTECTOMY)	\$1,273.86	\$1,273.86	10/01/2017
32486	REMOVAL OF LUNG, OTHER THAN PNEUMONECTOMY; WITH CIRCUMFERENTIAL RESECTION OF SEG	\$2,086.99	\$2,086.99	10/01/2017
32488	REMOVAL OF LUNG, OTHER THAN PNEUMONECTOMY; WITH ALL REMAINING LUNG FOLLOWING PRE	\$2,132.09	\$2,132.09	10/01/2017
32491	REMOVAL OF LUNG, OTHER THAN PNEUMONECTOMY; WITH RESECTION-PLICATION OF EMPHYSEMA	\$1,306.57	\$1,306.57	10/01/2017
32501	RESECTION AND REPAIR OF PORTION OF BRONCHUS (BRONCHOPLASTY) WHEN PERFORMED AT	\$217.47	\$217.47	10/01/2017
32503	RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST WALL RESECT	\$1,603.84	\$1,603.84	10/01/2017
32504	RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST WALL RESECT	\$1,841.75	\$1,841.75	10/01/2017
32505	THORACOTOMY; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL	\$826.43	\$826.43	10/01/2017
32506	THORACOTOMY; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS OR NODULE), EACH ADDITIO	\$139.08	\$139.08	10/01/2017
32507	THORACOTOMY; WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION	\$139.08	\$139.08	10/01/2017
32540	EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY)	\$1,539.61	\$1,539.61	10/01/2017
32550	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	\$625.27	\$186.64	10/01/2017
32551	TUBE THORACOSTOMY, INCLUDES CONNECTION TO DRAINAGE SYSTEM (EG, WATER SEAL), WHEN	\$140.41	\$140.41	10/01/2017
32552	REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	\$163.00	\$141.34	10/01/2017
32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL	\$459.63	\$162.77	10/01/2017
32554	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURAL SPACE; WITHOUT IMAG	\$177.71	\$80.20	10/01/2017
32555	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURAL SPACE; WITH IMAGING	\$255.29	\$100.83	10/01/2017
32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITHOUT I	\$486.26	\$110.16	10/01/2017
32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITH IMAG	\$449.74	\$137.40	10/01/2017
32560	INSTILLATION, VIA CHEST TUBE/CATHETER, AGENT FOR PLEURODESIS (EG, TALC FOR RECUR	\$214.18	\$69.62	10/01/2017
32561	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRINOLYT	\$81.68	\$61.25	10/01/2017
32562	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRINOLYT	\$73.26	\$54.99	10/01/2017
32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); LUNGS, PERICARDIAL SAC, MEDIASTIN	\$274.18	\$274.18	10/01/2017
32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); PERICARDIAL SAC, WITH BIOPSY	\$429.09	\$429.09	10/01/2017
32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL SPACE, WITH BIOPSY	\$410.96	\$410.96	10/01/2017
32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S) (EG, WEDGE, INCI	\$274.14	\$274.14	10/01/2017
32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES) (EG, WED	\$336.30	\$336.30	10/01/2017
32609	THORACOSCOPY; WITH BIOPSY(IES) OF PLEURA	\$230.14	\$230.14	10/01/2017
32650	THORACOSCOPY, SURGICAL; WITH PLEURODESIS (EG, MECHANICAL OR CHEMICAL)	\$590.38	\$590.38	10/01/2017
32651	THORACOSCOPY, SURGICAL; WITH PARTIAL PULMONARY DECORTICATION	\$971.91	\$971.91	10/01/2017
32652	THORACOSCOPY, SURGICAL; WITH TOTAL PULMONARY DECORTICATION, INCLUDING	\$1,474.76	\$1,474.76	10/01/2017
32653	THORACOSCOPY, SURGICAL; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN	\$939.60	\$939.60	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
32654	THORACOSCOPY, SURGICAL; WITH CONTROL OF TRAUMATIC HEMORRHAGE	\$1,049.75	\$1,049.75	10/01/2017
32655	THORACOSCOPY, SURGICAL; WITH RESECTION-PLICATION OF BULLAE, INCLUDES ANY PLEURAL	\$848.27	\$848.27	10/01/2017
32656	THORACOSCOPY, SURGICAL; WITH PARIETAL PLEURECTOMY	\$710.70	\$710.70	10/01/2017
32658	THORACOSCOPY, SURGICAL; WITH REMOVAL OF CLOT OR FOREIGN BODY FROM PERICARDIAL	\$632.96	\$632.96	10/01/2017
32659	THORACOSCOPY, SURGICAL; WITH CREATION OF PERICARDIAL WINDOW OR PARTIAL	\$649.08	\$649.08	10/01/2017
32661	THORACOSCOPY, SURGICAL; WITH EXCISION OF PERICARDIAL CYST, TUMOR, OR MASS	\$708.96	\$708.96	10/01/2017
32662	THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR, OR MASS	\$791.85	\$791.85	10/01/2017
32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY (SINGLE LOBE)	\$1,243.28	\$1,243.28	10/01/2017
32664	THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY	\$749.93	\$749.93	10/01/2017
32665	THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (HELLER TYPE)	\$1,096.09	\$1,096.09	10/01/2017
32666	THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INI	\$772.77	\$772.77	10/01/2017
32667	THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS OR NODULE), E	\$139.66	\$139.66	10/01/2017
32668	THORACOSCOPY, SURGICAL; WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUN	\$139.66	\$139.66	10/01/2017
32669	THORACOSCOPY, SURGICAL; WITH REMOVAL OF A SINGLE LUNG SEGMENT (SEGMENTECTOMY)	\$1,194.16	\$1,194.16	10/01/2017
32670	THORACOSCOPY, SURGICAL; WITH REMOVAL OF TWO LOBES (BILOBECTOMY)	\$1,423.07	\$1,423.07	10/01/2017
32671	THORACOSCOPY, SURGICAL; WITH REMOVAL OF LUNG (PNEUMONECTOMY)	\$1,577.59	\$1,577.59	10/01/2017
32672	THORACOSCOPY, SURGICAL; WITH RESECTION-PLICATION FOR EMPHYSEMATOUS LUNG (BULLOUS	\$1,352.46	\$1,352.46	10/01/2017
32673	THORACOSCOPY, SURGICAL; WITH RESECTION OF THYMUS, UNILATERAL OR BILATERAL	\$1,079.70	\$1,079.70	10/01/2017
32674	THORACOSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPA	\$192.02	\$192.02	10/01/2017
32701	THORACIC TARGET(S) DELINEATION FOR STEREOTACTIC BODY RADIATION THERAPY (SRS/SBRT	\$190.76	\$190.76	10/01/2017
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	\$839.60	\$839.60	10/01/2017
32810	CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR EMPYEMA (CLAGETT TYPE	\$792.43	\$792.43	10/01/2017
32815	OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	\$2,476.84	\$2,476.84	10/01/2017
32820	MAJOR RECONSTRUCTION, CHEST WALL (POSTTRAUMATIC)	\$1,248.29	\$1,248.29	10/01/2017
32850	DONOR PNEUMONECTOMY(IES)(INCL. COLD PRESERVATION), FROM CADAVER DONOR	BR	BR	01/01/1994
32851	LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	\$2,929.69	\$2,929.69	10/01/2017
32852	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS	\$3,199.47	\$3,199.47	10/01/2017
32853	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT	\$4,084.43	\$4,084.43	10/01/2017
32854	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH CARDIOPULMONARY	\$4,336.25	\$4,336.25	10/01/2017
32855	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO	\$165.52	\$165.52	10/01/2017
32856	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO	\$169.04	\$169.04	10/01/2017
32900	RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES	\$1,249.68	\$1,249.68	10/01/2017
32905	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);	\$1,192.91	\$1,192.91	10/01/2017
32906	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); WITH CLOSURE OF	\$1,470.07	\$1,470.07	10/01/2017
32940	PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING PROCEDURES	\$1,098.25	\$1,098.25	10/01/2017

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32960	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	\$113.49	\$83.16	10/01/2017
32997	TOTAL LUNG LAVAGE (UNILATERAL)	\$306.81	\$306.81	10/01/2017
32998	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF ONE OR MORE PULMONARY TUMOR(S)	\$1,701.37	\$253.90	10/01/2017
32999	UNLISTED PROCEDURE, LUNGS AND PLEURA	BR	BR	10/01/1982
33010	PERICARDIOCENTESIS; INITIAL	\$95.39	\$95.39	10/01/2017
33011	PERICARDIOCENTESIS; SUBSEQUENT	\$96.24	\$96.24	10/01/2017
33015	TUBE PERICARDIOSTOMY	\$455.32	\$455.32	10/01/2017
33020	PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN BODY (PRIMARY PROCEDURE)	\$781.87	\$781.87	10/01/2017
33025	CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE	\$708.93	\$708.93	10/01/2017
33030	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITHOUT CARDIOPULMONARY BYPASS	\$1,780.57	\$1,780.57	10/01/2017
33031	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITH CARDIOPULMONARY BYPASS	\$2,196.92	\$2,196.92	10/01/2017
33050	RESECTION OF PERICARDIAL CYST OR TUMOR	\$886.95	\$886.95	10/01/2017
33120	EXCISION OF INTRACARDIAC TUMOR, RESECTION WITH CARDIOPULMONARY BYPASS	\$1,866.49	\$1,866.49	10/01/2017
33130	RESECTION OF EXTERNAL CARDIAC TUMOR	\$1,227.08	\$1,227.08	10/01/2017
33140	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY (SEPARATE PROCEDURE)	\$1,402.69	\$1,402.69	10/01/2017
33141	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PERFORMED AT THE TIME	\$117.35	\$117.35	10/01/2017
33202	INSERTION OF EPICARDIAL ELECTRODE(S); OPEN INCISION (EG, THORACOTOMY, MEDIAN STE	\$689.33	\$689.33	10/01/2017
33203	INSERTION OF EPICARDIAL ELECTRODE(S); ENDOSCOPIC APPROACH (EG, THORACOSCOPY, PER	\$715.25	\$715.25	10/01/2017
33206	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTROD	\$401.38	\$401.38	10/01/2017
33207	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTROD	\$427.91	\$427.91	10/01/2017
33208	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTROD	\$464.37	\$464.37	10/01/2017
33210	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS SINGLE CHAMBER CARDIAC	\$147.50	\$147.50	10/01/2017
33211	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING	\$150.86	\$150.86	10/01/2017
33212	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING SINGLE LEAD	\$284.81	\$284.81	10/01/2017
33213	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING DUAL LEADS	\$297.96	\$297.96	10/01/2017
33214	UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE CHAMBER SYSTEM TO	\$425.09	\$425.09	10/01/2017
33215	REPOSITIONING OF IMPLANTED PACEMAKER OR DEFIBRILLATOR DEVICE	\$276.46	\$276.46	10/01/2017
33216	INSERTION OF A SINGLE TRANSVENOUS ELECTRODE, PERMANENT PACEMAKER OR CARDIOVERTER	\$329.36	\$329.36	10/01/2017
33217	INSERTION OF 2 TRANSVENOUS ELECTRODES, PERMANENT PACEMAKER OR CARDIOVERTER-DEFIB	\$322.92	\$322.92	10/01/2017
33218	REPAIR OF ELECTRODE FOR PERMANENT PACEMAKER OR DEFIBRILLATOR DEVICE	\$346.22	\$346.22	10/01/2017
33220	REPAIR OF 2 ELECTRODES FOR PERMANENT PACEMAKER OR DEFIBRILLATOR DEVICE	\$346.57	\$346.57	10/01/2017
33221	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS	\$321.01	\$321.01	10/01/2017
33222	RELOCATION OF PACEMAKER GENERATOR SKIN POCKET	\$299.11	\$299.11	10/01/2017
33223	RELOCATION OF DEFIBRILLATOR DEVICE SKIN POCKET	\$362.74	\$362.74	10/01/2017
33224	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACIN	\$460.43	\$460.43	10/01/2017

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33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACIN	\$419.56	\$419.56	10/01/2017
33226	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (LEFT VENTRICULAR) E	\$443.00	\$443.00	10/01/2017
33227	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL	\$300.42	\$300.42	10/01/2017
33228	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL	\$314.22	\$314.22	10/01/2017
33229	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL	\$332.94	\$332.94	10/01/2017
33230	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXIST	\$340.56	\$340.56	10/01/2017
33231	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXIST	\$358.08	\$358.08	10/01/2017
33233	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR ONLY	\$204.29	\$204.29	10/01/2017
33234	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); SINGLE LEAD SYSTEM, ATRIAL OR	\$431.72	\$431.72	10/01/2017
33235	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL LEAD SYSTEM	\$567.37	\$567.37	10/01/2017
33236	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY THORACOTOMY; SINGLE	\$696.39	\$696.39	10/01/2017
33237	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY THORACOTOMY; DUAL	\$744.00	\$744.00	10/01/2017
33238	REMOVAL OF PERMANENT TRANSVENOUS ELECTRODE(S) BY THORACOTOMY	\$829.92	\$829.92	10/01/2017
33240	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTI	\$324.94	\$324.94	10/01/2017
33241	REMOVAL OF DEFIBRILLATOR PULSE GENERATOR	\$191.33	\$191.33	10/01/2017
33243	REMOVAL OF DEFIBRILLATOR ELECTRODES	\$1,217.41	\$1,217.41	10/01/2017
33244	REMOVAL OF DEFIBRILLATOR ELECTRODES	\$765.66	\$765.66	10/01/2017
33249	INSERTION OR REPLACEMENT OF PERMANENT PACING CARDIOVERTER-DEFIBRILLATOR SYSTEM W	\$816.28	\$816.28	10/01/2017
33250	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG, WOLF	\$1,293.31	\$1,293.31	10/01/2017
33251	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG,	\$1,443.30	\$1,443.30	10/01/2017
33254	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (EG, MODIFIED MAZ	\$1,213.21	\$1,213.21	10/01/2017
33255	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCE	\$1,460.84	\$1,460.84	10/01/2017
33256	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCE	\$1,728.54	\$1,728.54	10/01/2017
33257	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF	\$517.59	\$517.59	10/01/2017
33258	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF	\$581.75	\$581.75	10/01/2017
33259	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF	\$750.98	\$750.98	10/01/2017
33261	OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH CARDIOPULMONARY	\$1,442.99	\$1,442.99	10/01/2017
33262	REMOVAL AND REPLACEMENT OF DEFIBRILLATOR PULSE GENERATOR	\$331.71	\$331.71	10/01/2017
33263	REMOVAL AND REPLACEMENT OF DEFIBRILLATOR PULSE GENERATOR	\$345.47	\$345.47	10/01/2017
33264	REMOVAL AND REPLACEMENT OF DEFIBRILLATOR PULSE GENERATOR	\$360.21	\$360.21	10/01/2017
33265	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMI	\$1,207.73	\$1,207.73	10/01/2017
33266	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTE	\$1,642.06	\$1,642.06	10/01/2017
33270	INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR SYS	\$525.57	\$525.57	10/01/2017
33271	INSERTION OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR	\$440.15	\$440.15	10/01/2017
33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELECTRODE	\$310.67	\$310.67	10/01/2017

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33273	REPOSITIONING OF PREVIOUSLY IMPLANTED SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELE	\$363.03	\$363.03	10/01/2017
33282	IMPLANTATION OF PATIENT-ACTIVATED CARDIAC EVENT RECORDER	\$200.55	\$200.55	10/01/2017
33284	REMOVAL OF AN IMPLANTABLE, PATIENT-ACTIVATED CARDIAC EVENT RECORDER	\$176.28	\$176.28	10/01/2017
33300	REPAIR OF CARDIAC WOUND; WITHOUT BYPASS	\$2,179.59	\$2,179.59	10/01/2017
33305	REPAIR OF CARDIAC WOUND; WITH CARDIOPULMONARY BYPASS	\$3,647.68	\$3,647.68	10/01/2017
33310	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY, ATRIAL OR	\$1,051.05	\$1,051.05	10/01/2017
33315	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY, ATRIAL OR	\$1,701.36	\$1,701.36	10/01/2017
33320	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT SHUNT OR CARDIOPULMONARY BYPASS	\$944.82	\$944.82	10/01/2017
33321	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	\$1,059.03	\$1,059.03	10/01/2017
33322	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	\$1,234.59	\$1,234.59	10/01/2017
33330	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITHOUT SHUNT, OR CARDIOPULMONARY	\$1,271.05	\$1,271.05	10/01/2017
33335	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	\$1,668.90	\$1,668.90	10/01/2017
33340	PERCUTANEOUS TRANSCATHETER CLOSURE OF THE LEFT ATRIAL APPENDAGE WITH ENDOCARDIAL	\$712.36	\$712.36	10/01/2017
33361	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; PERCUT	\$1,212.89	\$1,212.89	10/01/2017
33362	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; OPEN F	\$1,323.41	\$1,323.41	10/01/2017
33363	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; OPEN A	\$1,393.56	\$1,393.56	10/01/2017
33364	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; OPEN I	\$1,444.75	\$1,444.75	10/01/2017
33365	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; TRANST	\$1,589.38	\$1,589.38	10/01/2017
33366	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; TRANSA	\$1,718.71	\$1,718.71	10/01/2017
33367	TRANSCATHER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; CARDIOPU	\$557.47	\$557.47	10/01/2017
33368	TRANSCATHER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; CARDIOPU	\$665.35	\$665.35	10/01/2017
33369	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; CARDIO	\$879.80	\$879.80	10/01/2017
33390	VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; SIMPLE (IE, VALV	\$1,699.54	\$1,699.54	10/01/2017
33391	VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; COMPLEX (EG, LEA	\$2,013.87	\$2,013.87	10/01/2017
33404	CONSTRUCTION OF APICAL-AORTIC CONDUIT	\$1,561.79	\$1,561.79	10/01/2017
33405	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE	\$2,018.61	\$2,018.61	10/01/2017
33406	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT VALVE	\$2,560.43	\$2,560.43	10/01/2017
33410	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISSUE	\$2,262.95	\$2,262.95	10/01/2017
33411	REPLACEMENT, AORTIC VALVE; WITH AORTIC ANNULUS ENLARGEMENT, NONCORONARY SINUS	\$2,986.40	\$2,986.40	10/01/2017
33412	REPLACEMENT, AORTIC VALVE; WITH TRANSVENTRICULAR AORTIC ANNULUS ENLARGEMENT	\$2,821.96	\$2,821.96	10/01/2017
33413	REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE WITH	\$2,911.64	\$2,911.64	10/01/2017
33414	REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEMENT OF	\$1,920.51	\$1,920.51	10/01/2017
33415	RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR DISCRETE SUBVALVULAR AORTIC	\$1,810.69	\$1,810.69	10/01/2017
33416	VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC STENOSIS	\$1,806.28	\$1,806.28	10/01/2017
33417	AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS	\$1,488.37	\$1,488.37	10/01/2017

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33418	TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL	\$1,608.04	\$1,608.04	10/01/2017
33419	TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL	\$379.88	\$379.88	10/01/2017
33420	VALVOTOMY, MITRAL VALVE; CLOSED HEART	\$1,299.11	\$1,299.11	10/01/2017
33422	VALVOTOMY, MITRAL VALVE; OPEN HEART, WITH CARDIOPULMONARY BYPASS	\$1,486.13	\$1,486.13	10/01/2017
33425	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS;	\$2,430.24	\$2,430.24	10/01/2017
33426	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC RING	\$2,119.29	\$2,119.29	10/01/2017
33427	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; RADICAL	\$2,176.16	\$2,176.16	10/01/2017
33430	REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	\$2,489.14	\$2,489.14	10/01/2017
33460	VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	\$2,159.42	\$2,159.42	10/01/2017
33463	VALVULOPLASTY, TRICUSPID VALVE; WITHOUT RING INSERTION	\$2,750.01	\$2,750.01	10/01/2017
33464	VALVULOPLASTY, TRICUSPID VALVE; WITH RING INSERTION	\$2,173.19	\$2,173.19	10/01/2017
33465	REPLACEMENT, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	\$2,454.46	\$2,454.46	10/01/2017
33468	TRICUSPID VALVE REPOSITIONING AND PLICATION FOR EBSTEIN ANOMALY	\$2,189.28	\$2,189.28	10/01/2017
33470	VALVOTOMY, PULMONARY VALVE, CLOSED HEART; TRANSVENTRICULAR	\$1,156.02	\$1,156.02	10/01/2017
33474	VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH CARDIOPULMONARY BYPASS	\$1,944.63	\$1,944.63	10/01/2017
33475	REPLACEMENT, PULMONARY VALVE	\$2,074.04	\$2,074.04	10/01/2017
33476	RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR STENOSIS, WITH OR WITHOUT	\$1,357.99	\$1,357.99	10/01/2017
33477	TRANSCATHER PULMONARY VALVE IMPLANTATION, PERCUTANEOUS APPROACH, INCLUDING PRE-S	\$1,171.13	\$1,171.13	10/01/2017
33478	OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR WITHOUT COMMISSUROTOMY OR	\$1,403.29	\$1,403.29	10/01/2017
33496	REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION WITH CARDIOPULMONARY BYPAS	\$1,488.78	\$1,488.78	10/01/2017
33500	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITH CARDIOP	\$1,390.97	\$1,390.97	10/01/2017
33501	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITHOUT	\$990.01	\$990.01	10/01/2017
33502	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY LIGATION	\$1,138.80	\$1,138.80	10/01/2017
33503	REPAIR OF ANOMALOUS CORONARY ARTERY; BY GRAFT, WITHOUT CARDIOPULMONARY BYPASS	\$1,183.36	\$1,183.36	10/01/2017
33504	REPAIR OF ANOMALOUS CORONARY ARTERY; BY GRAFT, WITH CARDIOPULMONARY BYPASS	\$1,308.06	\$1,308.06	10/01/2017
33505	REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY	\$1,843.02	\$1,843.02	10/01/2017
33506	REPAIR OF ANOMALOUS CORONARY ARTERY; BY TRANSLOCATION FROM PULMONARY ARTERY TO	\$1,834.95	\$1,834.95	10/01/2017
33507	REPAIR OF ANOMALOUS (EG, INTRAMURAL) AORTIC ORIGIN OF CORONARY ARTERY BY UNROOFI	\$1,539.60	\$1,539.60	10/01/2017
33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY AR	\$14.40	\$14.40	10/01/2017
33510	CORONARY ARTERY BYPASS, VEIN ONLY; SINGLE CORONARY VENOUS GRAFT	\$1,719.00	\$1,719.00	10/01/2017
33511	CORONARY ARTERY BYPASS, VEIN ONLY; TWO CORONARY VENOUS GRAFTS	\$1,889.37	\$1,889.37	10/01/2017
33512	CORONARY ARTERY BYPASS, VEIN ONLY; THREE CORONARY VENOUS GRAFTS	\$2,147.38	\$2,147.38	10/01/2017
33513	CORONARY ARTERY BYPASS, VEIN ONLY; FOUR CORONARY VENOUS GRAFTS	\$2,210.41	\$2,210.41	10/01/2017
33514	CORONARY ARTERY BYPASS, VEIN ONLY; FIVE CORONARY VENOUS GRAFTS	\$2,334.13	\$2,334.13	10/01/2017
33516	CORONARY ARTERY BYPASS, VEIN ONLY; SIX OR MORE CORONARY VENOUS GRAFTS	\$2,441.90	\$2,441.90	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
33517	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SINGLE VEIN	\$166.99	\$166.99	10/01/2017
33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VENOUS	\$366.71	\$366.71	10/01/2017
33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); THREE VENOU	\$485.00	\$485.00	10/01/2017
33521	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FOUR VENOUS	\$581.78	\$581.78	10/01/2017
33522	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FIVE VENOUS	\$652.93	\$652.93	10/01/2017
33523	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SIX OR MORE	\$740.07	\$740.07	10/01/2017
33530	REOPERATION, CORONARY ARTERY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE THAN ONE	\$468.41	\$468.41	10/01/2017
33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	\$1,662.29	\$1,662.29	10/01/2017
33534	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); TWO CORONARY ARTERIAL GRAFTS	\$1,955.78	\$1,955.78	10/01/2017
33535	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); THREE CORONARY ARTERIAL GRAFTS	\$2,183.12	\$2,183.12	10/01/2017
33536	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); FOUR OR MORE CORONARY ARTERIAL	\$2,353.44	\$2,353.44	10/01/2017
33542	MYOCARDIAL RESECTION (EG, VENTRICULAR ANEURYSMECTOMY)	\$2,335.24	\$2,335.24	10/01/2017
33545	REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT MYOCARDIAL	\$2,755.23	\$2,755.23	10/01/2017
33548	SURGICAL VENTRICULAR RESTORATION PROCEDURE, INCLUDES PROSTHETIC PATCH, WHEN PERF	\$2,639.17	\$2,639.17	10/01/2017
33572	CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIRCUMFL	\$205.00	\$205.00	10/01/2017
33600	CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID) BY SUTURE OR PATCH	\$1,533.68	\$1,533.68	10/01/2017
33602	CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR PATCH	\$1,488.69	\$1,488.69	10/01/2017
33606	ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSEL PROCEDURE)	\$1,586.89	\$1,586.89	10/01/2017
33608	REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRESIA WITH VENTRICULAR	\$1,606.57	\$1,606.57	10/01/2017
33610	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE WITH SUBAORTIC	\$1,584.79	\$1,584.79	10/01/2017
33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR;	\$1,743.59	\$1,743.59	10/01/2017
33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR;	\$1,790.11	\$1,790.11	10/01/2017
33615	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, TRICUSPID ATRESIA) BY CLOSURE OF	\$1,782.72	\$1,782.72	10/01/2017
33617	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE) BY MODIFIED FONTAN	\$1,931.51	\$1,931.51	10/01/2017
33619	REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC ARCH	\$2,434.04	\$2,434.04	10/01/2017
33620	APPLICATION OF RIGHT AND LEFT PULMONARY ARTERY BANDS (EG, HYBRID APPROACH STAGE	\$1,474.70	\$1,474.70	10/01/2017
33621	TRANSTHORACIC INSERTION OF CATHETER FOR STENT PLACEMENT WITH CATHETER REMOVAL AN	\$831.03	\$831.03	10/01/2017
33622	RECONSTRUCTION OF COMPLEX CARDIAC ANOMALY (EG, SINGLE VENTRICLE OR HYPOPLASTIC L	\$3,251.93	\$3,251.93	10/01/2017
33641	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM, WITH CARDIOPULMONARY BYPASS, WITH OR WITH	\$1,464.71	\$1,464.71	10/01/2017
33645	DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOMALOUS PULMONARY	\$1,545.83	\$1,545.83	10/01/2017
33647	REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT OR	\$1,623.92	\$1,623.92	10/01/2017
33660	REPAIR OF INCOMPLETE OR PARTIAL ATRIOVENTRICULAR CANAL (OSTIUM PRIMUM ATRIAL	\$1,569.14	\$1,569.14	10/01/2017
33665	REPAIR OF INTERMEDIATE OR TRANSITIONAL ATRIOVENTRICULAR CANAL, WITH OR WITHOUT	\$1,756.35	\$1,756.35	10/01/2017
33670	REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE	\$1,763.43	\$1,763.43	10/01/2017
33675	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS;	\$1,762.28	\$1,762.28	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
33676	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONARY VALVOTOMY OR INFU	\$1,909.70	\$1,909.70	10/01/2017
33677	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH REMOVAL OF PULMONARY ARTERY	\$1,984.15	\$1,984.15	10/01/2017
33681	CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH;	\$1,641.62	\$1,641.62	10/01/2017
33684	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH; WITH PULMONARY	\$1,687.87	\$1,687.87	10/01/2017
33688	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH; WITH REMOVAL OF	\$1,780.85	\$1,780.85	10/01/2017
33690	BANDING OF PULMONARY ARTERY	\$1,070.59	\$1,070.59	10/01/2017
33692	COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA;	\$1,850.38	\$1,850.38	10/01/2017
33694	COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA; WITH	\$1,743.59	\$1,743.59	10/01/2017
33697	COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA INCLUDING	\$1,836.66	\$1,836.66	10/01/2017
33702	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS;	\$1,379.91	\$1,379.91	10/01/2017
33710	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS; WITH REPAIR OF	\$1,833.30	\$1,833.30	10/01/2017
33720	REPAIR SINUS OF VALSALVA ANEURYSM, WITH CARDIOPULMONARY BYPASS	\$1,380.85	\$1,380.85	10/01/2017
33722	CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL	\$1,451.61	\$1,451.61	10/01/2017
33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS PULMONARY VENOUS RETURN (EG, SCIMITAR SYNDR	\$1,375.08	\$1,375.08	10/01/2017
33726	REPAIR OF PULMONARY VENOUS STENOSIS	\$1,817.06	\$1,817.06	10/01/2017
33730	COMPLETE REPAIR OF ANOMALOUS VENOUS RETURN (SUPRACARDIAC, INTRACARDIAC, OR INFRA	\$1,790.63	\$1,790.63	10/01/2017
33732	REPAIR OF COR TRIATRIATUM OR SUPRAVALVULAR MITRAL RING BY RESECTION OF LEFT	\$1,470.93	\$1,470.93	10/01/2017
33735	ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED HEART (BLALOCK-HANLON TYPE OPERATION)	\$1,156.27	\$1,156.27	10/01/2017
33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART WITH CARDIOPULMONARY BYPASS	\$1,255.15	\$1,255.15	10/01/2017
33737	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART, WITH INFLOW OCCLUSION	\$1,158.00	\$1,158.00	10/01/2017
33750	SHUNT; SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION)	\$1,181.67	\$1,181.67	10/01/2017
33755	SHUNT; ASCENDING AORTA TO PULMONARY ARTERY (WATERSTON TYPE OPERATION)	\$1,226.97	\$1,226.97	10/01/2017
33762	SHUNT; DESCENDING AORTA TO PULMONARY ARTERY (POTTS-SMITH TYPE OPERATION)	\$1,200.35	\$1,200.35	10/01/2017
33764	SHUNT; CENTRAL, WITH PROSTHETIC GRAFT	\$1,174.96	\$1,174.96	10/01/2017
33766	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO ONE LUNG (CLASSICAL	\$1,248.70	\$1,248.70	10/01/2017
33767	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS	\$1,270.08	\$1,270.08	10/01/2017
33768	ANASTOMOSIS, CAVOPULMONARY, SECOND SUPERIOR VENA CAVA (LIST SEPARATELY IN ADDITI	\$396.94	\$396.94	10/01/2017
33770	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFECT AND	\$2,001.46	\$2,001.46	10/01/2017
33771	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFECT	\$2,063.78	\$2,063.78	10/01/2017
33774	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	\$1,606.32	\$1,606.32	10/01/2017
33775	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	\$1,739.07	\$1,739.07	10/01/2017
33776	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	\$1,837.49	\$1,837.49	10/01/2017
33777	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	\$1,689.22	\$1,689.22	10/01/2017
33778	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY	\$2,098.27	\$2,098.27	10/01/2017
33779	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY	\$2,201.43	\$2,201.43	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
33780	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY	\$2,240.69	\$2,240.69	10/01/2017
33781	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY	\$2,191.24	\$2,191.24	10/01/2017
33782	AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY STENOSIS	\$2,885.64	\$2,885.64	10/01/2017
33783	AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY STENOSIS	\$3,117.97	\$3,117.97	10/01/2017
33786	TOTAL REPAIR, TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION)	\$2,149.51	\$2,149.51	10/01/2017
33788	REIMPLANTATION OF AN ANOMALOUS PULMONARY ARTERY	\$1,439.57	\$1,439.57	10/01/2017
33800	AORTIC SUSPENSION (AORTOPEXY) FOR TRACHEAL DECOMPRESSION (EG, FOR TRACHEOMALACIA	\$881.80	\$881.80	10/01/2017
33802	DIVISION OF ABERRANT VESSEL (VASCULAR RING);	\$967.27	\$967.27	10/01/2017
33803	DIVISION OF ABERRANT VESSEL (VASCULAR RING); WITH REANASTOMOSIS	\$1,026.65	\$1,026.65	10/01/2017
33813	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITHOUT CARDIOPULMONARY BYPASS	\$1,156.10	\$1,156.10	10/01/2017
33814	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITH CARDIOPULMONARY BYPASS	\$1,359.53	\$1,359.53	10/01/2017
33820	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY LIGATION	\$865.08	\$865.08	10/01/2017
33822	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, UNDER 18 YEARS	\$954.32	\$954.32	10/01/2017
33824	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, 18 YEARS AND OLDER	\$1,052.39	\$1,052.39	10/01/2017
33840	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS	\$1,154.89	\$1,154.89	10/01/2017
33845	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS	\$1,190.26	\$1,190.26	10/01/2017
33851	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS	\$1,187.03	\$1,187.03	10/01/2017
33852	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC	\$1,248.57	\$1,248.57	10/01/2017
33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC	\$1,636.22	\$1,636.22	10/01/2017
33860	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, INCLUDES VALVE SUSPENSION, W	\$2,859.14	\$2,859.14	10/01/2017
33863	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH AORTIC ROOT REPLACEMENT	\$2,804.94	\$2,804.94	10/01/2017
33864	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS WITH VALVE SUSPENSION, WITH C	\$2,874.24	\$2,874.24	10/01/2017
33870	TRANSVERSE ARCH GRAFT, WITH CARDIOPULMONARY BYPASS	\$2,248.81	\$2,248.81	10/01/2017
33875	DESCENDING THORACIC AORTA GRAFT, WITH OR WITHOUT BYPASS	\$2,439.61	\$2,439.61	10/01/2017
33877	REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM WITH GRAFT, WITH OR WITHOUT	\$3,239.38	\$3,239.38	10/01/2017
33880	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM,	\$1,608.92	\$1,608.92	10/01/2017
33881	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM,	\$1,382.15	\$1,382.15	10/01/2017
33883	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING	\$1,003.38	\$1,003.38	10/01/2017
33884	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING	\$369.19	\$369.19	10/01/2017
33886	PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) DELAYED AFTER ENDOVASCULAR REPAIR OF	\$863.35	\$863.35	10/01/2017
33889	OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION PERFORMED IN CONJUNCTION WITH EN	\$705.18	\$705.18	10/01/2017
33891	BYPASS GRAFT, WITH OTHER THAN VEIN, TRANSCERVICAL RETROPHARYNGEAL CAROTID-CAROTI	\$875.52	\$875.52	10/01/2017
33910	PULMONARY ARTERY EMBOLECTOMY; WITH CARDIOPULMONARY BYPASS	\$2,346.21	\$2,346.21	10/01/2017
33915	PULMONARY ARTERY EMBOLECTOMY; WITHOUT CARDIOPULMONARY BYPASS	\$1,130.82	\$1,130.82	10/01/2017
33916	PULMONARY ENDARTERECTOMY, WITH OR WITHOUT EMBOLECTOMY, WITH CARDIOPULMONARY	\$3,737.27	\$3,737.27	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
33917	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GRAFT	\$1,300.72	\$1,300.72	10/01/2017
33920	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY CONSTRUCTION OR	\$1,703.29	\$1,703.29	10/01/2017
33922	TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS	\$1,239.71	\$1,239.71	10/01/2017
33924	LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY SHUNT, PERFORMED IN	\$255.58	\$255.58	10/01/2017
33925	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITHOUT CA	\$1,534.99	\$1,534.99	10/01/2017
33926	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITH CARDI	\$2,286.05	\$2,286.05	10/01/2017
33930	DONOR CARDIECTOMY-PNEUMONECTOMY (INCLUDING COLD PRESERVATION)	BR	BR	01/01/1986
33933	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART/LUNG ALLOGRAFT PRIOR TO	BR	BR	01/01/2005
33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY	\$4,423.30	\$4,423.30	10/01/2017
33940	DONOR CARDIECTOMY (INCLUDING COLD PRESERVATION)	BR	BR	01/01/1986
33944	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART ALLOGRAFT PRIOR TO	\$176.07	\$176.07	10/01/2017
33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY	\$4,326.58	\$4,326.58	10/01/2017
33946	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PR	\$275.49	\$275.49	10/01/2017
33947	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PR	\$305.68	\$305.68	10/01/2017
33948	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PR	\$213.81	\$213.81	10/01/2017
33949	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PR	\$209.21	\$209.21	10/01/2017
33951	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PR	\$384.80	\$384.80	10/01/2017
33952	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PR	\$381.86	\$381.86	10/01/2017
33953	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PR	\$429.88	\$429.88	10/01/2017
33954	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PR	\$426.45	\$426.45	10/01/2017
33955	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PR	\$752.87	\$752.87	10/01/2017
33956	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PR	\$744.22	\$744.22	10/01/2017
33957	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PR	\$167.67	\$167.67	10/01/2017
33958	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PR	\$163.44	\$163.44	10/01/2017
33959	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PR	\$212.45	\$212.45	10/01/2017
33962	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PR	\$210.86	\$210.86	10/01/2017
33963	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PR	\$424.92	\$424.92	10/01/2017
33964	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PR	\$434.45	\$434.45	10/01/2017
33965	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PR	\$167.67	\$167.67	10/01/2017
33966	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PR	\$211.59	\$211.59	10/01/2017
33967	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	\$231.66	\$231.66	10/01/2017
33968	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	\$30.09	\$30.09	10/01/2017
33969	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PR	\$246.15	\$246.15	10/01/2017
33970	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE FEMORAL ARTERY,	\$316.80	\$316.80	10/01/2017
33971	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE INCLUDING REPAIR OF FEMORAL	\$632.63	\$632.63	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
33973	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE ASCENDING AORTA	\$459.59	\$459.59	10/01/2017
33974	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE FROM THE ASCENDING AORTA,	\$795.87	\$795.87	10/01/2017
33975	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE	\$1,168.03	\$1,168.03	10/01/2017
33976	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR	\$1,423.16	\$1,423.16	10/01/2017
33977	REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE	\$1,005.42	\$1,005.42	10/01/2017
33978	REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR	\$1,189.95	\$1,189.95	10/01/2017
33979	INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE	\$1,741.73	\$1,741.73	10/01/2017
33980	REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE	\$1,591.77	\$1,591.77	10/01/2017
33981	REPLACEMENT OF EXTRACORPOREAL VENTRICULAR ASSIST DEVICE, SINGLE OR BIVENTRICULAR	\$740.16	\$740.16	10/01/2017
33982	REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE INTRACORPOREAL, SI	\$1,748.92	\$1,748.92	10/01/2017
33983	REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE INTRACORPOREAL, SI	\$2,067.12	\$2,067.12	10/01/2017
33984	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PR	\$255.73	\$255.73	10/01/2017
33985	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PR	\$461.06	\$461.06	10/01/2017
33986	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PR	\$466.29	\$466.29	10/01/2017
33987	ARTERIAL EXPOSURE WITH CREATION OF GRAFT CONDUIT (EG, CHIMNEY GRAFT), TO FACILIT	\$187.34	\$187.34	10/01/2017
33988	INSERTION OF LEFT HEART VENT BY THORACIC INCISION (EG, STERNOTOMY, THORACOTOMY)	\$699.72	\$699.72	10/01/2017
33989	REMOVAL OF LEFT HEART VENT BY THORACIC INCISION (EG, STERNOTOMY, THORACOTOMY) FO	\$443.00	\$443.00	10/01/2017
33990	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS INCLUDING RADIOLOGICAL SUPE	\$380.24	\$380.24	10/01/2017
33991	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS INCLUDING RADIOLOGICAL SUPE	\$556.84	\$556.84	10/01/2017
33992	REMOVAL OF PERCUTANEOUS VENTRICULAR ASSIST DEVICE AT SEPARATE AND DISTINCT SESSI	\$178.96	\$178.96	10/01/2017
33993	REPOSITIONING OF PERCUTANEOUS VENTRICULAR ASSIST DEVICE WITH IMAGING GUIDANCE AT	\$156.33	\$156.33	10/01/2017
33999	UNLISTED PROCEDURE, CARDIAC SURGERY	BR	BR	10/01/1982
34001	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN OR IN	\$868.77	\$868.77	10/01/2017
34051	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; INNOMINATE, SUBCLAVIAN	\$795.73	\$795.73	10/01/2017
34101	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; AXILLARY, BRACHIAL,	\$537.82	\$537.82	10/01/2017
34111	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RADIAL OR ULNAR ARTERY,	\$537.60	\$537.60	10/01/2017
34151	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RENAL, CELIAC,	\$1,258.38	\$1,258.38	10/01/2017
34201	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; FEMOROPOPLITEAL,	\$925.13	\$925.13	10/01/2017
34203	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; POPLITEAL-TIBIO-PERONEAL	\$856.63	\$856.63	10/01/2017
34401	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL INCIS	\$1,308.55	\$1,308.55	10/01/2017
34421	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VEIN,	\$650.81	\$650.81	10/01/2017
34451	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VEIN,	\$1,461.72	\$1,461.72	10/01/2017
34471	THROMBECTOMY, DIRECT OR WITH CATHETER; SUBCLAVIAN VEIN, BY NECK INCISION	\$977.05	\$977.05	10/01/2017
34490	THROMBECTOMY, DIRECT OR WITH CATHETER; AXILLARY AND SUBCLAVIAN VEIN, BY ARM	\$545.43	\$545.43	10/01/2017
34501	VALVULOPLASTY, FEMORAL VEIN	\$806.06	\$806.06	10/01/2017

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34502	RECONSTRUCTION OF VENA CAVA, ANY METHOD	\$1,377.51	\$1,377.51	10/01/2017
34510	VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR	\$1,068.53	\$1,068.53	10/01/2017
34520	CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	\$944.79	\$944.79	10/01/2017
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	\$852.08	\$852.08	10/01/2017
34800	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING	\$1,013.61	\$1,013.61	10/01/2017
34802	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;	\$1,119.21	\$1,119.21	10/01/2017
34803	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;	\$1,160.35	\$1,160.35	10/01/2017
34804	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;	\$1,120.74	\$1,120.74	10/01/2017
34805	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;	\$1,069.97	\$1,069.97	10/01/2017
34808	ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE (LIST SEPARATELY IN	\$186.06	\$186.06	10/01/2017
34812	OPEN FEMORAL ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS, BY GROIN	\$302.47	\$302.47	10/01/2017
34813	PLACEMENT OF FEMORAL-FEMORAL PROSTHETIC GRAFT DURING ENDOVASCULAR AORTIC	\$211.87	\$211.87	10/01/2017
34820	OPEN ILIAC ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR ILIAC	\$438.77	\$438.77	10/01/2017
34825	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF	\$624.84	\$624.84	10/01/2017
34826	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF	\$184.45	\$184.45	10/01/2017
34830	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR OF	\$1,613.65	\$1,613.65	10/01/2017
34831	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR OF	\$1,707.89	\$1,707.89	10/01/2017
34832	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR OF	\$1,697.09	\$1,697.09	10/01/2017
34833	OPEN ILIAC ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF AORTIC OR IL	\$545.44	\$545.44	10/01/2017
34834	OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST IN THE DEPLOYMENT OF AORTIC OR ILIAC END	\$244.08	\$244.08	10/01/2017
34839	PHYSICIAN PLANNING OF A PATIENT-SPECIFIC FENESTRATED VISCERAL AORTIC ENDOGRAFT R	BR	BR	01/01/2015
34841	ENDOVASCULAR REPAIR OF VISCERAL AORTA (EG, ANEURYSM, PSEUDOANEURYSM, DISSECTION,	BR	BR	01/01/2014
34842	ENDOVASCULAR REPAIR OF VISCERAL AORTA (EG, ANEURYSM, PSEUDOANEURYSM, DISSECTION,	BR	BR	01/01/2014
34843	ENDOVASCULAR REPAIR OF VISCERAL AORTA (EG, ANEURYSM, PSEUDOANEURYSM, DISSECTION,	BR	BR	01/01/2014
34844	ENDOVASCULAR REPAIR OF VISCERAL AORTA (EG, ANEURYSM, PSEUDOANEURYSM, DISSECTION,	BR	BR	01/01/2014
34845	ENDOVASCULAR REPAIR OF VISCERAL AORTA AND INFRARENAL ABDOMINAL AORTA (EG, ANEURY	BR	BR	01/01/2014
34846	ENDOVASCULAR REPAIR OF VISCERAL AORTA AND INFRARENAL ABDOMINAL AORTA (EG, ANEURY	BR	BR	01/01/2014
34847	ENDOVASCULAR REPAIR OF VISCERAL AORTA AND INFRARENAL ABDOMINAL AORTA (EG, ANEURY	BR	BR	01/01/2014
34848	ENDOVASCULAR REPAIR OF VISCERAL AORTA AND INFRARENAL ABDOMINAL AORTA (EG, ANEURY	BR	BR	01/01/2014
34900	ENDOVASCULAR REPAIR OF ILIAC ARTERY (EG, ANEURYSM, PSEUDOANEURYSM, ARTERIOVENOUS	\$801.74	\$801.74	10/01/2017
35001	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	\$1,001.19	\$1,001.19	10/01/2017
35002	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,028.19	\$1,028.19	10/01/2017
35005	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,007.87	\$1,007.87	10/01/2017
35011	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$902.83	\$902.83	10/01/2017
35013	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,124.82	\$1,124.82	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
35021	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,108.13	\$1,108.13	10/01/2017
35022	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,279.71	\$1,279.71	10/01/2017
35045	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$887.05	\$887.05	10/01/2017
35081	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,565.48	\$1,565.48	10/01/2017
35082	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,970.57	\$1,970.57	10/01/2017
35091	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,608.48	\$1,608.48	10/01/2017
35092	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$2,338.25	\$2,338.25	10/01/2017
35102	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,692.03	\$1,692.03	10/01/2017
35103	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$2,019.66	\$2,019.66	10/01/2017
35111	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,189.12	\$1,189.12	10/01/2017
35112	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,692.16	\$1,692.16	10/01/2017
35121	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,482.62	\$1,482.62	10/01/2017
35122	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,936.20	\$1,936.20	10/01/2017
35131	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,247.72	\$1,247.72	10/01/2017
35132	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,467.40	\$1,467.40	10/01/2017
35141	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$993.21	\$993.21	10/01/2017
35142	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,188.35	\$1,188.35	10/01/2017
35151	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,114.77	\$1,114.77	10/01/2017
35152	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$1,247.77	\$1,247.77	10/01/2017
35180	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; HEAD AND NECK	\$856.96	\$856.96	10/01/2017
35182	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	\$1,594.28	\$1,594.28	10/01/2017
35184	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES	\$1,005.20	\$1,005.20	10/01/2017
35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK	\$955.43	\$955.43	10/01/2017
35189	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	\$1,427.00	\$1,427.00	10/01/2017
35190	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES	\$682.31	\$682.31	10/01/2017
35201	REPAIR BLOOD VESSEL, DIRECT; NECK	\$847.04	\$847.04	10/01/2017
35206	REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY	\$697.27	\$697.27	10/01/2017
35207	REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER	\$672.03	\$672.03	10/01/2017
35211	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITH BYPASS	\$1,228.96	\$1,228.96	10/01/2017
35216	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITHOUT BYPASS	\$1,826.34	\$1,826.34	10/01/2017
35221	REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL	\$1,306.35	\$1,306.35	10/01/2017
35226	REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY	\$747.79	\$747.79	10/01/2017
35231	REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK	\$1,108.25	\$1,108.25	10/01/2017
35236	REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY	\$882.28	\$882.28	10/01/2017
35241	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITH BYPASS	\$1,235.06	\$1,235.06	10/01/2017

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35246	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITHOUT BYPASS	\$1,403.39	\$1,403.39	10/01/2017
35251	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRA-ABDOMINAL	\$1,533.63	\$1,533.63	10/01/2017
35256	REPAIR BLOOD VESSEL WITH VEIN GRAFT; LOWER EXTREMITY	\$914.41	\$914.41	10/01/2017
35261	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; NECK	\$953.31	\$953.31	10/01/2017
35266	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; UPPER EXTREMITY	\$778.10	\$778.10	10/01/2017
35271	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITH BYPASS	\$1,235.40	\$1,235.40	10/01/2017
35276	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITHOUT BYPASS	\$1,305.45	\$1,305.45	10/01/2017
35281	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL	\$1,447.93	\$1,447.93	10/01/2017
35286	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; LOWER EXTREMITY	\$837.52	\$837.52	10/01/2017
35301	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CAROTID, VERTEBRAL,	\$1,016.71	\$1,016.71	10/01/2017
35302	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; SUPERFICIAL FEMORAL	\$1,010.06	\$1,010.06	10/01/2017
35303	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; POPLITEAL ARTERY	\$1,114.14	\$1,114.14	10/01/2017
35304	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIOPERONEAL TRUNK	\$1,156.44	\$1,156.44	10/01/2017
35305	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIAL OR PERONEAL A	\$1,105.59	\$1,105.59	10/01/2017
35306	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; EACH ADDITIONAL TIBI	\$399.23	\$399.23	10/01/2017
35311	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; SUBCLAVIAN, INNOMINATE, BY	\$1,394.87	\$1,394.87	10/01/2017
35321	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; AXILLARY-BRACHIAL	\$799.63	\$799.63	10/01/2017
35331	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ABDOMINAL AORTA	\$1,303.70	\$1,303.70	10/01/2017
35341	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; MESENTERIC, CELIAC, OR RENAL	\$1,230.42	\$1,230.42	10/01/2017
35351	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIAC	\$1,148.70	\$1,148.70	10/01/2017
35355	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIOFEMORAL	\$928.76	\$928.76	10/01/2017
35361	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIAC	\$1,367.63	\$1,367.63	10/01/2017
35363	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIOFEMORAL	\$1,583.94	\$1,583.94	10/01/2017
35371	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMMON FEMORAL	\$735.68	\$735.68	10/01/2017
35372	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; DEEP (PROFUNDA) FEMORAL	\$881.44	\$881.44	10/01/2017
35390	REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN ONE MONTH AFTER ORIGINAL	\$143.33	\$143.33	10/01/2017
35400	ANGIOSCOPY (NON-CORONARY VESSELS OR GRAFTS) DURING THERAPEUTIC INTERVENTION (LIS	\$133.78	\$133.78	10/01/2017
35500	HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT, FOR LOWER EXTREMITY OR CORONARY AR	\$286.57	\$286.57	10/01/2017
35501	BYPASS GRAFT, WITH VEIN; COMMON CAROTID-IPSILATERAL INTERNAL CAROTID	\$1,346.46	\$1,346.46	10/01/2017
35506	BYPASS GRAFT, WITH VEIN; CAROTID-SUBCLAVIAN OR SUBCLAVIAN-CAROTID	\$1,145.23	\$1,145.23	10/01/2017
35508	BYPASS GRAFT, WITH VEIN; CAROTID-VERTEBRAL	\$1,199.99	\$1,199.99	10/01/2017
35509	BYPASS GRAFT, WITH VEIN; CAROTID-CONTRALATERAL CAROTID	\$1,266.87	\$1,266.87	10/01/2017
35510	BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIAL	\$1,102.27	\$1,102.27	10/01/2017
35511	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN	\$1,093.43	\$1,093.43	10/01/2017
35512	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRACHIAL	\$1,233.96	\$1,233.96	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
35515	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-VERTEBRAL	\$1,309.52	\$1,309.52	10/01/2017
35516	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-AXILLARY	\$1,093.28	\$1,093.28	10/01/2017
35518	BYPASS GRAFT, WITH VEIN; AXILLARY-AXILLARY	\$1,041.05	\$1,041.05	10/01/2017
35521	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL	\$1,099.21	\$1,099.21	10/01/2017
35522	BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHIAL	\$1,086.92	\$1,086.92	10/01/2017
35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-ULNAR OR -RADIAL	\$1,150.11	\$1,150.11	10/01/2017
35525	BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHIAL	\$1,031.99	\$1,031.99	10/01/2017
35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLAVIAN, AORTOINNOMINATE, OR AORTOCAROTID	\$1,513.43	\$1,513.43	10/01/2017
35531	BYPASS GRAFT, WITH VEIN; AORTOCELIAC OR AORTOMESENTERIC	\$1,821.30	\$1,821.30	10/01/2017
35533	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL-FEMORAL	\$1,344.62	\$1,344.62	10/01/2017
35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	\$1,719.52	\$1,719.52	10/01/2017
35536	BYPASS GRAFT, WITH VEIN; SPLENORENAL	\$1,550.95	\$1,550.95	10/01/2017
35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	\$2,135.55	\$2,135.55	10/01/2017
35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC	\$2,110.05	\$2,110.05	10/01/2017
35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORAL	\$1,997.75	\$1,997.75	10/01/2017
35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMORAL	\$2,301.35	\$2,301.35	10/01/2017
35556	BYPASS GRAFT, WITH VEIN; FEMORAL-POPLITEAL	\$1,258.81	\$1,258.81	10/01/2017
35558	BYPASS GRAFT, WITH VEIN; FEMORAL-FEMORAL	\$1,108.06	\$1,108.06	10/01/2017
35560	BYPASS GRAFT, WITH VEIN; AORTORENAL	\$1,532.85	\$1,532.85	10/01/2017
35563	BYPASS GRAFT, WITH VEIN; ILIOILIAC	\$1,347.24	\$1,347.24	10/01/2017
35565	BYPASS GRAFT, WITH VEIN; ILIOFEMORAL	\$1,196.69	\$1,196.69	10/01/2017
35566	BYPASS GRAFT, WITH VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, PERONEAL	\$1,502.15	\$1,502.15	10/01/2017
35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBIAL, PERONEAL-TIBIAL, OR TIBIAL/PERONEAL TRUN	\$1,357.63	\$1,357.63	10/01/2017
35571	BYPASS GRAFT, WITH VEIN; POPLITEAL-TIBIAL, -PERONEAL ARTERY OR OTHER DISTAL	\$1,193.44	\$1,193.44	10/01/2017
35572	HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCTION	\$310.47	\$310.47	10/01/2017
35583	IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	\$1,301.61	\$1,301.61	10/01/2017
35585	IN-SITU VEIN BYPASS; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL	\$1,508.83	\$1,508.83	10/01/2017
35587	IN-SITU VEIN BYPASS; POPLITEAL-TIBIAL, PERONEAL	\$1,231.12	\$1,231.12	10/01/2017
35600	HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY ARTERY BYPASS PROCE	\$227.72	\$227.72	10/01/2017
35601	BYPASS GRAFT, WITH OTHER THAN VEIN; COMMON CAROTID-IPSILATERAL INTERNAL CAROTID	\$1,259.11	\$1,259.11	10/01/2017
35606	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN	\$1,055.34	\$1,055.34	10/01/2017
35612	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-SUBCLAVIAN	\$955.79	\$955.79	10/01/2017
35616	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-AXILLARY	\$992.94	\$992.94	10/01/2017
35621	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL	\$988.19	\$988.19	10/01/2017
35623	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-POPLITEAL OR -TIBIAL	\$1,187.18	\$1,187.18	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
35626	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOSUBCLAVIAN, AORTOINNOMINATE, OR AORTOCA	\$1,412.27	\$1,412.27	10/01/2017
35631	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOCELIAC, AORTOMESENTERIC, AORTORENAL	\$1,665.00	\$1,665.00	10/01/2017
35632	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-CELIAC	\$1,619.99	\$1,619.99	10/01/2017
35633	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-MESENTERIC	\$1,801.29	\$1,801.29	10/01/2017
35634	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIORENAL	\$1,619.00	\$1,619.00	10/01/2017
35636	BYPASS GRAFT, WITH OTHER THAN VEIN; SPLENORENAL (SPLENIC TO RENAL ARTERIAL	\$1,457.35	\$1,457.35	10/01/2017
35637	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOILIAC	\$1,560.18	\$1,560.18	10/01/2017
35638	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBI-ILIAC	\$1,585.51	\$1,585.51	10/01/2017
35642	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-VERTEBRAL	\$984.94	\$984.94	10/01/2017
35645	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-VERTEBRAL	\$936.34	\$936.34	10/01/2017
35646	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBIFEMORAL	\$1,543.60	\$1,543.60	10/01/2017
35647	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL	\$1,397.88	\$1,397.88	10/01/2017
35650	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-AXILLARY	\$978.41	\$978.41	10/01/2017
35654	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL-FEMORAL	\$1,232.62	\$1,232.62	10/01/2017
35656	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL	\$974.89	\$974.89	10/01/2017
35661	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-FEMORAL	\$976.78	\$976.78	10/01/2017
35663	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOILIAC	\$1,124.00	\$1,124.00	10/01/2017
35665	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOFEMORAL	\$1,054.69	\$1,054.69	10/01/2017
35666	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL,	\$1,137.73	\$1,137.73	10/01/2017
35671	BYPASS GRAFT, WITH OTHER THAN VEIN; POPLITEAL-TIBIAL OR -PERONEAL ARTERY	\$1,003.34	\$1,003.34	10/01/2017
35681	BYPASS GRAFT; COMPOSITE, PROSTHETIC AND VEIN (LIST SEPARATELY IN ADDITION TO COD	\$72.25	\$72.25	10/01/2017
35682	BYPASS GRAFT; AUTOGENOUS COMPOSITE, TWO SEGMENTS OF VEINS FROM TWO LOCATIONS	\$317.51	\$317.51	10/01/2017
35685	PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT, SYNTHETIC	\$178.49	\$178.49	10/01/2017
35686	CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMITY BYPASS SURGERY	\$143.90	\$143.90	10/01/2017
35691	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY	\$844.19	\$844.19	10/01/2017
35693	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO SUBCLAVIAN ARTERY	\$751.31	\$751.31	10/01/2017
35694	TRANSPOSITION AND/OR REIMPLANTATION; SUBCLAVIAN TO CAROTID ARTERY	\$887.09	\$887.09	10/01/2017
35695	TRANSPOSITION AND/OR REIMPLANTATION; CAROTID TO SUBCLAVIAN ARTERY	\$935.83	\$935.83	10/01/2017
35697	REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHESIS, EACH ARTERY	\$132.58	\$132.58	10/01/2017
35700	REOPERATION, FEMORAL-POPLITEAL OR FEMORAL (POPLITEAL) -ANTERIOR TIBIAL, POSTERIO	\$137.18	\$137.18	10/01/2017
35701	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY;	\$506.93	\$506.93	10/01/2017
35721	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY;	\$411.05	\$411.05	10/01/2017
35741	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY;	\$459.69	\$459.69	10/01/2017
35761	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY;	\$350.00	\$350.00	10/01/2017
35800	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; NECK	\$640.81	\$640.81	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
35820	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; CHEST	\$1,792.83	\$1,792.83	10/01/2017
35840	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; ABDOMEN	\$1,063.12	\$1,063.12	10/01/2017
35860	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; EXTREMITY	\$753.07	\$753.07	10/01/2017
35870	REPAIR OF GRAFT-ENTERIC FISTULA	\$1,117.28	\$1,117.28	10/01/2017
35875	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAFT OR	\$535.03	\$535.03	10/01/2017
35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAFT OR	\$851.28	\$851.28	10/01/2017
35879	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH	\$828.91	\$828.91	10/01/2017
35881	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH	\$916.81	\$916.81	10/01/2017
35883	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN, OPEN;	\$1,085.91	\$1,085.91	10/01/2017
35884	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN, OPEN;	\$1,111.64	\$1,111.64	10/01/2017
35901	EXCISION OF INFECTED GRAFT; NECK	\$444.47	\$444.47	10/01/2017
35903	EXCISION OF INFECTED GRAFT; EXTREMITY	\$505.70	\$505.70	10/01/2017
35905	EXCISION OF INFECTED GRAFT; THORAX	\$1,589.55	\$1,589.55	10/01/2017
35907	EXCISION OF INFECTED GRAFT; ABDOMEN	\$1,717.25	\$1,717.25	10/01/2017
36000	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	\$22.59	\$8.36	10/01/2017
36002	INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY	\$142.11	\$95.37	10/01/2017
36005	INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE	\$283.05	\$43.14	10/01/2017
36010	INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA	\$423.89	\$98.24	10/01/2017
36011	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, RENAL	\$725.67	\$140.93	10/01/2017
36012	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE,	\$747.96	\$155.79	10/01/2017
36013	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY	\$675.25	\$110.62	10/01/2017
36014	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY	\$699.86	\$135.55	10/01/2017
36015	SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTERY	\$755.88	\$154.11	10/01/2017
36100	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY	\$418.74	\$137.04	10/01/2017
36120	INTRODUCTION OF NEEDLE OR INTRACATHETER; RETROGRADE BRACHIAL ARTERY	\$368.01	\$90.34	10/01/2017
36140	INTRODUCTION OF NEEDLE OR INTRACATHETER; EXTREMITY ARTERY	\$370.50	\$80.76	10/01/2017
36160	INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSUMBILICAL	\$431.13	\$111.36	10/01/2017
36200	INTRODUCTION OF CATHETER, AORTA	\$491.93	\$125.42	10/01/2017
36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR	\$984.89	\$210.08	10/01/2017
36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR	\$1,017.36	\$242.86	10/01/2017
36217	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE	\$1,665.82	\$288.93	10/01/2017
36218	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD	\$162.84	\$46.45	10/01/2017
36221	NON-SELECTIVE CATHETER PLACEMENT, THORACIC AORTA, WITH ANGIOGRAPHY OF THE EXTRAC	\$902.70	\$180.52	10/01/2017
36222	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, A	\$1,054.67	\$252.00	10/01/2017
36223	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, A	\$1,294.37	\$278.42	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRA	\$1,648.19	\$315.88	10/01/2017
36225	SELECTIVE CATHETER PLACEMENT, SUBCLAVIAN OR INNOMINATE ARTERY, UNILATERAL, WITH	\$1,244.95	\$276.98	10/01/2017
36226	SELECTIVE CATHETER PLACEMENT, VERTEBRAL ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF	\$1,563.04	\$311.83	10/01/2017
36227	SELECTIVE CATHETER PLACEMENT, EXTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRA	\$221.76	\$103.51	10/01/2017
36228	SELECTIVE CATHETER PLACEMENT, EACH INTRACRANIAL BRANCH OF THE INTERNAL CAROTID V	\$1,119.44	\$211.83	10/01/2017
36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVI	\$1,141.07	\$214.89	10/01/2017
36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, P	\$720.74	\$229.17	10/01/2017
36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELEC	\$1,312.42	\$272.94	10/01/2017
36248	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD OR	\$134.03	\$44.26	10/01/2017
36251	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY	\$1,203.10	\$237.92	10/01/2017
36252	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY	\$1,302.00	\$323.50	10/01/2017
36253	SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL ARTE	\$1,932.90	\$326.32	10/01/2017
36254	SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL ARTE	\$1,874.12	\$377.74	10/01/2017
36260	INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, FOR CHEMOTHERAPY OF	\$566.96	\$566.96	10/01/2017
36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	\$287.59	\$287.59	10/01/2017
36262	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	\$266.17	\$266.17	10/01/2017
36299	UNLISTED PROCEDURE, VASCULAR INJECTION	BR	BR	10/01/1982
36400	VENIPUNCTURE, YOUNGER THAN AGE 3 YEARS, NECESSITATING THE SKILL OF A PHYSICIAN O	\$23.84	\$16.10	10/01/2017
36405	VENIPUNCTURE, YOUNGER THAN AGE 3 YEARS, NECESSITATING THE SKILL OF A PHYSICIAN O	\$22.57	\$14.52	10/01/2017
36406	VENIPUNCTURE, YOUNGER THAN AGE 3 YEARS, NECESSITATING THE SKILL OF A PHYSICIAN O	\$16.40	\$8.05	10/01/2017
36410	VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE SKILL OF A PHYSICIAN OR OT	\$14.86	\$8.36	10/01/2017
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK)	\$3.47	\$3.47	10/01/2012
36420	VENIPUNCTURE, CUTDOWN; UNDER AGE 1 YEAR	\$48.08	\$48.08	10/01/2017
36425	VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER	\$35.83	\$35.83	10/01/2017
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	\$30.56	\$30.56	10/01/2017
36440	PUSH TRANSFUSION, BLOOD, 2 YEARS OR UNDER	\$48.48	\$48.48	10/01/2017
36450	EXCHANGE TRANSFUSION, BLOOD; NEWBORN	\$166.86	\$166.86	10/01/2017
36455	EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN	\$113.95	\$113.95	10/01/2017
36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD, PLASMA OR CRYSTALLOID NECESSITATING THE SKI	\$95.47	\$95.47	10/01/2017
36460	TRANSFUSION, INTRAUTERINE, FETAL	\$307.80	\$307.80	10/01/2017
36468	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS	BR	BR	03/01/1989
36470	INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN	\$129.37	\$73.96	10/01/2017
36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	\$153.35	\$89.27	10/01/2017
36473	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMA	\$1,312.38	\$154.34	10/01/2017
36474	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMA	\$240.15	\$77.32	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	\$1,331.17	\$250.52	10/01/2017
36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	\$258.59	\$121.77	10/01/2017
36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	\$1,053.74	\$249.21	10/01/2017
36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	\$271.76	\$122.55	10/01/2017
36481	PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD	\$1,721.52	\$302.84	10/01/2017
36500	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING	\$163.20	\$163.20	10/01/2017
36510	CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN	\$76.37	\$50.06	10/01/2017
36511	THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS	\$83.50	\$83.50	10/01/2017
36512	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	\$84.47	\$84.47	10/01/2017
36513	THERAPEUTIC APHERESIS; FOR PLATELETS	\$86.42	\$86.42	10/01/2017
36514	THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS	\$474.92	\$83.34	10/01/2017
36515	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA	\$1,826.93	\$79.19	10/01/2017
36516	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE	\$1,843.32	\$61.84	10/01/2017
36522	PHOTOPHERESIS, EXTRACORPOREAL	\$1,246.81	\$91.56	10/01/2017
36555	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YE	\$180.76	\$95.33	10/01/2017
36556	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; AGE 5	\$205.46	\$107.64	10/01/2017
36557	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT	\$805.94	\$278.77	10/01/2017
36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT	\$629.43	\$235.68	10/01/2017
36560	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH	\$884.45	\$306.21	10/01/2017
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH	\$955.95	\$303.41	10/01/2017
36563	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE WITH	\$1,078.93	\$327.95	10/01/2017
36565	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,	\$777.17	\$297.67	10/01/2017
36566	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,	\$4,748.29	\$332.83	10/01/2017
36568	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT	\$217.70	\$76.23	10/01/2017
36569	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT	\$219.93	\$82.18	10/01/2017
36570	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH	\$1,084.24	\$281.88	10/01/2017
36571	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH	\$1,065.93	\$276.26	10/01/2017
36575	REPAIR OF TUNNELED OR NON-TUNNELED CENTRAL VENOUS ACCESS CATHETER, WITHOUT SUBCU	\$145.73	\$31.19	10/01/2017
36576	REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL	\$276.39	\$164.33	10/01/2017
36578	REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS P	\$394.00	\$181.34	10/01/2017
36580	REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHE	\$187.86	\$59.71	10/01/2017
36581	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	\$618.62	\$164.20	10/01/2017
36582	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS	\$885.32	\$260.34	10/01/2017
36583	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS	\$1,094.72	\$287.72	10/01/2017
36584	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER	\$179.93	\$59.51	10/01/2017

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36585	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,	\$944.52	\$244.00	10/01/2017
36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP	\$144.88	\$122.59	10/01/2017
36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR	\$195.64	\$170.26	10/01/2017
36591	COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE	\$20.70	\$20.70	10/01/2017
36592	COLLECTION OF BLOOD SPECIMEN USING ESTABLISHED CENTRAL OR PERIPHERAL CATHETER, V	\$23.18	\$23.18	10/01/2017
36593	DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER	\$27.47	\$27.47	10/01/2017
36595	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH) FROM	\$514.50	\$164.71	10/01/2017
36596	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM	\$115.74	\$39.89	10/01/2017
36597	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GU	\$111.79	\$54.83	10/01/2017
36598	CONTRAST INJECTION(S) FOR RADIOLOGIC EVALUATION OF EXISTING CENTRAL VENOUS ACCES	\$97.55	\$33.16	10/01/2017
36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	\$27.61	\$13.68	10/01/2017
36620	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION	\$45.60	\$45.60	10/01/2017
36625	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION	\$93.02	\$93.02	10/01/2017
36640	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY), CUTDOWN	\$102.73	\$102.73	10/01/2017
36660	CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY	\$65.77	\$65.77	10/01/2017
36680	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION	\$52.11	\$52.11	10/01/2017
36800	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); VEIN	\$110.15	\$110.15	10/01/2017
36810	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE);	\$192.66	\$192.66	10/01/2017
36815	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE);	\$122.56	\$122.56	10/01/2017
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION	\$622.78	\$622.78	10/01/2017
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITION	\$657.61	\$657.61	10/01/2017
36820	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FOREARM VEIN TRANSPOSITION	\$657.10	\$657.10	10/01/2017
36821	ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMINO TYPE) (SEPARATE	\$596.13	\$596.13	10/01/2017
36823	INSERTION OF ARTERIAL AND VENOUS CANNULA(S) FOR ISOLATED EXTRACORPOREAL	\$1,233.58	\$1,233.58	10/01/2017
36825	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS	\$717.15	\$717.15	10/01/2017
36830	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS	\$599.47	\$599.47	10/01/2017
36831	THROMBECTOMY, OPEN, ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENOUS OR	\$553.83	\$553.83	10/01/2017
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGENOUS OR	\$679.52	\$679.52	10/01/2017
36833	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY, AUTOGENOUS OR	\$729.13	\$729.13	10/01/2017
36835	INSERTION OF THOMAS SHUNT (SEPARATE PROCEDURE)	\$438.61	\$438.61	10/01/2017
36838	DISTAL REVASCULARIZATION AND INTERVAL LIGATION (DRIL), UPPER EXTREMITY	\$1,028.07	\$1,028.07	10/01/2017
36860	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITHOUT BALLOON CATHETER	\$184.33	\$99.21	10/01/2017
36861	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITH BALLOON CATHETER	\$119.82	\$119.82	10/01/2017
36901	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC	\$500.18	\$129.64	10/01/2017
36902	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC	\$1,064.18	\$193.10	10/01/2017

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36903	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC	\$4,883.40	\$264.25	10/01/2017
36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR FUSION FOR THROMBOLYSIS	\$1,551.45	\$304.27	10/01/2017
36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR FUSION FOR THROMBOLYSIS	\$1,985.33	\$381.85	10/01/2017
36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR FUSION FOR THROMBOLYSIS	\$5,920.94	\$445.57	10/01/2017
36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CENTRAL DIALYSIS SEGMENT, PERFORMED THROUGH D	\$636.79	\$111.17	10/01/2017
36908	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CENTRAL DIALYSIS SEGMENT, PER	\$2,346.76	\$166.58	10/01/2017
36909	DIALYSIS CIRCUIT PERMANENT VASCULAR EMBOLIZATION OR OCCLUSION (INCLUDING MAIN CI	\$1,711.61	\$158.27	10/01/2017
37140	VENOUS ANASTOMOSIS, OPEN; PORTOCAVAL	\$2,057.51	\$2,057.51	10/01/2017
37145	VENOUS ANASTOMOSIS, OPEN; RENOPORTAL	\$1,911.07	\$1,911.07	10/01/2017
37160	VENOUS ANASTOMOSIS, OPEN; CAVAL-MESENTERIC	\$1,963.47	\$1,963.47	10/01/2017
37180	VENOUS ANASTOMOSIS, OPEN; SPLENORENAL, PROXIMAL	\$1,889.33	\$1,889.33	10/01/2017
37181	VENOUS ANASTOMOSIS, OPEN; SPLENORENAL, DISTAL (SELECTIVE DECOMPRESSION OF	\$1,925.16	\$1,925.16	10/01/2017
37182	INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDE3	\$747.17	\$747.17	10/01/2017
37183	REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDES VEN	\$5,096.79	\$341.44	10/01/2017
37184	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL	\$1,945.85	\$403.66	10/01/2017
37185	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL	\$617.73	\$150.93	10/01/2017
37186	SECONDARY PERCUTANEOUS TRANSLUMINAL THROMBECTOMY (EG, NONPRIMARY MECHANICAL, SNA	\$1,170.48	\$221.70	10/01/2017
37187	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCE	\$1,726.90	\$353.42	10/01/2017
37188	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCE	\$1,474.54	\$251.19	10/01/2017
37191	INSERTION OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLUDING VAS	\$2,249.49	\$203.03	10/01/2017
37192	REPOSITIONING OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLUDING	\$1,404.31	\$327.38	10/01/2017
37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INC	\$1,340.37	\$316.68	10/01/2017
37195	THROMBOLYSIS, CEREBRAL, BY INTRAVENOUS INFUSION	\$260.85	\$260.85	10/01/2012
37197	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTU	\$1,263.57	\$271.76	10/01/2017
37200	TRANSCATHETER BIOPSY	\$197.55	\$197.55	10/01/2017
37211	TRANSCATHETER THERAPY, ARTERIAL INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, A	\$346.53	\$346.53	10/01/2017
37212	TRANSCATHETER THERAPY, VENOUS INFUSION FOR THROMBOLYSIS, ANY METHOD, INCLUDING R	\$302.57	\$302.57	10/01/2017
37213	TRANSCATHETER THERAPY, ARTERIAL OR VENOUS INFUSION FOR THROMBOLYSIS OTHER THAN C	\$210.78	\$210.78	10/01/2017
37214	REMOVAL OF CATHETER IN ARTERY OR VEIN INCLUDING RADIOLOGICAL SUPERVISION AND INT	\$110.71	\$110.71	10/01/2017
37215	INSERTION OF STENTS AND BLOOD CLOT PROTECTION DEVICE IN NECK ARTERY, OPEN OR ACC	\$891.52	\$891.52	10/01/2017
37216	INSERTION OF STENTS IN NECK ARTERY, OPEN OR ACCESSED THROUGH THE SKIN	\$898.61	\$898.61	10/01/2014
37217	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), INTRATHORACIC COMMON CAROT	\$984.92	\$984.92	10/01/2017
37218	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S) INTRATHORACIC COMMON CAROTID A	\$729.87	\$729.87	10/01/2017
37220	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL,	\$2,682.30	\$361.27	10/01/2017
37221	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL,	\$3,978.31	\$446.63	10/01/2017

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37222	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITI	\$752.14	\$168.01	10/01/2017
37223	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITI	\$2,232.55	\$192.59	10/01/2017
37224	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY	\$3,253.92	\$399.54	10/01/2017
37225	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY	\$9,537.07	\$545.18	10/01/2017
37226	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY	\$7,814.60	\$470.77	10/01/2017
37227	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY	\$12,920.39	\$657.15	10/01/2017
37228	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY,	\$4,660.85	\$489.63	10/01/2017
37229	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY,	\$9,400.75	\$637.63	10/01/2017
37230	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY,	\$7,181.23	\$629.55	10/01/2017
37231	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY,	\$11,631.73	\$683.47	10/01/2017
37232	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	\$1,039.40	\$182.24	10/01/2017
37233	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	\$1,255.64	\$296.02	10/01/2017
37234	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	\$3,403.30	\$256.39	10/01/2017
37235	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	\$3,655.85	\$355.71	10/01/2017
37236	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY, CE	\$3,462.53	\$397.34	10/01/2017
37237	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY, CE	\$2,115.39	\$191.83	10/01/2017
37238	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCL	\$3,612.97	\$270.11	10/01/2017
37239	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCL	\$1,754.33	\$135.68	10/01/2017
37241	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AN	\$4,153.40	\$398.22	10/01/2017
37242	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AN	\$6,514.74	\$433.88	10/01/2017
37243	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AN	\$8,467.70	\$513.75	10/01/2017
37244	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AN	\$5,905.83	\$604.74	10/01/2017
37246	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT LOWER EXTREMITY ARTERY(IES) FOR OCCLUSI	\$1,874.07	\$316.71	10/01/2017
37247	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT LOWER EXTREMITY ARTERY(IES) FOR OCCLUSI	\$758.11	\$156.96	10/01/2017
37248	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS	\$1,297.94	\$272.39	10/01/2017
37249	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS	\$556.11	\$133.57	10/01/2017
37252	INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/O	\$1,207.96	\$82.43	10/01/2017
37253	INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/O	\$181.30	\$66.46	10/01/2017
37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORA	\$578.24	\$578.24	10/01/2017
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	BR	BR	01/01/2003
37565	LIGATION, INTERNAL JUGULAR VEIN	\$658.68	\$658.68	10/01/2017
37600	LIGATION; EXTERNAL CAROTID ARTERY	\$635.26	\$635.26	10/01/2017
37605	LIGATION; INTERNAL OR COMMON CAROTID ARTERY	\$704.98	\$704.98	10/01/2017
37606	LIGATION; INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL OCCLUSION, AS WITH	\$462.23	\$462.23	10/01/2017
37607	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA	\$336.18	\$336.18	10/01/2017

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37609	LIGATION OR BIOPSY, TEMPORAL ARTERY	\$272.45	\$184.23	10/01/2017
37615	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); NECK	\$454.15	\$454.15	10/01/2017
37616	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); CHEST	\$981.25	\$981.25	10/01/2017
37617	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); ABDOMEN	\$1,195.67	\$1,195.67	10/01/2017
37618	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); EXTREMITY	\$341.98	\$341.98	10/01/2017
37619	LIGATION OF INFERIOR VENA CAVA	\$1,470.10	\$1,470.10	10/01/2017
37650	LIGATION OF FEMORAL VEIN	\$413.95	\$413.95	10/01/2017
37660	LIGATION OF COMMON ILIAC VEIN	\$1,157.52	\$1,157.52	10/01/2017
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR	\$221.93	\$221.93	10/01/2017
37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	\$387.72	\$387.72	10/01/2017
37722	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFE	\$426.11	\$426.11	10/01/2017
37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS	\$522.02	\$522.02	10/01/2017
37760	LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), INCLUDING SKIN	\$548.84	\$548.84	10/01/2017
37761	LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE,	\$491.24	\$491.24	10/01/2017
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	\$575.18	\$402.14	10/01/2017
37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	\$682.79	\$490.87	10/01/2017
37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION	\$224.30	\$224.30	10/01/2017
37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE LEG	\$313.84	\$234.28	10/01/2017
37788	PENILE REVASCULARIZATION, ARTERY, WITH OR WITHOUT VEIN GRAFT	\$1,129.94	\$1,129.94	10/01/2017
37790	PENILE VENOUS OCCLUSIVE PROCEDURE	\$435.76	\$435.76	10/01/2017
37799	UNLISTED PROCEDURE, VASCULAR SURGERY	BR	BR	10/01/1982
38100	SPLENECTOMY (SEPARATE PROCEDURE); TOTAL	\$1,024.67	\$1,024.67	10/01/2017
38101	SPLENECTOMY; PARTIAL (SEPARATE PROCEDURE)	\$1,026.15	\$1,026.15	10/01/2017
38102	SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHER	\$233.58	\$233.58	10/01/2017
38115	REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT PARTIAL SPLENECTOMY	\$1,128.13	\$1,128.13	10/01/2017
38120	LAPAROSCOPY, SURGICAL, SPLENECTOMY	\$934.38	\$934.38	10/01/2017
38129	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN	BR	BR	01/01/2000
38200	INJECTION PROCEDURE FOR SPLENOPTOGRAPHY	\$121.61	\$121.61	10/01/2017
38204	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQU	\$93.88	\$93.88	10/01/2017
38205	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER	\$74.54	\$74.54	10/01/2017
38206	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER	\$74.54	\$74.54	10/01/2017
38207	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CRYOPRESERVATION AND	\$41.69	\$41.69	10/01/2017
38208	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF PREVIOUSLY	\$26.54	\$26.54	10/01/2017
38209	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF PREVIOUSLY	\$11.13	\$11.13	10/01/2017
38210	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; SPECIFIC CELL	\$73.51	\$73.51	10/01/2017

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38211	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TUMOR CELL DEPLETION	\$66.71	\$66.71	10/01/2017
38212	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; RED BLOOD CELL REMOVAL	\$44.15	\$44.15	10/01/2017
38213	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLATELET DEPLETION	\$11.13	\$11.13	10/01/2017
38214	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLASMA (VOLUME)	\$37.98	\$37.98	10/01/2017
38215	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CELL CONCENTRATION IN	\$44.15	\$44.15	10/01/2017
38220	BONE MARROW; ASPIRATION ONLY	\$147.52	\$54.96	10/01/2017
38221	BONE MARROW; BIOPSY, NEEDLE OR TROCAR	\$147.89	\$66.79	10/01/2017
38230	BONE MARROW HARVESTING FOR TRANSPLANTATION; ALLOGENEIC	\$177.28	\$177.28	10/01/2017
38232	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	\$174.60	\$174.60	10/01/2017
38240	HEMATOPOIETIC PROGENITOR CELL (HPC); ALLOGENEIC TRANSPLANTATION PER DONOR	\$200.67	\$200.67	10/01/2017
38241	HEMATOPOIETIC PROGENITOR CELL (HPC); AUTOLOGOUS TRANSPLANTATION	\$150.06	\$150.06	10/01/2017
38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	\$106.26	\$106.26	10/01/2017
38243	TRANSPLANTATION OF DONOR BONE MARROW OR BLOOD-DERIVED STEM CELLS	\$106.27	\$106.27	10/01/2017
38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE	\$238.75	\$161.06	10/01/2017
38305	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE	\$406.65	\$406.65	10/01/2017
38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	\$395.72	\$395.72	10/01/2017
38380	SUTURE AND/OR LIGATION OF THORACIC DUCT; CERVICAL APPROACH	\$497.93	\$497.93	10/01/2017
38381	SUTURE AND/OR LIGATION OF THORACIC DUCT; THORACIC APPROACH	\$713.95	\$713.95	10/01/2017
38382	SUTURE AND/OR LIGATION OF THORACIC DUCT; ABDOMINAL APPROACH	\$595.87	\$595.87	10/01/2017
38500	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL	\$291.88	\$225.33	10/01/2017
38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL,	\$111.18	\$63.82	10/01/2017
38510	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S)	\$457.96	\$372.83	10/01/2017
38520	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S) WITH EXCISION	\$411.19	\$411.19	10/01/2017
38525	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NODE(S)	\$387.20	\$387.20	10/01/2017
38530	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INTERNAL MAMMARY NODE(S)	\$491.25	\$491.25	10/01/2017
38542	DISSECTION, DEEP JUGULAR NODE(S)	\$460.37	\$460.37	10/01/2017
38550	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITHOUT DEEP NEUROVASCULAR	\$447.37	\$447.37	10/01/2017
38555	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP NEUROVASCULAR	\$899.69	\$899.69	10/01/2017
38562	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC AND PARA-AORTIC	\$626.56	\$626.56	10/01/2017
38564	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); RETROPERITONEAL	\$621.93	\$621.93	10/01/2017
38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE	\$449.26	\$449.26	10/01/2017
38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	\$597.58	\$597.58	10/01/2017
38572	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND	\$834.97	\$834.97	10/01/2017
38589	UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM	BR	BR	01/01/2000
38700	SUPRAHYOID LYMPHADENECTOMY	\$715.48	\$715.48	10/01/2017

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38720	CERVICAL LYMPHADENECTOMY (COMPLETE)	\$1,192.87	\$1,192.87	10/01/2017
38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	\$1,290.49	\$1,290.49	10/01/2017
38740	AXILLARY LYMPHADENECTOMY; SUPERFICIAL	\$615.61	\$615.61	10/01/2017
38745	AXILLARY LYMPHADENECTOMY; COMPLETE	\$777.78	\$777.78	10/01/2017
38746	THORACIC LYMPHADENECTOMY BY THORACOTOMY, MEDIASTINAL AND REGIONAL LYMPHADENECTOMY	\$191.44	\$191.44	10/01/2017
38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, GASTRIC, PORTAL,	\$237.48	\$237.48	10/01/2017
38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUETS NODE (SEPARATE	\$748.55	\$748.55	10/01/2017
38765	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN CONTINUITY WITH PELVIC	\$1,150.55	\$1,150.55	10/01/2017
38770	PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR	\$721.30	\$721.30	10/01/2017
38780	RETROPERITONEAL TRANSABDOMINAL LYMPHADENECTOMY, EXTENSIVE, INCLUDING PELVIC,	\$915.41	\$915.41	10/01/2017
38790	INJECTION PROCEDURE; LYMPHANGIOGRAPHY	\$73.96	\$73.96	10/01/2017
38792	INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICATION OF SENTINEL NODE	\$35.54	\$35.54	10/01/2017
38794	CANNULATION, THORACIC DUCT	\$268.47	\$268.47	10/01/2017
38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NODE(S) INCLUDES I	\$122.78	\$122.78	10/01/2017
38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM	BR	BR	10/01/1982
39000	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR BIOPSY; C	\$440.76	\$440.76	10/01/2017
39010	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR BIOPSY;	\$699.29	\$699.29	10/01/2017
39200	RESECTION OF MEDIASTINAL CYST	\$774.25	\$774.25	10/01/2017
39220	RESECTION OF MEDIASTINAL TUMOR	\$1,008.15	\$1,008.15	10/01/2017
39401	MEDIASTINOSCOPY; INCLUDES BIOPSY(IES) OF MEDIASTINAL MASS (EG, LYMPHOMA), WHEN P	\$276.38	\$276.38	10/01/2017
39402	MEDIASTINOSCOPY; WITH LYMPH NODE BIOPSY(IES) (EG, LUNG CANCER STAGING)	\$360.86	\$360.86	10/01/2017
39499	UNLISTED PROCEDURE, MEDIASTINUM	BR	BR	10/01/1982
39501	REPAIR, LACERATION OF DIAPHRAGM, ANY APPROACH	\$753.67	\$753.67	10/01/2017
39503	REPAIR, NEONATAL DIAPHRAGMATIC HERNIA, WITH OR WITHOUT CHEST TUBE INSERTION AND	\$5,279.47	\$5,279.47	10/01/2017
39540	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; ACUTE	\$771.22	\$771.22	10/01/2017
39541	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; CHRONIC	\$837.91	\$837.91	10/01/2017
39545	IMBRICATION OF DIAPHRAGM FOR EVENTRATION, TRANSTHORACIC OR TRANSABDOMINAL,	\$787.17	\$787.17	10/01/2017
39560	RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE)	\$709.04	\$709.04	10/01/2017
39561	RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR (EG, PROSTHETIC MATERIAL, LOCAL	\$1,103.66	\$1,103.66	10/01/2017
39599	UNLISTED PROCEDURE, DIAPHRAGM	BR	BR	10/01/1982
40490	BIOPSY OF LIP	\$114.07	\$65.78	10/01/2017
40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT	\$448.62	\$324.80	10/01/2017
40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE	\$429.30	\$318.17	10/01/2017
40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE	\$433.93	\$319.70	10/01/2017
40525	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLANDER	\$491.53	\$491.53	10/01/2017

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40527	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP	\$556.05	\$556.05	10/01/2017
40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION	\$475.86	\$358.23	10/01/2017
40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY	\$388.75	\$266.48	10/01/2017
40652	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT	\$435.91	\$315.80	10/01/2017
40654	REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX	\$507.37	\$380.76	10/01/2017
40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE,	\$900.33	\$900.33	10/01/2017
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE	\$1,066.71	\$1,066.71	10/01/2017
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO	\$805.67	\$805.67	10/01/2017
40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT	\$889.51	\$889.51	10/01/2017
40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP	\$865.99	\$865.99	10/01/2017
40799	UNLISTED PROCEDURE, LIPS	BR	BR	10/01/1982
40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE	\$190.41	\$118.90	10/01/2017
40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED	\$281.98	\$200.88	10/01/2017
40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE	\$164.21	\$102.30	10/01/2017
40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED	\$288.12	\$210.11	10/01/2017
40806	INCISION OF LABIAL FRENUM (FRENOTOMY)	\$93.38	\$29.61	10/01/2017
40808	BIOPSY, VESTIBULE OF MOUTH	\$166.64	\$97.61	10/01/2017
40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REPAIR	\$184.54	\$114.89	10/01/2017
40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE	\$258.86	\$178.37	10/01/2017
40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX	\$346.19	\$275.61	10/01/2017
40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WITH	\$360.77	\$285.54	10/01/2017
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	\$322.95	\$246.80	10/01/2017
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)	\$283.60	\$216.74	10/01/2017
40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG,	\$237.78	\$155.75	10/01/2017
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS	\$239.95	\$149.87	10/01/2017
40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX	\$302.24	\$203.18	10/01/2017
40840	VESTIBULOPLASTY; ANTERIOR	\$721.57	\$561.53	10/01/2017
40842	VESTIBULOPLASTY; POSTERIOR, UNILATERAL	\$729.48	\$582.44	10/01/2017
40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL	\$968.22	\$766.39	10/01/2017
40844	VESTIBULOPLASTY; ENTIRE ARCH	\$1,150.55	\$938.82	10/01/2017
40845	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)	\$1,301.09	\$1,095.85	10/01/2017
40899	UNLISTED PROCEDURE, VESTIBULE OF MOUTH	BR	BR	10/01/1982
41000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR	\$144.92	\$100.96	10/01/2017
41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	\$202.56	\$112.17	10/01/2017
41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	\$346.50	\$243.42	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	\$341.61	\$236.05	10/01/2017
41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	\$341.25	\$244.36	10/01/2017
41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	\$362.25	\$265.36	10/01/2017
41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)	\$178.45	\$96.11	10/01/2017
41015	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF	\$407.94	\$316.93	10/01/2017
41016	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF	\$395.91	\$317.91	10/01/2017
41017	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF	\$400.87	\$320.07	10/01/2017
41018	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF	\$454.49	\$373.07	10/01/2017
41019	PLACEMENT OF NEEDLES, CATHETERS, OR OTHER DEVICE(S) INTO THE HEAD AND/OR NECK RE	\$423.34	\$423.34	10/01/2017
41100	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS	\$149.90	\$96.66	10/01/2017
41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD	\$152.63	\$100.62	10/01/2017
41108	BIOPSY OF FLOOR OF MOUTH	\$132.28	\$81.51	10/01/2017
41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	\$189.19	\$118.00	10/01/2017
41112	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS	\$299.98	\$228.48	10/01/2017
41113	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD	\$328.38	\$252.85	10/01/2017
41114	EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP	\$570.65	\$570.65	10/01/2017
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	\$219.51	\$130.05	10/01/2017
41116	EXCISION, LESION OF FLOOR OF MOUTH	\$296.38	\$198.25	10/01/2017
41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	\$968.65	\$968.65	10/01/2017
41130	GLOSSECTOMY; HEMIGLOSSECTOMY	\$1,191.79	\$1,191.79	10/01/2017
41135	GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION	\$1,958.95	\$1,958.95	10/01/2017
41140	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT RADICAL	\$1,974.19	\$1,974.19	10/01/2017
41145	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITH UNILATERAL	\$2,496.31	\$2,496.31	10/01/2017
41150	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND MANDIBULAR	\$1,983.94	\$1,983.94	10/01/2017
41153	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, WITH SUPRAHYOID	\$2,157.11	\$2,157.11	10/01/2017
41155	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIBULAR	\$2,716.74	\$2,716.74	10/01/2017
41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-THIRDS O	\$238.42	\$137.82	10/01/2017
41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE	\$255.82	\$162.64	10/01/2017
41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX	\$282.96	\$189.78	10/01/2017
41500	FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE)	\$403.37	\$403.37	10/01/2017
41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)	\$381.26	\$381.26	10/01/2017
41512	TONGUE BASE SUSPENSION, PERMANENT SUTURE TECHNIQUE	\$592.43	\$592.43	10/01/2017
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)	\$315.65	\$232.07	10/01/2017
41530	SUBMUCOSAL ABLATION OF THE TONGUE BASE, RADIOFREQUENCY, ONE OR MORE SITES, PER S	\$869.65	\$336.29	10/01/2017
41599	UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH	BR	BR	10/01/1982

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41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	\$246.89	\$133.28	10/01/2017
41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES	\$220.98	\$153.81	10/01/2017
41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE	\$317.22	\$234.26	10/01/2017
41820	GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT	BR	BR	10/01/1982
41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES	BR	BR	10/01/1982
41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	\$281.70	\$167.16	10/01/2017
41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	\$411.37	\$301.79	10/01/2017
41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES;	\$190.06	\$110.19	10/01/2017
41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES;	\$283.60	\$192.90	10/01/2017
41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES;	\$396.93	\$278.99	10/01/2017
41828	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH QUADRANT (SPECIFY)	\$276.23	\$193.58	10/01/2017
41830	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY	\$353.32	\$256.74	10/01/2017
41850	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES	BR	BR	10/01/1982
41870	PERIODONTAL MUCOSAL GRAFTING	BR	BR	10/01/1982
41872	GINGIVOPLASTY, EACH QUADRANT (SPECIFY)	\$337.75	\$237.76	10/01/2017
41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)	\$340.94	\$232.91	10/01/2017
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	BR	BR	10/01/1982
42000	DRAINAGE OF ABSCESS OF PALATE, UVULA	\$142.49	\$93.58	10/01/2017
42100	BIOPSY OF PALATE, UVULA	\$134.09	\$98.18	10/01/2017
42104	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE	\$192.53	\$125.05	10/01/2017
42106	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE	\$245.61	\$161.41	10/01/2017
42107	EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE	\$412.71	\$311.18	10/01/2017
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	\$911.37	\$911.37	10/01/2017
42140	UVULECTOMY, EXCISION OF UVULA	\$224.46	\$138.10	10/01/2017
42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	\$627.56	\$627.56	10/01/2017
42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)	\$207.07	\$131.85	10/01/2017
42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM	\$216.65	\$163.71	10/01/2017
42182	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX	\$284.86	\$228.53	10/01/2017
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	\$761.62	\$761.62	10/01/2017
42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY	\$813.66	\$813.66	10/01/2017
42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT	\$927.92	\$927.92	10/01/2017
42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	\$646.53	\$646.53	10/01/2017
42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	\$471.98	\$471.98	10/01/2017
42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	\$779.27	\$779.27	10/01/2017
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	\$807.92	\$807.92	10/01/2017

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42227	LENGTHENING OF PALATE, WITH ISLAND FLAP	\$761.81	\$761.81	10/01/2017
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	\$651.36	\$651.36	10/01/2017
42260	REPAIR OF NASOLABIAL FISTULA	\$748.44	\$623.07	10/01/2017
42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	\$146.32	\$99.58	10/01/2017
42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	\$182.01	\$134.65	10/01/2017
42299	UNLISTED PROCEDURE, PALATE, UVULA	BR	BR	10/01/1982
42300	DRAINAGE OF ABSCESS; PAROTID, SIMPLE	\$185.73	\$136.20	10/01/2017
42305	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED	\$385.53	\$385.53	10/01/2017
42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL	\$143.09	\$110.59	10/01/2017
42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL	\$220.38	\$155.68	10/01/2017
42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID,	\$206.43	\$147.30	10/01/2017
42335	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL	\$332.54	\$230.07	10/01/2017
42340	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL	\$414.10	\$301.11	10/01/2017
42400	BIOPSY OF SALIVARY GLAND; NEEDLE	\$93.46	\$49.19	10/01/2017
42405	BIOPSY OF SALIVARY GLAND; INCISIONAL	\$265.37	\$201.92	10/01/2017
42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)	\$403.59	\$291.84	10/01/2017
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	\$296.12	\$198.30	10/01/2017
42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE	\$553.07	\$553.07	10/01/2017
42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND	\$939.85	\$939.85	10/01/2017
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND	\$1,054.65	\$1,054.65	10/01/2017
42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH	\$743.84	\$743.84	10/01/2017
42426	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL NECK	\$1,201.60	\$1,201.60	10/01/2017
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	\$366.42	\$366.42	10/01/2017
42450	EXCISION OF SUBLINGUAL GLAND	\$402.66	\$320.00	10/01/2017
42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE	\$385.92	\$305.44	10/01/2017
42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED	\$493.42	\$403.65	10/01/2017
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);	\$447.57	\$447.57	10/01/2017
42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF BOTH	\$752.03	\$752.03	10/01/2017
42510	CREATION OF NEW DRAINAGE TRACTS OF MAJOR SALIVARY GLAND DUCTS ON BOTH SIDES OF M	\$575.22	\$575.22	10/01/2017
42550	INJECTION PROCEDURE FOR SIALOGRAPHY	\$119.90	\$56.75	10/01/2017
42600	CLOSURE SALIVARY FISTULA	\$418.92	\$306.24	10/01/2017
42650	DILATION SALIVARY DUCT	\$74.18	\$52.51	10/01/2017
42660	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTION	\$113.64	\$79.59	10/01/2017
42665	LIGATION SALIVARY DUCT, INTRAORAL	\$280.64	\$185.61	10/01/2017
42699	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS	BR	BR	10/01/1982

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42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR	\$168.15	\$120.79	10/01/2017
42720	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL	\$403.03	\$349.16	10/01/2017
42725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL	\$730.97	\$730.97	10/01/2017
42800	BIOPSY; OROPHARYNX	\$140.62	\$99.76	10/01/2017
42804	BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE	\$173.14	\$100.71	10/01/2017
42806	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION	\$194.45	\$117.37	10/01/2017
42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD	\$201.47	\$144.52	10/01/2017
42809	REMOVAL OF FOREIGN BODY FROM PHARYNX	\$178.02	\$108.99	10/01/2017
42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS	\$343.40	\$257.34	10/01/2017
42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH	\$497.80	\$497.80	10/01/2017
42820	TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12	\$256.95	\$256.95	10/01/2017
42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER	\$268.04	\$268.04	10/01/2017
42825	TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12	\$233.17	\$233.17	10/01/2017
42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	\$223.90	\$223.90	10/01/2017
42830	ADENOIDECTOMY, PRIMARY; UNDER AGE 12	\$184.42	\$184.42	10/01/2017
42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	\$199.26	\$199.26	10/01/2017
42835	ADENOIDECTOMY, SECONDARY; UNDER AGE 12	\$161.90	\$161.90	10/01/2017
42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER	\$214.34	\$214.34	10/01/2017
42842	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE;	\$910.09	\$910.09	10/01/2017
42844	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE;	\$1,252.02	\$1,252.02	10/01/2017
42845	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE;	\$2,010.15	\$2,010.15	10/01/2017
42860	EXCISION OF TONSIL TAGS	\$167.44	\$167.44	10/01/2017
42870	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE)	\$535.08	\$535.08	10/01/2017
42890	LIMITED PHARYNGECTOMY	\$1,290.50	\$1,290.50	10/01/2017
42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY	\$1,703.07	\$1,703.07	10/01/2017
42894	REMOVAL OF THROAT TISSUE	\$2,139.65	\$2,139.65	10/01/2017
42900	SUTURE PHARYNX FOR WOUND OR INJURY	\$301.39	\$301.39	10/01/2017
42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	\$734.54	\$734.54	10/01/2017
42953	PHARYNGOESOPHAGEAL REPAIR	\$882.05	\$882.05	10/01/2017
42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)	\$684.01	\$684.01	10/01/2017
42960	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$151.61	\$151.61	10/01/2017
42961	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$376.18	\$376.18	10/01/2017
42962	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$463.17	\$463.17	10/01/2017
42970	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$364.57	\$364.57	10/01/2017
42971	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$409.91	\$409.91	10/01/2017

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42972	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$455.13	\$455.13	10/01/2017
42999	UNLISTED PROCEDURE, PHARYNX, ADENOIDS, OR TONSILS	BR	BR	10/01/1982
43020	ESOPHAGOTOMY, CERVICAL APPROACH; WITH REMOVAL OF FOREIGN BODY	\$477.92	\$477.92	10/01/2017
43030	CRICOPHARYNGEAL MYOTOMY	\$460.96	\$460.96	10/01/2017
43045	ESOPHAGOTOMY, THORACIC APPROACH, WITH REMOVAL OF FOREIGN BODY	\$1,155.57	\$1,155.57	10/01/2017
43100	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL APPROACH	\$553.76	\$553.76	10/01/2017
43101	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC OR ABDOMINAL	\$946.86	\$946.86	10/01/2017
43107	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH	\$2,272.93	\$2,272.93	10/01/2017
43108	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH COLON	\$4,147.03	\$4,147.03	10/01/2017
43112	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH PHARYNGOGASTROSTOMY	\$2,400.77	\$2,400.77	10/01/2017
43113	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH COLON INTERPOSITION	\$3,877.92	\$3,877.92	10/01/2017
43116	PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT, INCLUDING	\$4,698.04	\$4,698.04	10/01/2017
43117	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE	\$2,194.18	\$2,194.18	10/01/2017
43118	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE	\$3,369.13	\$3,369.13	10/01/2017
43121	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY ONLY, WITH OR	\$2,538.74	\$2,538.74	10/01/2017
43122	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITHOUT	\$2,278.64	\$2,278.64	10/01/2017
43123	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITHOUT	\$4,185.61	\$4,185.61	10/01/2017
43124	TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION (ANY APPROACH), WITH	\$3,420.49	\$3,420.49	10/01/2017
43130	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; CERVICAL	\$698.10	\$698.10	10/01/2017
43135	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; THORACIC	\$1,319.24	\$1,319.24	10/01/2017
43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH DIVERTICULECTOMY OF HYPOPHARYNX OR CERVICAL	\$489.04	\$489.04	10/01/2017
43191	ESOPHAGOSCOPY, RIGID, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S)	\$137.95	\$137.95	10/01/2017
43192	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBS	\$151.93	\$151.93	10/01/2017
43193	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	\$151.54	\$151.54	10/01/2017
43194	REMOVAL OF FOREIGN BODIES OF ESOPHAGUS USING AN ENDOSCOPE	\$172.83	\$172.83	10/01/2017
43195	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH BALLOON DILATION (LESS THAN 30 MM DIAMETER	\$165.43	\$165.43	10/01/2017
43196	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATI	\$176.48	\$176.48	10/01/2017
43197	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; DIAGNOSTIC, INCLUDES COLLECTION OF SPECIMEN	\$165.92	\$74.29	10/01/2017
43198	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; WITH BIOPSY, SINGLE OR MULTIPLE	\$183.84	\$88.81	10/01/2017
43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	\$190.10	\$78.97	10/01/2017
43201	INJECTIONS INTO ESOPHAGUS USING AN ENDOSCOPE	\$194.13	\$93.22	10/01/2017
43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCOPE	\$269.62	\$93.49	10/01/2017
43204	INJECTION OF DILATED ESOPHAGEAL VEINS USING AN ENDOSCOPE	\$123.31	\$123.31	10/01/2017
43205	TYING OF ESOPHAGEAL VEINS USING AN ENDOSCOPE	\$128.27	\$128.27	10/01/2017
43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	\$233.80	\$121.13	10/01/2017

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43211	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH ENDOSCOPIC MUCOSAL RESECTION	\$214.12	\$214.12	10/01/2017
43212	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES	\$171.78	\$171.78	10/01/2017
43213	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH DILATION OF ESOPHAGUS, BY BALLOON OR DIL	\$1,010.38	\$234.33	10/01/2017
43214	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH DILATION OF ESOPHAGUS WITH BALLOON (30 M	\$174.43	\$174.43	10/01/2017
43215	REMOVAL OF FOREIGN BODIES IN ESOPHAGUS USING AN ENDOSCOPE	\$316.15	\$128.25	10/01/2017
43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROWTHS USING AN ENDOSCOPE	\$313.05	\$122.06	10/01/2017
43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROWTHS USING AN ENDOSCOPE	\$333.52	\$145.63	10/01/2017
43220	BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$940.74	\$106.80	10/01/2017
43226	INSERTION OF GUIDE WIRE FOR DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$278.81	\$118.16	10/01/2017
43227	CONTROL OF ESOPHAGEAL BLEEDING USING AN ENDOSCOPE	\$551.30	\$149.81	10/01/2017
43229	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER	\$566.99	\$179.12	10/01/2017
43231	ULTRASOUND EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	\$294.50	\$145.29	10/01/2017
43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS USING AN ENDOSCO	\$353.68	\$179.71	10/01/2017
43233	ESOPHAGOGASTRODUODENOSCOPY (EGD), FLEXIBLE, TRANSORAL; WITH DILATION OF ESOPHAGU	\$206.51	\$206.51	10/01/2017
43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN	\$225.09	\$111.48	10/01/2017
43236	INJECTIONS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	\$288.91	\$125.77	10/01/2017
43237	ULTRASOUND EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN	\$177.72	\$177.72	10/01/2017
43238	ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSIES OF ESOPHAGUS USING AN ENDOSCOPE	\$211.67	\$211.67	10/01/2017
43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	\$300.94	\$126.04	10/01/2017
43240	DRAINAGE OF CYST OF THE ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN EN	\$356.88	\$356.88	10/01/2017
43241	INSERTION OF CATHETER OR TUBE IN ESOPHAGUS STOMACH AND/OR UPPER SMALL BOWEL USIN	\$129.37	\$129.37	10/01/2017
43242	ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS, STOMACH, AND/OR UPPE	\$238.96	\$238.96	10/01/2017
43243	INJECTION OF DILATED VEINS OF STOMACH AND/OR ESOPHAGUS USING AN ENDOSCOPE	\$215.35	\$215.35	10/01/2017
43244	TYING OF DILATED VEINS OF STOMACH AND/OR ESOPHAGUS USING AN ENDOSCOPE	\$223.15	\$223.15	10/01/2017
43245	DILATION OF STOMACH OUTLET USING AN ENDOSCOPE	\$484.55	\$159.21	10/01/2017
43246	INSERTION OF STOMACH TUBE USING AN ENDOSCOPE	\$181.34	\$181.34	10/01/2017
43247	REMOVAL OF FOREIGN BODIES OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING	\$307.31	\$160.58	10/01/2017
43248	INSERTION OF GUIDE WIRE WITH DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$307.73	\$150.79	10/01/2017
43249	BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$891.84	\$139.62	10/01/2017
43250	REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USI	\$348.60	\$154.20	10/01/2017
43251	REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USI	\$386.59	\$177.95	10/01/2017
43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN	\$265.22	\$152.86	10/01/2017
43253	ESOPHAGOGASTRODUODENOSCOPY (EGD), FLEXIBLE, TRANSORAL; WITH TRANSENDOSCOPIC ULTR	\$238.96	\$238.96	10/01/2017
43254	ESOPHAGOGASTRODUODENOSCOPY (EGD), FLEXIBLE, TRANSORAL; WITH ENDOSCOPIC MUCOSAL R	\$245.97	\$245.97	10/01/2017
43255	CONTROL OF BLEEDING OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN END	\$583.50	\$182.63	10/01/2017

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43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS AND/OR STOMACH TO TREAT GASTRIC REFLUX USIN	\$210.84	\$210.84	10/01/2017
43259	ULTRASOUND EXAMINATION OF ESOPHAGUS, STOMACH AND/OR UPPER SMALL BOWEL USING AN E	\$205.55	\$205.55	10/01/2017
43260	DIAGNOSTIC EXAMINATION OF GALLBLADDER AND PANCREATIC, LIVER, AND BILE DUCTS USIN	\$293.05	\$293.05	10/01/2017
43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH BIOPSY, SINGLE OR	\$307.87	\$307.87	10/01/2017
43262	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	\$324.85	\$324.85	10/01/2017
43263	PRESSURE MEASUREMENT OF PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	\$325.39	\$325.39	10/01/2017
43264	REMOVAL OF STONE FROM BILE OR PANCREATIC DUCT USING AN ENDOSCOPE	\$331.06	\$331.06	10/01/2017
43265	DESTRUCTION OF STONE IN BILE OR PANCREATIC DUCT USING AN ENDOSCOPE	\$394.08	\$394.08	10/01/2017
43266	ESOPHAGOGASTRODUODENOSCOPY (EGD), FLEXIBLE, TRANSORAL; WITH PLACEMENT OF ENDOSCO	\$198.17	\$198.17	10/01/2017
43270	ESOPHAGOGASTRODUODENOSCOPY (EGD), FLEXIBLE, TRANSORAL; WITH ABLATION OF TUMOR(S)	\$585.31	\$204.25	10/01/2017
43273	ENDOSCOPIC CANNULATION OF PAPILLA WITH DIRECT VISUALIZATION OF COMMON BILE DUCT(	\$108.76	\$108.76	10/01/2017
43274	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH PLACEMENT OF ENDOSCO	\$420.97	\$420.97	10/01/2017
43275	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH REMOVAL OF FOREIGN B	\$342.45	\$342.45	10/01/2017
43276	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH REMOVAL AND EXCHANGE	\$438.30	\$438.30	10/01/2017
43277	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH TRANS-ENDOSCOPIC BAL	\$344.32	\$344.32	10/01/2017
43278	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH ABLATION OF TUMOR(S)	\$393.77	\$393.77	10/01/2017
43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTOMY (HELLER TYPE), WITH FUNDOPLASTY, WHEN PER	\$1,147.31	\$1,147.31	10/01/2017
43280	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PROCEDURE	\$960.48	\$960.48	10/01/2017
43281	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WH	\$1,372.52	\$1,372.52	10/01/2017
43282	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WH	\$1,543.71	\$1,543.71	10/01/2017
43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY	\$141.18	\$141.18	10/01/2017
43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL SPHINCTER AUGMENTATION PROCEDURE, PLACEMENT OF	\$576.31	\$576.31	10/01/2017
43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGMENTATION DEVICE	\$582.94	\$582.94	10/01/2017
43289	UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS	BR	BR	01/01/2000
43300	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITHOUT RE	\$551.00	\$551.00	10/01/2017
43305	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITH	\$971.80	\$971.80	10/01/2017
43310	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITHOUT	\$1,311.51	\$1,311.51	10/01/2017
43312	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITH	\$1,433.51	\$1,433.51	10/01/2017
43313	ESOPHAGOPLASTY FOR CONGENITAL DEFECT (PLASTIC REPAIR OR RECONSTRUCTION),	\$2,427.26	\$2,427.26	10/01/2017
43314	ESOPHAGOPLASTY FOR CONGENITAL DEFECT (PLASTIC REPAIR OR RECONSTRUCTION),	\$2,654.61	\$2,654.61	10/01/2017
43320	ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH OR WITHOUT VAGOTOMY AND PYLOROPLASTY,	\$1,233.11	\$1,233.11	10/01/2017
43325	ESOPHAGOGASTRIC FUNDOPLASTY; WITH FUNDIC PATCH (THAL-NISSEN PROCEDURE)	\$1,187.85	\$1,187.85	10/01/2017
43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; LAPAROTOMY	\$728.63	\$728.63	10/01/2017
43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; THORACOTOMY	\$1,002.52	\$1,002.52	10/01/2017
43330	ESOPHAGOMYOTOMY (HELLER TYPE); ABDOMINAL APPROACH	\$1,186.16	\$1,186.16	10/01/2017

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43331	ESOPHAGOMYOTOMY (HELLER TYPE); THORACIC APPROACH	\$1,190.56	\$1,190.56	10/01/2017
43332	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA LAPAROTOMY,	\$1,031.80	\$1,031.80	10/01/2017
43333	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA LAPAROTOMY,	\$1,125.96	\$1,125.96	10/01/2017
43334	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATON), VIA THORACOTOMY,	\$1,112.69	\$1,112.69	10/01/2017
43335	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATON), VIA THORACOTOMY,	\$1,193.39	\$1,193.39	10/01/2017
43336	REPAIR, PARAESOPHAGEAL HIATAL HERNIA, (INCLUDING FUNDOPLICATION), VIA THORACOABD	\$1,341.27	\$1,341.27	10/01/2017
43337	REPAIR, PARAESOPHAGEAL HIATAL HERNIA, (INCLUDING FUNDOPLICATION), VIA THORACOABD	\$1,445.43	\$1,445.43	10/01/2017
43338	ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY)	\$103.48	\$103.48	10/01/2017
43340	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); ABDOMINAL APPROACH	\$1,215.90	\$1,215.90	10/01/2017
43341	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); THORACIC APPROACH	\$1,248.38	\$1,248.38	10/01/2017
43351	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; THORACIC APPROACH	\$1,226.96	\$1,226.96	10/01/2017
43352	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; CERVICAL APPROACH	\$951.93	\$951.93	10/01/2017
43360	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING	\$2,101.32	\$2,101.32	10/01/2017
43361	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING	\$2,295.22	\$2,295.22	10/01/2017
43400	LIGATION, DIRECT, ESOPHAGEAL VARICES	\$1,333.46	\$1,333.46	10/01/2017
43401	TRANSECTION OF ESOPHAGUS WITH REPAIR, FOR ESOPHAGEAL VARICES	\$1,320.33	\$1,320.33	10/01/2017
43405	LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EXISTING ESOPHAGEAL	\$1,361.17	\$1,361.17	10/01/2017
43410	SUTURE OF ESOPHAGEAL WOUND OR INJURY; CERVICAL APPROACH	\$934.87	\$934.87	10/01/2017
43415	SUTURE OF ESOPHAGEAL WOUND OR INJURY; TRANSTHORACIC OR TRANSABDOMINAL APPROACH	\$2,286.50	\$2,286.50	10/01/2017
43420	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; CERVICAL APPROACH	\$906.47	\$906.47	10/01/2017
43425	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; TRANSTHORACIC OR TRANSABDOMINAL APPROACH	\$1,296.37	\$1,296.37	10/01/2017
43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES	\$137.93	\$71.99	10/01/2017
43453	DILATION OF ESOPHAGUS, OVER GUIDE WIRE	\$797.60	\$77.89	10/01/2017
43460	ESOPHAGOGASTRIC TAMPONADE, WITH BALLOON (SENGSTAKEN TYPE)	\$193.45	\$193.45	10/01/2017
43496	FREE JEJUNUM TRANSFER WITH MICROVASCULAR ANASTOMOSIS	\$791.84	\$791.84	10/01/2017
43499	UNLISTED PROCEDURE, ESOPHAGUS	BR	BR	10/01/1982
43500	GASTROTOMY; WITH EXPLORATION OR FOREIGN BODY REMOVAL	\$698.41	\$698.41	10/01/2017
43501	GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER	\$1,195.79	\$1,195.79	10/01/2017
43502	GASTROTOMY; WITH SUTURE REPAIR OF PRE-EXISTING ESOPHAGOGASTRIC LACERATION (EG,	\$1,336.03	\$1,336.03	10/01/2017
43510	GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PERMANENT INTRALUMINAL	\$821.44	\$821.44	10/01/2017
43520	PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATION)	\$609.97	\$609.97	10/01/2017
43605	BIOPSY OF STOMACH, BY LAPAROTOMY	\$746.09	\$746.09	10/01/2017
43610	EXCISION, LOCAL; ULCER OR BENIGN TUMOR OF STOMACH	\$870.22	\$870.22	10/01/2017
43611	EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH	\$1,085.88	\$1,085.88	10/01/2017
43620	GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTOMY	\$1,749.04	\$1,749.04	10/01/2017

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43621	GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION	\$2,016.56	\$2,016.56	10/01/2017
43622	GASTRECTOMY, TOTAL; WITH FORMATION OF INTESTINAL POUCH, ANY TYPE	\$2,039.27	\$2,039.27	10/01/2017
43631	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY	\$1,288.40	\$1,288.40	10/01/2017
43632	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY	\$1,805.74	\$1,805.74	10/01/2017
43633	GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTION	\$1,707.68	\$1,707.68	10/01/2017
43634	GASTRECTOMY, PARTIAL, DISTAL; WITH FORMATION OF INTESTINAL POUCH	\$1,883.56	\$1,883.56	10/01/2017
43635	VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATELY IN	\$100.44	\$100.44	10/01/2017
43640	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; TRUNCAL OR	\$1,047.03	\$1,047.03	10/01/2017
43641	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; PARIETAL CELL	\$1,060.87	\$1,060.87	10/01/2017
43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND RO	\$1,539.77	\$1,539.77	10/01/2017
43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND	\$1,640.63	\$1,640.63	10/01/2017
43648	LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES	\$678.03	\$678.03	10/01/2017
43651	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL	\$579.24	\$579.24	10/01/2017
43652	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHLY	\$679.03	\$679.03	10/01/2017
43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG,	\$508.45	\$508.45	10/01/2017
43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	BR	BR	01/01/2000
43752	INSERTION OF NASAL OR ORAL STOMACH TUBE USING FLUOROSCOPIC GUIDANCE	\$36.56	\$36.56	10/01/2017
43753	INSERTION OF STOMACH TUBE AND ASPIRATIONS OF GASTRIC CONTENTS	\$19.45	\$19.45	10/01/2017
43754	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE SPECIMEN (EG, ACID ANALYSI	\$107.64	\$31.49	10/01/2017
43755	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF MULTIPLE FRACTIONAL	\$121.15	\$53.66	10/01/2017
43756	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; SINGLE	\$177.61	\$45.43	10/01/2017
43757	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; COLLECT	\$255.59	\$69.55	10/01/2017
43760	CHANGE OF GASTROSTOMY TUBE, PERCUTANEOUS, WITHOUT IMAGING OR ENDOSCOPIC GUIDANCE	\$430.14	\$41.96	10/01/2017
43761	REPOSITIONING OF A NASO- OR ORO-GASTRIC FEEDING TUBE, THROUGH THE DUODENUM FOR E	\$104.00	\$92.23	10/01/2017
43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GA	\$994.40	\$994.40	10/01/2017
43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABLE GAS	\$1,129.55	\$1,129.55	10/01/2017
43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GAST	\$841.43	\$841.43	10/01/2017
43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEMENT OF	\$1,131.66	\$1,131.66	10/01/2017
43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GAST	\$851.54	\$851.54	10/01/2017
43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (	\$980.84	\$980.84	10/01/2017
43800	PYLOROPLASTY	\$826.02	\$826.02	10/01/2017
43810	GASTRODUODENOSTOMY	\$901.28	\$901.28	10/01/2017
43820	GASTROJEJUNOSTOMY; WITHOUT VAGOTOMY	\$1,191.63	\$1,191.63	10/01/2017
43825	GASTROJEJUNOSTOMY; WITH VAGOTOMY, ANY TYPE	\$1,148.68	\$1,148.68	10/01/2017
43830	GASTROSTOMY, OPEN; WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM PROCEDURE)	\$620.52	\$620.52	10/01/2017

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43831	GASTROSTOMY, OPEN; NEONATAL, FOR FEEDING	\$500.48	\$500.48	10/01/2017
43832	GASTROSTOMY, OPEN; WITH CONSTRUCTION OF GASTRIC TUBE (EG, JANEWAY PROCEDURE)	\$921.09	\$921.09	10/01/2017
43840	GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER, WOUND, OR INJURY	\$1,206.99	\$1,206.99	10/01/2017
43842	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY;	\$1,064.33	\$1,064.33	10/01/2017
43843	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY;	\$1,128.87	\$1,128.87	10/01/2017
43845	GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS-PRESERVING	\$1,743.12	\$1,743.12	10/01/2017
43846	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH	\$1,437.92	\$1,437.92	10/01/2017
43847	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH	\$1,578.30	\$1,578.30	10/01/2017
43848	REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, OTHER THAN	\$1,708.74	\$1,708.74	10/01/2017
43850	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH	\$1,434.70	\$1,434.70	10/01/2017
43855	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH	\$1,489.99	\$1,489.99	10/01/2017
43860	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION,	\$1,453.21	\$1,453.21	10/01/2017
43865	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION,	\$1,505.71	\$1,505.71	10/01/2017
43870	CLOSURE OF GASTROSTOMY, SURGICAL	\$631.44	\$631.44	10/01/2017
43880	CLOSURE OF GASTROCOLIC FISTULA	\$1,420.81	\$1,420.81	10/01/2017
43882	REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	BR	BR	01/01/2007
43886	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT ONL	\$321.30	\$321.30	10/01/2017
43887	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT ONLY	\$289.56	\$289.56	10/01/2017
43888	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOUS POR	\$406.60	\$406.60	10/01/2017
43999	UNLISTED PROCEDURE, STOMACH	BR	BR	10/01/1982
44005	ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)	\$972.94	\$972.94	10/01/2017
44010	DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	\$768.50	\$768.50	10/01/2017
44015	TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR ENTERAL ALIMENTATION, INTRAOPERATIVE,	\$126.78	\$126.78	10/01/2017
44020	ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR EXPLORATION, BIOPSY(S),	\$864.45	\$864.45	10/01/2017
44021	ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR DECOMPRESSION (EG, BAKER	\$865.44	\$865.44	10/01/2017
44025	COLOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	\$874.05	\$874.05	10/01/2017
44050	REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY LAPAROTOMY	\$830.13	\$830.13	10/01/2017
44055	CORRECTION OF MALROTATION BY LYSIS OF DUODENAL BANDS AND/OR REDUCTION OF MIDGUT	\$1,325.01	\$1,325.01	10/01/2017
44100	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)	\$97.87	\$97.87	10/01/2017
44110	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NOT REQUIRING	\$757.29	\$757.29	10/01/2017
44111	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NOT REQUIRING	\$873.08	\$873.08	10/01/2017
44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS	\$1,087.36	\$1,087.36	10/01/2017
44121	ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION AND	\$215.75	\$215.75	10/01/2017
44125	ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH ENTEROSTOMY	\$1,049.93	\$1,049.93	10/01/2017
44126	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE	\$2,165.31	\$2,165.31	10/01/2017

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44127	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE	\$2,461.78	\$2,461.78	10/01/2017
44128	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE	\$218.27	\$218.27	10/01/2017
44130	ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE, WITH OR WITHOUT CUTANEOUS	\$1,167.51	\$1,167.51	10/01/2017
44132	DONOR ENTERECTOMY (INCLUDING COLD PRESERVATION), OPEN; FROM CADAVER DONOR	BR	BR	01/01/2001
44133	DONOR ENTERECTOMY (INCLUDING COLD PRESERVATION), OPEN; PARTIAL, FROM LIVING	BR	BR	01/01/2001
44135	INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR	BR	BR	01/01/2001
44136	INTESTINAL ALLOTRANSPLANTATION; FROM LIVING DONOR	BR	BR	01/01/2001
44137	REMOVAL OF TRANSPLANTED INTESTINAL ALLOGRAFT, COMPLETE	BR	BR	01/01/2005
44139	MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH	\$108.21	\$108.21	10/01/2017
44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	\$1,192.57	\$1,192.57	10/01/2017
44141	COLECTOMY, PARTIAL; WITH SKIN LEVEL CECOSTOMY OR COLOSTOMY	\$1,624.25	\$1,624.25	10/01/2017
44143	COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN	\$1,480.71	\$1,480.71	10/01/2017
44144	COLECTOMY, PARTIAL; WITH RESECTION, WITH COLOSTOMY OR ILEOSTOMY AND CREATION OF	\$1,573.60	\$1,573.60	10/01/2017
44145	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	\$1,476.26	\$1,476.26	10/01/2017
44146	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH	\$1,889.54	\$1,889.54	10/01/2017
44147	COLECTOMY, PARTIAL; ABDOMINAL AND TRANSANAL APPROACH	\$1,728.42	\$1,728.42	10/01/2017
44150	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH ILEOSTOMY OR	\$1,663.84	\$1,663.84	10/01/2017
44151	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH CONTINENT ILEOSTOMY	\$1,898.76	\$1,898.76	10/01/2017
44155	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOSTOMY	\$1,857.62	\$1,857.62	10/01/2017
44156	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH CONTINENT ILEOSTOMY	\$2,015.82	\$2,015.82	10/01/2017
44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, INCLUD	\$1,922.18	\$1,922.18	10/01/2017
44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, CREATI	\$1,985.64	\$1,985.64	10/01/2017
44160	COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY	\$1,104.20	\$1,104.20	10/01/2017
44180	LAPAROSCOPY, SURGICAL, ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PR	\$816.93	\$816.93	10/01/2017
44186	LAPAROSCOPY, SURGICAL; JEJUNOSTOMY (EG, FOR DECOMPRESSION OR FEEDING)	\$578.38	\$578.38	10/01/2017
44187	LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	\$984.67	\$984.67	10/01/2017
44188	LAPAROSCOPY, SURGICAL, COLOSTOMY OR SKIN LEVEL CECOSTOMY	\$1,090.52	\$1,090.52	10/01/2017
44202	LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESECTION OF SMALL INTESTINE, SINGLE RESECTI	\$1,232.20	\$1,232.20	10/01/2017
44203	LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTION AND	\$215.03	\$215.03	10/01/2017
44204	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	\$1,369.90	\$1,369.90	10/01/2017
44205	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH	\$1,191.83	\$1,191.83	10/01/2017
44206	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOMY AND CLOSURE OF	\$1,559.50	\$1,559.50	10/01/2017
44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH	\$1,622.66	\$1,622.66	10/01/2017
44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH	\$1,771.76	\$1,771.76	10/01/2017
44210	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WITH	\$1,588.99	\$1,588.99	10/01/2017

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44211	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH ILEOA	\$1,951.34	\$1,951.34	10/01/2017
44212	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH	\$1,828.37	\$1,828.37	10/01/2017
44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN	\$168.28	\$168.28	10/01/2017
44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RE	\$1,483.64	\$1,483.64	10/01/2017
44238	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)	BR	BR	01/01/2003
44300	PLACEMENT, ENTEROSTOMY OR CECOSTOMY, TUBE OPEN (EG, FOR FEEDING OR DECOMPRESSION	\$747.36	\$747.36	10/01/2017
44310	ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	\$929.21	\$929.21	10/01/2017
44312	REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)	\$525.78	\$525.78	10/01/2017
44314	REVISION OF ILEOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE	\$893.80	\$893.80	10/01/2017
44316	CONTINENT ILEOSTOMY (KOCK PROCEDURE) (SEPARATE PROCEDURE)	\$1,259.90	\$1,259.90	10/01/2017
44320	COLOSTOMY OR SKIN LEVEL CECOSTOMY;	\$1,068.66	\$1,068.66	10/01/2017
44322	COLOSTOMY OR SKIN LEVEL CECOSTOMY; WITH MULTIPLE BIOPSIES (EG, FOR CONGENITAL	\$884.98	\$884.98	10/01/2017
44340	REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)	\$554.19	\$554.19	10/01/2017
44345	REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE	\$936.03	\$936.03	10/01/2017
44346	REVISION OF COLOSTOMY; WITH REPAIR OF PARACOLOSTOMY HERNIA (SEPARATE PROCEDURE)	\$1,052.98	\$1,052.98	10/01/2017
44360	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT I	\$130.73	\$130.73	10/01/2017
44361	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$144.35	\$144.35	10/01/2017
44363	REMOVAL OF FOREIGN BODIES IN SMALL BOWEL USING AN ENDOSCOPE	\$174.20	\$174.20	10/01/2017
44364	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$185.76	\$185.76	10/01/2017
44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$164.00	\$164.00	10/01/2017
44366	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$218.23	\$218.23	10/01/2017
44369	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$223.77	\$223.77	10/01/2017
44370	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$242.14	\$242.14	10/01/2017
44372	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$218.25	\$218.25	10/01/2017
44373	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$174.39	\$174.39	10/01/2017
44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	\$258.27	\$258.27	10/01/2017
44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	\$272.20	\$272.20	10/01/2017
44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	\$349.91	\$349.91	10/01/2017
44379	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	\$372.68	\$372.68	10/01/2017
44380	DIAGNOSTIC EXAMINATION OF SMALL BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROU	\$147.59	\$51.01	10/01/2017
44381	ILLEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION	\$821.07	\$76.91	10/01/2017
44382	BIOPSY OF SMALL BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPE	\$229.90	\$66.46	10/01/2017
44384	ILLEOSCOPY, THROUGH STOMA; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDING PRE- AN	\$138.59	\$138.59	10/01/2017
44385	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH;	\$167.61	\$65.15	10/01/2017
44386	BIOPSY OF SMALL BOWEL USING AN ENDOSCOPE	\$250.54	\$80.60	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
44388	DIAGNOSTIC EXAMINATION OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROU	\$253.58	\$141.53	10/01/2017
44389	BIOPSIES OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL O	\$332.61	\$155.86	10/01/2017
44390	REMOVAL OF FOREIGN BODIES FROM LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED	\$329.36	\$191.61	10/01/2017
44391	CONTROL OF BLEEDING IN LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH	\$608.15	\$209.13	10/01/2017
44392	REMOVAL OF POLYPS OR GROWTHS OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED	\$307.70	\$179.55	10/01/2017
44394	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER	\$355.08	\$204.64	10/01/2017
44401	COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(	\$2,788.10	\$219.74	10/01/2017
44402	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC STENT PLACEMENT (INCLUDING PRE- AND	\$236.30	\$236.30	10/01/2017
44403	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC MUCOSAL RESECTION	\$275.56	\$275.56	10/01/2017
44404	COLONOSCOPY THROUGH STOMA; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	\$316.33	\$155.98	10/01/2017
44405	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION	\$473.24	\$166.16	10/01/2017
44406	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC ULTRASOUND EXAMINATION, LIMITED TO T	\$208.46	\$208.46	10/01/2017
44407	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR	\$249.87	\$249.87	10/01/2017
44408	COLONOSCOPY THROUGH STOMA; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG,	\$210.34	\$210.34	10/01/2017
44500	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT) (SEPARATE PROCEDU	\$17.38	\$17.38	10/01/2017
44602	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, WO	\$1,255.16	\$1,255.16	10/01/2017
44603	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM,	\$1,442.02	\$1,442.02	10/01/2017
44604	SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM,	\$940.96	\$940.96	10/01/2017
44605	SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM,	\$1,159.28	\$1,159.28	10/01/2017
44615	INTESTINAL STRICTUROPLASTY (ENTEROTOMY AND ENTERORRHAPHY) WITH OR WITHOUT	\$954.90	\$954.90	10/01/2017
44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	\$772.65	\$772.65	10/01/2017
44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND	\$905.91	\$905.91	10/01/2017
44626	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND COLORECTAL	\$1,426.58	\$1,426.58	10/01/2017
44640	CLOSURE OF INTESTINAL CUTANEOUS FISTULA	\$1,248.00	\$1,248.00	10/01/2017
44650	CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA	\$1,287.53	\$1,287.53	10/01/2017
44660	CLOSURE OF ENTEROVESICAL FISTULA; WITHOUT INTESTINAL OR BLADDER RESECTION	\$1,193.63	\$1,193.63	10/01/2017
44661	CLOSURE OF ENTEROVESICAL FISTULA; WITH INTESTINE AND/OR BLADDER RESECTION	\$1,381.63	\$1,381.63	10/01/2017
44680	INTESTINAL PLICATION (SEPARATE PROCEDURE)	\$948.57	\$948.57	10/01/2017
44700	EXCLUSION OF SMALL INTESTINE FROM PELVIS BY MESH OR OTHER PROSTHESIS, OR NATIVE	\$907.37	\$907.37	10/01/2017
44701	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	\$150.00	\$150.00	10/01/2017
44705	PREPARATION OF FECAL MICROBIOTA FOR INSTILLATION, INCLUDING ASSESSMENT OF DONOR	BR	BR	01/01/2013
44715	BACKBENCH STANDARD PREPARATION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT	BR	BR	01/01/2005
44720	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR	\$271.79	\$271.79	10/01/2017
44721	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR	\$342.26	\$342.26	10/01/2017
44799	SMALL BOWEL PROCEDURE	BR	BR	10/01/1982

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
44800	REPAIR OF CONGENITAL BOWEL DEFECT	\$679.85	\$679.85	10/01/2017
44820	EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE)	\$743.28	\$743.28	10/01/2017
44850	SUTURE OF MESENTERY (SEPARATE PROCEDURE)	\$666.18	\$666.18	10/01/2017
44899	PROCEDURE FOR CONGENITAL BOWEL DEFECT	BR	BR	10/01/1982
44900	DRAINAGE OF ABSCESS OF APPENDIX, OPEN PROCEDURE	\$681.86	\$681.86	10/01/2017
44950	APPENDECTOMY;	\$570.04	\$570.04	10/01/2017
44955	APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCEDURE	\$74.82	\$74.82	10/01/2017
44960	APPENDECTOMY; FOR RUPTURED APPENDIX WITH ABSCESS OR GENERALIZED PERITONITIS	\$776.24	\$776.24	10/01/2017
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	\$533.14	\$533.14	10/01/2017
44979	UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX	BR	BR	01/01/2000
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	\$376.66	\$376.66	10/01/2017
45005	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM	\$242.40	\$143.34	10/01/2017
45020	INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTAL ABSCESS	\$508.64	\$508.64	10/01/2017
45100	BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON)	\$266.09	\$266.09	10/01/2017
45108	ANORECTAL MYOMECTOMY	\$323.39	\$323.39	10/01/2017
45110	PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY	\$1,645.99	\$1,645.99	10/01/2017
45111	PROCTECTOMY; PARTIAL RESECTION OF RECTUM, TRANSABDOMINAL APPROACH	\$967.16	\$967.16	10/01/2017
45112	PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH PROCEDURE (EG, COLO-ANAL	\$1,674.83	\$1,674.83	10/01/2017
45113	PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSECTOMY, ILEOANAL ANASTOMOSIS, CREATION	\$1,724.64	\$1,724.64	10/01/2017
45114	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; ABDOMINAL AND TRANSSACRAL APPROACH	\$1,605.08	\$1,605.08	10/01/2017
45116	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; TRANSSACRAL APPROACH ONLY (KRASKE TYPE)	\$1,439.27	\$1,439.27	10/01/2017
45119	PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG, COLO-ANAL ANA	\$1,737.32	\$1,737.32	10/01/2017
45120	PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINEAL	\$1,409.89	\$1,409.89	10/01/2017
45121	PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINEAL	\$1,483.53	\$1,483.53	10/01/2017
45123	PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH	\$999.03	\$999.03	10/01/2017
45126	PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCTECTOMY (WITH OR	\$2,491.01	\$2,491.01	10/01/2017
45130	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; PERINEAL APPROACH	\$971.75	\$971.75	10/01/2017
45135	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; ABDOMINAL AND PERINEAL	\$1,214.33	\$1,214.33	10/01/2017
45136	EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY	\$1,697.23	\$1,697.23	10/01/2017
45150	DIVISION OF STRICTURE OF RECTUM	\$322.47	\$322.47	10/01/2017
45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSSACRAL OR TRANSCOCYGEAL APPROACH	\$906.30	\$906.30	10/01/2017
45171	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA (	\$534.43	\$534.43	10/01/2017
45172	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; INCLUDING MUSCULARIS PROPRIA (IE,	\$720.71	\$720.71	10/01/2017
45190	DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESSICATION, ELECTROSURGERY, LASER ABLAT	\$619.43	\$619.43	10/01/2017
45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S	\$108.47	\$48.42	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
45303	PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	\$792.32	\$77.56	10/01/2017
45305	PROCTOSIGMOIDOSCOPY, RIGID; WITH BIOPSY, SINGLE OR MULTIPLE	\$125.33	\$65.58	10/01/2017
45307	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF FOREIGN BODY	\$146.25	\$87.12	10/01/2017
45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER	\$140.15	\$74.84	10/01/2017
45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER	\$145.96	\$79.71	10/01/2017
45315	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER	\$158.62	\$93.92	10/01/2017
45317	PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR	\$160.54	\$100.48	10/01/2017
45320	PROCTOSIGMOIDOSCOPY, RIGID; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER	\$155.47	\$92.94	10/01/2017
45321	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS	\$90.70	\$90.70	10/01/2017
45327	PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES	\$101.93	\$101.93	10/01/2017
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S)	\$146.61	\$50.65	10/01/2017
45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	\$224.93	\$65.20	10/01/2017
45332	REMOVAL OF FOREIGN BODIES IN LARGE BOWEL USING AN ENDOSCOPE	\$220.42	\$95.36	10/01/2017
45333	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	\$257.56	\$85.14	10/01/2017
45334	SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR	\$483.34	\$106.92	10/01/2017
45335	SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	\$205.08	\$60.21	10/01/2017
45337	SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION OF VOLVULUS, ANY METHOD	\$104.60	\$104.60	10/01/2017
45338	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	\$235.91	\$109.30	10/01/2017
45340	SIGMOIDOSCOPY, FLEXIBLE; WITH DILATION BY BALLOON, 1 OR MORE STRICTURES	\$378.40	\$70.39	10/01/2017
45341	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	\$112.51	\$112.51	10/01/2017
45342	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR	\$154.23	\$154.23	10/01/2017
45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	\$2,678.55	\$145.79	10/01/2017
45347	PLACEMENT OF STENT IN LARGE BOWEL USING AN ENDOSCOPE	\$140.26	\$140.26	10/01/2017
45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTION	\$180.10	\$180.10	10/01/2017
45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND LIGATION(S) (EG, HEMORRHOIDS)	\$460.10	\$91.43	10/01/2017
45378	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT	\$277.80	\$167.91	10/01/2017
45379	REMOVAL OF FOREIGN BODIES IN LARGE BOWEL USING AN ENDOSCOPE	\$358.51	\$217.05	10/01/2017
45380	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGLE OR	\$355.59	\$182.24	10/01/2017
45381	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED SUBMUCOSAL	\$339.84	\$182.28	10/01/2017
45382	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTROL OF BLEEDING	\$632.63	\$235.48	10/01/2017
45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S),	\$394.25	\$206.97	10/01/2017
45385	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S),	\$373.77	\$231.06	10/01/2017
45386	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DILATION BY BALLOON, 1	\$513.35	\$192.35	10/01/2017
45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) (	\$2,815.02	\$245.73	10/01/2017
45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC STENT PLACEMENT (INCLUDES PRE- AND POST-D	\$263.45	\$263.45	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTION	\$301.82	\$301.82	10/01/2017
45391	ULTRASOUND EXAMINATION OF LOWER LARGE BOWEL USING AN ENDOSCOPE	\$234.27	\$234.27	10/01/2017
45392	ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSY OF LOWER LARGE BOWEL USING AN ENDO	\$276.26	\$276.26	10/01/2017
45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVU	\$229.32	\$229.32	10/01/2017
45395	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL, WITH CO	\$1,764.48	\$1,764.48	10/01/2017
45397	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCE	\$1,922.99	\$1,922.99	10/01/2017
45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIGATION(S), (EG, HEMORRHOIDS)	\$590.46	\$213.11	10/01/2017
45399	UNLISTED PROCEDURE, COLON	BR	BR	01/01/2015
45400	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE)	\$1,017.59	\$1,017.59	10/01/2017
45402	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE), WITH SIGMOID RESECTION	\$1,356.24	\$1,356.24	10/01/2017
45499	UNLISTED LAPAROSCOPY PROCEDURE, RECTUM	BR	BR	01/01/2006
45500	PROCTOPLASTY; FOR STENOSIS	\$465.71	\$465.71	10/01/2017
45505	PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE	\$526.56	\$526.56	10/01/2017
45520	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE	\$136.78	\$36.17	10/01/2017
45540	PROCTOPEXY (EG, FOR PROLAPSE); ABDOMINAL APPROACH	\$943.02	\$943.02	10/01/2017
45541	PROCTOPEXY FOR PROLAPSE; PERINEAL APPROACH	\$839.59	\$839.59	10/01/2017
45550	PROCTOPEXY (EG, FOR PROLAPSE); WITH SIGMOID RESECTION, ABDOMINAL APPROACH	\$1,304.03	\$1,304.03	10/01/2017
45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)	\$613.79	\$613.79	10/01/2017
45562	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY;	\$999.49	\$999.49	10/01/2017
45563	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY; WITH COLOSTOMY	\$1,457.65	\$1,457.65	10/01/2017
45800	CLOSURE OF RECTOVESICAL FISTULA;	\$1,072.85	\$1,072.85	10/01/2017
45805	CLOSURE OF RECTOVESICAL FISTULA; WITH COLOSTOMY	\$1,275.51	\$1,275.51	10/01/2017
45820	CLOSURE OF RECTOURETHRAL FISTULA;	\$1,010.87	\$1,010.87	10/01/2017
45825	CLOSURE OF RECTOURETHRAL FISTULA; WITH COLOSTOMY	\$1,280.17	\$1,280.17	10/01/2017
45900	REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA	\$179.99	\$179.99	10/01/2017
45905	DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN	\$149.99	\$149.99	10/01/2017
45910	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN	\$172.29	\$172.29	10/01/2017
45915	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA	\$292.86	\$201.85	10/01/2017
45990	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR EPIDURAL), D	\$95.98	\$95.98	10/01/2017
45999	UNLISTED PROCEDURE, RECTUM	BR	BR	10/01/1982
46020	PLACEMENT OF SETON	\$244.16	\$207.94	10/01/2017
46030	REMOVAL OF ANAL SETON, OTHER MARKER	\$122.82	\$80.41	10/01/2017
46040	INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPARATE	\$472.33	\$367.40	10/01/2017
46045	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR, OR SUBMUCOSAL ABSCESS,	\$385.82	\$385.82	10/01/2017
46050	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	\$177.60	\$86.59	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
46060	INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH FISTULECTOMY	\$422.84	\$422.84	10/01/2017
46070	INCISION, ANAL SEPTUM (INFANT)	\$201.81	\$201.81	10/01/2017
46080	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE)	\$218.77	\$141.69	10/01/2017
46083	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	\$155.67	\$94.69	10/01/2017
46200	FISSURECTOMY, INCLUDING SPHINCTEROTOMY, WHEN PERFORMED	\$393.83	\$289.20	10/01/2017
46220	EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG, ANUS	\$181.50	\$105.35	10/01/2017
46221	HEMORRHOIDECTOMY, INTERNAL, BY RUBBER BAND LIGATION(S)	\$236.64	\$169.16	10/01/2017
46230	EXCISION OF MULTIPLE EXTERNAL PAPILLAE OR TAGS, ANUS	\$240.95	\$153.35	10/01/2017
46250	HEMORRHOIDECTOMY, EXTERNAL, 2 OR MORE COLUMNS/GROUPS	\$408.25	\$279.47	10/01/2017
46255	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SINGLE COLUMN/GROUP;	\$446.68	\$313.88	10/01/2017
46257	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY	\$373.37	\$373.37	10/01/2017
46258	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SINGLE COLUMN/GROUP; WITH FISTULECTOMY,	\$410.44	\$410.44	10/01/2017
46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, 2 OR MORE COLUMNS/GROUPS;	\$421.85	\$421.85	10/01/2017
46261	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISSURECTOMY	\$463.80	\$463.80	10/01/2017
46262	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, 2 OR MORE COLUMNS/GROUPS; WITH FISTULEC	\$491.60	\$491.60	10/01/2017
46270	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBCUTANEOUS	\$448.13	\$347.22	10/01/2017
46275	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); INTERSPHINCTERIC	\$475.36	\$367.33	10/01/2017
46280	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); TRANSSPHINCTERIC,	\$416.67	\$416.67	10/01/2017
46285	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SECOND STAGE	\$472.70	\$367.14	10/01/2017
46288	CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP	\$488.90	\$488.90	10/01/2017
46320	EXCISION OF THROMBOSED HEMORRHOID, EXTERNAL	\$162.01	\$98.55	10/01/2017
46500	INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS	\$165.61	\$109.58	10/01/2017
46505	CHEMODENERVATION OF INTERNAL ANAL SPHINCTER	\$251.67	\$211.73	10/01/2017
46600	ANOSCOPY; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR W	\$77.88	\$36.40	10/01/2017
46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG, COLPOSCOPE,	\$120.55	\$84.33	10/01/2017
46604	ANOSCOPY; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	\$546.43	\$59.50	10/01/2017
46606	ANOSCOPY; WITH BIOPSY, SINGLE OR MULTIPLE	\$199.06	\$67.81	10/01/2017
46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG, COLPOSCOPE, OPERATING MI	\$169.89	\$113.86	10/01/2017
46608	ANOSCOPY; WITH REMOVAL OF FOREIGN BODY	\$206.13	\$74.26	10/01/2017
46610	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY	\$200.40	\$72.56	10/01/2017
46611	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE	\$155.38	\$72.73	10/01/2017
46612	ANOSCOPY; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY HOT	\$219.22	\$81.78	10/01/2017
46614	ANOSCOPY; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR	\$113.08	\$57.67	10/01/2017
46615	ANOSCOPY; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE	\$126.12	\$82.48	10/01/2017
46700	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; ADULT	\$581.85	\$581.85	10/01/2017

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46705	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; INFANT	\$445.83	\$445.83	10/01/2017
46706	REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	\$154.72	\$154.72	10/01/2017
46707	REPAIR OF ANORECTAL FISTULA WITH PLUG (EG, PORCINE SMALL INTESTINE SUBMUCOSA [SI	\$418.31	\$418.31	10/01/2017
46710	REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH ADVANCEM	\$929.29	\$929.29	10/01/2017
46712	REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH ADVANCEM	\$1,888.21	\$1,888.21	10/01/2017
46715	REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL FISTULA (CUT-BACK PROCEDURE)	\$479.63	\$479.63	10/01/2017
46716	REPAIR OF LOW IMPERFORATE ANUS; WITH TRANSPOSITION OF ANOPERINEAL OR	\$987.95	\$987.95	10/01/2017
46730	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; PERINEAL OR SACROPERINEAL	\$1,625.36	\$1,625.36	10/01/2017
46735	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; COMBINED TRANSABDOMINAL AND	\$1,882.61	\$1,882.61	10/01/2017
46740	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA;	\$1,813.07	\$1,813.07	10/01/2017
46742	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA;	\$2,425.76	\$2,425.76	10/01/2017
46744	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY,	\$3,128.90	\$3,128.90	10/01/2017
46746	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBINED	\$3,201.97	\$3,201.97	10/01/2017
46748	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBINED	\$3,541.48	\$3,541.48	10/01/2017
46750	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT	\$671.93	\$671.93	10/01/2017
46751	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD	\$531.07	\$531.07	10/01/2017
46753	GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE	\$515.02	\$515.02	10/01/2017
46754	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL	\$261.42	\$202.91	10/01/2017
46760	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT	\$986.63	\$986.63	10/01/2017
46761	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION	\$822.50	\$822.50	10/01/2017
46762	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICIAL	\$814.95	\$814.95	10/01/2017
46900	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM,	\$213.60	\$121.97	10/01/2017
46910	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$226.13	\$118.71	10/01/2017
46916	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$203.15	\$127.62	10/01/2017
46917	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$400.96	\$118.03	10/01/2017
46922	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$235.21	\$120.05	10/01/2017
46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$469.57	\$163.11	10/01/2017
46930	DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATIO	\$181.52	\$130.44	10/01/2017
46940	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER	\$201.66	\$130.15	10/01/2017
46942	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER	\$190.60	\$116.92	10/01/2017
46945	HEMORRHOIDECTOMY, INTERNAL, BY LIGATION OTHER THAN RUBBER BAND; SINGLE HEMORRHOI	\$272.63	\$200.51	10/01/2017
46946	HEMORRHOIDECTOMY, INTERNAL, BY LIGATION OTHER THAN RUBBER BAND; SINGLE HEMORRHOI	\$276.60	\$199.83	10/01/2017
46947	HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING	\$338.76	\$338.76	10/01/2017
46999	UNLISTED PROCEDURE, ANUS	BR	BR	10/01/1982
47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	\$269.42	\$80.91	10/01/2017

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47001	BIOPSY OF LIVER, NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR	\$92.79	\$92.79	10/01/2017
47010	DRAINAGE OF LIVER ABSCESS OR CYST, OPEN PROCEDURE	\$1,071.20	\$1,071.20	10/01/2017
47015	LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC (EG, AMOEBIC	\$1,032.02	\$1,032.02	10/01/2017
47100	BIOPSY OF LIVER, WEDGE	\$749.36	\$749.36	10/01/2017
47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	\$2,069.93	\$2,069.93	10/01/2017
47122	HEPATECTOMY, RESECTION OF LIVER; TRISEGMENTECTOMY	\$3,046.39	\$3,046.39	10/01/2017
47125	HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY	\$2,731.03	\$2,731.03	10/01/2017
47130	HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY	\$2,934.09	\$2,934.09	10/01/2017
47133	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM CADAVER DONOR	BR	BR	01/01/1986
47135	LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LIVING	\$4,767.90	\$4,767.90	10/01/2017
47140	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; LEFT	\$2,992.16	\$2,992.16	10/01/2017
47141	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; TOTAL LEFT	\$3,790.69	\$3,790.69	10/01/2017
47142	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; TOTAL RIGHT	\$4,161.92	\$4,161.92	10/01/2017
47143	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO	\$176.07	\$176.07	10/01/2017
47144	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO	\$301.11	\$301.11	10/01/2017
47145	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO	BR	BR	01/01/2005
47146	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR TO	\$293.58	\$293.58	10/01/2017
47147	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR TO	\$340.92	\$340.92	10/01/2017
47300	MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER	\$1,005.90	\$1,005.90	10/01/2017
47350	MANAGEMENT OF LIVER HEMORRHAGE; SIMPLE SUTURE OF LIVER WOUND OR INJURY	\$1,215.71	\$1,215.71	10/01/2017
47360	MANAGEMENT OF LIVER HEMORRHAGE; COMPLEX SUTURE OF LIVER WOUND OR INJURY, WITH	\$1,646.33	\$1,646.33	10/01/2017
47361	MANAGEMENT OF LIVER HEMORRHAGE; EXPLORATION OF HEPATIC WOUND, EXTENSIVE	\$2,696.60	\$2,696.60	10/01/2017
47362	MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLORATION OF HEPATIC WOUND FOR REMOVAL OF	\$1,288.42	\$1,288.42	10/01/2017
47370	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	\$1,108.22	\$1,108.22	10/01/2017
47371	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	\$1,104.54	\$1,104.54	10/01/2017
47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	BR	BR	01/01/2001
47380	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	\$1,279.96	\$1,279.96	10/01/2017
47381	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	\$1,235.77	\$1,235.77	10/01/2017
47382	ABLATION, 1 OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY	\$4,247.10	\$676.72	10/01/2017
47383	ABLATION, 1 OR MORE LIVER TUMOR(S), PERCUTANEOUS, CRYOABLATION	\$5,967.93	\$408.05	10/01/2017
47399	UNLISTED PROCEDURE, LIVER	BR	BR	10/01/1982
47400	HEPATICOTOMY OR HEPATICOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS	\$1,896.11	\$1,896.11	10/01/2017
47420	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	\$1,190.27	\$1,190.27	10/01/2017
47425	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	\$1,160.74	\$1,160.74	10/01/2017
47460	TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH OR WITHOUT TRANSDUODENAL	\$1,117.01	\$1,117.01	10/01/2017

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47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, OPEN, WITH EXPLORATION, DRAINAGE, OR REMOVAL	\$778.28	\$778.28	10/01/2017
47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPLETE PROCEDURE, INCLUDING IMAGING GUIDANCE, C	\$296.62	\$296.62	10/01/2017
47531	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS, COMPLETE DIAGNOSTIC PROCE	\$274.96	\$63.85	10/01/2017
47532	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS, COMPLETE DIAGNOSTIC PROCE	\$705.01	\$193.01	10/01/2017
47533	PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS INCLUDING DIAGNOSTIC CHOLAN	\$1,087.43	\$242.35	10/01/2017
47534	PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS INCLUDING DIAGNOSTIC CHOLAN	\$1,295.16	\$337.71	10/01/2017
47535	CONVERSION OF EXTERNAL BILIARY DRAINAGE CATHETER TO INTERNAL-EXTERNAL BILIARY DR	\$893.37	\$179.85	10/01/2017
47536	EXCHANGE OF BILIARY DRAINAGE CATHETER (EG, EXTERNAL, INTERNAL-EXTERNAL, OR CONVE	\$606.31	\$120.31	10/01/2017
47537	REMOVAL OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, REQUIRING FLUOROSCOPIC GUIDA	\$322.09	\$87.45	10/01/2017
47538	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLA	\$3,788.37	\$213.96	10/01/2017
47539	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLA	\$4,192.98	\$387.95	10/01/2017
47540	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLA	\$4,297.52	\$401.80	10/01/2017
47541	PLACEMENT OF ACCESS THROUGH THE BILIARY TREE AND INTO SMALL BOWEL TO ASSIST WITH	\$1,031.17	\$302.17	10/01/2017
47542	BALLOON DILATION OF BILIARY DUCT(S) OR OF AMPULLA (SPHINCTEROPLASTY), PERCUTANEO	\$405.75	\$123.12	10/01/2017
47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY TREE, PERCUTANEOUS, ANY METHOD(S) (EG, BRUSH,	\$505.69	\$142.89	10/01/2017
47544	REMOVAL OF CALCULI/DEBRIS FROM BILIARY DUCT(S) AND/OR GALLBLADDER, PERCUTANEOUS,	\$955.21	\$145.73	10/01/2017
47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY) (LIST SEPARATELY IN ADDITION	\$147.32	\$147.32	10/01/2017
47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS USING AN ENDOSCOPE, ACCESSED THROUGH THE SK	\$278.65	\$278.65	10/01/2017
47553	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH BIOPSY, SINGLE	\$276.89	\$276.89	10/01/2017
47554	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH REMOVAL OF	\$425.02	\$425.02	10/01/2017
47555	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATION OF	\$328.75	\$328.75	10/01/2017
47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATION OF	\$374.99	\$374.99	10/01/2017
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	\$583.64	\$583.64	10/01/2017
47563	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	\$633.83	\$633.83	10/01/2017
47564	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	\$987.94	\$987.94	10/01/2017
47570	LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY	\$688.99	\$688.99	10/01/2017
47579	UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT	BR	BR	01/01/2000
47600	CHOLECYSTECTOMY;	\$947.55	\$947.55	10/01/2017
47605	CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY	\$997.34	\$997.34	10/01/2017
47610	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT;	\$1,113.99	\$1,113.99	10/01/2017
47612	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLEDOCHOENTEROSTOMY	\$1,125.65	\$1,125.65	10/01/2017
47620	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSDUODENAL	\$1,217.00	\$1,217.00	10/01/2017
47700	EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT REPAIR, WITH OR	\$923.23	\$923.23	10/01/2017
47701	PORTOENTEROSTOMY (EG, KASAI PROCEDURE)	\$1,519.09	\$1,519.09	10/01/2017
47711	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT;	\$1,382.34	\$1,382.34	10/01/2017

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47712	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT;	\$1,771.24	\$1,771.24	10/01/2017
47715	EXCISION OF CHOLEDOCHAL CYST	\$1,177.11	\$1,177.11	10/01/2017
47720	CHOLECYSTOENTEROSTOMY; DIRECT	\$1,014.63	\$1,014.63	10/01/2017
47721	CHOLECYSTOENTEROSTOMY; WITH GASTROENTEROSTOMY	\$1,198.92	\$1,198.92	10/01/2017
47740	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	\$1,161.14	\$1,161.14	10/01/2017
47741	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y WITH GASTROENTEROSTOMY	\$1,289.12	\$1,289.12	10/01/2017
47760	ANASTOMOSIS, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	\$2,001.76	\$2,001.76	10/01/2017
47765	ANASTOMOSIS, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT	\$2,700.01	\$2,700.01	10/01/2017
47780	ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	\$2,197.47	\$2,197.47	10/01/2017
47785	ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	\$2,881.09	\$2,881.09	10/01/2017
47800	RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO-END	\$1,400.93	\$1,400.93	10/01/2017
47801	PLACEMENT OF CHOLEDOCHAL STENT	\$895.79	\$895.79	10/01/2017
47802	U-TUBE HEPATICOENTEROSTOMY	\$1,352.71	\$1,352.71	10/01/2017
47900	SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY (SEPARATE PROCEDURE)	\$1,218.39	\$1,218.39	10/01/2017
47999	UNLISTED PROCEDURE, BILIARY TRACT	BR	BR	10/01/1982
48000	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS;	\$1,658.25	\$1,658.25	10/01/2017
48001	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; WITH	\$2,053.82	\$2,053.82	10/01/2017
48020	REMOVAL OF PANCREATIC CALCULUS	\$1,031.31	\$1,031.31	10/01/2017
48100	BIOPSY OF PANCREAS, OPEN (EG, FINE NEEDLE ASPIRATION, NEEDLE CORE BIOPSY, WEDGE	\$789.97	\$789.97	10/01/2017
48102	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE	\$469.94	\$217.35	10/01/2017
48105	RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSUE FOR ACUTE NECROTI	\$2,531.53	\$2,531.53	10/01/2017
48120	EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA)	\$983.01	\$983.01	10/01/2017
48140	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITHOUT	\$1,388.85	\$1,388.85	10/01/2017
48145	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITH	\$1,441.79	\$1,441.79	10/01/2017
48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODENUM (CHILD-TYPE	\$1,663.70	\$1,663.70	10/01/2017
48148	EXCISION OF AMPULLA OF VATER	\$1,103.58	\$1,103.58	10/01/2017
48150	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL GASTRECTOMY,	\$2,766.63	\$2,766.63	10/01/2017
48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL GASTRECTOMY,	\$2,563.43	\$2,563.43	10/01/2017
48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY,	\$2,751.08	\$2,751.08	10/01/2017
48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY,	\$2,562.54	\$2,562.54	10/01/2017
48155	PANCREATECTOMY, TOTAL	\$1,614.05	\$1,614.05	10/01/2017
48160	PANCREATECTOMY, TOTAL OR SUBTOTAL, WITH AUTOLOGOUS TRANSPLANTATION OF PANCREAS	BR	BR	10/01/1982
48400	INJECTION PROCEDURE FOR INTRAOPERATIVE PANCREATOGRAPHY (LIST SEPARATELY IN ADDIT	\$95.23	\$95.23	10/01/2017
48500	MARSUPIALIZATION OF PANCREATIC CYST	\$1,006.83	\$1,006.83	10/01/2017
48510	INSERTION OF DRAIN FROM PANCREATIC CYST INTO ABDOMINAL CAVITY, OPEN PROCEDURE	\$968.11	\$968.11	10/01/2017

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**Arizona Health Care Cost Containment System
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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
48520	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; DIRECT	\$970.20	\$970.20	10/01/2017
48540	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; ROUX-EN-Y	\$1,164.21	\$1,164.21	10/01/2017
48545	PANCREATORRHAPHY FOR INJURY	\$1,193.56	\$1,193.56	10/01/2017
48547	DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC INJURY	\$1,585.81	\$1,585.81	10/01/2017
48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUSTOW-TYPE OPERATION)	\$1,472.37	\$1,472.37	10/01/2017
48550	DONOR PANCREATECTOMY (INCLUDING COLD PRESERVATION), WITH OR WITHOUT DUODENAL SEG	BR	BR	01/01/1994
48551	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO	\$204.16	\$204.16	10/01/2017
48552	BACKBENCH RECONSTRUCTION OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO	\$208.65	\$208.65	10/01/2017
48554	TRANSPLANTATION OF PANCREATIC ALLOGRAFT	\$2,267.26	\$2,267.26	10/01/2017
48556	REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT	\$1,125.53	\$1,125.53	10/01/2017
48999	UNLISTED PROCEDURE, PANCREAS	BR	BR	10/01/1982
49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY(S) (SEPARAT	\$684.04	\$684.04	10/01/2017
49002	REOPENING OF RECENT LAPAROTOMY	\$928.79	\$928.79	10/01/2017
49010	EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE)	\$830.51	\$830.51	10/01/2017
49020	DRAINAGE OF ABDOMINAL ABSCESS OR INFECTION, OPEN PROCEDURE	\$1,413.88	\$1,413.88	10/01/2017
49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARATING CHEST AND ABDOMEN (DIAPHRAGM), OPEN PRO	\$887.35	\$887.35	10/01/2017
49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL CAVITY, OPEN PROCEDURE	\$976.03	\$976.03	10/01/2017
49062	DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN	\$656.92	\$656.92	10/01/2017
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAGING GUIDANCE	\$169.53	\$66.45	10/01/2017
49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE	\$258.93	\$97.65	10/01/2017
49084	PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	\$96.63	\$96.63	10/01/2017
49180	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE	\$143.78	\$76.92	10/01/2017
49185	INJECTION OF ABNORMAL FLUID ACCUMULATION USING IMAGING GUIDANCE WITH RADIOLOGICA	\$860.07	\$109.72	10/01/2017
49203	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1	\$1,065.10	\$1,065.10	10/01/2017
49204	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1	\$1,363.46	\$1,363.46	10/01/2017
49205	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1	\$1,565.09	\$1,565.09	10/01/2017
49215	EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR	\$1,976.06	\$1,976.06	10/01/2017
49220	STAGING LAPAROTOMY FOR HODGKINS DISEASE OR LYMPHOMA (INCLUDES SPLENECTOMY,	\$862.43	\$862.43	10/01/2017
49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)	\$522.45	\$522.45	10/01/2017
49255	OMENTECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE)	\$702.94	\$702.94	10/01/2017
49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT COLLE	\$289.30	\$289.30	10/01/2017
49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	\$306.32	\$306.32	10/01/2017
49322	LAPAROSCOPY, SURGICAL; WITH ASPIRATION OF CAVITY OR CYST (EG, OVARIAN CYST)	\$328.20	\$328.20	10/01/2017
49323	LAPAROSCOPY, SURGICAL; WITH DRAINAGE OF LYMPHOCELE TO PERITONEAL CAVITY	\$566.10	\$566.10	10/01/2017
49324	LAPAROSCOPY, SURGICAL; WITH INSERTION OF TUNNELED INTRAPERITONEAL CATHETER	\$345.54	\$345.54	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
49325	LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL CANNUL	\$368.49	\$368.49	10/01/2017
49326	LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE) (LIST SEPARAT	\$168.14	\$168.14	10/01/2017
49327	LAPAROSCOPY, SURGICAL; WITH PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION TH	\$116.35	\$116.35	10/01/2017
49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	BR	BR	01/01/2000
49400	INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARATE PROCEDURE)	\$119.11	\$83.51	10/01/2017
49402	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	\$759.81	\$759.81	10/01/2017
49405	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS, HEMATOMA, SEROM	\$709.51	\$178.94	10/01/2017
49406	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS, HEMATOMA, SEROM	\$709.82	\$178.94	10/01/2017
49407	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH V	\$576.31	\$190.30	10/01/2017
49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL	\$424.39	\$165.91	10/01/2017
49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL	\$73.30	\$73.30	10/01/2017
49418	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER (EG, DIALYSIS, INTRAPERITONEAL CH	\$1,198.04	\$184.25	10/01/2017
49419	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER, WITH SUBCUTANEOUS PORT (IE, TOTA	\$395.40	\$395.40	10/01/2017
49421	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER FOR DIALYSIS, OPEN	\$204.49	\$204.49	10/01/2017
49422	REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER	\$337.52	\$337.52	10/01/2017
49423	EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER	\$480.23	\$64.50	10/01/2017
49424	CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PLACED	\$128.20	\$34.41	10/01/2017
49425	INSERTION OF PERITONEAL-VENOUS SHUNT	\$641.48	\$641.48	10/01/2017
49426	REVISION OF PERITONEAL-VENOUS SHUNT	\$542.45	\$542.45	10/01/2017
49427	INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED	\$41.07	\$41.07	10/01/2017
49428	LIGATION OF PERITONEAL-VENOUS SHUNT	\$405.97	\$405.97	10/01/2017
49429	REMOVAL OF PERITONEAL-VENOUS SHUNT	\$407.94	\$407.94	10/01/2017
49435	INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR CATHETER WITH	\$106.24	\$106.24	10/01/2017
49436	DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPERITON	\$165.39	\$165.39	10/01/2017
49440	INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDI	\$852.11	\$186.88	10/01/2017
49441	INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC	\$961.21	\$217.67	10/01/2017
49442	INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC G	\$800.19	\$188.20	10/01/2017
49446	CONVERSION OF GASTROSTOMY TUBE TO GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER F	\$818.66	\$134.86	10/01/2017
49450	REPLACEMENT OF GASTROSTOMY OR CECOSTOMY (OR OTHER COLONIC) TUBE, PERCUTANEOUS, U	\$584.81	\$60.12	10/01/2017
49451	REPLACEMENT OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPI	\$638.99	\$81.49	10/01/2017
49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANC	\$790.22	\$125.61	10/01/2017
49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM GASTROSTOMY, DUODENOSTOMY, JEJUN	\$646.67	\$43.04	10/01/2017
49465	CONTRAST INJECTION(S) FOR RADIOLOGICAL EVALUATION OF EXISTING GASTROSTOMY, DUODE	\$144.32	\$27.93	10/01/2017
49491	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS GESTATION AT	\$694.28	\$694.28	10/01/2017
49492	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS GESTATION	\$849.02	\$849.02	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
49495	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, OR	\$337.64	\$337.64	10/01/2017
49496	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, OR	\$484.96	\$484.96	10/01/2017
49500	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT	\$350.23	\$350.23	10/01/2017
49501	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT	\$536.92	\$536.92	10/01/2017
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	\$461.43	\$461.43	10/01/2017
49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR	\$518.76	\$518.76	10/01/2017
49520	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE	\$560.35	\$560.35	10/01/2017
49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	\$635.42	\$635.42	10/01/2017
49525	REPAIR INGUINAL HERNIA, SLIDING, ANY AGE	\$508.01	\$508.01	10/01/2017
49540	REPAIR LUMBAR HERNIA	\$597.13	\$597.13	10/01/2017
49550	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; REDUCIBLE	\$510.13	\$510.13	10/01/2017
49553	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	\$559.17	\$559.17	10/01/2017
49555	REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE	\$530.06	\$530.06	10/01/2017
49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	\$642.44	\$642.44	10/01/2017
49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	\$654.56	\$654.56	10/01/2017
49561	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED	\$825.11	\$825.11	10/01/2017
49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	\$681.63	\$681.63	10/01/2017
49566	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED	\$832.53	\$832.53	10/01/2017
49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR OPEN INCISIONAL OR VENTRAL HERNIA R	\$237.75	\$237.75	10/01/2017
49570	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE PROCEDURE)	\$369.30	\$369.30	10/01/2017
49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULATED	\$457.41	\$457.41	10/01/2017
49580	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE	\$290.84	\$290.84	10/01/2017
49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED	\$411.51	\$411.51	10/01/2017
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	\$394.39	\$394.39	10/01/2017
49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED	\$421.04	\$421.04	10/01/2017
49590	REPAIR SPIGELIAN HERNIA	\$507.69	\$507.69	10/01/2017
49600	REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE	\$588.83	\$588.83	10/01/2017
49605	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH OR WITHOUT PROSTHESIS	\$4,391.35	\$4,391.35	10/01/2017
49606	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH REMOVAL OF PROSTHESIS, FINAL	\$1,006.15	\$1,006.15	10/01/2017
49610	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); FIRST STAGE	\$581.28	\$581.28	10/01/2017
49611	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); SECOND STAGE	\$500.09	\$500.09	10/01/2017
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	\$379.63	\$379.63	10/01/2017
49651	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	\$493.40	\$493.40	10/01/2017
49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNI	\$659.74	\$659.74	10/01/2017
49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNI	\$823.12	\$823.12	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
49654	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN	\$750.38	\$750.38	10/01/2017
49655	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN	\$915.65	\$915.65	10/01/2017
49656	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERT	\$814.17	\$814.17	10/01/2017
49657	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERT	\$1,172.35	\$1,172.35	10/01/2017
49659	UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY	BR	BR	01/01/2000
49900	SUTURE, SECONDARY, OF ABDOMINAL WALL FOR EVISCERATION OR DEHISCENCE	\$723.11	\$723.11	10/01/2017
49904	OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST WALL	\$1,262.41	\$1,262.41	10/01/2017
49905	OMENTAL FLAP, INTRA-ABDOMINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	\$314.80	\$314.80	10/01/2017
49906	FREE OMENTAL FLAP WITH MICROVASCULAR ANASTOMOSIS	\$3,351.17	\$3,351.17	10/01/2017
49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	BR	BR	10/01/1982
50010	RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES	\$658.67	\$658.67	10/01/2017
50020	INCISION AND DRAINAGE OF KIDNEY ABSCESS, OPEN PROCEDURE	\$907.19	\$907.19	10/01/2017
50040	NEPHROSTOMY, NEPHROTOMY WITH DRAINAGE	\$827.75	\$827.75	10/01/2017
50045	NEPHROTOMY, WITH EXPLORATION	\$839.42	\$839.42	10/01/2017
50060	NEPHROLITHOTOMY; REMOVAL OF CALCULUS	\$1,020.46	\$1,020.46	10/01/2017
50065	NEPHROLITHOTOMY; SECONDARY SURGICAL OPERATION FOR CALCULUS	\$1,081.35	\$1,081.35	10/01/2017
50070	NEPHROLITHOTOMY; COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY	\$1,105.68	\$1,105.68	10/01/2017
50075	NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELVIS AND	\$1,304.88	\$1,304.88	10/01/2017
50080	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILATION,	\$777.41	\$777.41	10/01/2017
50081	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILATION,	\$1,141.39	\$1,141.39	10/01/2017
50100	TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS (SEPARATE PROCEDURE)	\$978.37	\$978.37	10/01/2017
50120	PYELOTOMY; WITH EXPLORATION	\$860.53	\$860.53	10/01/2017
50125	PYELOTOMY; WITH DRAINAGE, PYELOTOMY	\$916.40	\$916.40	10/01/2017
50130	PYELOTOMY; WITH REMOVAL OF CALCULUS (PYEOLITHOTOMY, PELVIOLITHOTOMY, INCLUDING	\$922.95	\$922.95	10/01/2017
50135	PYELOTOMY; COMPLICATED (EG, SECONDARY OPERATION, CONGENITAL KIDNEY ABNORMALITY)	\$1,003.05	\$1,003.05	10/01/2017
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	\$470.90	\$116.15	10/01/2017
50205	RENAL BIOPSY; BY SURGICAL EXPOSURE OF KIDNEY	\$669.21	\$669.21	10/01/2017
50220	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDING RIB	\$933.93	\$933.93	10/01/2017
50225	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDING RIB	\$1,072.85	\$1,072.85	10/01/2017
50230	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDING RIB	\$1,146.16	\$1,146.16	10/01/2017
50234	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SAME INCISION	\$1,163.45	\$1,163.45	10/01/2017
50236	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SEPARATE INCISION	\$1,311.90	\$1,311.90	10/01/2017
50240	NEPHRECTOMY, PARTIAL	\$1,183.19	\$1,183.19	10/01/2017
50250	ABLATION, OPEN, 1 OR MORE RENAL MASS LESION(S), CRYOSURGICAL, INCLUDING INTRAOPE	\$1,081.82	\$1,081.82	10/01/2017
50280	EXCISION OR UNROOFING OF CYST(S) OF KIDNEY	\$856.20	\$856.20	10/01/2017

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50290	EXCISION OF PERINEPHRIC CYST	\$803.08	\$803.08	10/01/2017
50300	DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); FROM CADAVER DONOR, UNILATERAL	\$611.05	\$611.05	10/01/2012
50320	DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); OPEN, FROM LIVING DONOR	\$1,333.05	\$1,333.05	10/01/2017
50323	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR RENAL ALLOGRAFT PRIOR TO	\$169.04	\$169.04	10/01/2017
50325	BACKBENCH STANDARD PREPARATION OF LIVING DONOR RENAL ALLOGRAFT (OPEN OR	\$169.04	\$169.04	10/01/2017
50327	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO	\$193.14	\$193.14	10/01/2017
50328	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO	\$169.23	\$169.23	10/01/2017
50329	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO	\$159.97	\$159.97	10/01/2017
50340	RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)	\$838.86	\$838.86	10/01/2017
50360	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT NEPHRECTOMY	\$2,147.34	\$2,147.34	10/01/2017
50365	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHRECTOMY	\$2,537.08	\$2,537.08	10/01/2017
50370	REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT	\$1,067.08	\$1,067.08	10/01/2017
50380	RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY	\$1,706.20	\$1,706.20	10/01/2017
50382	REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STEN	\$975.75	\$231.89	10/01/2017
50384	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA PERCUTANEO	\$765.86	\$209.28	10/01/2017
50385	REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STEN	\$949.84	\$197.00	10/01/2017
50386	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETH	\$605.44	\$146.99	10/01/2017
50387	REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE TRANSNEPHRIC URETERAL STENT (EG	\$431.05	\$76.31	10/01/2017
50389	REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPIC GUIDANCE (EG, WITH CONCURREN	\$261.34	\$48.68	10/01/2017
50390	ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTANEOUS	\$86.53	\$86.53	10/01/2017
50391	INSTILLATIONS OF DRUG INTO KIDNEY AND/OR URINARY DUCT (URETER)	\$108.12	\$87.69	10/01/2017
50395	INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO	\$159.90	\$159.90	10/01/2017
50396	MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLING	\$105.12	\$105.12	10/01/2017
50400	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH OR WI	\$1,035.94	\$1,035.94	10/01/2017
50405	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH OR	\$1,250.43	\$1,250.43	10/01/2017
50430	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIA	\$401.74	\$138.31	10/01/2017
50431	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIA	\$143.40	\$59.51	10/01/2017
50432	PLACEMENT OF NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOG	\$679.18	\$186.68	10/01/2017
50433	PLACEMENT OF NEPHROURETERAL CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROS	\$929.04	\$232.86	10/01/2017
50434	CONVERT NEPHROSTOMY CATHETER TO NEPHROURETERAL CATHETER, PERCUTANEOUS, INCLUDING	\$729.26	\$176.09	10/01/2017
50435	EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM	\$414.64	\$90.85	10/01/2017
50500	NEPHRORRHAPHY, SUTURE OF KIDNEY WOUND OR INJURY	\$1,035.79	\$1,035.79	10/01/2017
50520	CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA	\$921.51	\$921.51	10/01/2017
50525	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAIR;	\$1,402.31	\$1,402.31	10/01/2017
50526	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAIR;	\$1,316.89	\$1,316.89	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
50540	SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OTHER	\$1,020.06	\$1,020.06	10/01/2017
50541	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS	\$821.60	\$821.60	10/01/2017
50542	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S), INCLUDING INTRAOPERATIV	\$1,042.60	\$1,042.60	10/01/2017
50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	\$1,330.41	\$1,330.41	10/01/2017
50544	LAPAROSCOPY, SURGICAL; PYELOPLASTY	\$1,114.98	\$1,114.98	10/01/2017
50545	REMOVAL OF KIDNEY AND LYMPH NODES USING AN ENDOSCOPE	\$1,198.71	\$1,198.71	10/01/2017
50546	LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY	\$1,075.19	\$1,075.19	10/01/2017
50547	LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION), FROM	\$1,430.18	\$1,430.18	10/01/2017
50548	LAPAROSCOPY, SURGICAL; NEPHRECTOMY WITH TOTAL URETERECTOMY	\$1,205.53	\$1,205.53	10/01/2017
50549	UNLISTED LAPAROSCOPY PROCEDURE, RENAL	BR	BR	01/01/2000
50551	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT I	\$320.62	\$263.98	10/01/2017
50553	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	\$341.76	\$280.47	10/01/2017
50555	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	\$367.10	\$305.81	10/01/2017
50557	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	\$373.87	\$310.41	10/01/2017
50561	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	\$423.10	\$353.14	10/01/2017
50562	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	\$520.29	\$520.29	10/01/2017
50570	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$442.09	\$442.09	10/01/2017
50572	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$476.91	\$476.91	10/01/2017
50574	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$506.94	\$506.94	10/01/2017
50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$640.85	\$640.85	10/01/2017
50576	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$505.69	\$505.69	10/01/2017
50580	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$544.98	\$544.98	10/01/2017
50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE	\$639.11	\$507.24	10/01/2017
50592	ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUENCY	\$1,083.95	\$311.61	10/01/2017
50593	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY	\$3,973.83	\$417.69	10/01/2017
50600	URETEROTOMY WITH EXPLORATION OR DRAINAGE (SEPARATE PROCEDURE)	\$842.11	\$842.11	10/01/2017
50605	URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES	\$876.59	\$876.59	10/01/2017
50606	ENDOLUMINAL BIOPSY OF URETER AND/OR RENAL PELVIS, NON-ENDOSCOPIC, INCLUDING IMAG	\$618.57	\$140.62	10/01/2017
50610	URETEROLITHOTOMY; UPPER ONE-THIRD OF URETER	\$865.28	\$865.28	10/01/2017
50620	URETEROLITHOTOMY; MIDDLE ONE-THIRD OF URETER	\$807.04	\$807.04	10/01/2017
50630	URETEROLITHOTOMY; LOWER ONE-THIRD OF URETER	\$802.41	\$802.41	10/01/2017
50650	URETERECTOMY, WITH BLADDER CUFF (SEPARATE PROCEDURE)	\$925.72	\$925.72	10/01/2017
50660	URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL, VAGINAL AND/OR	\$1,035.21	\$1,035.21	10/01/2017
50684	INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY THROUGH URETEROSTOMY	\$93.80	\$45.20	10/01/2017
50686	MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER	\$129.67	\$80.14	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
50688	CHANGE OF URETEROSTOMY TUBE OR EXTERNALLY ACCESSIBLE URETERAL STENT VIA ILEAL CO	\$70.97	\$70.97	10/01/2017
50690	INJECTION OF BLADDER AND URINARY DUCT (URETER) FOR X-RAY IMAGING	\$87.35	\$63.21	10/01/2017
50693	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AN	\$867.99	\$184.81	10/01/2017
50694	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AN	\$952.88	\$241.84	10/01/2017
50695	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AN	\$1,170.03	\$310.09	10/01/2017
50700	URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE)	\$825.75	\$825.75	10/01/2017
50705	URETERAL EMBOLIZATION OR OCCLUSION, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND A	\$1,700.78	\$179.33	10/01/2017
50706	BALLOON DILATION, URETERAL STRICTURE, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND	\$877.04	\$169.09	10/01/2017
50715	URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR RETROPERITONEAL	\$1,086.62	\$1,086.62	10/01/2017
50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME	\$935.78	\$935.78	10/01/2017
50725	URETEROLYSIS FOR RETROCAVAL URETER, WITH REANASTOMOSIS OF UPPER URINARY TRACT	\$1,006.13	\$1,006.13	10/01/2017
50727	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY);	\$454.17	\$454.17	10/01/2017
50728	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY); WITH REPAIR OF	\$623.98	\$623.98	10/01/2017
50740	URETEROPYELOSTOMY, ANASTOMOSIS OF URETER AND RENAL PELVIS	\$1,076.37	\$1,076.37	10/01/2017
50750	URETEROCALYCOSTOMY, ANASTOMOSIS OF URETER TO RENAL CALYX	\$1,026.68	\$1,026.68	10/01/2017
50760	URETEROURETEROSTOMY	\$1,003.90	\$1,003.90	10/01/2017
50770	TRANSURETEROURETEROSTOMY, ANASTOMOSIS OF URETER TO CONTRALATERAL URETER	\$1,048.52	\$1,048.52	10/01/2017
50780	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF SINGLE URETER TO BLADDER	\$989.04	\$989.04	10/01/2017
50782	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF DUPLICATED URETER TO BLADDER	\$1,058.04	\$1,058.04	10/01/2017
50783	URETERONEOCYSTOSTOMY; WITH EXTENSIVE URETERAL TAILORING	\$1,012.43	\$1,012.43	10/01/2017
50785	URETERONEOCYSTOSTOMY; WITH VESICO-PSOAS HITCH OR BLADDER FLAP	\$1,084.10	\$1,084.10	10/01/2017
50800	URETEROENTEROSTOMY, DIRECT ANASTOMOSIS OF URETER TO INTESTINE	\$825.04	\$825.04	10/01/2017
50810	URETEROSIGMOIDOSTOMY, WITH CREATION OF SIGMOID BLADDER AND ESTABLISHMENT OF	\$1,214.31	\$1,214.31	10/01/2017
50815	URETEROCOLON CONDUIT, INCLUDING INTESTINE ANASTOMOSIS	\$1,095.93	\$1,095.93	10/01/2017
50820	URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING INTESTINE ANASTOMOSIS (BRICKER	\$1,175.25	\$1,175.25	10/01/2017
50825	CONTINENT DIVERSION, INCLUDING INTESTINE ANASTOMOSIS USING ANY SEGMENT OF SMALL	\$1,482.67	\$1,482.67	10/01/2017
50830	URINARY UNDIVERSION (EG, TAKING DOWN OF URETEROILEAL CONDUIT,	\$1,625.39	\$1,625.39	10/01/2017
50840	REPLACEMENT OF ALL OR PART OF URETER BY INTESTINE SEGMENT, INCLUDING INTESTINE	\$1,100.64	\$1,100.64	10/01/2017
50845	CUTANEOUS APPENDICO-VESICOSTOMY	\$1,117.73	\$1,117.73	10/01/2017
50860	URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN	\$851.15	\$851.15	10/01/2017
50900	URETERORRHAPHY, SUTURE OF URETER (SEPARATE PROCEDURE)	\$766.24	\$766.24	10/01/2017
50920	CLOSURE OF URETEROCUTANEOUS FISTULA	\$817.55	\$817.55	10/01/2017
50930	CLOSURE OF URETEROVISCERAL FISTULA (INCLUDING VISCERAL REPAIR)	\$985.98	\$985.98	10/01/2017
50940	DELIGATION OF URETER	\$789.71	\$789.71	10/01/2017
50945	LAPAROSCOPY, SURGICAL, URETEROLITHOTOMY	\$873.32	\$873.32	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
50947	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL STENT	\$1,241.26	\$1,241.26	10/01/2017
50948	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL	\$1,141.82	\$1,141.82	10/01/2017
50949	UNLISTED LAPAROSCOPY PROCEDURE, URETER	BR	BR	01/01/2001
50951	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION,	\$334.85	\$274.79	10/01/2017
50953	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	\$353.78	\$291.87	10/01/2017
50955	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	\$378.83	\$316.00	10/01/2017
50957	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	\$382.53	\$318.14	10/01/2017
50961	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	\$344.72	\$284.36	10/01/2017
50970	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$332.10	\$332.10	10/01/2017
50972	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$320.97	\$320.97	10/01/2017
50974	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$423.99	\$423.99	10/01/2017
50976	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$418.13	\$418.13	10/01/2017
50980	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$319.09	\$319.09	10/01/2017
51020	CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE	\$419.00	\$419.00	10/01/2017
51030	CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL LESION	\$419.99	\$419.99	10/01/2017
51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	\$258.37	\$258.37	10/01/2017
51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE)	\$435.29	\$435.29	10/01/2017
51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK	\$421.52	\$421.52	10/01/2017
51060	TRANSVESICAL URETEROLITHOTOMY	\$517.39	\$517.39	10/01/2017
51065	CYSTOTOMY, WITH CALCULUS BASKET EXTRACTION AND/OR ULTRASONIC OR	\$517.11	\$517.11	10/01/2017
51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS	\$366.36	\$366.36	10/01/2017
51100	ASPIRATION OF BLADDER; BY NEEDLE	\$54.46	\$34.95	10/01/2017
51101	ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER	\$108.96	\$46.43	10/01/2017
51102	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	\$200.59	\$129.40	10/01/2017
51500	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR	\$570.26	\$570.26	10/01/2017
51520	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)	\$532.18	\$532.18	10/01/2017
51525	CYSTOTOMY; FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE (SEPARATE	\$767.95	\$767.95	10/01/2017
51530	CYSTOTOMY; FOR EXCISION OF BLADDER TUMOR	\$710.54	\$710.54	10/01/2017
51535	CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE	\$697.78	\$697.78	10/01/2017
51550	CYSTECTOMY, PARTIAL; SIMPLE	\$861.38	\$861.38	10/01/2017
51555	CYSTECTOMY, PARTIAL; COMPLICATED (EG, POSTRADIATION, PREVIOUS SURGERY,	\$1,132.49	\$1,132.49	10/01/2017
51565	CYSTECTOMY, PARTIAL, WITH REIMPLANTATION OF URETER(S) INTO BLADDER	\$1,162.08	\$1,162.08	10/01/2017
51570	CYSTECTOMY, COMPLETE; (SEPARATE PROCEDURE)	\$1,322.08	\$1,322.08	10/01/2017
51575	CYSTECTOMY, COMPLETE; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL	\$1,629.54	\$1,629.54	10/01/2017
51580	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS	\$1,718.43	\$1,718.43	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
51585	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS	\$1,891.69	\$1,891.69	10/01/2017
51590	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDING	\$1,729.39	\$1,729.39	10/01/2017
51595	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDING	\$1,957.62	\$1,957.62	10/01/2017
51596	CYSTECTOMY, COMPLETE, WITH CONTINENT DIVERSION, ANY OPEN TECHNIQUE, USING ANY	\$2,105.41	\$2,105.41	10/01/2017
51597	PELVIC EXENTERATION, COMPLETE, FOR VESICAL, PROSTATIC OR URETHRAL MALIGNANCY,	\$2,049.38	\$2,049.38	10/01/2017
51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY	\$161.65	\$39.68	10/01/2017
51605	INJECTION PROCEDURE FOR X-RAY IMAGING OF THE BLADDER AND BLADDER CANAL (URETHRA)	\$34.36	\$34.36	10/01/2017
51610	INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY	\$94.16	\$57.63	10/01/2017
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	\$64.10	\$32.21	10/01/2017
51701	INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION FOR	\$41.76	\$22.88	10/01/2017
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	\$55.38	\$22.88	10/01/2017
51703	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG, ALTERED	\$110.19	\$68.71	10/01/2017
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	\$80.16	\$46.42	10/01/2017
51710	CHANGE OF CYSTOSTOMY TUBE; COMPLICATED	\$113.59	\$71.49	10/01/2017
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE	\$257.16	\$178.54	10/01/2017
51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING RETENTION TIME)	\$77.71	\$57.59	10/01/2017
51725	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	\$164.77	\$164.77	10/01/2017
51726	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT);	\$231.95	\$231.95	10/01/2017
51727	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH URETHRAL PRES	\$274.07	\$274.07	10/01/2017
51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESS	\$277.20	\$277.20	10/01/2017
51729	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESS	\$299.50	\$299.50	10/01/2017
51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL UROFLOWMETER)	\$13.61	\$13.61	10/01/2017
51741	COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)	\$13.92	\$13.92	10/01/2017
51784	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER THAN	\$61.03	\$61.03	10/01/2017
51785	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY	\$231.74	\$231.74	10/01/2017
51792	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS REFLEX LATENCY	\$186.08	\$186.08	10/01/2017
51797	51797 VOIDING PRESSURE STUDIES, INTRA-ABDOMINAL (IE, RECTAL, GASTRIC, INTRAPERIT	\$98.50	\$98.50	10/01/2017
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY	\$16.94	\$16.94	10/01/2017
51800	CYSTOPLASTY OR CYSTOURETHROPLASTY, PLASTIC OPERATION ON BLADDER AND/OR VESICAL N	\$934.56	\$934.56	10/01/2017
51820	CYSTOURETHROPLASTY WITH UNILATERAL OR BILATERAL URETERONEOCYSTOSTOMY	\$1,043.99	\$1,043.99	10/01/2017
51840	ANTERIOR VESICURETHROPEXY, OR URETHROPEXY (EG, MARSHALL-MARCHETTI-KRANTZ,	\$585.59	\$585.59	10/01/2017
51841	ANTERIOR VESICURETHROPEXY, OR URETHROPEXY (EG, MARSHALL-MARCHETTI-KRANTZ,	\$697.92	\$697.92	10/01/2017
51845	ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT ENDOSCOPIC CONTROL	\$521.10	\$521.10	10/01/2017
51860	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; SIMPLE	\$664.60	\$664.60	10/01/2017
51865	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; COMPLICATED	\$799.31	\$799.31	10/01/2017

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51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)	\$417.23	\$417.23	10/01/2017
51900	CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH	\$748.66	\$748.66	10/01/2017
51920	CLOSURE OF VESICOUTERINE FISTULA;	\$697.48	\$697.48	10/01/2017
51925	CLOSURE OF VESICOUTERINE FISTULA; WITH HYSTERECTOMY	\$919.84	\$919.84	10/01/2017
51940	CLOSURE, EXSTROPHY OF BLADDER	\$1,480.07	\$1,480.07	10/01/2017
51960	ENTEROCYSTOPLASTY, INCLUDING INTESTINAL ANASTOMOSIS	\$1,239.37	\$1,239.37	10/01/2017
51980	CUTANEOUS VESICOSTOMY	\$637.69	\$637.69	10/01/2017
51990	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE	\$670.93	\$670.93	10/01/2017
51992	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR	\$749.28	\$749.28	10/01/2017
51999	UNLISTED LAPAROSCOPY PROCEDURE, BLADDER	BR	BR	01/01/2006
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	\$144.85	\$90.99	10/01/2017
52001	CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF MULTIPLE OBSTRUCTING CLOTS	\$329.88	\$257.45	10/01/2017
52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION,	\$234.58	\$119.43	10/01/2017
52007	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION,	\$390.90	\$148.53	10/01/2017
52010	CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITHOUT	\$324.04	\$148.53	10/01/2017
52204	CYSTOURETHROSCOPY, WITH BIOPSY(S)	\$324.99	\$126.87	10/01/2017
52214	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OF	\$580.98	\$158.13	10/01/2017
52224	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OR	\$608.52	\$182.89	10/01/2017
52234	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY)	\$220.62	\$220.62	10/01/2017
52235	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY)	\$258.69	\$258.69	10/01/2017
52240	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY)	\$351.25	\$351.25	10/01/2017
52250	CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT	\$214.45	\$214.45	10/01/2017
52260	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; GENERAL	\$188.44	\$188.44	10/01/2017
52265	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; LOCAL	\$321.88	\$145.44	10/01/2017
52270	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; FEMALE	\$313.85	\$163.10	10/01/2017
52275	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; MALE	\$423.41	\$222.82	10/01/2017
52276	CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY	\$237.33	\$237.33	10/01/2017
52277	CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY)	\$289.67	\$289.67	10/01/2017
52281	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR	\$240.78	\$136.46	10/01/2017
52282	CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT URETHRAL STENT	\$301.64	\$301.64	10/01/2017
52283	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE	\$245.40	\$180.39	10/01/2017
52285	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH ANY OR ALL	\$247.55	\$175.43	10/01/2017
52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER	\$274.82	\$151.62	10/01/2017
52290	CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL	\$218.48	\$218.48	10/01/2017
52300	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE(S),	\$251.28	\$251.28	10/01/2017

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52301	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCELE(S),	\$259.95	\$259.95	10/01/2017
52305	CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER	\$250.00	\$250.00	10/01/2017
52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT	\$215.07	\$135.82	10/01/2017
52315	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT	\$365.19	\$246.01	10/01/2017
52317	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND	\$708.80	\$311.34	10/01/2017
52318	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND	\$424.31	\$424.31	10/01/2017
52320	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL OF URETERAL	\$221.23	\$221.23	10/01/2017
52325	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTATION OF	\$287.77	\$287.77	10/01/2017
52327	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH SUBURETERIC	\$234.86	\$234.86	10/01/2017
52330	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULATION,	\$436.09	\$236.42	10/01/2017
52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR	\$430.83	\$139.54	10/01/2017
52334	CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO	\$229.02	\$229.02	10/01/2017
52341	CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG, BALLOON DILATION,	\$254.66	\$254.66	10/01/2017
52342	CYSTOURETHROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG,	\$277.24	\$277.24	10/01/2017
52343	CYSTOURETHROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOON	\$308.25	\$308.25	10/01/2017
52344	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG,	\$331.14	\$331.14	10/01/2017
52345	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION	\$353.44	\$353.44	10/01/2017
52346	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE	\$399.88	\$399.88	10/01/2017
52351	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC	\$271.39	\$271.39	10/01/2017
52352	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH REMOVAL OR	\$317.24	\$317.24	10/01/2017
52353	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY	\$351.25	\$351.25	10/01/2017
52354	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH BIOPSY AND/OR	\$373.86	\$373.86	10/01/2017
52355	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH RESECTION OF	\$419.01	\$419.01	10/01/2017
52356	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY INCLUDI	\$372.63	\$372.63	10/01/2017
52400	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENITAL POSTERI	\$427.70	\$427.70	10/01/2017
52402	CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULATORY DUCTS	\$239.19	\$239.19	10/01/2017
52441	CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT	\$1,090.18	\$203.00	10/01/2017
52442	CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT	\$834.24	\$54.17	10/01/2017
52450	TRANSURETHRAL INCISION OF PROSTATE	\$419.66	\$419.66	10/01/2017
52500	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)	\$435.75	\$435.75	10/01/2017
52601	TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL OF	\$756.05	\$756.05	10/01/2017
52630	TRANSURETHRAL RESECTION; RESIDUAL OR REGROWTH OF OBSTRUCTIVE PROSTATE TISSUE INC	\$357.47	\$357.47	10/01/2017
52640	TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE	\$281.33	\$281.33	10/01/2017
52647	LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMP	\$1,568.99	\$578.42	10/01/2017
52648	LASER VAPORIZATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COM	\$1,614.50	\$616.50	10/01/2017

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52649	LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION, INCLUDING CONTROL OF POSTOP	\$735.64	\$735.64	10/01/2017
52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS	\$394.93	\$394.93	10/01/2017
53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETHRA	\$131.83	\$131.83	10/01/2017
53010	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL URETHRA,	\$263.04	\$263.04	10/01/2017
53020	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT	\$86.95	\$86.95	10/01/2017
53025	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); INFANT	\$63.96	\$63.96	10/01/2017
53040	DRAINAGE OF DEEP PERIURETHRAL ABSCESS	\$350.66	\$350.66	10/01/2017
53060	DRAINAGE OF ABSCESS OR CYST OF SKENE'S GLANDS, MALE	\$163.01	\$146.60	10/01/2017
53080	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE PROCEDURE)	\$375.12	\$375.12	10/01/2017
53085	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED	\$587.72	\$587.72	10/01/2017
53200	BIOPSY OF URETHRA	\$138.86	\$127.41	10/01/2017
53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE	\$694.78	\$694.78	10/01/2017
53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE	\$830.22	\$830.22	10/01/2017
53220	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA	\$408.48	\$408.48	10/01/2017
53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE	\$541.22	\$541.22	10/01/2017
53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE	\$566.48	\$566.48	10/01/2017
53240	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE	\$379.44	\$379.44	10/01/2017
53250	REMOVAL OF SEMINAL FLUID GLAND	\$365.04	\$365.04	10/01/2017
53260	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA	\$178.52	\$160.25	10/01/2017
53265	EXCISION OR FULGURATION; URETHRAL CARUNCLE	\$193.39	\$165.84	10/01/2017
53270	REMOVAL OR DESTRUCTION OF BLADDER CANAL (URETHRA) MUCOUS GLANDS	\$183.17	\$164.28	10/01/2017
53275	EXCISION OR FULGURATION; URETHRAL PROLAPSE	\$235.15	\$235.15	10/01/2017
53400	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JOHANN'S)	\$715.22	\$715.22	10/01/2017
53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION	\$785.14	\$785.14	10/01/2017
53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	\$873.95	\$873.95	10/01/2017
53415	URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE, FOR RECONSTRUCTION OR REPAIR	\$1,010.44	\$1,010.44	10/01/2017
53420	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS	\$752.02	\$752.02	10/01/2017
53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS	\$837.44	\$837.44	10/01/2017
53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	\$863.81	\$863.81	10/01/2017
53431	REPAIR OF BLADDER CANAL (URETHRA) AND/OR LOWER BLADDER FOR INCONTINENCE	\$1,031.85	\$1,031.85	10/01/2017
53440	SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG, FASCIA OR	\$672.84	\$672.84	10/01/2017
53442	REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG, FASCIA OR	\$699.13	\$699.13	10/01/2017
53444	INSERTION OF TANDEM CUFF (DUAL CUFF)	\$708.44	\$708.44	10/01/2017
53445	INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PLACEMENT OF	\$672.80	\$672.80	10/01/2017
53446	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP,	\$573.47	\$573.47	10/01/2017

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53447	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLUDING	\$722.32	\$722.32	10/01/2017
53448	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLUDING	\$1,145.64	\$1,145.64	10/01/2017
53449	REPAIR OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP,	\$546.23	\$546.23	10/01/2017
53450	URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT	\$364.92	\$364.92	10/01/2017
53460	URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT	\$409.17	\$409.17	10/01/2017
53500	URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOURETHROSCOPY (EG,	\$668.27	\$668.27	10/01/2017
53502	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE	\$434.53	\$434.53	10/01/2017
53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE	\$433.91	\$433.91	10/01/2017
53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL	\$563.88	\$563.88	10/01/2017
53515	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS	\$706.14	\$706.14	10/01/2017
53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE PROCEDURE)	\$496.75	\$496.75	10/01/2017
53600	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; IN	\$73.67	\$56.96	10/01/2017
53601	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE;	\$71.80	\$47.96	10/01/2017
53605	DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR URETHRAL	\$57.88	\$57.88	10/01/2017
53620	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE;	\$103.06	\$78.29	10/01/2017
53621	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE;	\$96.56	\$64.68	10/01/2017
53660	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; INITIAL	\$62.21	\$37.44	10/01/2017
53661	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; SUBSEQUENT	\$61.28	\$36.21	10/01/2017
53665	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA	\$34.64	\$34.64	10/01/2017
53850	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY	\$1,824.71	\$541.93	10/01/2017
53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY THERMOTHERAPY	\$1,683.52	\$556.13	10/01/2017
53855	INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCLUDING URETHRAL MEASUREMEN	\$683.79	\$73.97	10/01/2017
53899	UNLISTED PROCEDURE, URINARY SYSTEM	BR	BR	10/01/1982
54000	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); NEWBORN	\$130.91	\$96.54	10/01/2017
54001	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN	\$163.41	\$123.79	10/01/2017
54015	INCISION AND DRAINAGE OF PENIS, DEEP	\$275.06	\$275.06	10/01/2017
54050	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM	\$117.19	\$94.29	10/01/2017
54055	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$104.83	\$82.55	10/01/2017
54056	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$125.20	\$98.58	10/01/2017
54057	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$120.37	\$84.77	10/01/2017
54060	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$158.73	\$116.32	10/01/2017
54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$193.21	\$153.90	10/01/2017
54100	BIOPSY OF PENIS; (SEPARATE PROCEDURE)	\$175.02	\$112.49	10/01/2017
54105	BIOPSY OF PENIS; DEEP STRUCTURES	\$234.25	\$190.30	10/01/2017
54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	\$559.10	\$559.10	10/01/2017

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54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH	\$721.29	\$721.29	10/01/2017
54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM IN	\$838.37	\$838.37	10/01/2017
54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)	\$405.08	\$381.55	10/01/2017
54120	AMPUTATION OF PENIS; PARTIAL	\$564.79	\$564.79	10/01/2017
54125	AMPUTATION OF PENIS; COMPLETE	\$727.69	\$727.69	10/01/2017
54130	AMPUTATION OF PENIS, RADICAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	\$1,067.10	\$1,067.10	10/01/2017
54135	AMPUTATION OF PENIS, RADICAL; IN CONTINUITY WITH BILATERAL PELVIC	\$1,352.43	\$1,352.43	10/01/2017
54161	OLDER THAN 28 DAYS OF AGE	\$175.73	\$175.73	10/01/2017
54162	LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS	\$227.47	\$177.32	10/01/2017
54163	REPAIR INCOMPLETE CIRCUMCISION	\$195.24	\$195.24	10/01/2017
54164	FRENULOTOMY OF PENIS	\$172.93	\$172.93	10/01/2017
54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	\$94.72	\$74.60	10/01/2017
54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE	\$475.38	\$475.38	10/01/2017
54220	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM	\$180.93	\$119.95	10/01/2017
54230	INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPHY	\$85.72	\$71.17	10/01/2017
54231	DYNAMIC CAVERNOSOMETRY, INCLUDING INTRACAVERNOSAL INJECTION OF VASOACTIVE DRUGS	\$124.40	\$104.28	10/01/2017
54235	INJECTION OF CORPORA CAVERNOSA WITH PHARMACOLOGIC AGENT(S) (EG, PAPAVERINE,	\$80.17	\$65.62	10/01/2017
54240	PENILE PLETHYSMOGRAPHY	\$91.84	\$91.84	10/01/2017
54250	NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST	\$107.92	\$107.92	10/01/2017
54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS), WITH	\$574.35	\$574.35	10/01/2017
54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE	\$668.94	\$668.94	10/01/2017
54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY	\$639.10	\$639.10	10/01/2017
54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY	\$763.55	\$763.55	10/01/2017
54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION)	\$930.93	\$930.93	10/01/2017
54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCROTUM	\$635.38	\$635.38	10/01/2017
54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	\$690.45	\$690.45	10/01/2017
54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	\$864.89	\$864.89	10/01/2017
54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	\$845.51	\$845.51	10/01/2017
54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	\$856.54	\$856.54	10/01/2017
54332	ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE	\$946.47	\$946.47	10/01/2017
54336	ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT	\$1,063.41	\$1,063.41	10/01/2017
54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); BY	\$506.16	\$506.16	10/01/2017
54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	\$847.65	\$847.65	10/01/2017
54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	\$906.76	\$906.76	10/01/2017
54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION OF	\$1,267.00	\$1,267.00	10/01/2017

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54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	\$644.31	\$644.31	10/01/2017
54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;	\$714.58	\$714.58	10/01/2017
54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH	\$867.45	\$867.45	10/01/2017
54390	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH	\$1,109.51	\$1,109.51	10/01/2017
54406	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS	\$652.99	\$652.99	10/01/2017
54408	REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS	\$706.50	\$706.50	10/01/2017
54410	REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE	\$768.13	\$768.13	10/01/2017
54411	REMOVAL AND REPLACEMENT OF ALL COMPONENTS OF A MULTI-COMPONENT INFLATABLE	\$917.29	\$917.29	10/01/2017
54415	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE	\$472.20	\$472.20	10/01/2017
54416	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE	\$634.77	\$634.77	10/01/2017
54417	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE	\$803.41	\$803.41	10/01/2017
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR	\$628.91	\$628.91	10/01/2017
54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPISM OPERATION), UNILATERAL OR	\$571.28	\$571.28	10/01/2017
54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER	\$372.63	\$372.63	10/01/2017
54437	REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	\$605.69	\$605.69	10/01/2017
54438	REPLANTATION, PENIS, COMPLETE AMPUTATION INCLUDING URETHRAL REPAIR	\$1,202.53	\$1,202.53	10/01/2017
54440	PLASTIC OPERATION OF PENIS FOR INJURY	\$295.67	\$295.67	10/01/2012
54450	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRETCHING	\$62.18	\$51.66	10/01/2017
54500	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)	\$66.87	\$66.87	10/01/2017
54505	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)	\$187.54	\$187.54	10/01/2017
54512	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	\$482.47	\$482.47	10/01/2017
54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR	\$291.23	\$291.23	10/01/2017
54522	ORCHIECTOMY, PARTIAL	\$528.92	\$528.92	10/01/2017
54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH	\$451.13	\$451.13	10/01/2017
54535	ORCHIECTOMY, RADICAL, FOR TUMOR; WITH ABDOMINAL EXPLORATION	\$671.43	\$671.43	10/01/2017
54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	\$442.98	\$442.98	10/01/2017
54560	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	\$640.95	\$640.95	10/01/2017
54600	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATE	\$406.52	\$406.52	10/01/2017
54620	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)	\$268.00	\$268.00	10/01/2017
54640	ORCHIOPEXY, INGUINAL APPROACH, WITH OR WITHOUT HERNIA REPAIR	\$426.78	\$426.78	10/01/2017
54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, FOWLER-STEPHENS)	\$647.75	\$647.75	10/01/2017
54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	\$324.86	\$324.86	10/01/2017
54670	SUTURE OR REPAIR OF TESTICULAR INJURY	\$366.02	\$366.02	10/01/2017
54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)	\$717.37	\$717.37	10/01/2017
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	\$590.18	\$590.18	10/01/2017

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54692	LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS	\$711.70	\$711.70	10/01/2017
54699	UNLISTED LAPAROSCOPY PROCEDURE, TESTIS	BR	BR	01/01/2000
54700	INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL SPACE (EG, ABSCESS OR	\$190.72	\$190.72	10/01/2017
54800	BIOPSY OF EPIDIDYMIS, NEEDLE	\$118.90	\$118.90	10/01/2017
54830	EXCISION OF LOCAL LESION OF EPIDIDYMIS	\$332.90	\$332.90	10/01/2017
54840	EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY	\$286.86	\$286.86	10/01/2017
54860	EPIDIDYMECTOMY; UNILATERAL	\$374.16	\$374.16	10/01/2017
54861	EPIDIDYMECTOMY; BILATERAL	\$505.44	\$505.44	10/01/2017
54865	EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY	\$320.62	\$320.62	10/01/2017
54900	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; UNILATERAL	\$746.86	\$746.86	10/01/2017
54901	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATERAL	\$943.96	\$943.96	10/01/2017
55000	PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR WITHOUT INJECTION OF	\$103.63	\$76.08	10/01/2017
55040	EXCISION OF HYDROCELE; UNILATERAL	\$301.87	\$301.87	10/01/2017
55041	EXCISION OF HYDROCELE; BILATERAL	\$455.68	\$455.68	10/01/2017
55060	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)	\$339.96	\$339.96	10/01/2017
55100	DRAINAGE OF SCROTAL WALL ABSCESS	\$190.50	\$147.78	10/01/2017
55110	SCROTAL EXPLORATION	\$346.42	\$346.42	10/01/2017
55120	REMOVAL OF FOREIGN BODY IN SCROTUM	\$321.28	\$321.28	10/01/2017
55150	RESECTION OF SCROTUM	\$439.18	\$439.18	10/01/2017
55175	SCROTOPLASTY; SIMPLE	\$325.14	\$325.14	10/01/2017
55180	SCROTOPLASTY; COMPLICATED	\$614.36	\$614.36	10/01/2017
55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL	\$383.19	\$244.51	10/01/2017
55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE	\$341.02	\$203.58	10/01/2017
55300	VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGrams, OR EPIDIDYMOGRAMS, UNILATERAL OR	\$168.03	\$168.03	10/01/2017
55450	LIGATION (PERCUTANEOUS) OF VAS DEFERENS, UNILATERAL OR BILATERAL (SEPARATE PROCE	\$324.34	\$233.33	10/01/2017
55500	EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDURE)	\$352.49	\$352.49	10/01/2017
55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)	\$401.70	\$401.70	10/01/2017
55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE	\$314.03	\$314.03	10/01/2017
55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOMINAL	\$384.44	\$384.44	10/01/2017
55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH	\$488.99	\$488.99	10/01/2017
55550	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	\$382.86	\$382.86	10/01/2017
55559	UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD	BR	BR	01/01/2000
55600	VESICULOTOMY;	\$376.66	\$376.66	10/01/2017
55605	VESICULOTOMY; COMPLICATED	\$486.85	\$486.85	10/01/2017
55650	VESICULECTOMY, ANY APPROACH	\$642.31	\$642.31	10/01/2017

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55680	EXCISION OF MULLERIAN DUCT CYST	\$324.08	\$324.08	10/01/2017
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	\$218.50	\$117.28	10/01/2017
55705	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH	\$237.95	\$237.95	10/01/2017
55706	BIOPSY, PROSTATE; NEEDLE, TRANSPERINEAL, STEREOTACTIC TEMPLATE GUIDED SATURATION	\$332.75	\$332.75	10/01/2017
55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE	\$403.89	\$403.89	10/01/2017
55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLICATED	\$580.84	\$580.84	10/01/2017
55801	PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING,	\$980.41	\$980.41	10/01/2017
55810	PROSTATECTOMY, PERINEAL RADICAL;	\$1,172.01	\$1,172.01	10/01/2017
55812	PROSTATECTOMY, PERINEAL RADICAL; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC	\$1,474.72	\$1,474.72	10/01/2017
55815	PROSTATECTOMY, PERINEAL RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY,	\$1,583.62	\$1,583.62	10/01/2017
55821	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY,	\$781.10	\$781.10	10/01/2017
55831	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY,	\$844.88	\$844.88	10/01/2017
55840	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING;	\$1,048.13	\$1,048.13	10/01/2017
55842	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH LYMPH	\$1,047.82	\$1,047.82	10/01/2017
55845	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH	\$1,219.63	\$1,219.63	10/01/2017
55860	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	\$783.05	\$783.05	10/01/2017
55862	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	\$1,001.72	\$1,001.72	10/01/2017
55865	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	\$1,193.06	\$1,193.06	10/01/2017
55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING	\$1,291.81	\$1,291.81	10/01/2017
55870	ELECTROEJACULATION	\$155.96	\$127.49	10/01/2017
55873	CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE AND MONITORI	\$6,206.97	\$683.00	10/01/2017
55875	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL R	\$682.15	\$682.15	10/01/2017
55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL	\$120.13	\$90.11	10/01/2017
55899	UNLISTED PROCEDURE, MALE GENITAL SYSTEM	BR	BR	10/01/1982
55920	PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/ OR GENITALIA (EXCEPT P	\$400.49	\$400.49	10/01/2017
56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	\$96.15	\$95.53	10/01/2017
56420	INCISION AND DRAINAGE OF FEMALE GENITAL GLAND ABSCESS	\$106.38	\$80.38	10/01/2017
56440	CREATION OF DRAINAGE TRACT FOR FEMALE GENITAL GLAND OR CYST	\$160.46	\$160.46	10/01/2017
56441	LYSIS OF LABIAL ADHESIONS	\$126.52	\$122.18	10/01/2017
56442	HYMENOTOMY, SIMPLE INCISION	\$42.07	\$42.07	10/01/2017
56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELECTROSURGERY, CRYO	\$115.03	\$101.41	10/01/2017
56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY,	\$199.22	\$177.55	10/01/2017
56605	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION	\$72.35	\$53.46	10/01/2017
56606	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE ADDITIONAL	\$33.35	\$26.54	10/01/2017
56620	VULVECTOMY SIMPLE; PARTIAL	\$459.57	\$459.57	10/01/2017

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56625	VULVECTOMY SIMPLE; COMPLETE	\$558.18	\$558.18	10/01/2017
56630	VULVECTOMY, RADICAL, PARTIAL;	\$822.38	\$822.38	10/01/2017
56631	VULVECTOMY, RADICAL, PARTIAL; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY	\$1,047.33	\$1,047.33	10/01/2017
56632	VULVECTOMY, RADICAL, PARTIAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	\$1,221.53	\$1,221.53	10/01/2017
56633	VULVECTOMY, RADICAL, COMPLETE;	\$1,073.16	\$1,073.16	10/01/2017
56634	VULVECTOMY, RADICAL, COMPLETE; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY	\$1,148.31	\$1,148.31	10/01/2017
56637	VULVECTOMY, RADICAL, COMPLETE; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	\$1,340.55	\$1,340.55	10/01/2017
56640	VULVECTOMY, RADICAL, COMPLETE, WITH INGUINOFEMORAL, ILIAC, AND PELVIC	\$1,347.91	\$1,347.91	10/01/2017
56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	\$165.08	\$165.08	10/01/2017
56740	REMOVAL OF FEMALE GENITAL GLAND OR CYST	\$264.88	\$264.88	10/01/2017
56800	PLASTIC REPAIR OF INTROITUS	\$212.04	\$212.04	10/01/2017
56805	CLITOROPLASTY FOR INTERSEX STATE	\$1,115.96	\$1,115.96	10/01/2017
56810	PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE)	\$229.06	\$229.06	10/01/2017
56820	COLPOSCOPY OF THE VULVA;	\$98.74	\$76.76	10/01/2017
56821	COLPOSCOPY OF THE VULVA; WITH BIOPSY(S)	\$130.00	\$102.45	10/01/2017
57000	COLPOTOMY; WITH EXPLORATION	\$162.45	\$162.45	10/01/2017
57010	COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS	\$382.31	\$382.31	10/01/2017
57020	COLPOCENTESIS (SEPARATE PROCEDURE)	\$81.38	\$71.16	10/01/2017
57022	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; OBSTETRICAL/POSTPARTUM	\$150.86	\$150.86	10/01/2017
57023	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTETRICAL (EG, POST-TRAUMA,	\$272.19	\$272.19	10/01/2017
57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE (EG, LASER SURGERY, ELECTROSURGERY, CRY	\$99.55	\$86.55	10/01/2017
57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY,	\$171.61	\$153.65	10/01/2017
57100	BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE)	\$78.69	\$59.50	10/01/2017
57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)	\$119.81	\$111.45	10/01/2017
57106	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL;	\$435.63	\$435.63	10/01/2017
57107	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL	\$1,283.92	\$1,283.92	10/01/2017
57109	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL	\$1,550.78	\$1,550.78	10/01/2017
57110	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL;	\$785.56	\$785.56	10/01/2017
57111	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL	\$1,427.79	\$1,427.79	10/01/2017
57112	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL	\$1,592.79	\$1,592.79	10/01/2017
57120	COLPOCLEISIS (LE FORT TYPE)	\$447.29	\$447.29	10/01/2017
57130	EXCISION OF VAGINAL SEPTUM	\$155.29	\$139.51	10/01/2017
57135	EXCISION OF VAGINAL CYST OR TUMOR	\$168.73	\$152.64	10/01/2017
57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL	\$39.62	\$25.69	10/01/2017
57155	INSERTION OF UTERINE TANDEM AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAPY	\$321.70	\$247.41	10/01/2017

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57156	INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERA	\$175.26	\$130.69	10/01/2017
57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	\$67.16	\$41.46	10/01/2017
57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	\$53.50	\$42.98	10/01/2017
57180	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC	\$123.10	\$92.77	10/01/2017
57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)	\$266.17	\$266.17	10/01/2017
57210	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETRICAL)	\$322.48	\$322.48	10/01/2017
57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHRAL	\$281.11	\$281.11	10/01/2017
57230	PLASTIC REPAIR OF URETHROCELE	\$347.03	\$347.03	10/01/2017
57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHROCELE	\$591.14	\$591.14	10/01/2017
57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY	\$594.46	\$594.46	10/01/2017
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY;	\$732.12	\$732.12	10/01/2017
57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR	\$802.27	\$802.27	10/01/2017
57267	INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EACH	\$226.10	\$226.10	10/01/2017
57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)	\$425.70	\$425.70	10/01/2017
57270	REPAIR OF ENTEROCELE, ABDOMINAL APPROACH (SEPARATE PROCEDURE)	\$705.25	\$705.25	10/01/2017
57280	COLPOPEXY, ABDOMINAL APPROACH	\$840.12	\$840.12	10/01/2017
57282	COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS, ILIOCOCCYGEUS)	\$440.51	\$440.51	10/01/2017
57283	COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHAPHY)	\$605.82	\$605.82	10/01/2017
57284	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED); OPEN AB	\$718.18	\$718.18	10/01/2017
57285	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED); VAGINAL	\$592.38	\$592.38	10/01/2017
57287	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	\$601.49	\$601.49	10/01/2017
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	\$632.07	\$632.07	10/01/2017
57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	\$651.17	\$651.17	10/01/2017
57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT	\$464.35	\$464.35	10/01/2017
57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	\$718.99	\$718.99	10/01/2017
57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPROACH	\$420.41	\$420.41	10/01/2017
57296	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT; OPEN ABDOMINAL APPROAC	\$824.82	\$824.82	10/01/2017
57300	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH	\$496.06	\$496.06	10/01/2017
57305	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH	\$826.08	\$826.08	10/01/2017
57307	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH, WITH CONCOMITANT COLOSTOMY	\$927.45	\$927.45	10/01/2017
57308	CLOSURE OF RECTOVAGINAL FISTULA; TRANSPERINEAL APPROACH, WITH PERINEAL BODY	\$561.39	\$561.39	10/01/2017
57310	CLOSURE OF URETHROVAGINAL FISTULA;	\$411.56	\$411.56	10/01/2017
57311	CLOSURE OF URETHROVAGINAL FISTULA; WITH BULBOCAVERNOSUS TRANSPLANT	\$467.11	\$467.11	10/01/2017
57320	CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH	\$471.73	\$471.73	10/01/2017
57330	CLOSURE OF VESICOVAGINAL FISTULA; TRANSVESICAL AND VAGINAL APPROACH	\$667.64	\$667.64	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
57335	VAGINOPLASTY FOR INTERSEX STATE	\$1,100.93	\$1,100.93	10/01/2017
57400	DILATION OF VAGINA UNDER ANESTHESIA (OTHER THAN LOCAL)	\$118.87	\$118.87	10/01/2017
57410	PELVIC EXAMINATION UNDER ANESTHESIA (OTHER THAN LOCAL)	\$95.13	\$95.13	10/01/2017
57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA (	\$141.03	\$141.03	10/01/2017
57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	\$103.69	\$81.40	10/01/2017
57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S) OF VAGIN	\$138.30	\$109.82	10/01/2017
57423	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED), LAPAROS	\$802.25	\$802.25	10/01/2017
57425	LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)	\$854.45	\$854.45	10/01/2017
57426	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, LAPAROSCOPIC APPROACH	\$741.43	\$741.43	10/01/2017
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA;	\$95.80	\$81.56	10/01/2017
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE	\$134.23	\$119.99	10/01/2017
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE	\$125.22	\$97.98	10/01/2017
57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCERVICAL	\$118.12	\$91.19	10/01/2017
57460	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE	\$247.50	\$143.49	10/01/2017
57461	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE	\$280.21	\$165.67	10/01/2017
57500	BIOPSY OF CERVIX, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHO	\$111.97	\$67.09	10/01/2017
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)	\$89.64	\$81.28	10/01/2017
57510	CAUTERY OF CERVIX; ELECTRO OR THERMAL	\$115.05	\$101.74	10/01/2017
57511	CAUTERY OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT	\$127.14	\$116.31	10/01/2017
57513	CAUTERY OF CERVIX; LASER ABLATION	\$127.25	\$117.96	10/01/2017
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND	\$270.22	\$242.98	10/01/2017
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND	\$231.24	\$214.21	10/01/2017
57530	TRACHELECTOMY (CERVICETOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)	\$305.79	\$305.79	10/01/2017
57531	RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND	\$1,623.68	\$1,623.68	10/01/2017
57540	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH;	\$738.40	\$738.40	10/01/2017
57545	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH; WITH PELVIC FLOOR REPAIR	\$733.62	\$733.62	10/01/2017
57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;	\$356.45	\$356.45	10/01/2017
57555	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR POSTERIOR	\$529.10	\$529.10	10/01/2017
57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE	\$496.93	\$496.93	10/01/2017
57558	DILATION AND CURETTAGE OF CERVICAL STUMP	\$108.90	\$99.62	10/01/2017
57700	CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL	\$275.36	\$275.36	10/01/2017
57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH	\$270.29	\$270.29	10/01/2017
57800	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)	\$53.17	\$42.96	10/01/2017
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WI	\$95.86	\$77.29	10/01/2017
58110	ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY (LIST SEP	\$42.07	\$36.19	10/01/2017

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58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)	\$226.83	\$192.78	10/01/2017
58140	ABDOMINAL REMOVAL OF FIBROID TUMORS (250 GRAMS OR LESS) OF UTERUS	\$808.04	\$808.04	10/01/2017
58145	VAGINAL REMOVAL OF FIBROID TUMORS (250 GRAMS OR LESS) OF UTERUS	\$481.96	\$481.96	10/01/2017
58146	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 5 OR MORE INTRAMURAL MYOMAS	\$1,014.00	\$1,014.00	10/01/2017
58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF	\$894.76	\$894.76	10/01/2017
58152	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF	\$1,098.41	\$1,098.41	10/01/2017
58180	SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHOUT	\$847.26	\$847.26	10/01/2017
58200	TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORTIC	\$1,213.05	\$1,213.05	10/01/2017
58210	RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND	\$1,634.37	\$1,634.37	10/01/2017
58240	PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY, WITH TOTAL ABDOMINAL	\$2,575.52	\$2,575.52	10/01/2017
58260	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	\$725.53	\$725.53	10/01/2017
58262	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S),	\$809.54	\$809.54	10/01/2017
58263	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S),	\$868.74	\$868.74	10/01/2017
58267	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH COLPO-URETHROCYSTOPEXY	\$921.62	\$921.62	10/01/2017
58270	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REPAIR OF ENTEROCELE	\$774.56	\$774.56	10/01/2017
58275	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY;	\$864.51	\$864.51	10/01/2017
58280	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY; WITH REPAIR OF	\$921.75	\$921.75	10/01/2017
58285	VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)	\$1,258.80	\$1,258.80	10/01/2017
58290	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS;	\$1,010.49	\$1,010.49	10/01/2017
58291	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF	\$1,090.42	\$1,090.42	10/01/2017
58292	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF	\$1,149.89	\$1,149.89	10/01/2017
58293	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH	\$1,196.80	\$1,196.80	10/01/2017
58294	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REPAIR OF	\$1,066.88	\$1,066.88	10/01/2017
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	\$63.64	\$47.54	10/01/2017
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	\$83.22	\$59.69	10/01/2017
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE	\$104.61	\$51.36	10/01/2017
58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	\$402.88	\$402.88	10/01/2017
58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE	\$879.27	\$192.37	10/01/2017
58356	ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL	\$1,646.54	\$303.70	10/01/2017
58400	UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WITH OR WITHO	\$387.19	\$387.19	10/01/2017
58410	UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WITH OR	\$708.56	\$708.56	10/01/2017
58520	HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL)	\$732.58	\$732.58	10/01/2017
58540	HYSTEROPLASTY, REPAIR OF UTERINE ANOMALY (STRASSMAN TYPE)	\$791.35	\$791.35	10/01/2017
58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	\$630.04	\$630.04	10/01/2017
58542	PARTIAL REMOVAL OF UTERUS (250 GRAMS OR LESS), TUBES AND/OR OVARIES WITH RETENTI	\$719.53	\$719.53	10/01/2017

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58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	\$726.69	\$726.69	10/01/2017
58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	\$792.04	\$792.04	10/01/2017
58545	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH TOTAL	\$794.11	\$794.11	10/01/2017
58546	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS AND/OR	\$985.53	\$985.53	10/01/2017
58548	LAPAROSCOPY, SURGICAL, WITH RADICAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LY	\$1,683.31	\$1,683.31	10/01/2017
58550	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	\$774.60	\$774.60	10/01/2017
58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	\$868.16	\$868.16	10/01/2017
58553	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250	\$999.23	\$999.23	10/01/2017
58554	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250	\$1,166.47	\$1,166.47	10/01/2017
58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	\$235.12	\$136.06	10/01/2017
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR	\$1,191.80	\$207.73	10/01/2017
58559	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)	\$255.98	\$255.98	10/01/2017
58560	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY	\$280.56	\$280.56	10/01/2017
58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	\$387.28	\$387.28	10/01/2017
58562	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY	\$298.17	\$205.30	10/01/2017
58563	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOMETRIAL RESECTION,	\$1,391.86	\$241.87	10/01/2017
58565	HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE	\$1,746.98	\$404.63	10/01/2017
58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	\$685.52	\$685.52	10/01/2017
58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH R	\$789.88	\$789.88	10/01/2017
58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;	\$897.78	\$897.78	10/01/2017
58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; W	\$1,070.98	\$1,070.98	10/01/2017
58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS	BR	BR	01/01/2000
58579	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS	BR	BR	01/01/2000
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, UNI	\$318.87	\$318.87	10/01/2017
58605	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH,	\$288.60	\$288.60	10/01/2017
58611	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF CESAREAN	\$67.74	\$67.74	10/01/2017
58615	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGINAL	\$218.38	\$218.38	10/01/2017
58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) (SEP	\$592.33	\$592.33	10/01/2017
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL	\$571.67	\$571.67	10/01/2017
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY,	\$624.75	\$624.75	10/01/2017
58670	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT	\$320.13	\$320.13	10/01/2017
58671	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP, OR	\$319.28	\$319.28	10/01/2017
58674	LAPAROSCOPY, SURGICAL, ABLATION OF UTERINE FIBROID(S) INCLUDING INTRAOPERATIVE U	\$718.59	\$718.59	10/01/2017
58679	UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY	BR	BR	01/01/2000
58700	SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	\$685.23	\$685.23	10/01/2017

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58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE	\$649.56	\$649.56	10/01/2017
58740	LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	\$777.44	\$777.44	10/01/2017
58800	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); VAGI	\$277.72	\$260.70	10/01/2017
58805	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE);	\$356.02	\$356.02	10/01/2017
58820	DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN	\$286.21	\$286.21	10/01/2017
58822	DRAINAGE OF OVARIAN ABSCESS; ABDOMINAL APPROACH	\$613.13	\$613.13	10/01/2017
58825	TRANSPOSITION, OVARY(S)	\$662.74	\$662.74	10/01/2017
58900	BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	\$363.05	\$363.05	10/01/2017
58920	WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR BILATERAL	\$661.07	\$661.07	10/01/2017
58925	OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL	\$656.97	\$656.97	10/01/2017
58940	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL;	\$463.30	\$463.30	10/01/2017
58943	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR OVARIAN, TUBAL OR	\$1,036.68	\$1,036.68	10/01/2017
58950	RESECTION (INITIAL) OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILA	\$999.17	\$999.17	10/01/2017
58951	RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL	\$1,287.32	\$1,287.32	10/01/2017
58952	RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL	\$1,456.59	\$1,456.59	10/01/2017
58953	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY	\$1,802.13	\$1,802.13	10/01/2017
58954	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY	\$1,957.41	\$1,957.41	10/01/2017
58956	BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL ABDOMINAL	\$1,224.07	\$1,224.07	10/01/2017
58957	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTE	\$1,406.50	\$1,406.50	10/01/2017
58958	REMOVAL OF TUBES, OVARIES, UTERUS, AND LYMPH NODES FOR UTERINE MALIGNANCY"	\$1,552.05	\$1,552.05	10/01/2017
58960	LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN, TUBAL OR PRIMARY PERITONEAL	\$856.56	\$856.56	10/01/2017
58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)	BR	BR	10/01/1982
59000	AMNIOCENTESIS; DIAGNOSTIC	\$117.50	\$76.42	10/01/2017
59001	AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASOUND	\$169.35	\$169.35	10/01/2017
59012	CORDOCENTESIS (INTRAUTERINE), ANY METHOD	\$191.39	\$191.39	10/01/2017
59015	CHORIONIC VILLUS SAMPLING, ANY METHOD	\$146.14	\$125.10	10/01/2017
59020	FETAL CONTRACTION STRESS TEST	\$66.34	\$66.34	10/01/2017
59025	FETAL NON-STRESS TEST	\$45.04	\$45.04	10/01/2017
59030	FETAL SCALP BLOOD SAMPLING	\$95.31	\$95.31	10/01/2017
59050	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING	\$45.45	\$45.45	10/01/2017
59051	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING	\$39.95	\$39.95	10/01/2017
59070	TRANSABDOMINAL AMNIOINFUSION, INCLUDING ULTRASOUND GUIDANCE	\$376.00	\$288.90	10/01/2017
59072	FETAL UMBILICAL CORD OCCLUSION, INCLUDING ULTRASOUND GUIDANCE	\$445.43	\$445.43	10/01/2017
59074	FETAL FLUID DRAINAGE (EG, VESICOCENTESIS, THORACOCENTESIS, PARACENTESIS),	\$362.64	\$285.40	10/01/2017
59076	FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE	\$445.43	\$445.43	10/01/2017

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59100	HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION)	\$741.43	\$741.43	10/01/2017
59120	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, REQUIRING	\$743.36	\$743.36	10/01/2017
59121	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, WITHOUT	\$745.99	\$745.99	10/01/2017
59130	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; ABDOMINAL PREGNANCY	\$873.82	\$873.82	10/01/2017
59135	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY	\$787.84	\$787.84	10/01/2017
59136	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WITH	\$827.34	\$827.34	10/01/2017
59140	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; CERVICAL, WITH EVACUATION	\$352.28	\$352.28	10/01/2017
59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR	\$721.81	\$721.81	10/01/2017
59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR	\$702.97	\$702.97	10/01/2017
59160	CURETTAGE, POSTPARTUM	\$190.58	\$162.97	10/01/2017
59200	INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLANDIN) (SEPARATE PROCEDURE	\$67.25	\$42.27	10/01/2017
59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING	\$180.38	\$139.29	10/01/2017
59320	CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL	\$144.04	\$144.04	10/01/2017
59325	CERCLAGE OF CERVIX, DURING PREGNANCY; ABDOMINAL	\$228.78	\$228.78	10/01/2017
59350	HYSTERORRHAPHY OF RUPTURED UTERUS	\$260.44	\$260.44	10/01/2017
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITH	\$1,749.93	\$1,749.93	10/01/2017
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);	\$842.80	\$842.80	10/01/2017
59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); INCLUDING	\$1,075.81	\$1,075.81	10/01/2017
59412	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS	\$97.26	\$97.26	10/01/2017
59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)	\$86.69	\$86.69	10/01/2017
59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	\$426.45	\$335.41	10/01/2017
59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	\$763.99	\$592.41	10/01/2017
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	\$173.22	\$131.14	10/01/2017
59510	CESAREAN DELIVERY WITH PRE- AND POST-DELIVERY CARE	\$1,940.43	\$1,940.43	10/01/2017
59514	CESAREAN DELIVERY ONLY;	\$949.33	\$949.33	10/01/2017
59515	CESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE	\$1,306.69	\$1,306.69	10/01/2017
59525	SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST SEPARATELY IN	\$457.98	\$457.98	10/01/2017
59610	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITH	\$1,839.66	\$1,839.66	10/01/2017
59612	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHOUT	\$949.63	\$949.63	10/01/2017
59614	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHOUT	\$1,181.10	\$1,181.10	10/01/2017
59618	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, CESAREAN DELIVERY, AND	\$1,966.12	\$1,966.12	10/01/2017
59620	CESAREAN DELIVERY AFTER VAGINAL DELIVERY ATTEMPT DUE TO PRIOR CESAREAN DELIVERY	\$970.79	\$970.79	10/01/2017
59622	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS	\$1,331.95	\$1,331.95	10/01/2017
59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY	\$298.58	\$277.87	10/01/2017
59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER	\$355.53	\$334.82	10/01/2017

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59821	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER	\$358.43	\$335.42	10/01/2017
59830	TREATMENT OF SEPTIC ABORTION, COMPLETED SURGICALLY	\$410.55	\$410.55	10/01/2017
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	\$203.26	\$195.04	10/01/2017
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	\$359.22	\$339.50	10/01/2017
59850	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS	\$357.44	\$357.44	10/01/2017
59851	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS	\$374.82	\$374.82	10/01/2017
59852	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS	\$477.18	\$477.18	10/01/2017
59855	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH	\$390.60	\$390.60	10/01/2017
59856	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH	\$459.07	\$459.07	10/01/2017
59857	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH	\$490.49	\$490.49	10/01/2017
59870	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE	\$443.41	\$443.41	10/01/2017
59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)	\$126.47	\$126.47	10/01/2017
59897	UNLISTED FETAL INVASIVE PROCEDURE, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED	BR	BR	01/01/2004
59898	UNLISTED LAPAROSCOPY PROCEDURE, MATERNITY CARE AND DELIVERY	BR	BR	01/01/2000
59899	UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY	BR	BR	10/01/1982
60000	INCISION AND DRAINAGE OF THYROGLOSSAL DUCT CYST, INFECTED	\$140.43	\$126.50	10/01/2017
60100	BIOPSY THYROID, PERCUTANEOUS CORE NEEDLE	\$99.75	\$70.65	10/01/2017
60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS	\$584.88	\$584.88	10/01/2017
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	\$626.56	\$626.56	10/01/2017
60212	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY,	\$893.95	\$893.95	10/01/2017
60220	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	\$625.56	\$625.56	10/01/2017
60225	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY,	\$824.55	\$824.55	10/01/2017
60240	THYROIDECTOMY, TOTAL OR COMPLETE	\$814.31	\$814.31	10/01/2017
60252	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK DISSECTION	\$1,171.02	\$1,171.02	10/01/2017
60254	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH RADICAL NECK DISSECTION	\$1,479.20	\$1,479.20	10/01/2017
60260	THYROIDECTOMY, REMOVAL OF ALL REMAINING THYROID TISSUE FOLLOWING PREVIOUS	\$969.01	\$969.01	10/01/2017
60270	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; STERNAL SPLIT OR TRANSTHORACIC	\$1,214.56	\$1,214.56	10/01/2017
60271	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; CERVICAL APPROACH	\$937.87	\$937.87	10/01/2017
60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;	\$391.65	\$391.65	10/01/2017
60281	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT	\$522.59	\$522.59	10/01/2017
60300	ASPIRATION AND/OR INJECTION, THYROID CYST	\$103.99	\$44.55	10/01/2017
60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	\$855.24	\$855.24	10/01/2017
60502	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION	\$1,140.89	\$1,140.89	10/01/2017
60505	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); WITH MEDIASTINAL	\$1,228.96	\$1,228.96	10/01/2017
60512	PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR	\$215.89	\$215.89	10/01/2017

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60520	THYMECTOMY, PARTIAL OR TOTAL; TRANSCERVICAL APPROACH (SEPARATE PROCEDURE)	\$924.58	\$924.58	10/01/2017
60521	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITHOUT	\$995.22	\$995.22	10/01/2017
60522	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITH	\$1,209.01	\$1,209.01	10/01/2017
60540	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR	\$946.60	\$946.60	10/01/2017
60545	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR	\$1,082.71	\$1,082.71	10/01/2017
60600	EXCISION OF CAROTID BODY TUMOR; WITHOUT EXCISION OF CAROTID ARTERY	\$1,233.45	\$1,233.45	10/01/2017
60605	EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY	\$1,723.87	\$1,723.87	10/01/2017
60650	LAPAROSCOPY, SURGICAL, WITH ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION O	\$1,060.95	\$1,060.95	10/01/2017
60659	UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM	BR	BR	01/01/2000
60699	UNLISTED PROCEDURE, ENDOCRINE SYSTEM	BR	BR	10/01/1982
61000	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; INI	\$99.53	\$99.53	10/01/2017
61001	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL;	\$74.87	\$74.87	10/01/2017
61020	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR	\$90.00	\$90.00	10/01/2017
61026	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR	\$93.08	\$93.08	10/01/2017
61050	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEPARATE	\$76.78	\$76.78	10/01/2017
61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF MEDICATION OR	\$108.38	\$108.38	10/01/2017
61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE	\$51.12	\$51.12	10/01/2017
61105	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE;	\$418.50	\$418.50	10/01/2017
61107	TWIST DRILL HOLE(S) FOR SUBDURAL, INTRACEREBRAL, OR VENTRICULAR PUNCTURE; FOR IM	\$298.48	\$298.48	10/01/2017
61108	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR EVACUATION AND/OR	\$855.75	\$855.75	10/01/2017
61120	BURR HOLE(S) FOR VENTRICULAR PUNCTURE (INCLUDING INJECTION OF GAS, CONTRAST	\$705.61	\$705.61	10/01/2017
61140	BURR HOLE(S) OR TREPHINE; WITH BIOPSY OF BRAIN OR INTRACRANIAL LESION	\$1,193.27	\$1,193.27	10/01/2017
61150	BURR HOLE(S) OR TREPHINE; WITH DRAINAGE OF BRAIN ABSCESS OR CYST	\$1,282.35	\$1,282.35	10/01/2017
61151	BURR HOLE(S) OR TREPHINE; WITH SUBSEQUENT TAPPING (ASPIRATION) OF INTRACRANIAL	\$943.90	\$943.90	10/01/2017
61154	BURR HOLE(S) WITH EVACUATION AND/OR DRAINAGE OF HEMATOMA, EXTRADURAL OR SUBDURAL	\$1,201.54	\$1,201.54	10/01/2017
61156	BURR HOLE(S); WITH ASPIRATION OF HEMATOMA OR CYST, INTRACEREBRAL	\$1,179.80	\$1,179.80	10/01/2017
61210	BURR HOLE(S); FOR IMPLANTING VENTRICULAR CATHETER, RESERVOIR, EEG ELECTRODE(S),	\$351.05	\$351.05	10/01/2017
61215	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR	\$480.72	\$480.72	10/01/2017
61250	BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY, NOT FOLLOWED BY OTHER	\$785.23	\$785.23	10/01/2017
61253	BURR HOLE(S) OR TREPHINE, INFRATENTORIAL, UNILATERAL OR BILATERAL	\$768.99	\$768.99	10/01/2017
61304	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; SUPRATENTORIAL	\$1,548.29	\$1,548.29	10/01/2017
61305	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; INFRATENTORIAL (POSTERIOR FOSSA)	\$1,909.57	\$1,909.57	10/01/2017
61312	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL;	\$1,968.67	\$1,968.67	10/01/2017
61313	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL;	\$1,876.72	\$1,876.72	10/01/2017
61314	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL;	\$1,729.96	\$1,729.96	10/01/2017

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61315	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL;	\$1,959.66	\$1,959.66	10/01/2017
61316	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL BONE GRAFT (LIST SEPARATELY IN	\$84.25	\$84.25	10/01/2017
61320	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; SUPRATENTORIAL	\$1,798.93	\$1,798.93	10/01/2017
61321	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; INFRATENTORIAL	\$2,001.69	\$2,001.69	10/01/2017
61322	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSION, WITH OR WITHOUT DURAPLASTY, FOR	\$2,252.11	\$2,252.11	10/01/2017
61323	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSION, WITH OR WITHOUT DURAPLASTY, FOR	\$2,279.07	\$2,279.07	10/01/2017
61330	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH	\$1,665.25	\$1,665.25	10/01/2017
61332	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH BIOPSY	\$1,623.38	\$1,623.38	10/01/2017
61333	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF LESION	\$1,721.11	\$1,721.11	10/01/2017
61340	SUBTEMPORAL CRANIAL DECOMPRESSION (PSEUDOTUMOR CEREBRI, SLIT VENTRICLE SYNDROME)	\$1,373.58	\$1,373.58	10/01/2017
61343	CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINECTOMY FOR DECOMPRESSION OF	\$2,077.57	\$2,077.57	10/01/2017
61345	OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA	\$1,925.55	\$1,925.55	10/01/2017
61450	CRANIECTOMY, SUBTEMPORAL, FOR SECTION, COMPRESSION, OR DECOMPRESSION OF SENSORY	\$1,827.66	\$1,827.66	10/01/2017
61458	CRANIECTOMY, SUBOCCIPITAL; FOR EXPLORATION OR DECOMPRESSION OF CRANIAL NERVES	\$1,902.37	\$1,902.37	10/01/2017
61460	CRANIECTOMY, SUBOCCIPITAL; FOR SECTION OF ONE OR MORE CRANIAL NERVES	\$1,951.26	\$1,951.26	10/01/2017
61480	CRANIECTOMY, SUBOCCIPITAL; FOR MESENCEPHALIC TRACTOTOMY OR PEDUNCULOTOMY	\$1,843.98	\$1,843.98	10/01/2017
61500	CRANIECTOMY; WITH EXCISION OF TUMOR OR OTHER BONE LESION OF SKULL	\$1,246.34	\$1,246.34	10/01/2017
61501	CRANIECTOMY; FOR OSTEOMYELITIS	\$1,083.71	\$1,083.71	10/01/2017
61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR,	\$2,066.21	\$2,066.21	10/01/2017
61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF MENINGIOMA,	\$2,411.79	\$2,411.79	10/01/2017
61514	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN ABSCESS,	\$1,800.04	\$1,800.04	10/01/2017
61516	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OR FENESTRATION	\$1,758.33	\$1,758.33	10/01/2017
61517	IMPLANTATION OF BRAIN INTRACAVITARY CHEMOTHERAPY AGENT (LIST SEPARATELY IN	\$83.02	\$83.02	10/01/2017
61518	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	\$2,608.57	\$2,608.57	10/01/2017
61519	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	\$2,784.13	\$2,784.13	10/01/2017
61520	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	\$3,564.34	\$3,564.34	10/01/2017
61521	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	\$3,008.11	\$3,008.11	10/01/2017
61522	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OF BRAIN ABSCESS	\$2,078.33	\$2,078.33	10/01/2017
61524	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OR FENESTRATION OF	\$1,971.83	\$1,971.83	10/01/2017
61526	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF	\$3,471.34	\$3,471.34	10/01/2017
61530	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF	\$2,898.30	\$2,898.30	10/01/2017
61531	SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MORE BURR OR TREPHINE	\$1,137.90	\$1,137.90	10/01/2017
61533	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SUBDURAL IMPLANTATION OF AN	\$1,433.18	\$1,433.18	10/01/2017
61534	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF EPILEPTOGENIC FOCUS	\$1,562.72	\$1,562.72	10/01/2017
61535	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR REMOVAL OF EPIDURAL OR SUBDURAL	\$931.36	\$931.36	10/01/2017

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61536	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CEREBRAL EPILEPTOGENIC	\$2,425.51	\$2,425.51	10/01/2017
61537	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITHOUT	\$2,344.36	\$2,344.36	10/01/2017
61538	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITH	\$2,526.97	\$2,526.97	10/01/2017
61539	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORAL	\$2,243.94	\$2,243.94	10/01/2017
61540	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORAL	\$2,046.98	\$2,046.98	10/01/2017
61541	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR TRANSECTION OF CORPUS CALLOSUM	\$2,042.27	\$2,042.27	10/01/2017
61543	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR PARTIAL OR SUBTOTAL (FUNCTIONAL)	\$1,986.24	\$1,986.24	10/01/2017
61544	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OR COAGULATION OF CHOROID	\$1,807.73	\$1,807.73	10/01/2017
61545	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CRANIOPHARYNGIOMA	\$3,027.55	\$3,027.55	10/01/2017
61546	CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, INTRACRANIAL	\$2,182.25	\$2,182.25	10/01/2017
61548	HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSSEPTAL	\$1,489.12	\$1,489.12	10/01/2017
61550	CRANIECTOMY FOR CRANIOSYNOSTOSIS; SINGLE CRANIAL SUTURE	\$1,124.51	\$1,124.51	10/01/2017
61552	CRANIECTOMY FOR CRANIOSYNOSTOSIS; MULTIPLE CRANIAL SUTURES	\$1,100.59	\$1,100.59	10/01/2017
61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS; FRONTAL OR PARIETAL BONE FLAP	\$1,472.87	\$1,472.87	10/01/2017
61557	CRANIOTOMY FOR CRANIOSYNOSTOSIS; BIFRONTAL BONE FLAP	\$1,596.48	\$1,596.48	10/01/2017
61558	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG,	\$1,783.58	\$1,783.58	10/01/2017
61559	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG,	\$2,174.48	\$2,174.48	10/01/2017
61563	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS	\$1,867.86	\$1,867.86	10/01/2017
61564	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS	\$2,169.22	\$2,169.22	10/01/2017
61566	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SELECTIVE AMYGDALOHIPPOCAMPECTOMY	\$2,136.27	\$2,136.27	10/01/2017
61567	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIAL TRANSECTIONS, WITH	\$2,233.12	\$2,233.12	10/01/2017
61570	CRANIECTOMY OR CRANIOTOMY; WITH EXCISION OF FOREIGN BODY FROM BRAIN	\$1,742.55	\$1,742.55	10/01/2017
61571	CRANIECTOMY OR CRANIOTOMY; WITH TREATMENT OF PENETRATING WOUND OF BRAIN	\$1,889.52	\$1,889.52	10/01/2017
61575	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPSY,	\$2,354.48	\$2,354.48	10/01/2017
61576	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPSY,	\$3,229.09	\$3,229.09	10/01/2017
61580	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATERAL R	\$2,329.99	\$2,329.99	10/01/2017
61581	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATERAL	\$2,503.95	\$2,503.95	10/01/2017
61582	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING	\$2,836.22	\$2,836.22	10/01/2017
61583	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; INTRADURAL, INCLUDING	\$2,728.45	\$2,728.45	10/01/2017
61584	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING	\$2,679.35	\$2,679.35	10/01/2017
61585	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING	\$2,988.31	\$2,988.31	10/01/2017
61586	BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERIOR	\$2,240.16	\$2,240.16	10/01/2017
61590	INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (PARAPHARYNGEAL SPA	\$2,872.91	\$2,872.91	10/01/2017
61591	REMOVAL OF SKULL BONE BEHIND EAR TO APPROACH BRAIN LESION	\$2,906.55	\$2,906.55	10/01/2017
61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA (CAVERNOUS SINUS AND	\$2,995.71	\$2,995.71	10/01/2017

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61595	TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SK	\$2,213.58	\$2,213.58	10/01/2017
61596	TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE	\$2,306.96	\$2,306.96	10/01/2017
61597	TRANSCONDYLAR (FAR LATERAL) APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR	\$2,692.97	\$2,692.97	10/01/2017
61598	TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR FORAMEN MAGNUM,	\$2,640.62	\$2,640.62	10/01/2017
61600	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF AN	\$2,003.85	\$2,003.85	10/01/2017
61601	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF	\$2,259.06	\$2,259.06	10/01/2017
61605	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRATEMPO	\$2,044.25	\$2,044.25	10/01/2017
61606	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF	\$2,790.88	\$2,790.88	10/01/2017
61607	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF	\$2,544.90	\$2,544.90	10/01/2017
61608	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF	\$3,068.28	\$3,068.28	10/01/2017
61610	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITH REPAIR BY	\$1,570.82	\$1,570.82	10/01/2017
61611	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHOUT REPAIR (LIST	\$368.90	\$368.90	10/01/2017
61612	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITH REPAIR BY	\$1,142.86	\$1,142.86	10/01/2017
61613	OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATION, OR	\$3,044.45	\$3,044.45	10/01/2017
61615	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF PO	\$2,330.50	\$2,330.50	10/01/2017
61616	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF	\$3,139.40	\$3,139.40	10/01/2017
61618	SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDLE OR POSTE	\$1,221.90	\$1,221.90	10/01/2017
61619	SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDLE OR	\$1,354.87	\$1,354.87	10/01/2017
61623	ENDOVASCULAR TEMPORARY BALLOON ARTERIAL OCCLUSION, HEAD OR NECK (EXTRACRANIAL/IN	\$539.70	\$539.70	10/01/2017
61624	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION,	\$1,085.14	\$1,085.14	10/01/2017
61626	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION,	\$819.14	\$819.14	10/01/2017
61645	PERCUTANEOUS ARTERIAL TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR INFUSION FOR T	\$741.86	\$741.86	10/01/2017
61650	ENDOVASCULAR INTRACRANIAL PROLONGED ADMINISTRATION OF PHARMACOLOGIC AGENT(S) OTH	\$506.60	\$506.60	10/01/2017
61651	ENDOVASCULAR INTRACRANIAL PROLONGED ADMINISTRATION OF PHARMACOLOGIC AGENT(S) OTH	\$215.41	\$215.41	10/01/2017
61680	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, SIMPLE	\$2,139.43	\$2,139.43	10/01/2017
61682	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, COMPLEX	\$3,945.25	\$3,945.25	10/01/2017
61684	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, SIMPLE	\$2,704.27	\$2,704.27	10/01/2017
61686	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, COMPLEX	\$4,274.87	\$4,274.87	10/01/2017
61690	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, SIMPLE	\$2,062.43	\$2,062.43	10/01/2017
61692	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, COMPLEX	\$3,467.93	\$3,467.93	10/01/2017
61697	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID	\$3,993.06	\$3,993.06	10/01/2017
61698	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH;	\$4,398.98	\$4,398.98	10/01/2017
61700	SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID	\$3,227.39	\$3,227.39	10/01/2017
61702	SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBROBASILAR	\$3,801.35	\$3,801.35	10/01/2017
61703	SURGERY OF INTRACRANIAL ANEURYSM, CERVICAL APPROACH BY APPLICATION OF OCCLUDING	\$1,167.27	\$1,167.27	10/01/2017

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61705	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY	\$2,474.92	\$2,474.92	10/01/2017
61708	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY	\$2,198.51	\$2,198.51	10/01/2017
61710	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY	\$2,017.53	\$2,017.53	10/01/2017
61711	ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL (EG, MIDDLE CEREBRAL/CORTICAL)	\$2,469.76	\$2,469.76	10/01/2017
61720	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND LOCALIZING	\$1,205.96	\$1,205.96	10/01/2017
61735	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND	\$1,510.00	\$1,510.00	10/01/2017
61750	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S), FOR	\$1,332.37	\$1,332.37	10/01/2017
61751	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S), FOR	\$1,307.24	\$1,307.24	10/01/2017
61760	STEREOTACTIC IMPLANTATION OF DEPTH ELECTRODES INTO THE CEREBRUM FOR LONG TERM	\$1,495.20	\$1,495.20	10/01/2017
61770	STEREOTACTIC LOCALIZATION, INCLUDING BURR HOLE(S), WITH INSERTION OF	\$1,542.73	\$1,542.73	10/01/2017
61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, INTRADURAL (LI	\$224.15	\$224.15	10/01/2017
61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL (LI	\$166.00	\$166.00	10/01/2017
61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY	\$220.57	\$220.57	10/01/2017
61790	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT	\$831.99	\$831.99	10/01/2017
61791	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT	\$1,035.72	\$1,035.72	10/01/2017
61796	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY OR LINEAR ACCELERATOR); 1 SI	\$962.40	\$962.40	10/01/2017
61797	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY OR LINEAR ACCELERATOR); EACH	\$209.73	\$209.73	10/01/2017
61798	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY OR LINEAR ACCELERATOR); 1 CO	\$1,309.83	\$1,309.83	10/01/2017
61799	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY OR LINEAR ACCELERATOR); EACH	\$290.18	\$290.18	10/01/2017
61800	APPLICATION OF STEREOTACTIC HEADFRAME FOR STEREOTACTIC RADIOSURGERY (LIST SEPARA	\$146.66	\$146.66	10/01/2017
61850	TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CORT	\$931.92	\$931.92	10/01/2017
61860	CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES,	\$1,469.02	\$1,469.02	10/01/2017
61863	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC	\$1,422.82	\$1,422.82	10/01/2017
61864	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC	\$270.59	\$270.59	10/01/2017
61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC	\$2,160.02	\$2,160.02	10/01/2017
61868	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC	\$475.38	\$475.38	10/01/2017
61870	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR; CORTICAL	\$978.30	\$978.30	10/01/2017
61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES	\$536.75	\$536.75	10/01/2017
61885	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR	\$485.77	\$485.77	10/01/2017
61886	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR	\$797.29	\$797.29	10/01/2017
61888	REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	\$374.22	\$374.22	10/01/2017
62000	ELEVATION OF DEPRESSED SKULL FRACTURE; SIMPLE, EXTRADURAL	\$907.24	\$907.24	10/01/2017
62005	ELEVATION OF DEPRESSED SKULL FRACTURE; COMPOUND OR COMMUNUTED, EXTRADURAL	\$1,192.27	\$1,192.27	10/01/2017
62010	ELEVATION OF DEPRESSED SKULL FRACTURE; WITH REPAIR OF DURA AND/OR DEBRIDEMENT	\$1,447.20	\$1,447.20	10/01/2017
62100	CRANIOTOMY FOR REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, INCLUDING SURGERY FOR	\$1,498.75	\$1,498.75	10/01/2017

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62115	REDUCTION OF CRANIOMEHALIC SKULL (EG, TREATED HYDROCEPHALUS); NOT REQUIRING	\$1,240.64	\$1,240.64	10/01/2017
62117	REDUCTION OF CRANIOMEHALIC SKULL (EG, TREATED HYDROCEPHALUS); REQUIRING	\$1,864.64	\$1,864.64	10/01/2017
62120	REPAIR OF ENCEPHALOCELE, SKULL VAULT, INCLUDING CRANIOPLASTY	\$1,570.57	\$1,570.57	10/01/2017
62121	CRANIOTOMY FOR REPAIR OF ENCEPHALOCELE, SKULL BASE	\$1,503.69	\$1,503.69	10/01/2017
62140	CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER	\$977.68	\$977.68	10/01/2017
62141	CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER	\$1,079.11	\$1,079.11	10/01/2017
62142	REMOVAL OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	\$838.88	\$838.88	10/01/2017
62143	REPLACEMENT OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	\$985.00	\$985.00	10/01/2017
62145	CRANIOPLASTY FOR SKULL DEFECT WITH REPARATIVE BRAIN SURGERY	\$1,338.64	\$1,338.64	10/01/2017
62146	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); UP TO 5 CM	\$1,135.01	\$1,135.01	10/01/2017
62147	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); LARGER THAN 5 CM	\$1,347.17	\$1,347.17	10/01/2017
62148	INCISION AND RETRIEVAL OF SUBCUTANEOUS CRANIAL BONE GRAFT FOR CRANIOPLASTY	\$120.35	\$120.35	10/01/2017
62160	NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT OF VENTRICULAR CATHET	\$181.12	\$181.12	10/01/2017
62161	NEUROENDOSCOPY, INTRACRANIAL; WITH DISSECTION OF ADHESIONS, FENESTRATION OF	\$1,434.22	\$1,434.22	10/01/2017
62162	NEUROENDOSCOPY, INTRACRANIAL; WITH FENESTRATION OR EXCISION OF COLLOID CYST,	\$1,787.95	\$1,787.95	10/01/2017
62163	NEUROENDOSCOPY, INTRACRANIAL; WITH RETRIEVAL OF FOREIGN BODY	\$1,162.05	\$1,162.05	10/01/2017
62164	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR, INCLUDING PLACEMENT	\$1,967.15	\$1,967.15	10/01/2017
62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL OR	\$1,455.52	\$1,455.52	10/01/2017
62180	VENTRICULOCISTERNOSTOMY (TORKILDSEN TYPE OPERATION)	\$1,520.24	\$1,520.24	10/01/2017
62190	CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-ATRIAL, -JUGULAR, -AURICULAR	\$684.06	\$684.06	10/01/2017
62192	CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-PERITONEAL, -PLEURAL, OTHER TERMINUS	\$925.20	\$925.20	10/01/2017
62194	REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER	\$418.45	\$418.45	10/01/2017
62200	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE;	\$1,280.90	\$1,280.90	10/01/2017
62201	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE; STEREOTACTIC, NEUROENDOSCOPIC METHOD	\$1,138.67	\$1,138.67	10/01/2017
62220	CREATION OF SHUNT; VENTRICULO-ATRIAL, -JUGULAR, -AURICULAR	\$976.48	\$976.48	10/01/2017
62223	CREATION OF SHUNT; VENTRICULO-PERITONEAL, -PLEURAL, OTHER TERMINUS	\$987.49	\$987.49	10/01/2017
62225	REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER	\$478.22	\$478.22	10/01/2017
62230	REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRUCTED VALVE, OR	\$794.88	\$794.88	10/01/2017
62252	REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT	\$79.95	\$79.95	10/01/2017
62256	REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITHOUT REPLACEMENT	\$566.23	\$566.23	10/01/2017
62258	REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITH REPLACEMENT BY	\$1,057.79	\$1,057.79	10/01/2017
62263	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG, HYPERTONI	\$532.38	\$288.45	10/01/2017
62264	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG,	\$368.76	\$211.51	10/01/2017
62267	PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS PULPOSUS, INTERVERTEBRAL DISC, OR PAR	\$219.69	\$142.61	10/01/2017
62268	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX	\$231.27	\$231.27	10/01/2017

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62269	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE	\$238.85	\$238.85	10/01/2017
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	\$139.43	\$69.48	10/01/2017
62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR	\$177.05	\$74.59	10/01/2017
62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	\$151.85	\$101.08	10/01/2017
62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	\$265.05	\$142.47	10/01/2017
62281	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	\$212.49	\$139.43	10/01/2017
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	\$260.83	\$130.20	10/01/2017
62284	INJECTION OF DYE FOR X-RAY IMAGING AND/OR CT OF LOWER SPINAL CANAL	\$164.58	\$78.22	10/01/2017
62287	DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DIS	\$510.08	\$510.08	10/01/2017
62290	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR	\$289.96	\$152.21	10/01/2017
62291	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; CERVICAL OR THORACIC	\$291.63	\$151.40	10/01/2017
62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY, INTERVERTEBRAL	\$514.57	\$514.57	10/01/2017
62294	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS MALFORMATION,	\$846.09	\$846.09	10/01/2017
62302	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR	\$213.74	\$110.04	10/01/2017
62303	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR	\$220.24	\$110.97	10/01/2017
62304	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR	\$210.98	\$107.90	10/01/2017
62305	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR	\$229.55	\$112.85	10/01/2017
62320	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPAS	\$146.93	\$90.90	10/01/2017
62321	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPAS	\$218.42	\$98.01	10/01/2017
62322	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPAS	\$137.08	\$78.26	10/01/2017
62323	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPAS	\$214.49	\$89.44	10/01/2017
62324	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE	\$128.32	\$82.81	10/01/2017
62325	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR IN	\$193.60	\$95.17	10/01/2017
62326	INJECTION(S), INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INERMITTENT B	\$134.89	\$81.34	10/01/2017
62327	INJECTION(S), INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INERMITTENT B	\$197.39	\$86.57	10/01/2017
62350	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL CATH	\$354.65	\$354.65	10/01/2017
62351	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL	\$763.27	\$763.27	10/01/2017
62355	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER	\$237.51	\$237.51	10/01/2017
62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION;	\$274.27	\$274.27	10/01/2017
62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG	\$373.67	\$373.67	10/01/2017
62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG	\$341.48	\$341.48	10/01/2017
62365	REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR INTRATHECAL	\$264.11	\$264.11	10/01/2017
62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	\$36.22	\$22.60	10/01/2017
62368	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	\$49.54	\$31.27	10/01/2017
62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	\$104.02	\$31.58	10/01/2017

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62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	\$109.96	\$41.24	10/01/2017
62380	ENDOSCOPIC DECOMPRESSION OF SPINAL CORD, NERVE ROOT(S), INCLUDING LMINOTOMY, PAR	BR	BR	01/01/2017
63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQ	\$1,171.75	\$1,171.75	10/01/2017
63003	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA	\$1,171.03	\$1,171.03	10/01/2017
63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA	\$1,115.86	\$1,115.86	10/01/2017
63011	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA	\$1,031.60	\$1,031.60	10/01/2017
63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS WITH	\$1,124.37	\$1,124.37	10/01/2017
63015	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA	\$1,400.05	\$1,400.05	10/01/2017
63016	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA	\$1,440.66	\$1,440.66	10/01/2017
63017	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA	\$1,186.47	\$1,186.47	10/01/2017
63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PAR	\$1,096.40	\$1,096.40	10/01/2017
63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PAR	\$915.41	\$915.41	10/01/2017
63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PAR	\$181.83	\$181.83	10/01/2017
63040	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING	\$1,316.03	\$1,316.03	10/01/2017
63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING	\$1,223.73	\$1,223.73	10/01/2017
63043	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING	\$168.75	\$168.75	10/01/2017
63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING	\$156.74	\$156.74	10/01/2017
63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH	\$1,216.63	\$1,216.63	10/01/2017
63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH	\$1,154.12	\$1,154.12	10/01/2017
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH	\$1,040.58	\$1,040.58	10/01/2017
63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH	\$200.53	\$200.53	10/01/2017
63050	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE	\$1,420.60	\$1,420.60	10/01/2017
63051	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE	\$1,615.63	\$1,615.63	10/01/2017
63055	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE R	\$1,538.90	\$1,538.90	10/01/2017
63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE	\$1,401.34	\$1,401.34	10/01/2017
63057	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE	\$303.54	\$303.54	10/01/2017
63064	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S),	\$1,674.93	\$1,674.93	10/01/2017
63066	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S),	\$195.77	\$195.77	10/01/2017
63075	REMOVAL OF UPPER SPINE DISC AND RELEASE OF SPINAL CORD AND/OR NERVES	\$1,278.97	\$1,278.97	10/01/2017
63076	REMOVAL OF UPPER SPINE DISC AND RELEASE OF SPINAL CORD AND/OR NERVES	\$234.97	\$234.97	10/01/2017
63077	REMOVAL OF MIDDLE SPINE DISC AND RELEASE OF SPINAL CORD AND/OR NERVES	\$1,409.18	\$1,409.18	10/01/2017
63078	REMOVAL OF MIDDLE SPINE DISC AND RELEASE OF SPINAL CORD AND/OR NERVES	\$184.30	\$184.30	10/01/2017
63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR	\$1,659.84	\$1,659.84	10/01/2017
63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR	\$252.56	\$252.56	10/01/2017
63085	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,	\$1,809.43	\$1,809.43	10/01/2017

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63086	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,	\$180.91	\$180.91	10/01/2017
63087	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBINED	\$2,278.98	\$2,278.98	10/01/2017
63088	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBINED	\$246.69	\$246.69	10/01/2017
63090	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,	\$1,850.12	\$1,850.12	10/01/2017
63091	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,	\$168.60	\$168.60	10/01/2017
63101	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATERAL EX	\$2,187.10	\$2,187.10	10/01/2017
63102	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATERAL	\$2,148.10	\$2,148.10	10/01/2017
63103	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATERAL	\$277.69	\$277.69	10/01/2017
63170	LAMINECTOMY WITH MYELOTOMY (EG, BISCHOF OR DREZ TYPE), CERVICAL, THORACIC OR THO	\$1,512.50	\$1,512.50	10/01/2017
63172	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO SUBARACHNOID SPACE	\$1,333.18	\$1,333.18	10/01/2017
63173	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO PERITONEAL OR	\$1,615.89	\$1,615.89	10/01/2017
63180	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT,	\$1,268.90	\$1,268.90	10/01/2017
63182	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT,	\$1,549.50	\$1,549.50	10/01/2017
63185	LAMINECTOMY WITH RHIZOTOMY; ONE OR TWO SEGMENTS	\$1,079.20	\$1,079.20	10/01/2017
63190	LAMINECTOMY WITH RHIZOTOMY; MORE THAN TWO SEGMENTS	\$1,210.26	\$1,210.26	10/01/2017
63191	LAMINECTOMY WITH SECTION OF SPINAL ACCESSORY NERVE	\$1,199.85	\$1,199.85	10/01/2017
63194	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE STAGE;	\$1,323.45	\$1,323.45	10/01/2017
63195	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE STAGE;	\$1,204.95	\$1,204.95	10/01/2017
63196	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE	\$1,339.33	\$1,339.33	10/01/2017
63197	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE	\$1,341.73	\$1,341.73	10/01/2017
63198	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO	\$1,578.00	\$1,578.00	10/01/2017
63199	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO	\$1,655.72	\$1,655.72	10/01/2017
63200	LAMINECTOMY, WITH RELEASE OF TETHERED SPINAL CORD, LUMBAR	\$1,451.85	\$1,451.85	10/01/2017
63250	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CO	\$2,823.54	\$2,823.54	10/01/2017
63251	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL	\$2,860.25	\$2,860.25	10/01/2017
63252	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL	\$2,870.50	\$2,870.50	10/01/2017
63265	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN	\$1,576.69	\$1,576.69	10/01/2017
63266	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN	\$1,624.89	\$1,624.89	10/01/2017
63267	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN	\$1,292.94	\$1,292.94	10/01/2017
63268	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN	\$1,320.97	\$1,320.97	10/01/2017
63270	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL;	\$1,965.69	\$1,965.69	10/01/2017
63271	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL;	\$1,950.31	\$1,950.31	10/01/2017
63272	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL;	\$1,784.20	\$1,784.20	10/01/2017
63273	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL;	\$1,733.68	\$1,733.68	10/01/2017
63275	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, CERVICAL	\$1,699.19	\$1,699.19	10/01/2017

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63276	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, THORACIC	\$1,689.88	\$1,689.88	10/01/2017
63277	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, LUMBAR	\$1,465.26	\$1,465.26	10/01/2017
63278	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, SACRAL	\$1,493.09	\$1,493.09	10/01/2017
63280	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL,	\$1,994.70	\$1,994.70	10/01/2017
63281	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL,	\$1,979.29	\$1,979.29	10/01/2017
63282	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL,	\$1,862.20	\$1,862.20	10/01/2017
63283	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, SACRAL	\$1,785.98	\$1,785.98	10/01/2017
63285	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL,	\$2,487.47	\$2,487.47	10/01/2017
63286	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL,	\$2,427.54	\$2,427.54	10/01/2017
63287	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL,	\$2,610.01	\$2,610.01	10/01/2017
63290	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; COMBINED	\$2,642.21	\$2,642.21	10/01/2017
63295	OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIMARY	\$315.95	\$315.95	10/01/2017
63300	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISI	\$1,733.38	\$1,733.38	10/01/2017
63301	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR	\$1,964.76	\$1,964.76	10/01/2017
63302	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR	\$2,036.06	\$2,036.06	10/01/2017
63303	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR	\$2,129.70	\$2,129.70	10/01/2017
63304	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR	\$2,195.46	\$2,195.46	10/01/2017
63305	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR	\$2,275.22	\$2,275.22	10/01/2017
63306	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR	\$1,964.19	\$1,964.19	10/01/2017
63307	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR	\$2,061.59	\$2,061.59	10/01/2017
63308	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR	\$305.91	\$305.91	10/01/2017
63600	CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PERCUTANEOUS, ANY MODA	\$798.92	\$798.92	10/01/2017
63610	STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCEDURE NOT	\$403.17	\$403.17	10/01/2017
63615	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION OF LESION, SPINAL CORD	\$1,106.71	\$1,106.71	10/01/2017
63620	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY OR LINEAR ACCELERATOR); 1 SP	\$999.04	\$999.04	10/01/2017
63621	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY OR LINEAR ACCELERATOR); EACH	\$224.89	\$224.89	10/01/2017
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	\$1,153.14	\$366.26	10/01/2017
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE,	\$735.70	\$735.70	10/01/2017
63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLU	\$511.09	\$286.05	10/01/2017
63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOM	\$743.00	\$743.00	10/01/2017
63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTR	\$690.14	\$399.78	10/01/2017
63664	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTR	\$767.11	\$767.11	10/01/2017
63685	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER,	\$323.98	\$323.98	10/01/2017
63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR	\$329.17	\$329.17	10/01/2017
63700	REPAIR OF MENINGOCELE; LESS THAN 5 CM DIAMETER	\$1,091.36	\$1,091.36	10/01/2017

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63702	REPAIR OF MENINGOCELE; LARGER THAN 5 CM DIAMETER	\$1,211.94	\$1,211.94	10/01/2017
63704	REPAIR OF MYELOMENINGOCELE; LESS THAN 5 CM DIAMETER	\$1,383.52	\$1,383.52	10/01/2017
63706	REPAIR OF MYELOMENINGOCELE; LARGER THAN 5 CM DIAMETER	\$1,649.24	\$1,649.24	10/01/2017
63707	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, NOT REQUIRING LAMINECTOMY	\$868.72	\$868.72	10/01/2017
63709	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK OR PSEUDOMENINGOCELE, WITH LAMINECTOMY	\$1,039.18	\$1,039.18	10/01/2017
63710	DURAL GRAFT, SPINAL	\$1,021.80	\$1,021.80	10/01/2017
63740	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; INCLUDIN	\$831.44	\$831.44	10/01/2017
63741	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER;	\$600.82	\$600.82	10/01/2017
63744	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT	\$587.83	\$587.83	10/01/2017
63746	REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT	\$535.67	\$535.67	10/01/2017
64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH	\$111.92	\$63.01	10/01/2017
64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE	\$117.31	\$71.18	10/01/2017
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	\$88.17	\$55.67	10/01/2017
64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE	\$104.47	\$76.92	10/01/2017
64410	INJECTION, ANESTHETIC AGENT; PHRENIC NERVE	\$119.15	\$67.15	10/01/2017
64413	INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS	\$111.86	\$71.92	10/01/2017
64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, SINGLE	\$102.93	\$57.74	10/01/2017
64416	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION BY CATHETER (I	\$70.18	\$70.18	10/01/2017
64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE	\$112.51	\$62.36	10/01/2017
64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE	\$127.54	\$67.80	10/01/2017
64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE	\$97.58	\$60.12	10/01/2017
64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK	\$131.73	\$81.58	10/01/2017
64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES	\$115.85	\$83.04	10/01/2017
64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE	\$120.80	\$72.20	10/01/2017
64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE	\$118.81	\$73.62	10/01/2017
64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, SINGLE	\$118.91	\$64.12	10/01/2017
64446	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUSION BY CATHETER (INC	\$70.18	\$70.18	10/01/2017
64447	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE	\$104.80	\$58.98	10/01/2017
64448	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSION BY CATHETER (INC	\$63.33	\$63.33	10/01/2017
64449	INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROACH, CONTINUOUS INFUS	\$74.39	\$74.39	10/01/2017
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	\$70.31	\$40.29	10/01/2017
64455	INJECTIONS OF ANESTHETIC AND/OR STEROID DRUG INTO NERVE OF FOOT	\$42.18	\$31.04	10/01/2017
64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; SINGLE INJECTION SITE (	\$130.40	\$77.46	10/01/2017
64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; SECOND AND ANY ADDITION	\$74.02	\$48.63	10/01/2017
64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; CONTINUOUS INFUSION BY	\$146.17	\$79.61	10/01/2017

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64479	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	\$206.04	\$117.51	10/01/2017
64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	\$98.78	\$56.38	10/01/2017
64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	\$191.22	\$99.59	10/01/2017
64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	\$76.88	\$46.24	10/01/2017
64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL	\$106.78	\$55.40	10/01/2017
64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL	\$118.41	\$60.21	10/01/2017
64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL	\$122.67	\$65.72	10/01/2017
64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL	\$156.85	\$70.18	10/01/2017
64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$165.76	\$94.56	10/01/2017
64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$82.13	\$53.65	10/01/2017
64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$82.44	\$54.27	10/01/2017
64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$150.27	\$80.62	10/01/2017
64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$75.60	\$46.20	10/01/2017
64495	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$75.91	\$46.81	10/01/2017
64505	INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION	\$93.08	\$77.91	10/01/2017
64508	INJECTION, ANESTHETIC AGENT; CAROTID SINUS (SEPARATE PROCEDURE)	\$63.65	\$63.65	10/01/2017
64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	\$111.26	\$65.13	10/01/2017
64517	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	\$163.41	\$110.47	10/01/2017
64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	\$162.62	\$71.92	10/01/2017
64530	INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC	\$165.77	\$81.27	10/01/2017
64550	APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMULATOR	\$13.97	\$7.78	10/01/2017
64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; CRANIAL NERVE	\$178.79	\$134.84	10/01/2017
64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (	\$185.46	\$135.62	10/01/2017
64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRAN	\$724.83	\$270.41	10/01/2017
64565	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; NEUROMUSCULAR	\$170.07	\$118.99	10/01/2017
64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE TREATME	\$111.77	\$26.95	10/01/2017
64568	INCISION FOR IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELE	\$576.61	\$576.61	10/01/2017
64569	REVISION OR REPLACEMENT OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECT	\$693.61	\$693.61	10/01/2017
64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND P	\$581.61	\$581.61	10/01/2017
64575	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (	\$283.64	\$283.64	10/01/2017
64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; NEUROMUSCULAR	\$266.80	\$266.80	10/01/2017
64581	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRAN	\$592.01	\$592.01	10/01/2017
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODE ARRAY	\$215.93	\$127.40	10/01/2017
64590	INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATO	\$233.83	\$143.13	10/01/2017
64595	REVISION OR REMOVAL OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR	\$216.53	\$112.21	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBITAL, M	\$344.96	\$195.14	10/01/2017
64605	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION	\$535.06	\$306.92	10/01/2017
64610	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION	\$653.91	\$434.44	10/01/2017
64611	CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS, BILATERAL	\$103.14	\$90.76	10/01/2017
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE, UNILATERAL	\$114.90	\$103.14	10/01/2017
64615	CHEMODENERVATION OF MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINE A	\$126.98	\$110.26	10/01/2017
64616	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDING MUSCLES OF THE LARYNX,	\$111.54	\$96.99	10/01/2017
64617	CHEMODENERVATION OF MUSCLE(S); LARYNX, UNILATERAL, PERCUTANEOUS (EG, FOR SPASMOD	\$157.45	\$104.52	10/01/2017
64620	DESTRUCTION BY NEUROLYTIC AGENT, INTERCOSTAL NERVE	\$179.83	\$152.28	10/01/2017
64630	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	\$203.19	\$169.76	10/01/2017
64632	DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE	\$75.44	\$61.20	10/01/2017
64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	\$367.86	\$200.70	10/01/2017
64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	\$164.81	\$60.80	10/01/2017
64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	\$363.85	\$197.93	10/01/2017
64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	\$149.97	\$53.08	10/01/2017
64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	\$116.21	\$82.47	10/01/2017
64642	CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)	\$124.81	\$96.64	10/01/2017
64643	CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 1-4 MUSCLE(S) (LIS	\$81.55	\$64.21	10/01/2017
64644	CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCLE(S)	\$143.65	\$105.57	10/01/2017
64645	CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 5 OR MORE MUSCLE(S	\$100.80	\$74.18	10/01/2017
64646	CHEMODENERVATION OF TRUNK MUSCLE(S); 1-5 MUSCLE(S)	\$130.86	\$103.31	10/01/2017
64647	CHEMODENERVATION OF TRUNK MUSCLE(S); 6 OR MORE MUSCLE(S)	\$155.81	\$122.07	10/01/2017
64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	\$68.19	\$37.54	10/01/2017
64653	CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK), PER D	\$82.72	\$47.74	10/01/2017
64680	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; CELIAC P	\$269.11	\$146.53	10/01/2017
64681	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING;	\$458.94	\$239.47	10/01/2017
64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT	\$442.24	\$442.24	10/01/2017
64704	NEUROPLASTY; NERVE OF HAND OR FOOT	\$283.57	\$283.57	10/01/2017
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; OTHER THAN SPECIFIED	\$440.87	\$440.87	10/01/2017
64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIATIC NERVE	\$514.01	\$514.01	10/01/2017
64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; BRACHIAL PLEXUS	\$679.82	\$679.82	10/01/2017
64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; LUMBAR PLEXUS	\$628.70	\$628.70	10/01/2017
64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	\$472.34	\$472.34	10/01/2017
64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW	\$522.89	\$522.89	10/01/2017
64719	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST	\$353.63	\$353.63	10/01/2017

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64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL	\$378.85	\$376.69	10/01/2017
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	\$321.39	\$321.39	10/01/2017
64726	DECOMPRESSION; PLANTAR DIGITAL NERVE	\$242.75	\$242.75	10/01/2017
64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN	\$164.28	\$164.28	10/01/2017
64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE	\$333.12	\$333.12	10/01/2017
64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE	\$443.80	\$443.80	10/01/2017
64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	\$344.60	\$344.60	10/01/2017
64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY	\$408.01	\$408.01	10/01/2017
64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE	\$401.06	\$401.06	10/01/2017
64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE	\$403.33	\$403.33	10/01/2017
64744	TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE	\$432.71	\$432.71	10/01/2017
64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE	\$375.92	\$375.92	10/01/2017
64755	TRANSECTION OR AVULSION OF; VAGUS NERVES LIMITED TO PROXIMAL STOMACH (SELECTIVE	\$774.55	\$774.55	10/01/2017
64760	TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), ABDOMINAL	\$439.20	\$439.20	10/01/2017
64763	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHOUT	\$425.12	\$425.12	10/01/2017
64766	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHOUT	\$501.91	\$501.91	10/01/2017
64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	\$532.14	\$532.14	10/01/2017
64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL	\$499.05	\$499.05	10/01/2017
64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE	\$366.94	\$366.94	10/01/2017
64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT	\$344.39	\$344.39	10/01/2017
64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY IN	\$127.12	\$127.12	10/01/2017
64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE	\$403.89	\$403.89	10/01/2017
64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT	\$197.65	\$197.65	10/01/2017
64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC	\$646.40	\$646.40	10/01/2017
64786	EXCISION OF NEUROMA; SCIATIC NERVE	\$960.55	\$960.55	10/01/2017
64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO	\$216.73	\$216.73	10/01/2017
64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE	\$352.99	\$352.99	10/01/2017
64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE	\$748.90	\$748.90	10/01/2017
64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TYPE)	\$962.98	\$962.98	10/01/2017
64795	BIOPSY OF NERVE	\$171.72	\$171.72	10/01/2017
64802	SYMPATHECTOMY, CERVICAL	\$571.90	\$571.90	10/01/2017
64804	SYMPATHECTOMY, CERVICOTHORACIC	\$794.87	\$794.87	10/01/2017
64809	SYMPATHECTOMY, THORACOLUMBAR	\$800.86	\$800.86	10/01/2017
64818	SYMPATHECTOMY, LUMBAR	\$509.81	\$509.81	10/01/2017
64820	SYMPATHECTOMY; DIGITAL ARTERIES, EACH DIGIT	\$629.14	\$629.14	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
64821	SYMPATHECTOMY; RADIAL ARTERY	\$612.17	\$612.17	10/01/2017
64822	SYMPATHECTOMY; ULNAR ARTERY	\$611.90	\$611.90	10/01/2017
64823	SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	\$697.90	\$697.90	10/01/2017
64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE	\$608.08	\$608.08	10/01/2017
64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE (LIST	\$301.19	\$301.19	10/01/2017
64834	SUTURE OF ONE NERVE; HAND OR FOOT, COMMON SENSORY NERVE	\$661.17	\$661.17	10/01/2017
64835	SUTURE OF ONE NERVE; MEDIAN MOTOR THENAR	\$714.38	\$714.38	10/01/2017
64836	SUTURE OF ONE NERVE; ULNAR MOTOR	\$731.13	\$731.13	10/01/2017
64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDITION TO	\$340.17	\$340.17	10/01/2017
64840	SUTURE OF POSTERIOR TIBIAL NERVE	\$862.25	\$862.25	10/01/2017
64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING	\$898.41	\$898.41	10/01/2017
64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT	\$936.82	\$936.82	10/01/2017
64858	SUTURE OF SCIATIC NERVE	\$1,039.85	\$1,039.85	10/01/2017
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITION	\$224.22	\$224.22	10/01/2017
64861	SUTURE OF; BRACHIAL PLEXUS	\$1,111.31	\$1,111.31	10/01/2017
64862	SUTURE OF; LUMBAR PLEXUS	\$1,230.96	\$1,230.96	10/01/2017
64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL	\$782.20	\$782.20	10/01/2017
64865	SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFTING	\$991.72	\$991.72	10/01/2017
64866	ANASTOMOSIS; FACIAL-SPINAL ACCESSORY	\$1,017.23	\$1,017.23	10/01/2017
64868	ANASTOMOSIS; FACIAL-HYPOGLOSSAL	\$917.21	\$917.21	10/01/2017
64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN	\$104.22	\$104.22	10/01/2017
64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE	\$146.86	\$146.86	10/01/2017
64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN	\$158.09	\$158.09	10/01/2017
64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH	\$1,010.20	\$1,010.20	10/01/2017
64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM LENGTH	\$1,156.58	\$1,156.58	10/01/2017
64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO 4 CM	\$969.70	\$969.70	10/01/2017
64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE THAN	\$1,026.59	\$1,026.59	10/01/2017
64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM	\$926.33	\$926.33	10/01/2017
64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THAN 4	\$1,012.35	\$1,012.35	10/01/2017
64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT;	\$1,192.63	\$1,192.63	10/01/2017
64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT;	\$1,279.01	\$1,279.01	10/01/2017
64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG;	\$1,142.16	\$1,142.16	10/01/2017
64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG;	\$1,308.19	\$1,308.19	10/01/2017
64901	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND (LIST SEPARATELY IN ADDITION	\$497.03	\$497.03	10/01/2017
64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE) (LIST SEPARATELY	\$580.88	\$580.88	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
64905	NERVE PEDICLE TRANSFER; FIRST STAGE	\$918.19	\$918.19	10/01/2017
64907	NERVE PEDICLE TRANSFER; SECOND STAGE	\$1,181.75	\$1,181.75	10/01/2017
64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NE	\$728.94	\$728.94	10/01/2017
64911	NERVE REPAIR; WITH AUTOGENOUS VEIN GRAFT (INCLUDES HARVEST OF VEIN GRAFT), EACH	\$902.98	\$902.98	10/01/2017
64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	BR	BR	10/01/1982
65091	EVISCERATION OF OCULAR CONTENTS; WITHOUT IMPLANT	\$558.14	\$558.14	10/01/2017
65093	EVISCERATION OF OCULAR CONTENTS; WITH IMPLANT	\$551.32	\$551.32	10/01/2017
65101	ENUCLEATION OF EYE; WITHOUT IMPLANT	\$648.04	\$648.04	10/01/2017
65103	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT	\$676.06	\$676.06	10/01/2017
65105	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT	\$744.97	\$744.97	10/01/2017
65110	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL	\$1,075.60	\$1,075.60	10/01/2017
65112	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL	\$1,248.69	\$1,248.69	10/01/2017
65114	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL	\$1,300.97	\$1,300.97	10/01/2017
65125	MODIFICATION OF OCULAR IMPLANT WITH PLACEMENT OR REPLACEMENT OF PEGS (EG, DRILLI	\$395.51	\$253.74	10/01/2017
65130	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCERATION, IN SCLERAL SHELL	\$641.68	\$641.68	10/01/2017
65135	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT ATTACHED	\$651.58	\$651.58	10/01/2017
65140	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTACHED TO	\$708.09	\$708.09	10/01/2017
65150	REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT	\$507.56	\$507.56	10/01/2017
65155	REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT	\$741.52	\$741.52	10/01/2017
65175	REMOVAL OF OCULAR IMPLANT	\$577.09	\$577.09	10/01/2017
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL	\$49.37	\$38.84	10/01/2017
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES	\$60.22	\$46.91	10/01/2017
65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP	\$51.06	\$37.44	10/01/2017
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP	\$58.67	\$45.98	10/01/2017
65235	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OF EYE OR LENS	\$623.74	\$623.74	10/01/2017
65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC	\$844.44	\$844.44	10/01/2017
65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC	\$950.57	\$950.57	10/01/2017
65270	REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCL	\$232.45	\$123.49	10/01/2017
65272	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITHOUT	\$440.21	\$308.65	10/01/2017
65273	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITH	\$335.22	\$335.22	10/01/2017
65275	REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN	\$506.74	\$406.13	10/01/2017
65280	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING UVEAL	\$590.69	\$590.69	10/01/2017
65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR	\$975.15	\$975.15	10/01/2017
65286	REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA	\$616.96	\$435.88	10/01/2017
65290	REPAIR OF INJURED EYE MUSCLE OR TENDON	\$432.57	\$432.57	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
65400	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM	\$596.32	\$530.39	10/01/2017
65410	BIOPSY OF CORNEA	\$125.26	\$92.13	10/01/2017
65420	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT	\$452.25	\$331.83	10/01/2017
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	\$571.37	\$420.93	10/01/2017
65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	\$100.22	\$91.25	10/01/2017
65435	REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION (ABRASION,	\$70.12	\$61.45	10/01/2017
65436	REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING AGENT (EG, EDTA)	\$340.27	\$326.96	10/01/2017
65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR	\$285.29	\$282.51	10/01/2017
65600	MULTIPLE PUNCTURES OF ANTERIOR CORNEA (EG, FOR CORNEAL EROSION, TATTOO)	\$346.08	\$302.75	10/01/2017
65710	KERATOPLASTY (CORNEAL TRANSPLANT); ANTERIOR LAMELLAR	\$971.94	\$971.94	10/01/2017
65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA OR PSEUDOPHAKI	\$1,078.99	\$1,078.99	10/01/2017
65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)	\$1,084.95	\$1,084.95	10/01/2017
65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)	\$1,079.38	\$1,079.38	10/01/2017
65756	KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL	\$1,042.21	\$1,042.21	10/01/2017
65757	BACKBENCH PREPARATION OF CORNEAL ENDOTHELIAL ALLOGRAFT PRIOR TO TRANSPLANTATION	\$129.84	\$129.84	10/01/2017
65770	KERATOPROSTHESIS	\$1,233.08	\$1,233.08	10/01/2017
65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	\$396.03	\$357.33	10/01/2017
65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	\$484.52	\$484.52	10/01/2017
65778	INSERTION OF AMNIOTIC MEMBRANE TO EYE SURFACE	\$1,242.43	\$50.65	10/01/2017
65779	INSERTION OF AMNIOTIC MEMBRANE TO EYE SURFACE WITH SUTURES	\$1,051.91	\$134.09	10/01/2017
65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION, MULTIPLE LAYER	\$585.85	\$585.85	10/01/2017
65781	OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT (EG, CADAVERIC OR	\$1,172.74	\$1,172.74	10/01/2017
65782	OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT (INCLUDES	\$1,012.01	\$1,012.01	10/01/2017
65785	IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS	\$1,850.21	\$340.52	10/01/2017
65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF AQ	\$104.54	\$80.71	10/01/2017
65810	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF	\$409.14	\$409.14	10/01/2017
65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF	\$558.66	\$419.98	10/01/2017
65820	GONIOTOMY	\$657.21	\$657.21	10/01/2017
65850	TRABECULOTOMY AB EXTERNO	\$738.09	\$738.09	10/01/2017
65855	TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED TREATMENT	\$214.63	\$183.06	10/01/2017
65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE PROCEDURE)	\$270.76	\$223.09	10/01/2017
65865	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WIT	\$415.62	\$415.62	10/01/2017
65870	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR	\$519.55	\$519.55	10/01/2017
65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR	\$553.97	\$553.97	10/01/2017
65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR	\$583.14	\$583.14	10/01/2017

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**Arizona Health Care Cost Containment System
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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE	\$846.90	\$846.90	10/01/2017
65920	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT OF EYE	\$692.68	\$692.68	10/01/2017
65930	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT OF EYE	\$560.25	\$560.25	10/01/2017
66020	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); AIR OR LIQUID	\$163.37	\$115.38	10/01/2017
66030	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); MEDICATION	\$145.38	\$97.40	10/01/2017
66130	EXCISION OF LESION, SCLERA	\$610.93	\$501.04	10/01/2017
66150	FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY	\$770.15	\$770.15	10/01/2017
66155	FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECTOMY	\$769.52	\$769.52	10/01/2017
66160	FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSORS, WITH	\$867.94	\$867.94	10/01/2017
66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE OF	\$961.93	\$961.93	10/01/2017
66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRING	\$1,046.59	\$1,046.59	10/01/2017
66174	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENTION OF DEVICE OR S	\$833.62	\$833.62	10/01/2017
66175	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITH RETENTION OF DEVICE OR STEN	\$873.06	\$873.06	10/01/2017
66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITH	\$947.41	\$947.41	10/01/2017
66180	CREATION OF SHUNT TO IMPROVE EYE FLUID FLOW WITH GRAFT	\$999.87	\$999.87	10/01/2017
66183	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESER	\$905.20	\$905.20	10/01/2017
66184	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR; WITHOUT GRA	\$689.84	\$689.84	10/01/2017
66185	REVISION OF EYE FLUID DRAINAGE SHUNT WITH GRAFT	\$742.00	\$742.00	10/01/2017
66220	REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT	\$623.52	\$623.52	10/01/2017
66225	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT	\$819.68	\$819.68	10/01/2017
66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR	\$656.32	\$490.09	10/01/2017
66500	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION	\$311.02	\$311.02	10/01/2017
66505	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS FOR IRIS	\$342.75	\$342.75	10/01/2017
66600	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION	\$731.39	\$731.39	10/01/2017
66605	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY	\$928.85	\$928.85	10/01/2017
66625	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA	\$377.15	\$377.15	10/01/2017
66630	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA	\$500.65	\$500.65	10/01/2017
66635	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; OPTICAL (SEPARATE PROCEDURE)	\$504.99	\$504.99	10/01/2017
66680	REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)	\$455.31	\$455.31	10/01/2017
66682	SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SUTURE	\$560.11	\$560.11	10/01/2017
66700	CILIARY BODY DESTRUCTION; DIATHERMY	\$395.12	\$345.90	10/01/2017
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSSCLERAL	\$385.83	\$345.59	10/01/2017
66711	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC	\$565.16	\$565.16	10/01/2017
66720	CILIARY BODY DESTRUCTION; CRYOTHERAPY	\$403.70	\$359.74	10/01/2017
66740	CILIARY BODY DESTRUCTION; CYCLODIALYSIS	\$383.36	\$345.59	10/01/2017

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**Arizona Health Care Cost Containment System
FFS Physician Fee Schedule Rates
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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (PER SESSION)	\$259.52	\$207.51	10/01/2017
66762	IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROVEMENT OF	\$416.81	\$375.02	10/01/2017
66770	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL PROCEDURE)	\$463.33	\$425.56	10/01/2017
66820	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AN	\$346.04	\$346.04	10/01/2017
66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE	\$289.30	\$273.20	10/01/2017
66825	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEPARATE	\$667.42	\$667.42	10/01/2017
66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/O	\$627.30	\$627.30	10/01/2017
66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES	\$612.36	\$612.36	10/01/2017
66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR	\$697.10	\$697.10	10/01/2017
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY	\$742.43	\$742.43	10/01/2017
66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	\$663.30	\$663.30	10/01/2017
66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS	\$752.07	\$752.07	10/01/2017
66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)	\$687.82	\$687.82	10/01/2017
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS	\$699.38	\$699.38	10/01/2017
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS	\$652.73	\$652.73	10/01/2017
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS	\$562.78	\$562.78	10/01/2017
66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT ASSOCIATED	\$676.93	\$676.93	10/01/2017
66986	EXCHANGE OF INTRAOCULAR LENS	\$799.20	\$799.20	10/01/2017
66990	USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	\$79.77	\$79.77	10/01/2017
66999	UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE	BR	BR	10/01/1982
67005	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION);	\$415.32	\$415.32	10/01/2017
67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION);	\$477.11	\$477.11	10/01/2017
67015	ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS PLANA	\$509.92	\$509.92	10/01/2017
67025	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUID-GAS	\$636.98	\$556.18	10/01/2017
67027	IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT),	\$749.56	\$749.56	10/01/2017
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	\$89.64	\$88.41	10/01/2017
67030	DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH	\$467.65	\$467.65	10/01/2017
67031	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRANES OR	\$341.13	\$313.58	10/01/2017
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	\$792.38	\$792.38	10/01/2017
67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER	\$849.13	\$849.13	10/01/2017
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL	\$918.05	\$918.05	10/01/2017
67041	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL CELLULAR	\$1,013.36	\$1,013.36	10/01/2017
67042	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMITING M	\$1,014.29	\$1,014.29	10/01/2017
67043	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SUBRETINAL MEMBRANE	\$1,071.08	\$1,071.08	10/01/2017
67101	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; CRYOTHERAPY OR DIATHERMY, WI	\$287.78	\$250.33	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
67105	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; PHOTOCOAGULATION, WITH OR	\$260.49	\$241.92	10/01/2017
67107	REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLERAL	\$996.58	\$996.58	10/01/2017
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT AIR	\$1,056.80	\$1,056.80	10/01/2017
67110	REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (EG, PNEUMATIC	\$769.79	\$714.69	10/01/2017
67113	REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE VITREORETINOPATHY, STAGE	\$1,179.33	\$1,179.33	10/01/2017
67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)	\$439.44	\$439.44	10/01/2017
67120	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR	\$576.77	\$490.71	10/01/2017
67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR	\$798.89	\$798.89	10/01/2017
67141	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITH	\$459.62	\$428.98	10/01/2017
67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION)	\$462.44	\$437.99	10/01/2017
67208	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), ONE OR MO	\$526.70	\$508.74	10/01/2017
67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), ONE OR	\$455.34	\$440.17	10/01/2017
67218	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), ONE OR	\$1,217.94	\$1,217.94	10/01/2017
67220	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION);	\$468.96	\$440.17	10/01/2017
67221	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION);	\$251.85	\$188.39	10/01/2017
67225	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION);	\$26.09	\$24.85	10/01/2017
67227	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY),	\$254.66	\$226.18	10/01/2017
67228	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY, ONE OR MORE SESSIONS; (EG, DI	\$299.34	\$270.55	10/01/2017
67229	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY, ONE OR MORE SESSIONS; PRETERM	\$1,025.73	\$1,025.73	10/01/2017
67250	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT	\$685.83	\$685.83	10/01/2017
67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT	\$600.80	\$600.80	10/01/2017
67299	UNLISTED PROCEDURE, POSTERIOR SEGMENT	BR	BR	10/01/1982
67311	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; ONE HORIZONTAL MUSCLE	\$525.47	\$525.47	10/01/2017
67312	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; TWO HORIZONTAL MUSCLES	\$625.80	\$625.80	10/01/2017
67314	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; ONE VERTICAL MUSCLE	\$591.26	\$591.26	10/01/2017
67316	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; TWO OR MORE VERTICAL	\$704.88	\$704.88	10/01/2017
67318	STRABISMUS SURGERY, ANY PROCEDURE, SUPERIOR OBLIQUE MUSCLE	\$620.42	\$620.42	10/01/2017
67320	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR	\$284.60	\$284.60	10/01/2017
67331	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT	\$270.32	\$270.32	10/01/2017
67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRIOR	\$293.30	\$293.30	10/01/2017
67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT	\$266.31	\$266.31	10/01/2017
67335	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING	\$131.30	\$131.30	10/01/2017
67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR	\$316.59	\$316.59	10/01/2017
67343	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPARATE	\$575.02	\$575.02	10/01/2017
67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE	\$212.39	\$191.65	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
67346	BIOPSY OF EXTRAOCULAR MUSCLE	\$170.97	\$170.97	10/01/2017
67399	UNLISTED PROCEDURE, OCULAR MUSCLE	BR	BR	10/01/1982
67400	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR EXPLOR	\$816.55	\$816.55	10/01/2017
67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	\$695.15	\$695.15	10/01/2017
67412	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	\$747.06	\$747.06	10/01/2017
67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	\$750.13	\$750.13	10/01/2017
67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	\$1,166.09	\$1,166.09	10/01/2017
67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS	\$92.80	\$92.80	10/01/2017
67420	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	\$1,422.21	\$1,422.21	10/01/2017
67430	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	\$1,085.75	\$1,085.75	10/01/2017
67440	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	\$1,058.97	\$1,058.97	10/01/2017
67445	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	\$1,232.40	\$1,232.40	10/01/2017
67450	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); FOR	\$1,097.53	\$1,097.53	10/01/2017
67500	RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE SUPPLY O	\$68.90	\$63.33	10/01/2017
67505	RETROBULBAR INJECTION; ALCOHOL	\$77.89	\$71.39	10/01/2017
67515	INJECTION OF MEDICATION OR SUBSTANCE INTO MEMBRANE COVERING EYEBALL	\$85.33	\$78.83	10/01/2017
67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION	\$846.85	\$846.85	10/01/2017
67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION	\$867.69	\$867.69	10/01/2017
67570	OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEATH)	\$1,022.00	\$1,022.00	10/01/2017
67599	UNLISTED PROCEDURE, ORBIT	BR	BR	10/01/1982
67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	\$234.19	\$102.32	10/01/2017
67710	SEVERING OF TARSORRHAPHY	\$194.85	\$85.27	10/01/2017
67715	CANTHOTOMY (SEPARATE PROCEDURE)	\$208.98	\$95.06	10/01/2017
67800	EXCISION OF CHALAZION; SINGLE	\$111.03	\$91.22	10/01/2017
67801	EXCISION OF CHALAZION; MULTIPLE, SAME LID	\$142.04	\$117.28	10/01/2017
67805	EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS	\$176.44	\$144.87	10/01/2017
67808	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING	\$323.68	\$323.68	10/01/2017
67810	INCISIONAL BIOPSY OF EYELID SKIN INCLUDING LID MARGIN	\$150.66	\$63.67	10/01/2017
67820	CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY	\$46.89	\$46.89	10/01/2017
67825	CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS (EG, BY	\$112.59	\$106.71	10/01/2017
67830	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN	\$232.09	\$121.27	10/01/2017
67835	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE	\$386.18	\$386.18	10/01/2017
67840	EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WITH SIMPLE	\$240.48	\$139.25	10/01/2017
67850	DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)	\$188.20	\$119.79	10/01/2017
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)	\$149.97	\$85.89	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
67880	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	\$401.46	\$324.08	10/01/2017
67882	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	\$494.24	\$415.30	10/01/2017
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	\$561.15	\$448.47	10/01/2017
67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERI	\$662.98	\$507.58	10/01/2017
67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLI	\$635.90	\$635.90	10/01/2017
67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL	\$520.21	\$425.80	10/01/2017
67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL	\$642.02	\$525.93	10/01/2017
67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING	\$447.38	\$447.38	10/01/2017
67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBRANE TO CORRECT EYELID DROOPING OR PARALYSIS	\$432.25	\$373.13	10/01/2017
67909	REDUCTION OF OVERCORRECTION OF PTOSIS	\$469.85	\$385.96	10/01/2017
67911	CORRECTION OF LID RETRACTION	\$494.98	\$494.98	10/01/2017
67912	CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LID LOAD (EG,	\$769.42	\$430.77	10/01/2017
67914	REPAIR OF ECTROPION; SUTURE	\$410.89	\$288.00	10/01/2017
67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION	\$255.35	\$173.63	10/01/2017
67916	REPAIR OF ECTROPION; EXCISION TARSAL WEDGE	\$518.49	\$379.51	10/01/2017
67917	REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP OPERATIONS)	\$527.90	\$403.15	10/01/2017
67921	REPAIR OF ENTROPION; SUTURE	\$402.26	\$272.87	10/01/2017
67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION	\$253.18	\$173.63	10/01/2017
67923	REPAIR OF ENTROPION; EXCISION TARSAL WEDGE	\$517.69	\$379.01	10/01/2017
67924	REPAIR OF ENTROPION; EXTENSIVE (EG, TARSAL STRIP OR CAPSULOPALPEBRAL FASCIA	\$551.77	\$403.19	10/01/2017
67930	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL C	\$319.26	\$211.85	10/01/2017
67935	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL	\$520.83	\$389.58	10/01/2017
67938	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID	\$212.90	\$102.39	10/01/2017
67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	\$501.76	\$407.96	10/01/2017
67961	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA,	\$503.45	\$400.37	10/01/2017
67966	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA,	\$673.74	\$578.71	10/01/2017
67971	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	\$636.81	\$636.81	10/01/2017
67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	\$819.53	\$819.53	10/01/2017
67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	\$817.43	\$817.43	10/01/2017
67975	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	\$602.32	\$602.32	10/01/2017
67999	UNLISTED PROCEDURE, EYELIDS	BR	BR	10/01/1982
68020	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST	\$104.84	\$97.11	10/01/2017
68040	EXPRESSION OF CONJUNCTIVAL FOLLICLES (EG, FOR TRACHOMA)	\$54.34	\$44.44	10/01/2017
68100	BIOPSY OF CONJUNCTIVA	\$148.46	\$85.93	10/01/2017
68110	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM	\$197.14	\$130.59	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM	\$272.11	\$161.91	10/01/2017
68130	EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA	\$471.56	\$362.29	10/01/2017
68135	DESTRUCTION OF LESION, CONJUNCTIVA	\$137.39	\$132.75	10/01/2017
68200	SUBCONJUNCTIVAL INJECTION	\$36.27	\$30.70	10/01/2017
68320	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	\$634.22	\$474.18	10/01/2017
68325	CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)	\$579.34	\$579.34	10/01/2017
68326	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR	\$568.23	\$568.23	10/01/2017
68328	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBRANE GRAFT	\$623.64	\$623.64	10/01/2017
68330	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT	\$529.19	\$405.68	10/01/2017
68335	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE	\$570.41	\$570.41	10/01/2017
68340	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSERTION OF	\$476.81	\$351.13	10/01/2017
68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)	\$465.90	\$362.51	10/01/2017
68362	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP)	\$577.60	\$577.60	10/01/2017
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR	\$363.21	\$363.21	10/01/2017
68399	UNLISTED PROCEDURE, CONJUNCTIVA	BR	BR	10/01/1982
68400	INCISION, DRAINAGE OF LACRIMAL GLAND	\$247.88	\$116.01	10/01/2017
68420	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRYOCYSTOSTOMY)	\$280.40	\$148.22	10/01/2017
68440	SNIP INCISION OF LACRIMAL PUNCTUM	\$89.30	\$86.82	10/01/2017
68500	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL	\$860.19	\$860.19	10/01/2017
68505	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTIAL	\$852.27	\$852.27	10/01/2017
68510	BIOPSY OF LACRIMAL GLAND	\$389.39	\$257.21	10/01/2017
68520	EXCISION OF LACRIMAL SAC (DACRYOCYSTEATOMY)	\$603.78	\$603.78	10/01/2017
68525	BIOPSY OF LACRIMAL SAC	\$233.34	\$233.34	10/01/2017
68530	REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES	\$373.80	\$227.08	10/01/2017
68540	EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH	\$817.12	\$817.12	10/01/2017
68550	EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY	\$977.65	\$977.65	10/01/2017
68700	PLASTIC REPAIR OF CANALICULI	\$531.31	\$531.31	10/01/2017
68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY	\$207.06	\$146.38	10/01/2017
68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)	\$665.58	\$665.58	10/01/2017
68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHOUT	\$668.23	\$668.23	10/01/2017
68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH	\$691.60	\$691.60	10/01/2017
68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER	\$176.08	\$128.41	10/01/2017
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	\$129.34	\$104.57	10/01/2017
68770	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)	\$553.93	\$553.93	10/01/2017
68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION	\$77.54	\$69.50	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;	\$137.98	\$112.29	10/01/2017
68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GENERAL	\$119.99	\$119.99	10/01/2017
68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTION OF	\$347.34	\$195.04	10/01/2017
68816	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL BALL	\$563.66	\$143.59	10/01/2017
68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	\$111.95	\$102.36	10/01/2017
68850	INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY	\$54.24	\$49.90	10/01/2017
68899	UNLISTED PROCEDURE, LACRIMAL SYSTEM	BR	BR	10/01/1982
69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE	\$164.57	\$105.13	10/01/2017
69005	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED	\$188.51	\$138.36	10/01/2017
69020	DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS	\$203.46	\$125.45	10/01/2017
69100	BIOPSY EXTERNAL EAR	\$88.44	\$43.55	10/01/2017
69105	BIOPSY EXTERNAL AUDITORY CANAL	\$122.78	\$56.22	10/01/2017
69110	EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR	\$402.92	\$286.53	10/01/2017
69120	EXCISION EXTERNAL EAR; COMPLETE AMPUTATION	\$358.62	\$358.62	10/01/2017
69140	EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL	\$772.37	\$772.37	10/01/2017
69145	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL	\$347.53	\$220.00	10/01/2017
69150	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NECK DISSECTION	\$924.95	\$924.95	10/01/2017
69155	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITH NECK DISSECTION	\$1,473.94	\$1,473.94	10/01/2017
69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL ANESTHESIA	\$72.68	\$42.03	10/01/2017
69205	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTHESIA	\$89.61	\$89.61	10/01/2017
69209	REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILATERAL	\$11.10	\$11.10	10/01/2017
69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	\$43.01	\$29.08	10/01/2017
69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING)	\$79.12	\$45.69	10/01/2017
69222	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA OR MORE THAN	\$192.32	\$120.51	10/01/2017
69300	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	\$521.52	\$406.98	10/01/2017
69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS DUE	\$962.69	\$962.69	10/01/2017
69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE	\$1,345.47	\$1,345.47	10/01/2017
69399	UNLISTED PROCEDURE, EXTERNAL EAR	BR	BR	10/01/1982
69420	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION	\$167.57	\$106.28	10/01/2017
69421	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQUIRING	\$131.28	\$131.28	10/01/2017
69424	VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA	\$111.63	\$54.98	10/01/2017
69433	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPICAL	\$177.43	\$116.76	10/01/2017
69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA	\$141.48	\$141.48	10/01/2017
69440	MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION	\$607.75	\$607.75	10/01/2017
69450	TYMPANOLYSIS, TRANSCANAL	\$480.82	\$480.82	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
69501	TRANSMASTOID ANTROTOMY ("SIMPLE" MASTOIDECTOMY)	\$647.79	\$647.79	10/01/2017
69502	MASTOIDECTOMY; COMPLETE	\$862.08	\$862.08	10/01/2017
69505	MASTOIDECTOMY; MODIFIED RADICAL	\$1,062.63	\$1,062.63	10/01/2017
69511	MASTOIDECTOMY; RADICAL	\$1,089.34	\$1,089.34	10/01/2017
69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY	\$1,474.83	\$1,474.83	10/01/2017
69535	RESECTION TEMPORAL BONE, EXTERNAL APPROACH	\$2,380.65	\$2,380.65	10/01/2017
69540	EXCISION AURAL POLYP	\$183.07	\$111.87	10/01/2017
69550	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL	\$918.71	\$918.71	10/01/2017
69552	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID	\$1,377.51	\$1,377.51	10/01/2017
69554	EXCISION AURAL GLOMUS TUMOR; EXTENDED (EXTRATEMPORAL)	\$2,228.52	\$2,228.52	10/01/2017
69601	REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY	\$923.91	\$923.91	10/01/2017
69602	REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY	\$964.76	\$964.76	10/01/2017
69603	REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY	\$1,118.83	\$1,118.83	10/01/2017
69604	REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY	\$982.29	\$982.29	10/01/2017
69605	REVISION MASTOIDECTOMY; WITH APICECTOMY	\$1,477.06	\$1,477.06	10/01/2017
69610	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OF PERFORATION FOR	\$337.65	\$257.48	10/01/2017
69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)	\$608.96	\$431.28	10/01/2017
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR	\$780.43	\$780.43	10/01/2017
69632	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR	\$951.84	\$951.84	10/01/2017
69633	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR	\$922.35	\$922.35	10/01/2017
69635	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY,	\$1,091.41	\$1,091.41	10/01/2017
69636	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY,	\$1,218.33	\$1,218.33	10/01/2017
69637	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY,	\$1,236.02	\$1,236.02	10/01/2017
69641	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$919.61	\$919.61	10/01/2017
69642	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$1,179.72	\$1,179.72	10/01/2017
69643	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$1,080.75	\$1,080.75	10/01/2017
69644	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$1,305.31	\$1,305.31	10/01/2017
69645	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$1,283.04	\$1,283.04	10/01/2017
69646	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$1,362.78	\$1,362.78	10/01/2017
69650	STAPES MOBILIZATION	\$712.80	\$712.80	10/01/2017
69660	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH	\$818.50	\$818.50	10/01/2017
69661	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH	\$1,065.07	\$1,065.07	10/01/2017
69662	REVISION OF STAPEDECTOMY OR STAPEDOTOMY	\$1,026.11	\$1,026.11	10/01/2017
69666	REPAIR OVAL WINDOW FISTULA	\$717.48	\$717.48	10/01/2017
69667	REPAIR ROUND WINDOW FISTULA	\$717.44	\$717.44	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)	\$838.92	\$838.92	10/01/2017
69676	TYMPANIC NEURECTOMY	\$733.46	\$733.46	10/01/2017
69700	CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE)	\$612.85	\$612.85	10/01/2017
69710	IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE	BR	BR	03/01/1989
69711	REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL	\$761.20	\$761.20	10/01/2017
69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS	\$952.71	\$952.71	10/01/2017
69715	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS	\$1,217.86	\$1,217.86	10/01/2017
69717	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT,	\$1,001.67	\$1,001.67	10/01/2017
69718	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT,	\$1,186.83	\$1,186.83	10/01/2017
69720	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE GANGLION	\$1,074.36	\$1,074.36	10/01/2017
69725	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO GENICULATE	\$1,662.93	\$1,662.93	10/01/2017
69740	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	\$1,054.09	\$1,054.09	10/01/2017
69745	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	\$1,039.16	\$1,039.16	10/01/2017
69799	UNLISTED PROCEDURE, MIDDLE EAR	BR	BR	10/01/1982
69801	LABYRINTHOTOLOGY, WITH PERFUSION OF VESTIBULOACTIVE DRUG(S); TRANSCANAL	\$171.79	\$111.74	10/01/2017
69805	ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT	\$931.82	\$931.82	10/01/2017
69806	ENDOLYMPHATIC SAC OPERATION; WITH SHUNT	\$835.50	\$835.50	10/01/2017
69820	FENESTRATION SEMICIRCULAR CANAL	\$739.40	\$739.40	10/01/2017
69840	REVISION FENESTRATION OPERATION	\$798.97	\$798.97	10/01/2017
69905	LABYRINTHOTOLOGY; TRANSCANAL	\$810.03	\$810.03	10/01/2017
69910	LABYRINTHOTOLOGY; WITH MASTOIDECTOMY	\$904.78	\$904.78	10/01/2017
69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH	\$1,400.94	\$1,400.94	10/01/2017
69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	\$1,082.41	\$1,082.41	10/01/2017
69949	UNLISTED PROCEDURE, INNER EAR	BR	BR	10/01/1982
69950	VESTIBULAR NERVE SECTION, TRANSCRANIAL APPROACH	\$1,604.19	\$1,604.19	10/01/2017
69955	TOTAL FACIAL NERVE DECOMPRESSION AND/OR REPAIR (MAY INCLUDE GRAFT)	\$1,745.46	\$1,745.46	10/01/2017
69960	DECOMPRESSION INTERNAL AUDITORY CANAL	\$1,703.51	\$1,703.51	10/01/2017
69970	REMOVAL OF TUMOR, TEMPORAL BONE	\$1,895.92	\$1,895.92	10/01/2017
69979	UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH	BR	BR	10/01/1982
69990	MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY	\$195.01	\$195.01	10/01/2017
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$58.64	\$58.64	10/01/2017
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$136.11	\$136.11	10/01/2017
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	\$24.14	\$24.14	10/01/2017
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	\$28.79	\$28.79	10/01/2017
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	\$33.15	\$33.15	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	\$29.40	\$29.40	10/01/2017
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE	\$47.70	\$47.70	10/01/2017
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	\$45.26	\$45.26	10/01/2017
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	\$26.00	\$26.00	10/01/2017
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	\$36.25	\$36.25	10/01/2017
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	\$28.47	\$28.47	10/01/2017
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND	\$15.56	\$15.56	10/01/2017
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	\$30.97	\$30.97	10/01/2017
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS	\$36.88	\$36.88	10/01/2017
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	\$26.00	\$26.00	10/01/2017
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS	\$32.84	\$32.84	10/01/2017
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	\$26.31	\$26.31	10/01/2017
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS	\$31.60	\$31.60	10/01/2017
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS	\$39.96	\$39.96	10/01/2017
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	\$12.96	\$12.96	10/01/2017
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	\$31.56	\$31.56	10/01/2017
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	\$46.41	\$46.41	10/01/2017
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH;	\$26.62	\$26.62	10/01/2017
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH;	\$42.12	\$42.12	10/01/2017
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$70.03	\$70.03	10/01/2017
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)	\$260.27	\$260.27	10/01/2017
70350	CEPHALOGRAM, ORTHODONTIC	\$17.29	\$17.29	10/01/2017
70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	\$18.23	\$18.23	10/01/2017
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	\$24.45	\$24.45	10/01/2017
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR	\$67.19	\$67.19	10/01/2017
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING	\$78.79	\$78.79	10/01/2017
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	\$31.26	\$31.26	10/01/2017
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$81.77	\$81.77	10/01/2017
70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	\$101.66	\$101.66	10/01/2017
70460	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	\$141.99	\$141.99	10/01/2017
70470	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$168.01	\$168.01	10/01/2017
70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	\$154.08	\$154.08	10/01/2017
70481	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	\$241.07	\$241.07	10/01/2017
70482	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	\$263.04	\$263.04	10/01/2017
70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	\$121.78	\$121.78	10/01/2017

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70487	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	\$146.63	\$146.63	10/01/2017
70488	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$178.84	\$178.84	10/01/2017
70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	\$154.08	\$154.08	10/01/2017
70491	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	\$206.09	\$206.09	10/01/2017
70492	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY	\$242.96	\$242.96	10/01/2017
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NON	\$256.59	\$256.59	10/01/2017
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NON	\$255.97	\$255.97	10/01/2017
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTR	\$254.68	\$254.68	10/01/2017
70542	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITH CONTRAST	\$296.81	\$296.81	10/01/2017
70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITHOUT	\$364.41	\$364.41	10/01/2017
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	\$248.15	\$248.15	10/01/2017
70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)	\$281.85	\$281.85	10/01/2017
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY	\$447.91	\$447.91	10/01/2017
70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S)	\$248.15	\$248.15	10/01/2017
70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL(S)	\$281.89	\$281.89	10/01/2017
70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY	\$447.91	\$447.91	10/01/2017
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT	\$202.11	\$202.11	10/01/2017
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH	\$280.13	\$280.13	10/01/2017
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT	\$330.38	\$330.38	10/01/2017
70554	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND	\$393.18	\$393.18	10/01/2017
70555	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHO	\$520.37	\$520.37	10/01/2017
70557	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL	BR	BR	01/01/2004
70558	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL	BR	BR	01/01/2004
70559	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL	BR	BR	01/01/2004
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	\$19.81	\$19.81	10/01/2017
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	\$24.16	\$24.16	10/01/2017
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	\$24.47	\$24.47	10/01/2017
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL	\$29.75	\$29.75	10/01/2017
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE	\$36.27	\$36.27	10/01/2017
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY	\$55.45	\$55.45	10/01/2017
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;	\$36.54	\$36.54	10/01/2017
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY	\$72.16	\$72.16	10/01/2017
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY	\$28.48	\$28.48	10/01/2017
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	\$28.80	\$28.80	10/01/2017
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST,	\$31.88	\$31.88	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	\$32.85	\$32.85	10/01/2017
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST,	\$42.12	\$42.12	10/01/2017
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	\$25.70	\$25.70	10/01/2017
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS	\$31.28	\$31.28	10/01/2017
71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	\$142.56	\$142.56	10/01/2017
71260	COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	\$200.81	\$200.81	10/01/2017
71270	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	\$240.45	\$240.45	10/01/2017
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S)	\$262.81	\$262.81	10/01/2017
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$259.37	\$259.37	10/01/2017
71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$403.62	\$403.62	10/01/2017
71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$468.38	\$468.38	10/01/2017
71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIUM), WITH OR WITHOUT	\$348.28	\$348.28	10/01/2017
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	\$19.18	\$19.18	10/01/2017
72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS	\$28.80	\$28.80	10/01/2017
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 4 OR 5 VIEWS	\$39.64	\$39.64	10/01/2017
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 6 OR MORE VIEWS	\$48.95	\$48.95	10/01/2017
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	\$29.73	\$29.73	10/01/2017
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	\$30.04	\$30.04	10/01/2017
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	\$34.07	\$34.07	10/01/2017
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	\$26.64	\$26.64	10/01/2017
72081	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERV	\$34.04	\$34.04	10/01/2017
72082	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERV	\$54.50	\$54.50	10/01/2017
72083	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERV	\$59.16	\$59.16	10/01/2017
72084	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERV	\$70.33	\$70.33	10/01/2017
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	\$30.66	\$30.66	10/01/2017
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS	\$42.73	\$42.73	10/01/2017
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS, M	\$54.19	\$54.19	10/01/2017
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; BENDING VIEWS ONLY, 2 OR 3 VIEWS	\$35.30	\$35.30	10/01/2017
72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	\$144.75	\$144.75	10/01/2017
72126	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	\$199.87	\$199.87	10/01/2017
72127	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$236.11	\$236.11	10/01/2017
72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	\$141.62	\$141.62	10/01/2017
72129	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	\$200.80	\$200.80	10/01/2017
72130	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$237.04	\$237.04	10/01/2017
72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	\$141.62	\$141.62	10/01/2017

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72132	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	\$199.56	\$199.56	10/01/2017
72133	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$235.80	\$235.80	10/01/2017
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL;	\$196.50	\$196.50	10/01/2017
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL;	\$284.46	\$284.46	10/01/2017
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC;	\$196.81	\$196.81	10/01/2017
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC;	\$282.60	\$282.60	10/01/2017
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR;	\$195.88	\$195.88	10/01/2017
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR;	\$281.33	\$281.33	10/01/2017
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	\$332.54	\$332.54	10/01/2017
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	\$333.16	\$333.16	10/01/2017
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	\$331.31	\$331.31	10/01/2017
72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL CANAL AND CONTENTS, WITH OR WITHOUT	\$364.03	\$364.03	10/01/2017
72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	\$27.85	\$27.85	10/01/2017
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	\$33.13	\$33.13	10/01/2017
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING N	\$267.72	\$267.72	10/01/2017
72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	\$128.04	\$128.04	10/01/2017
72193	COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	\$197.68	\$197.68	10/01/2017
72194	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	\$227.42	\$227.42	10/01/2017
72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)	\$259.68	\$259.68	10/01/2017
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIAL(S)	\$359.04	\$359.04	10/01/2017
72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S),	\$442.11	\$442.11	10/01/2017
72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$351.02	\$351.02	10/01/2017
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	\$24.76	\$24.76	10/01/2017
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	\$28.79	\$28.79	10/01/2017
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	\$24.45	\$24.45	10/01/2017
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$86.21	\$86.21	10/01/2017
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$86.48	\$86.48	10/01/2017
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$80.91	\$80.91	10/01/2017
72270	RADIOLOGICAL SUPERVISION AND INTERPRETATION X-RAY OF SPINAL CANAL, 2 OR MORE SPI	\$111.66	\$111.66	10/01/2017
72275	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$101.04	\$101.04	10/01/2017
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$98.93	\$98.93	10/01/2017
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$85.52	\$85.52	10/01/2017
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	\$24.13	\$24.13	10/01/2017
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	\$26.31	\$26.31	10/01/2017
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	\$20.11	\$20.11	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	\$25.38	\$25.38	10/01/2017
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$87.37	\$87.37	10/01/2017
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT	\$30.96	\$30.96	10/01/2017
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	\$25.37	\$25.37	10/01/2017
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	\$23.82	\$23.82	10/01/2017
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	\$27.23	\$27.23	10/01/2017
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$83.61	\$83.61	10/01/2017
73090	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	\$22.59	\$22.59	10/01/2017
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	\$24.13	\$24.13	10/01/2017
73100	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	\$25.37	\$25.37	10/01/2017
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	\$30.95	\$30.95	10/01/2017
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$92.90	\$92.90	10/01/2017
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	\$22.90	\$22.90	10/01/2017
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	\$26.92	\$26.92	10/01/2017
73140	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS	\$27.53	\$27.53	10/01/2017
73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$141.62	\$141.62	10/01/2017
73201	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$194.58	\$194.58	10/01/2017
73202	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$242.28	\$242.28	10/01/2017
73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITH CONTRAST MATERIAL(S), IN	\$287.26	\$287.26	10/01/2017
73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	\$255.26	\$255.26	10/01/2017
73219	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	\$351.30	\$351.30	10/01/2017
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	\$437.15	\$437.15	10/01/2017
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT	\$207.59	\$207.59	10/01/2017
73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH	\$330.56	\$330.56	10/01/2017
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT	\$411.15	\$411.15	10/01/2017
73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTRAST	\$357.49	\$357.49	10/01/2017
73501	RADIOLOGIC EXAMINATION, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; 1 VIEW	\$26.00	\$26.00	10/01/2017
73502	RADIOLOGIC EXAMINATION, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; 2-3 VIEWS	\$36.23	\$36.23	10/01/2017
73503	RADIOLOGIC EXAMINATION, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; MINIMUM OF	\$45.19	\$45.19	10/01/2017
73521	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; 2 VIEWS	\$34.68	\$34.68	10/01/2017
73522	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; 3-4 VIEWS	\$42.72	\$42.72	10/01/2017
73523	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; MINIMUM OF	\$49.54	\$49.54	10/01/2017
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$88.87	\$88.87	10/01/2017
73551	RADIOLOGIC EXAMINATION, FEMUR; 1 VIEW	\$24.44	\$24.44	10/01/2017
73552	RADIOLOGIC EXAMINATION, FEMUR; MINIMUM 2 VIEW	\$28.48	\$28.48	10/01/2017

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73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	\$26.92	\$26.92	10/01/2017
73562	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	\$31.26	\$31.26	10/01/2017
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	\$34.68	\$34.68	10/01/2017
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	\$31.25	\$31.25	10/01/2017
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$99.40	\$99.40	10/01/2017
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	\$25.06	\$25.06	10/01/2017
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	\$24.13	\$24.13	10/01/2017
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	\$25.99	\$25.99	10/01/2017
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	\$27.54	\$27.54	10/01/2017
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$92.01	\$92.01	10/01/2017
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	\$22.59	\$22.59	10/01/2017
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	\$25.38	\$25.38	10/01/2017
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	\$23.51	\$23.51	10/01/2017
73660	RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO VIEWS	\$24.43	\$24.43	10/01/2017
73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$141.62	\$141.62	10/01/2017
73701	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$197.68	\$197.68	10/01/2017
73702	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$239.49	\$239.49	10/01/2017
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITH CONTRAST MATERIAL(S), IN	\$311.05	\$311.05	10/01/2017
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT;	\$254.95	\$254.95	10/01/2017
73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH	\$300.84	\$300.84	10/01/2017
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT;	\$439.32	\$439.32	10/01/2017
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT	\$207.28	\$207.28	10/01/2017
73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH	\$333.34	\$333.34	10/01/2017
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT	\$411.46	\$411.46	10/01/2017
73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST	\$351.03	\$351.03	10/01/2017
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	\$20.74	\$20.74	10/01/2017
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND	\$30.67	\$30.67	10/01/2017
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT	\$32.81	\$32.81	10/01/2017
74022	IMAGING OF ABDOMEN AND CHEST	\$39.02	\$39.02	10/01/2017
74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	\$131.14	\$131.14	10/01/2017
74160	COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$202.06	\$202.06	10/01/2017
74170	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	\$229.63	\$229.63	10/01/2017
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S),	\$326.00	\$326.00	10/01/2017
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING	\$268.69	\$268.69	10/01/2017
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	\$176.14	\$176.14	10/01/2017

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74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	\$272.45	\$272.45	10/01/2017
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOT	\$309.29	\$309.29	10/01/2017
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S)	\$259.64	\$259.64	10/01/2017
74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$397.43	\$397.43	10/01/2017
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S),	\$443.04	\$443.04	10/01/2017
74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$352.57	\$352.57	10/01/2017
74190	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOGICAL	\$23.39	\$23.39	10/01/2017
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	\$67.83	\$67.83	10/01/2017
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	\$77.12	\$77.12	10/01/2017
74230	SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY	\$111.82	\$111.82	10/01/2017
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER,	\$137.99	\$137.99	10/01/2012
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED	\$98.54	\$98.54	10/01/2017
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED	\$102.87	\$102.87	10/01/2017
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL INTESTINE,	\$149.67	\$149.67	10/01/2017
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH	\$110.92	\$110.92	10/01/2017
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH	\$123.61	\$123.61	10/01/2017
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH	\$160.50	\$160.50	10/01/2017
74250	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILMS;	\$90.74	\$90.74	10/01/2017
74251	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILMS; VIA	\$128.25	\$128.25	10/01/2017
74260	DUODENOGRAPHY, HYPOTONIC	\$119.85	\$119.85	10/01/2017
74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSI	\$204.13	\$204.13	10/01/2017
74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSI	\$339.76	\$339.76	10/01/2017
74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMAGE POSTPROCESSIN	\$659.05	\$659.05	10/01/2017
74270	RADIOLOGIC EXAMINATION, COLON; CONTRAST (EG, BARIUM) ENEMA, WITH OR WITHOUT KUB	\$127.94	\$127.94	10/01/2017
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM,	\$141.31	\$141.31	10/01/2017
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER	\$182.99	\$182.99	10/01/2017
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	\$61.31	\$61.31	10/01/2017
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADIOLOGICAL	\$15.97	\$15.97	10/01/2012
74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET INTRAOPERATIVE,	\$10.38	\$10.38	10/01/2012
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL	\$38.01	\$38.01	10/01/2017
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL	\$133.25	\$133.25	10/01/2012
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL	\$46.72	\$46.72	10/01/2017
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), INCLUDING	\$29.12	\$29.12	10/01/2017
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND	\$39.09	\$39.09	10/01/2017
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS),	\$31.09	\$31.09	10/01/2017

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74363	PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT	\$237.30	\$237.30	10/01/2012
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOG	\$96.32	\$96.32	10/01/2017
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	\$95.08	\$95.08	10/01/2017
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH	\$119.23	\$119.23	10/01/2017
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	\$20.77	\$20.77	10/01/2017
74425	UROGRAPHY, ANTEGRADE, (PYELOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL	\$18.12	\$18.12	10/01/2017
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$33.14	\$33.14	10/01/2017
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$70.93	\$70.93	10/01/2017
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$50.21	\$50.21	10/01/2017
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$17.58	\$17.58	10/01/2017
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$71.53	\$71.53	10/01/2017
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION,	\$25.89	\$25.89	10/01/2017
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND	\$80.29	\$80.29	10/01/2017
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	\$32.22	\$32.22	10/01/2017
74712	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL	\$230.93	\$230.93	10/01/2017
74713	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL	\$204.05	\$204.05	10/01/2017
74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$65.36	\$65.36	10/01/2017
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	\$30.63	\$30.63	10/01/2017
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$280.38	\$280.38	10/01/2017
75559	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$321.81	\$321.81	10/01/2017
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$372.03	\$372.03	10/01/2017
75563	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$443.41	\$443.41	10/01/2017
75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LIST SEPARATELY IN	\$48.05	\$48.05	10/01/2017
75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUAT	\$77.17	\$77.17	10/01/2017
75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC ST	\$248.27	\$248.27	10/01/2017
75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC ST	\$340.40	\$340.40	10/01/2017
75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WH	\$333.83	\$333.83	10/01/2017
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTER	\$172.70	\$172.70	10/01/2017
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$120.78	\$120.78	10/01/2017
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$120.04	\$120.04	10/01/2017
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY	\$148.95	\$148.95	10/01/2017
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWE	\$334.06	\$334.06	10/01/2017
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$147.23	\$147.23	10/01/2017
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$215.99	\$215.99	10/01/2017
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$141.66	\$141.66	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$163.06	\$163.06	10/01/2017
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH	\$130.76	\$130.76	10/01/2017
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$150.27	\$150.27	10/01/2017
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$162.72	\$162.72	10/01/2017
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND	\$139.93	\$139.93	10/01/2017
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$132.08	\$132.08	10/01/2017
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$147.90	\$147.90	10/01/2017
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION,	\$134.21	\$134.21	10/01/2017
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$148.39	\$148.39	10/01/2017
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION,	\$75.53	\$75.53	10/01/2017
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTER	\$49.69	\$49.69	10/01/2017
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND	\$64.45	\$64.45	10/01/2017
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND	\$48.26	\$48.26	10/01/2017
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND	\$250.38	\$250.38	10/01/2012
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT	\$86.41	\$86.41	10/01/2017
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$75.05	\$75.05	10/01/2017
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$100.94	\$100.94	10/01/2017
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$119.85	\$119.85	10/01/2017
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$118.49	\$118.49	10/01/2017
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$120.92	\$120.92	10/01/2017
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$122.63	\$122.63	10/01/2017
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$144.09	\$144.09	10/01/2017
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$130.85	\$130.85	10/01/2017
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$157.11	\$157.11	10/01/2017
75860	VENOGRAPHY, VENOUS SINUS (EG, PETROSAL AND INFERIOR SAGITTAL) OR JUGULAR,	\$125.77	\$125.77	10/01/2017
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$130.81	\$130.81	10/01/2017
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$136.03	\$136.03	10/01/2017
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$128.65	\$128.65	10/01/2017
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL	\$137.09	\$137.09	10/01/2017
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION,	\$138.64	\$138.64	10/01/2017
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL	\$125.85	\$125.85	10/01/2017
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION,	\$127.40	\$127.40	10/01/2017
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR	\$104.08	\$104.08	10/01/2017
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND IN	\$106.85	\$106.85	10/01/2017
75898	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THER	\$78.18	\$78.18	10/01/2017

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75901	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH)	\$154.83	\$154.83	10/01/2017
75902	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM	\$63.16	\$63.16	10/01/2017
75952	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION,	\$210.49	\$210.49	10/01/2012
75953	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF	\$89.01	\$89.01	10/01/2012
75954	ENDOVASCULAR REPAIR OF ILIAC ARTERY ANEURYSM, PSEUDOANEURYSM, ARTERIOVENOUS MALF	BR	BR	01/01/2003
75956	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM,	BR	BR	01/01/2006
75957	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM,	BR	BR	01/01/2006
75958	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING	BR	BR	01/01/2006
75959	PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) (DELAYED) AFTER ENDOVASCULAR REPAIR	BR	BR	01/01/2006
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$57.60	\$57.60	10/01/2017
75984	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITORING (EG, G	\$92.67	\$92.67	10/01/2017
75989	RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY, ULTRASOUND, OR COMPUTED TOMOGRAPHY),	\$106.06	\$106.06	10/01/2017
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEAL	\$41.43	\$41.43	10/01/2017
76001	FLUOROSCOPY, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME MORE THA	\$37.29	\$37.29	10/01/2017
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE VIEW, CHILD	\$22.90	\$22.90	10/01/2017
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL	\$48.36	\$48.36	10/01/2017
76098	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	\$14.54	\$14.54	10/01/2017
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN	\$80.18	\$80.18	10/01/2017
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG,	\$115.04	\$115.04	10/01/2017
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG,	\$126.70	\$126.70	10/01/2017
76120	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	\$68.77	\$68.77	10/01/2017
76125	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION (LIST	\$14.52	\$14.52	10/01/2017
76140	CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN REPORT	\$22.24	\$22.24	10/01/2012
76376	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC	\$20.44	\$20.44	10/01/2017
76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC	\$62.63	\$62.63	10/01/2017
76380	COMPUTED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	\$95.18	\$95.18	10/01/2017
76390	MAGNETIC RESONANCE SPECTROSCOPY	\$388.59	\$388.59	10/01/2017
76496	UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	BR	BR	01/01/2003
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	BR	BR	01/01/2003
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	BR	BR	01/01/2003
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	BR	BR	10/01/1982
76506	ECHOENCEPHALOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERM	\$104.04	\$104.04	10/01/2017
76510	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED	\$149.14	\$149.14	10/01/2017
76511	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SCAN ONLY	\$89.48	\$89.48	10/01/2017
76512	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN (WITH OR WITHOUT SUPERIMPOSED	\$81.43	\$81.43	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
76513	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND, IMMERSION	\$83.48	\$83.48	10/01/2017
76514	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	\$13.30	\$13.30	10/01/2017
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	\$68.88	\$68.88	10/01/2017
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS	\$74.14	\$74.14	10/01/2017
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	\$69.20	\$69.20	10/01/2017
76536	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), R	\$102.54	\$102.54	10/01/2017
76604	ULTRASOUND, CHEST (INCLUDES MEDIASTINUM), REAL TIME WITH IMAGE DOCUMENTATION	\$77.78	\$77.78	10/01/2017
76641	ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMENTATION, INCLUDING AX	\$94.53	\$94.53	10/01/2017
76642	ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMENTATION, INCLUDING AX	\$77.79	\$77.79	10/01/2017
76700	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$107.88	\$107.88	10/01/2017
76705	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION;	\$80.58	\$80.58	10/01/2017
76706	ULTRASOUND, ABDOMINAL AORTA, REAL TIME WITH IMAGE DOCUMENTATION, SCREENING STUDY	\$82.42	\$82.42	10/01/2017
76770	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCU	\$99.80	\$99.80	10/01/2017
76775	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME	\$51.48	\$51.48	10/01/2017
76776	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER WITH IMAGE DOCUMEN	\$138.19	\$138.19	10/01/2017
76800	ULTRASOUND, SPINAL CANAL AND CONTENTS	\$104.43	\$104.43	10/01/2017
76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATER	\$109.11	\$109.11	10/01/2017
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$57.08	\$57.08	10/01/2017
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$125.79	\$125.79	10/01/2017
76810	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$82.49	\$82.49	10/01/2017
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$162.31	\$162.31	10/01/2017
76812	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$181.80	\$181.80	10/01/2017
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER	\$108.10	\$108.10	10/01/2017
76814	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER	\$71.84	\$71.84	10/01/2017
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED (EG,	\$74.99	\$74.99	10/01/2017
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLLOW-UP (EG,	\$102.51	\$102.51	10/01/2017
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	\$86.14	\$86.14	10/01/2017
76818	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	\$109.28	\$109.28	10/01/2017
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	\$79.92	\$79.92	10/01/2017
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	\$42.73	\$42.73	10/01/2017
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	\$82.36	\$82.36	10/01/2017
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE	\$245.72	\$245.72	10/01/2017
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE	\$144.41	\$144.41	10/01/2017
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH	\$66.96	\$66.96	10/01/2017
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH	\$47.71	\$47.71	10/01/2017

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76830	ULTRASOUND, TRANSVAGINAL	\$107.82	\$107.82	10/01/2017
76831	SALINE INFUSION SONOHYSTEROGRAPHY (SIS), INCLUDING COLOR FLOW DOPPLER, WHEN	\$105.63	\$105.63	10/01/2017
76856	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$97.30	\$97.30	10/01/2017
76857	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE	\$42.47	\$42.47	10/01/2017
76870	ULTRASOUND, SCROTUM AND CONTENTS	\$60.13	\$60.13	10/01/2017
76872	ULTRASOUND, TRANSRECTAL;	\$83.76	\$83.76	10/01/2017
76873	ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT	\$150.84	\$150.84	10/01/2017
76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$104.12	\$104.12	10/01/2017
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED,	\$31.63	\$31.63	10/01/2017
76885	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC (REQUIRIN	\$84.63	\$84.63	10/01/2017
76886	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED, STATIC (	\$78.12	\$78.12	10/01/2017
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATI	\$72.20	\$72.20	10/01/2014
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPERVISION AND	\$32.66	\$32.66	10/01/2017
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDOANEURYSM OR	\$239.41	\$239.41	10/01/2017
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF	\$27.60	\$27.60	10/01/2017
76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	\$101.89	\$101.89	10/01/2017
76941	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS,	\$60.36	\$60.36	10/01/2017
76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION,	\$53.06	\$53.06	10/01/2017
76945	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, IMAGING SUPERVISION AND	\$33.98	\$33.98	10/01/2017
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATION	\$28.79	\$28.79	10/01/2017
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	\$80.21	\$80.21	10/01/2017
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	\$68.77	\$68.77	10/01/2017
76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTERPRETATION	\$40.95	\$40.95	10/01/2017
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SITE(S), ANY	\$6.44	\$6.44	10/01/2017
76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	\$57.84	\$57.84	10/01/2017
76999	UNLISTED ULTRASOUND PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	BR	BR	10/01/1982
77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT (C	\$73.68	\$73.68	10/01/2017
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, L	\$81.45	\$81.45	10/01/2017
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PA	\$82.44	\$82.44	10/01/2017
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	\$196.11	\$196.11	10/01/2017
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJEC	\$108.84	\$108.84	10/01/2017
77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLA	\$504.76	\$504.76	10/01/2017
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	\$103.87	\$103.87	10/01/2017
77021	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY, NEEDLE ASPIRAT	\$350.05	\$350.05	10/01/2017
77022	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	\$185.67	\$185.67	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTE	\$51.42	\$51.42	10/01/2017
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND I	\$67.83	\$67.83	10/01/2017
77058	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); UN	\$440.41	\$440.41	10/01/2017
77059	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); BI	\$440.41	\$440.41	10/01/2017
77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED;	\$116.50	\$116.50	10/01/2017
77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED;	\$147.81	\$147.81	10/01/2017
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUT	\$119.31	\$119.31	10/01/2017
77071	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CA	\$42.30	\$42.30	10/01/2017
77072	BONE AGE STUDIES	\$20.12	\$20.12	10/01/2017
77073	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	\$31.26	\$31.26	10/01/2017
77074	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	\$56.37	\$56.37	10/01/2017
77075	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETO	\$76.22	\$76.22	10/01/2017
77076	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	\$84.61	\$84.61	10/01/2017
77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	\$32.52	\$32.52	10/01/2017
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	\$62.56	\$62.56	10/01/2017
77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXI	\$35.91	\$35.91	10/01/2017
77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; APP	\$24.47	\$24.47	10/01/2017
77084	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	\$341.38	\$341.38	10/01/2017
77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXI	\$48.92	\$48.92	10/01/2017
77086	VERTEBRAL FRACTURE ASSESSMENT VIA DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA)	\$30.95	\$30.95	10/01/2017
77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE	\$67.11	\$67.11	10/01/2017
77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE	\$99.72	\$99.72	10/01/2017
77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	\$146.24	\$146.24	10/01/2017
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	\$240.67	\$240.67	10/01/2017
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	\$383.48	\$383.48	10/01/2017
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	\$453.54	\$453.54	10/01/2017
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FO	\$409.97	\$409.97	10/01/2017
77295	MANAGEMENT OF RADIATION THERAPY, 3D	\$431.84	\$431.84	10/01/2017
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	BR	BR	10/01/1982
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF,	\$58.61	\$58.61	10/01/2017
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR	\$1,717.30	\$1,717.30	10/01/2017
77306	TELETHERAPY ISODOSE PLAN; SIMPLE (1 OR 2 UNMODIFIED PORTS DIRECTED TO A SINGLE A	\$131.54	\$131.54	10/01/2017
77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, T	\$254.50	\$254.50	10/01/2017
77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (CALCULATION(S) MADE FROM 1 TO 4 SOURCES, OR	\$165.86	\$165.86	10/01/2017
77317	BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE (CALCULATION(S) MADE FROM 5 TO 10 SOURC	\$216.07	\$216.07	10/01/2017

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77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (CALCULATION(S) MADE FROM OVER 10 SOURCES, O	\$312.26	\$312.26	10/01/2017
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY	\$81.94	\$81.94	10/01/2017
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY	\$56.52	\$56.52	10/01/2017
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	\$59.20	\$59.20	10/01/2017
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS,	\$84.98	\$84.98	10/01/2017
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL	\$115.10	\$115.10	10/01/2017
77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT	\$69.36	\$69.36	10/01/2017
77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY	\$446.66	\$446.66	10/01/2017
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	\$106.62	\$106.62	10/01/2017
77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE O	\$1,742.86	\$1,742.86	10/01/2017
77372	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE O	\$941.94	\$941.94	10/01/2017
77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MO	\$1,195.61	\$1,195.61	10/01/2017
77385	RADIATION THERAPY DELIVERY	BR	BR	01/01/2015
77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND T	BR	BR	01/01/2015
77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT D	BR	BR	01/01/2015
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES,	BR	BR	10/01/1982
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE	\$21.63	\$21.63	10/01/2017
77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL	\$119.27	\$119.27	10/01/2014
77407	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS	\$216.59	\$216.59	10/01/2014
77412	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLO	\$205.61	\$205.61	10/01/2014
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)	\$9.56	\$9.56	10/01/2017
77422	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; SINGLE TREATMENT AREA USING A	\$29.04	\$29.04	10/01/2015
77423	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH CO	\$56.53	\$56.53	10/01/2015
77424	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION	BR	BR	01/01/2012
77425	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION	\$124.72	\$124.72	10/01/2012
77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	\$163.64	\$163.64	10/01/2017
77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE	\$90.04	\$90.04	10/01/2017
77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CRANIAL LESION(S) (COMPLETE COURS	\$368.55	\$368.55	10/01/2017
77435	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE,	\$555.54	\$555.54	10/01/2017
77469	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	\$283.25	\$283.25	10/01/2017
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER	\$127.09	\$127.09	10/01/2017
77499	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT	BR	BR	10/01/1982
77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	\$775.75	\$775.75	10/01/2017
77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	\$775.75	\$775.75	10/01/2017
77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	\$890.77	\$890.77	10/01/2017

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77525	PROTON TREATMENT DELIVERY; COMPLEX	\$1,005.78	\$1,005.78	10/01/2017
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM	\$363.85	\$363.85	10/01/2017
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4	\$683.14	\$683.14	10/01/2017
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL	\$754.45	\$754.45	10/01/2017
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL	\$899.37	\$899.37	10/01/2017
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	\$405.08	\$405.08	10/01/2017
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION (INCLUDES THREE MONTHS FOLLOW-	\$328.06	\$328.06	10/01/2017
77761	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE	\$344.32	\$344.32	10/01/2017
77762	INTRACAVITARY RADIATION SOURCE APPLICATION; INTERMEDIATE	\$459.43	\$459.43	10/01/2017
77763	INTRACAVITARY RADIATION SOURCE APPLICATION; COMPLEX	\$647.97	\$647.97	10/01/2017
77767	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE SKIN SURFACE BRACHYTHERAPY, INCL	\$197.63	\$197.63	10/01/2017
77768	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE SKIN SURFACE BRACHYTHERAPY, INCL	\$310.03	\$310.03	10/01/2017
77770	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BR	\$282.06	\$282.06	10/01/2017
77771	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BR	\$525.42	\$525.42	10/01/2017
77772	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BR	\$802.69	\$802.69	10/01/2017
77778	INTERSTITIAL RADIATION SOURCE APPLICATION; COMPLEX	\$723.43	\$723.43	10/01/2017
77789	SURFACE APPLICATION OF RADIATION SOURCE	\$104.58	\$104.58	10/01/2017
77790	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	\$12.96	\$12.96	10/01/2017
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	BR	BR	10/01/1982
78012	THYROID UPTAKE, SINGLE OR MULTIPLE QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMUL	\$72.71	\$72.71	10/01/2017
78013	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED);	\$173.00	\$173.00	10/01/2017
78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIP	\$218.83	\$218.83	10/01/2017
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	\$200.91	\$200.91	10/01/2017
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY	\$257.39	\$257.39	10/01/2017
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	\$283.60	\$283.60	10/01/2017
78020	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITION TO CODE FOR	\$75.32	\$75.32	10/01/2017
78070	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED);	\$271.85	\$271.85	10/01/2017
78071	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRA	\$323.60	\$323.60	10/01/2017
78072	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRA	\$373.27	\$373.27	10/01/2017
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	\$402.07	\$402.07	10/01/2017
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	BR	10/01/1982
78102	BONE MARROW IMAGING; LIMITED AREA	\$154.15	\$154.15	10/01/2017
78103	BONE MARROW IMAGING; MULTIPLE AREAS	\$198.82	\$198.82	10/01/2017
78104	BONE MARROW IMAGING; WHOLE BODY	\$222.02	\$222.02	10/01/2017
78110	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE	\$90.31	\$90.31	10/01/2017

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78111	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE	\$85.99	\$85.99	10/01/2017
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	\$84.76	\$84.76	10/01/2017
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	\$94.08	\$94.08	10/01/2017
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA	\$86.98	\$86.98	10/01/2017
78130	RED CELL SURVIVAL STUDY;	\$151.39	\$151.39	10/01/2017
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC	\$315.70	\$315.70	10/01/2017
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR	\$125.08	\$125.08	10/01/2017
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	\$191.28	\$191.28	10/01/2017
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE	\$356.18	\$356.18	10/01/2017
78191	PLATELET SURVIVAL STUDY	\$151.39	\$151.39	10/01/2017
78195	LYMPHATICS AND LYMPH NODES IMAGING	\$322.63	\$322.63	10/01/2017
78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC	BR	BR	10/01/1982
78201	LIVER IMAGING; STATIC ONLY	\$170.86	\$170.86	10/01/2017
78202	LIVER IMAGING; WITH VASCULAR FLOW	\$181.11	\$181.11	10/01/2017
78205	LIVER IMAGING (SPECT);	\$191.06	\$191.06	10/01/2017
78206	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	\$309.92	\$309.92	10/01/2017
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	\$175.80	\$175.80	10/01/2017
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	\$114.54	\$114.54	10/01/2017
78226	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT;	\$299.65	\$299.65	10/01/2017
78227	WITH PHARMACOLOGIC INTERVENTION, INCLUDING QUANTITATIVE MEASUREMENT(S) WHEN PERF	\$406.43	\$406.43	10/01/2017
78230	SALIVARY GLAND IMAGING;	\$158.13	\$158.13	10/01/2017
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	\$116.38	\$116.38	10/01/2017
78232	SALIVARY GLAND FUNCTION STUDY	\$90.43	\$90.43	10/01/2017
78258	ESOPHAGEAL MOTILITY	\$203.73	\$203.73	10/01/2017
78261	GASTRIC MUCOSA IMAGING	\$222.32	\$222.32	10/01/2017
78262	GASTROESOPHAGEAL REFLUX STUDY	\$219.53	\$219.53	10/01/2017
78264	GASTRIC EMPTYING STUDY	\$304.62	\$304.62	10/01/2017
78265	GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH); WITH SMALL BOWEL TR	\$330.32	\$330.32	10/01/2017
78266	GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH); WITH SMALL BOWEL AN	\$417.30	\$417.30	10/01/2017
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR	\$91.55	\$91.55	10/01/2017
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR	\$81.03	\$81.03	10/01/2017
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR	\$88.49	\$88.49	10/01/2017
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	\$315.50	\$315.50	10/01/2017
78282	GASTROINTESTINAL PROTEIN LOSS	\$17.16	\$17.16	10/01/2012
78290	INTESTINE IMAGING	\$300.55	\$300.55	10/01/2017

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78291	PERITONEAL-VEIN SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	\$231.61	\$231.61	10/01/2017
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	BR	10/01/1982
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	\$164.05	\$164.05	10/01/2017
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	\$209.92	\$209.92	10/01/2017
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	\$227.61	\$227.61	10/01/2017
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	\$313.35	\$313.35	10/01/2017
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	\$206.60	\$206.60	10/01/2017
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON	\$28.80	\$28.80	10/01/2017
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	BR	10/01/1982
78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION W	\$211.94	\$211.94	10/01/2017
78428	CARDIAC SHUNT DETECTION	\$163.85	\$163.85	10/01/2017
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	\$164.34	\$164.34	10/01/2017
78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECT	\$307.27	\$307.27	10/01/2017
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECT	\$426.79	\$426.79	10/01/2017
78453	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL	\$274.65	\$274.65	10/01/2017
78454	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL	\$395.09	\$395.09	10/01/2017
78456	ACUTE VEIN THROMBOSIS IMAGING, PEPTIDE	\$289.24	\$289.24	10/01/2017
78457	VEIN THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	\$158.89	\$158.89	10/01/2017
78458	VEIN THROMBOSIS IMAGING, VENOGRAM; BILATERAL	\$185.18	\$185.18	10/01/2017
78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	\$1,045.11	\$1,045.11	10/01/2017
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	\$176.81	\$176.81	10/01/2017
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS	\$175.62	\$175.62	10/01/2017
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT	\$205.39	\$205.39	10/01/2017
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT REST OR	\$206.89	\$206.89	10/01/2017
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION	\$260.88	\$260.88	10/01/2017
78481	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT	\$157.75	\$157.75	10/01/2017
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MULTIPLE STUDIES,	\$218.82	\$218.82	10/01/2017
78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY	\$1,202.98	\$1,202.98	10/01/2017
78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE	\$1,219.20	\$1,219.20	10/01/2017
78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION	\$202.64	\$202.64	10/01/2017
78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH	\$39.41	\$39.41	10/01/2017
78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	BR	10/01/1982
78579	PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS)	\$168.45	\$168.45	10/01/2017
78580	PULMONARY PERFUSION IMAGING (EG, PARTICULATE)	\$216.42	\$216.42	10/01/2017
78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	\$303.11	\$303.11	10/01/2017

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78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED	\$182.76	\$182.76	10/01/2017
78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION (EG, AEROSOL OR GA	\$277.10	\$277.10	10/01/2017
78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	BR	10/01/1982
78600	BRAIN IMAGING, LESS THAN 4 STATIC VIEWS;	\$167.73	\$167.73	10/01/2017
78601	BRAIN IMAGING, LESS THAN 4 STATIC VIEWS; WITH VASCULAR FLOW	\$194.38	\$194.38	10/01/2017
78605	BRAIN IMAGING, MINIMUM 4 STATIC VIEWS;	\$181.39	\$181.39	10/01/2017
78606	BRAIN IMAGING, MINIMUM 4 STATIC VIEWS; WITH VASCULAR FLOW	\$298.71	\$298.71	10/01/2017
78607	BRAIN IMAGING, TOMOGRAPHIC (SPECT)	\$318.35	\$318.35	10/01/2017
78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	\$1,203.25	\$1,203.25	10/01/2017
78609	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); PERFUSION EVALUATION	\$66.12	\$66.12	10/01/2017
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	\$158.42	\$158.42	10/01/2017
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$306.74	\$306.74	10/01/2017
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$309.80	\$309.80	10/01/2017
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$293.73	\$293.73	10/01/2017
78647	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$320.68	\$320.68	10/01/2017
78650	CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION	\$299.94	\$299.94	10/01/2017
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	\$162.50	\$162.50	10/01/2017
78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	BR	10/01/1982
78700	KIDNEY IMAGING MORPHOLOGY;	\$155.08	\$155.08	10/01/2017
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	\$191.31	\$191.31	10/01/2017
78707	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, SINGLE STUDY WITHOUT	\$210.59	\$210.59	10/01/2017
78708	NUCLEAR MEDICINE STUDY OF KIDNEY WITH ASSESSMENT OF BLOOD FLOW AND FUNCTION	\$158.92	\$158.92	10/01/2017
78709	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, MULTIPLE STUDIES, WI	\$330.15	\$330.15	10/01/2017
78710	KIDNEY IMAGING MORPHOLOGY; TOMOGRAPHIC (SPECT)	\$181.75	\$181.75	10/01/2017
78725	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY	\$96.23	\$96.23	10/01/2017
78730	URINARY BLADDER RESIDUAL STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	\$63.79	\$63.79	10/01/2017
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)	\$198.16	\$198.16	10/01/2017
78761	TESTICULAR IMAGING WITH VASCULAR FLOW	\$193.19	\$193.19	10/01/2017
78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	BR	10/01/1982
78800	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL	\$174.20	\$174.20	10/01/2017
78801	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	\$237.68	\$237.68	10/01/2017
78802	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	\$293.20	\$293.20	10/01/2017
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	\$309.35	\$309.35	10/01/2017
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	\$512.60	\$512.60	10/01/2017
78805	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIMITED AREA	\$165.65	\$165.65	10/01/2017

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78806	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; WHOLE BODY	\$301.87	\$301.87	10/01/2017
78807	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; TOMOGRAPHIC (SPECT)	\$309.97	\$309.97	10/01/2017
78808	INJECTION PROCEDURE FOR RADIOPHARMACEUTICAL LOCALIZATION BY NON-IMAGING PROBE ST	\$39.58	\$39.58	10/01/2017
78811	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; LIMITED AREA (EG, CHEST, HEAD/NECK)	\$1,050.62	\$1,050.62	10/01/2017
78812	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; SKULL BASE TO MID-THIGH	\$1,222.87	\$1,222.87	10/01/2017
78813	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; WHOLE BODY	\$1,226.26	\$1,226.26	10/01/2017
78814	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	\$1,235.86	\$1,235.86	10/01/2017
78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	\$1,245.56	\$1,245.56	10/01/2017
78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	\$1,246.83	\$1,246.83	10/01/2017
78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	BR	10/01/1982
79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	\$121.11	\$121.11	10/01/2017
79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	\$127.10	\$127.10	10/01/2017
79200	RADIOPHARMACEUTICAL THERAPY, BY INTRACAVITARY ADMINISTRATION	\$124.14	\$124.14	10/01/2017
79300	RADIOPHARMACEUTICAL THERAPY, BY INTERSTITIAL RADIOACTIVE COLLOID ADMINISTRATION	\$241.94	\$241.94	10/01/2017
79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS	\$169.78	\$169.78	10/01/2017
79440	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTICULAR ADMINISTRATION	\$130.79	\$130.79	10/01/2017
79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	\$186.63	\$186.63	10/01/2012
79999	RADIOPHARMACEUTICAL THERAPY, UNLISTED PROCEDURE	BR	BR	10/01/1982
80050	GENERAL HEALTH PANEL	\$39.17	\$39.17	10/01/2012
80320	ALCOHOLS	\$3.66	\$3.66	01/01/2017
80321	ALCOHOL BIOMARKERS; 1 OR 2	\$4.19	\$4.19	01/01/2017
80322	ALCOHOL BIOMARKERS; 3 OR MORE	\$3.51	\$3.51	01/01/2017
80323	ALKALOIDS, NOT OTHERWISE SPECIFIED	\$4.11	\$4.11	01/01/2017
80324	AMPHETAMINES; 1 OR 2	\$4.19	\$4.19	01/01/2017
80325	AMPHETAMINES; 3 OR 4	\$1.54	\$1.54	01/01/2017
80326	AMPHETAMINES; 5 OR MORE	\$4.11	\$4.11	01/01/2017
80327	ANABOLIC STEROIDS; 1 OR 2	\$1.54	\$1.54	01/01/2017
80328	ANABOLIC STEROIDS; 3 OR MORE	\$1.54	\$1.54	01/01/2017
80329	ANALGESICS, NON-OPIOID; 1 OR 2	\$3.66	\$3.66	01/01/2017
80330	ANALGESICS, NON-OPIOID; 3-5	\$4.79	\$4.79	01/01/2017
80331	ANALGESICS, NON-OPIOID, 6 OR MORE	\$3.51	\$3.51	01/01/2017
80332	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 1 OR 2	\$3.66	\$3.66	01/01/2017
80333	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 3-5	\$4.79	\$4.79	01/01/2017
80334	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 6 OR MORE	\$3.51	\$3.51	01/01/2017
80335	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICATE; 1 OR 2	\$1.54	\$1.54	01/01/2017

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80336	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICATE; 3-5	\$1.54	\$1.54	01/01/2017
80337	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICATE; 6 OR MORE	\$3.66	\$3.66	01/01/2017
80338	ANTIDEPRESSANTS, NOT OTHERWISE SPECIFIED	\$3.66	\$3.66	01/01/2017
80339	ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED; 1-3	\$3.29	\$3.29	01/01/2017
80340	ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED; 4-6	\$4.79	\$4.79	01/01/2017
80341	ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED; 7 OR MORE	\$3.51	\$3.51	01/01/2017
80342	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED; 1-3	\$3.66	\$3.66	01/01/2017
80343	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED; 4-6	\$3.51	\$3.51	01/01/2017
80344	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED; 7 OR MORE	\$4.79	\$4.79	01/01/2017
80345	BARBITURATES	\$4.11	\$4.11	01/01/2017
80346	BENZODIAZEPINES; 1-12	\$4.19	\$4.19	01/01/2017
80347	BENZODIAZEPINES; 13 OR MORE	\$1.54	\$1.54	01/01/2017
80348	BUPRENORPHINE	\$4.19	\$4.19	01/01/2017
80349	CANNABINOIDS, NATURAL	\$4.19	\$4.19	01/01/2017
80350	CANNABINOIDS, SYNTHETIC; 1-3	\$3.51	\$3.51	01/01/2017
80351	CANNABINOIDS, SYNTHETIC; 4-6	\$1.54	\$1.54	01/01/2017
80352	CANNABINOIDS, SYNTHETIC; 7 OR MORE	\$1.54	\$1.54	01/01/2017
80353	COCAINE	\$4.19	\$4.19	01/01/2017
80354	FENTANYL	\$4.19	\$4.19	01/01/2017
80355	GABAPENTIN, NON-BLOOD	\$4.79	\$4.79	01/01/2017
80356	HEROIN METABOLITE	\$3.61	\$3.61	01/01/2017
80357	KETAMINE AND NORKETAMINE	\$3.17	\$3.17	01/01/2017
80358	METHADONE	\$4.11	\$4.11	01/01/2017
80359	METHYLENEDIOXYAMPHETAMINES (MDA, MDEA, MDMA)	\$4.19	\$4.19	01/01/2017
80360	METHYLPHENIDATE	\$3.17	\$3.17	01/01/2017
80361	OPIATES, 1 OR MORE	\$4.19	\$4.19	01/01/2017
80362	OPIOIDS AND OPIATE ANALOGS; 1 OR 2	\$4.19	\$4.19	01/01/2017
80363	OPIOIDS AND OPIATE ANALOGS; 3 OR 4	\$3.29	\$3.29	01/01/2017
80364	OPIOIDS AND OPIATE ANALOGS; 5 OR MORE	\$4.79	\$4.79	01/01/2017
80365	OXYCODONE	\$4.11	\$4.11	01/01/2017
80366	PREGABALIN	\$3.17	\$3.17	01/01/2017
80367	PROPOXYPHENE	\$4.19	\$4.19	01/01/2017
80368	SEDATIVE HYPNOTICS (NON-BENZODIAZEPINES)	\$3.66	\$3.66	01/01/2017
80369	SKELETAL MUSCLE RELAXANTS; 1 OR 2	\$3.66	\$3.66	01/01/2017
80370	SKELETAL MUSCLE RELAXANTS; 3 OR MORE	\$3.66	\$3.66	01/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
80371	STIMULANTS, SYNTHETIC	\$1.54	\$1.54	01/01/2017
80372	TAPENTADOL	\$4.19	\$4.19	01/01/2017
80373	TRAMADOL	\$4.19	\$4.19	01/01/2017
80374	STEREISOIMER (ENANTIOMER) ANALYSIS, SINGLE DRUG CLASS	\$1.54	\$1.54	01/01/2017
80375	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUALITATIVE OR QUANTITATIVE, NOT OTHERWISE	\$3.66	\$3.66	01/01/2017
80376	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUALITATIVE OR QUANTITATIVE, NOT OTHERWISE	\$3.51	\$3.51	01/01/2017
80377	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUALITATIVE OR QUANTITATIVE, NOT OTHERWISE	\$3.66	\$3.66	01/01/2017
80500	CLINICAL PATHOLOGY CONSULTATION	\$20.51	\$17.73	10/01/2017
80502	COMPREHENSIVE, CLINICAL PATHOLOGY CONSULTATION	\$65.00	\$62.52	10/01/2017
81099	UNLISTED URINALYSIS PROCEDURE	BR	BR	10/01/1982
81200	ASPA (ASPARTOACYLASE) (EG, CANAVAN DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG,	BR	BR	01/01/2012
81201	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATT	\$643.75	\$643.75	10/01/2015
81202	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATT	\$80.64	\$80.64	10/01/2015
81203	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATT	\$489.35	\$489.35	10/01/2015
81205	BCKDHB (BRANCHED-CHAIN KETO ACID DEHYDROGENASE E1, BETA POLYPEPTIDE) (EG, MAPLE	BR	BR	01/01/2012
81209	BLM (BLOOM SYNDROME, RECQ HELICASE-LIKE) (EG, BLOOM SYNDROME) GENE ANALYSIS, 228	BR	BR	01/01/2012
81216	BRCA2 (BREAST CANCER 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS	\$2,410.15	\$2,410.15	10/01/2012
81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS)	BR	BR	01/01/2012
81221	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS)	BR	BR	01/01/2012
81222	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS)	BR	BR	01/01/2012
81223	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS)	BR	BR	01/01/2012
81224	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS)	BR	BR	01/01/2012
81228	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF G	BR	BR	01/01/2012
81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF G	BR	BR	01/01/2012
81242	FANCC (FANCONI ANEMIA, COMPLEMENTATION GROUP C) (EG, FANCONI ANEMIA, TYPE C) GEN	BR	BR	01/01/2012
81243	FMR1 (FRAGILE X MENTAL RETARDATION 1) (EG, FRAGILE X MENTAL RETARDATION) GENE AN	BR	BR	01/01/2012
81244	FMR1 (FRAGILE X MENTAL RETARDATION 1) (EG, FRAGILE X MENTAL RETARDATION) GENE AN	BR	BR	01/01/2012
81250	G6PC (GLUCOSE-6-PHOSPHATASE, CATALYTIC SUBUNIT) (EG, GLYCOGEN STORAGE DISEASE, T	BR	BR	01/01/2012
81251	GBA (GLUCOSIDASE, BETA, ACID) (EG, GAUCHER DISEASE) GENE ANALYSIS, COMMON VARIAN	BR	BR	01/01/2012
81252	GENE ANALYSIS (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26), FULL GENE SEQU	BR	BR	01/01/2013
81253	GENE ANALYSIS (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26), KNOWN FAMILIAL	BR	BR	01/01/2013
81254	GJB6 (GAP JUNCTION PROTEIN, BETA 6, 30KDA, CONNEXIN 30) (EG, NONSYNDROMIC HEARIN	BR	BR	01/01/2013
81255	HEXA (HEXOSAMINIDASE A [ALPHA POLYPEPTIDE]) (EG, TAY-SACHS DISEASE) GENE ANALYSI	BR	BR	01/01/2012
81257	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HY	BR	BR	01/01/2012
81260	IKBKAP (INHIBITOR OF KAPPA LIGHT POLYPEPTIDE GENE ENHANCER IN B-CELLS, KINASE CO	BR	BR	01/01/2012

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81266	COMP ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; EA ADD'L SPECIMEN (EG, AD	BR	BR	01/01/2012
81290	MCOLN1 (MUCOLIPIN 1) (EG, MUCOLIPIDOSIS, TYPE IV) GENE ANALYSIS, COMMON VARIANTS	BR	BR	01/01/2012
81302	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; FULL SEQ	BR	BR	01/01/2012
81303	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; KNOWN FA	BR	BR	01/01/2012
81304	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; DUPLICAT	BR	BR	01/01/2012
81324	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEURO	BR	BR	01/01/2013
81325	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEURO	BR	BR	01/01/2013
81326	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEURO	\$81.26	\$81.26	10/01/2013
81330	SMPD1 (SPHINGOMYELIN PHOSPHODIESTERASE 1, ACID LYSOSOMAL) (EG, NIEMANN-PICK DISE	BR	BR	01/01/2012
81331	SNRPN/UBE3A (SMALL NUCLEAR RIBONUCLEOPROTEIN POLYPEPTIDE N AND UBIQUITIN PROTEIN	BR	BR	01/01/2012
81350	UGT1A1 (UDP GLUCURONOSY/TRANSFERASE 1 FAMILY, POLYPEPTIDE A1) (EG, IRINOTECAN ME	BR	BR	01/01/2012
81355	GENE ANALYSIS (VITAMIN K EPOXIDE REDUCTASE COMPLEX SUBUNIT 1) COMMON VARIANTS	\$71.96	\$71.96	10/01/2013
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	BR	BR	01/01/2012
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	BR	BR	01/01/2012
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	BR	BR	01/01/2012
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	BR	BR	01/01/2012
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	BR	BR	01/01/2012
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	BR	BR	01/01/2012
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	BR	BR	01/01/2012
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	BR	BR	01/01/2012
81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	BR	BR	01/01/2012
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	BR	BR	01/01/2013
81510	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF THREE ANALYTES (AFP, UE3,	BR	BR	01/01/2013
81599	UNLISTED MULTIANALYTE ASSAY WITH ALGORITHMIC ANALYSIS	BR	BR	01/01/2013
84999	UNLISTED CHEMISTRY PROCEDURE	BR	BR	10/01/1982
85060	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT	\$22.09	\$22.09	10/01/2017
85097	BONE MARROW, SMEAR INTERPRETATION	\$79.76	\$44.48	10/01/2017
85396	COAGULATION/FIBRINOLYSIS ASSAY, WHOLE BLOOD (EG, VISCOELASTIC CLOT ASSESSMENT),	\$18.34	\$18.34	10/01/2017
85999	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE	BR	BR	10/01/1982
86077	BLOOD BANK PHYSICIAN SERVICES; DIFFICULT CROSS MATCH AND/OR EVALUATION OF	\$49.74	\$46.33	10/01/2017
86078	BLOOD BANK PHYSICIAN SERVICES; INVESTIGATION OF TRANSFUSION REACTION INCLUDING	\$49.74	\$46.02	10/01/2017
86079	BLOOD BANK PHYSICIAN SERVICES; AUTHORIZATION FOR DEVIATION FROM STANDARD BLOOD	\$49.43	\$46.02	10/01/2017
86485	SKIN TEST; CANDIDA	\$16.90	\$16.90	10/01/2017
86486	SKIN TEST; UNLISTED ANTIGEN, EACH	\$4.29	\$4.29	10/01/2017
86490	SKIN TEST; COCCIDIOIDOMYCOSIS	\$63.73	\$63.73	10/01/2017

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86510	SKIN TEST; HISTOPLASMOSIS	\$5.22	\$5.22	10/01/2017
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	\$7.08	\$7.08	10/01/2017
86849	UNLISTED IMMUNOLOGY PROCEDURE	BR	BR	01/01/1993
86860	ANTIBODY ELUTION (RBC), EACH ELUTION	\$28.37	\$28.37	10/01/2012
86870	ANTIBODY IDENTIFICATION, RBC ANTIBODIES, EACH PANEL FOR EACH SERUM TECHNIQUE	\$56.29	\$56.29	10/01/2012
86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLECTION PROCESSING AND STORAGE; PREDEPOSITED	\$23.43	\$23.43	10/01/2012
86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLECTION PROCESSING AND STORAGE; INTRA- OR	BR	BR	01/01/1993
86920	COMPATIBILITY TEST EACH UNIT; IMMEDIATE SPIN TECHNIQUE	\$51.42	\$51.42	10/01/2012
86921	COMPATIBILITY TEST EACH UNIT; INCUBATION TECHNIQUE	\$15.19	\$15.19	10/01/2012
86922	COMPATIBILITY TEST EACH UNIT; ANTIGLOBULIN TECHNIQUE	\$26.42	\$26.42	10/01/2012
86923	COMPATIBILITY TEST EACH UNIT; ELECTRONIC	BR	BR	01/01/2006
86927	FRESH FROZEN PLASMA, THAWING, EACH UNIT	\$4.41	\$4.41	10/01/2012
86930	FROZEN BLOOD, EACH UNIT; FREEZING (INCLUDES PREPARATION)	BR	BR	01/01/1993
86931	FROZEN BLOOD, EACH UNIT; THAWING	BR	BR	01/01/1993
86932	FROZEN BLOOD, EACH UNIT; FREEZING (INCLUDES PREPARATION) AND THAWING	BR	BR	01/01/1993
86945	IRRADIATION OF BLOOD PRODUCT, EACH UNIT	BR	BR	01/01/1993
86950	LEUKOCYTE TRANSFUSION	BR	BR	01/01/1993
86960	VOLUME REDUCTION OF BLOOD OR BLOOD PRODUCT (EG, RED BLOOD CELLS OR PLATELETS), E	BR	BR	01/01/2006
86965	POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS	\$24.82	\$24.82	10/01/2012
86970	PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR	BR	BR	01/01/1993
86971	PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR	BR	BR	01/01/1993
86972	PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR	BR	BR	01/01/1993
86975	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATION WITH	BR	BR	01/01/1993
86976	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY DILUTION	BR	BR	01/01/1993
86977	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATION WITH	BR	BR	01/01/1993
86978	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY DIFFERENTIAL	\$19.32	\$19.32	10/01/2012
86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS, EACH UNIT	BR	BR	01/01/1993
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	BR	BR	10/01/1982
87999	UNLISTED MICROBIOLOGY PROCEDURE	BR	BR	10/01/1982
88104	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; SMEARS	\$65.17	\$65.17	10/01/2017
88106	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; SIMPLE	\$56.11	\$56.11	10/01/2017
88108	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPRETATION (EG,	\$54.90	\$54.90	10/01/2017
88112	CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE WITH INTERPRETATION	\$59.60	\$59.60	10/01/2017
88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPECIMEN WITH MOR	\$553.18	\$553.18	10/01/2017
88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPECIMEN WITH MOR	\$477.96	\$477.96	10/01/2017

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88125	CYTOPATHOLOGY, FORENSIC (EG, SPERM)	\$18.30	\$18.30	10/01/2017
88141	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), REQUIRING	\$28.58	\$28.58	10/01/2017
88160	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION	\$63.60	\$63.60	10/01/2017
88161	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; PREPARATION, SCREENING AND	\$57.41	\$57.41	10/01/2017
88162	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; EXTENDED STUDY INVOLVING OVER 5 SLIDES	\$87.46	\$87.46	10/01/2017
88172	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUD	\$50.33	\$50.33	10/01/2017
88173	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTERPRETATION AND REPORT	\$134.75	\$134.75	10/01/2017
88177	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUD	\$26.77	\$26.77	10/01/2017
88182	FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYSIS	\$104.80	\$104.80	10/01/2017
88184	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL	\$53.20	\$53.20	10/01/2017
88185	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL	\$32.50	\$32.50	10/01/2017
88187	FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS	\$51.24	\$51.24	10/01/2017
88188	FLOW CYTOMETRY, INTERPRETATION; 9 TO 15 MARKERS	\$65.29	\$65.29	10/01/2017
88189	FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS	\$80.29	\$80.29	10/01/2017
88199	UNLISTED CYTOPATHOLOGY PROCEDURE	BR	BR	10/01/1982
88291	CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT	\$28.63	\$28.63	10/01/2017
88299	UNLISTED CYTOGENETIC STUDY	BR	BR	10/01/1982
88300	LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY	\$14.19	\$14.19	10/01/2017
88302	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE	\$26.91	\$26.91	10/01/2017
88304	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, MODERATELY LOW COMPLEXITY	\$35.92	\$35.92	10/01/2017
88305	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, INTERMEDIATE COMPLEXITY	\$60.26	\$60.26	10/01/2017
88307	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, MODERATELY HIGH COMPLEXITY	\$233.24	\$233.24	10/01/2017
88309	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, HIGH COMPLEXITY	\$357.74	\$357.74	10/01/2017
88311	DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL	\$19.53	\$19.53	10/01/2017
88312	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP I FOR MICROORGANISMS (E	\$86.21	\$86.21	10/01/2017
88313	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP II, ALL OTHER (EG, IRON	\$61.01	\$61.01	10/01/2017
88314	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; HISTOCHEMICAL STAIN ON FROZEN	\$68.53	\$68.53	10/01/2017
88319	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP III, FOR ENZYME CONSTIT	\$77.85	\$77.85	10/01/2017
88321	CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE	\$90.78	\$76.54	10/01/2017
88323	CONSULTATION AND REPORT ON REFERRED MATERIAL REQUIRING PREPARATION OF SLIDES	\$114.29	\$114.29	10/01/2017
88325	CONSULTATION, COMPREHENSIVE, WITH REVIEW OF RECORDS AND SPECIMENS, WITH REPORT	\$165.67	\$137.19	10/01/2017
88329	PATHOLOGY CONSULTATION DURING SURGERY;	\$45.95	\$32.94	10/01/2017
88331	PATHOLOGY CONSULTATION DURING SURGERY; FIRST TISSUE BLOCK, WITH FROZEN	\$85.49	\$85.49	10/01/2017
88332	PATHOLOGY CONSULTATION DURING SURGERY; EACH ADDITIONAL TISSUE BLOCK WITH FROZEN	\$46.30	\$46.30	10/01/2017
88333	PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUCH PREP, SQ	\$82.71	\$82.71	10/01/2017

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88334	PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUCH PREP, SQ	\$52.20	\$52.20	10/01/2017
88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; EACH ADDITIONAL SINGL	\$79.76	\$79.76	10/01/2017
88342	IMMUNOHISTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE), EACH ANTIBODY	\$93.67	\$93.67	10/01/2017
88344	IMMUNOHISZTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; EACH MULTIPLEX ANTIB	\$150.97	\$150.97	10/01/2017
88346	IMMUNOFLUORESCENT STUDY, EACH ANTIBODY; DIRECT METHOD	\$82.89	\$82.89	10/01/2017
88348	ELECTRON MICROSCOPY; DIAGNOSTIC	\$303.39	\$303.39	10/01/2017
88350	IMMUNOFLUORESCENCE, PER SPECIMEN; EACH ADDITIONAL SINGLE ANTIBODY STAIN PROCEDUR	\$64.30	\$64.30	10/01/2017
88355	MORPHOMETRIC ANALYSIS; SKELETAL MUSCLE	\$125.48	\$125.48	10/01/2017
88356	MORPHOMETRIC ANALYSIS; NERVE	\$183.89	\$183.89	10/01/2017
88358	MORPHOMETRIC ANALYSIS; TUMOR (EG, DNA PLOIDY)	\$78.61	\$78.61	10/01/2017
88360	MICROSCOPIC GENETIC ANALYSIS OF TUMOR	\$122.94	\$122.94	10/01/2017
88361	MICROSCOPIC GENETIC ANALYSIS OF TUMOR	\$135.63	\$135.63	10/01/2017
88362	NERVE TEASING PREPARATIONS	\$203.07	\$203.07	10/01/2017
88363	EXAMINATION AND SELECTION OF RETRIEVED ARCHIVAL (IE, PREVIOUSLY DIAGNOSED) TISSU	\$20.82	\$17.73	10/01/2017
88364	IN SITU HYBRIDIZATION (EG, FISH), PER SPECIMEN; EACH ADDITIONAL SINGLE PROBE STA	\$115.03	\$115.03	10/01/2017
88365	IN SITU HYBRIDIZATION (EG, FISH), EACH PROBE	\$155.35	\$155.35	10/01/2017
88366	IN SITU HYBRIDIZATION (EG, FISH), PER SPECIMEN; EACH MULTIPLEX PROBE STAIN PROCE	\$224.81	\$224.81	10/01/2017
88367	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, (QUANTITATIVE OR	\$92.80	\$92.80	10/01/2017
88368	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, (QUANTITATIVE OR	\$102.46	\$102.46	10/01/2017
88369	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE)	\$93.71	\$93.71	10/01/2017
88373	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE)	\$69.24	\$69.24	10/01/2017
88374	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE)	\$296.53	\$296.53	10/01/2017
88375	OPTICAL ENDOMICROSCOPIC IMAGE(S), INTERPRETATION AND REPORT, REAL-TIME OR REFERR	\$40.75	\$40.75	10/01/2017
88377	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE)	\$354.27	\$354.27	10/01/2017
88380	MICRODISSECTION (IE, SAMPLE PREPARATION OF MICROSCOPICALLY IDENTIFIED TARGET); L	\$119.83	\$119.83	10/01/2017
88381	PREPARATION OF SPECIMEN, MANUAL"	\$106.29	\$106.29	10/01/2017
88387	MACROSCOPIC EXAM, DISSECTION, AND PREP OF TISSUE FOR NON-MICRO ANALYTICAL STUDIE	\$33.58	\$33.58	10/01/2017
88388	MACROSCOPIC EXAM, DISSECTION, AND PREP OF TISSUE FOR NON-MICRO ANALYTICAL STUDIE	\$30.45	\$30.45	10/01/2017
88399	UNLISTED MISCELLANEOUS PATHOLOGY PROCEDURE	BR	BR	10/01/1982
88749	UNLISTED IN VIVO (EG, TRANSCUTANEOUS) LABORATORY SERVICE	BR	BR	01/01/2011
89049	CAFFEINE HALOTHANE CONTRACTURE TEST (CHCT) FOR MALIGNANT HYPERTHERMIA SUSCEPTIBI	\$233.57	\$58.05	10/01/2017
89220	SPUTUM, OBTAINING SPECIMEN, AEROSOL INDUCED TECHNIQUE (SEPARATE PROCEDURE)	\$14.20	\$14.20	10/01/2017
89230	SWEAT COLLECTION BY IONTOPHORESIS	\$3.67	\$3.67	10/01/2017
89240	UNLISTED MISCELLANEOUS PATHOLOGY TEST	BR	BR	01/01/2004
89264	SPERM IDENTIFICATION FROM TESTIS TISSUE, FRESH OR CRYOPRESERVED	BR	BR	10/14/1998

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90460	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRAT	\$22.32	\$22.32	10/01/2017
90461	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRAT	\$11.17	\$11.17	10/01/2017
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	\$22.32	\$22.32	10/01/2017
90472	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	\$11.17	\$11.17	10/01/2017
90473	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (SINGLE OR	\$22.32	\$22.32	10/01/2017
90474	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITIONAL	\$11.17	\$11.17	10/01/2017
90651	HUMAN PAPILLOMA VIRUS VACCINE TYPES 6, 11, 16, 18, 31, 33, 45, 52, 58, NONVALEN	\$157.92	\$157.92	07/01/2015
90750	ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT, SUBUNIT, ADJUVANTED, FOR INTRAMUSC	BR	BR	01/01/2017
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$114.79	\$111.07	10/01/2017
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	\$128.66	\$124.95	10/01/2017
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	\$55.87	\$55.25	10/01/2017
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH	\$57.95	\$57.33	10/01/2017
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	\$74.27	\$73.65	10/01/2017
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH	\$73.25	\$72.63	10/01/2017
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	\$111.38	\$110.76	10/01/2017
90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH	\$96.61	\$95.99	10/01/2017
90845	PSYCHOANALYSIS	\$79.84	\$79.53	10/01/2017
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	\$89.84	\$89.22	10/01/2017
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)	\$93.29	\$92.67	10/01/2017
90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	\$30.47	\$27.38	10/01/2017
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	\$22.47	\$22.16	10/01/2017
90862	INFLUENZA VIRUS VACCINE, QUADRIVALENT (RIV4), DERIVED FROM RECOMBINANT DNA, HEMA	\$49.70	\$37.72	10/01/2012
90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIA	\$180.77	\$180.77	10/01/2017
90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQ	\$96.14	\$96.14	10/01/2017
90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQ	\$168.21	\$168.21	10/01/2017
90870	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING)	\$154.85	\$97.27	10/01/2017
90875	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY ANY	\$54.10	\$53.79	10/01/2017
90876	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY ANY	\$94.80	\$85.20	10/01/2017
90887	INTERPRETATION OR EXPLANATION OF RESULTS OF PSYCHIATRIC, OTHER MEDICAL	\$77.36	\$66.53	10/01/2017
90889	PREPARATION OF REPORT OF PATIENT'S PSYCHIATRIC STATUS	\$52.56	\$52.56	10/01/2012
90901	BIOFEEDBACK TRAINING BY ANY MODALITY	\$32.29	\$17.12	10/01/2017
90911	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER,	\$74.13	\$39.15	10/01/2017
90935	HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER QUALIFIED	\$63.47	\$63.47	10/01/2017
90937	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR WITHOUT	\$91.45	\$91.45	10/01/2017
90940	HEMODIALYSIS ACCESS FLOW STUDY TO DETERMINE BLOOD FLOW IN GRAFTS AND ARTERIOVENO	BR	BR	01/01/2001

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90945	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIALYSIS, HEMOFILTRAT	\$75.23	\$75.23	10/01/2017
90947	DIALYSIS PROCEDURE REQUIRING REPEAT EVALUATION	\$108.84	\$108.84	10/01/2017
90951	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER TH	\$827.72	\$827.72	10/01/2017
90952	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER TH	BR	BR	01/01/2009
90953	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER TH	BR	BR	01/01/2009
90954	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS	\$715.30	\$715.30	10/01/2017
90955	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS	\$401.87	\$401.87	10/01/2017
90956	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS	\$279.08	\$279.08	10/01/2017
90957	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEAR	\$565.21	\$565.21	10/01/2017
90958	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEAR	\$382.42	\$382.42	10/01/2017
90959	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEAR	\$259.90	\$259.90	10/01/2017
90960	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS O	\$248.69	\$248.69	10/01/2017
90961	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS O	\$208.87	\$208.87	10/01/2017
90962	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS O	\$161.00	\$161.00	10/01/2017
90963	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH	\$478.16	\$478.16	10/01/2017
90964	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH	\$418.08	\$418.08	10/01/2017
90965	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH	\$397.92	\$397.92	10/01/2017
90966	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH	\$208.29	\$208.29	10/01/2017
90967	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MO	\$15.86	\$15.86	10/01/2017
90968	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MO	\$13.67	\$13.67	10/01/2017
90969	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MO	\$13.36	\$13.36	10/01/2017
90970	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MO	\$6.83	\$6.83	10/01/2017
90989	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MODE,	\$407.26	\$407.26	10/01/2012
90993	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MODE, COURSE	\$16.29	\$16.29	10/01/2012
90997	HEMOPERFUSION (EG, WITH ACTIVATED CHARCOAL OR RESIN)	\$78.95	\$78.95	10/01/2017
90999	UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT	BR	BR	10/01/1982
91010	MEASUREMENT OF ESOPHAGEAL SWALLOWING MOVEMENT	\$154.04	\$154.04	10/01/2017
91013	MEASUREMENT OF ESOPHAGEAL SWALLOWING MOVEMENT	\$20.47	\$20.47	10/01/2017
91020	GASTRIC MOTILITY (MANOMETRIC) STUDIES	\$203.99	\$203.99	10/01/2017
91022	DUODENAL MOTILITY (MANOMETRIC) STUDY	\$147.08	\$147.08	10/01/2017
91030	ESOPHAGUS, ACID PERFUSION (BERNSTEIN) TEST FOR ESOPHAGITIS	\$117.52	\$117.52	10/01/2017
91034	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETER PH ELECTRODE(S)	\$164.47	\$164.47	10/01/2017
91035	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACHED TELEMTRY PH	\$419.61	\$419.61	10/01/2017
91037	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER	\$140.10	\$140.10	10/01/2017
91038	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER	\$391.78	\$391.78	10/01/2017

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91040	ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY	\$372.92	\$372.92	10/01/2017
91065	MEASUREMENT OF HYDROGEN IN BREATH TO TEST FOR GI SYMPTOMS	\$65.32	\$65.32	10/01/2017
91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS	\$739.51	\$739.51	10/01/2017
91117	COLON MOTILITY (MANOMETRIC) STUDY, MINIMUM 6 HOURS CONTINUOUS RECORDING (INCLUDI	\$123.89	\$123.89	10/01/2017
91120	RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE, RESPONSE TO GRADED BALLOON	\$371.87	\$371.87	10/01/2017
91122	ANORECTAL MANOMETRY	\$200.45	\$200.45	10/01/2017
91132	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS;	\$128.88	\$128.88	10/01/2017
91133	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS; WITH PROVOCATIVE TESTING	\$150.26	\$150.26	10/01/2017
91200	LIVER ELASTOGRAPHY, MECHANICALLY INDUCED SHEAR WAVE (EG, VIBRATION), WITHOUT IMA	\$33.78	\$33.78	10/01/2017
91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	BR	BR	10/01/1982
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF	\$71.15	\$42.36	10/01/2017
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION	\$130.53	\$88.12	10/01/2017
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION O	\$74.84	\$46.67	10/01/2017
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION	\$108.41	\$70.65	10/01/2017
92015	DETERMINATION OF REFRACTIVE STATE	\$17.42	\$17.11	10/01/2017
92018	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR	\$128.23	\$128.23	10/01/2017
92019	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR	\$63.79	\$63.79	10/01/2017
92020	GONIOSCOPY (SEPARATE PROCEDURE)	\$23.65	\$18.69	10/01/2017
92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION AN	\$33.19	\$33.19	10/01/2017
92060	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG,	\$57.18	\$57.18	10/01/2017
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION AND	\$47.44	\$47.44	10/01/2017
92071	FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE	\$33.31	\$29.59	10/01/2017
92072	FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTING	\$117.90	\$90.66	10/01/2017
92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	\$29.77	\$29.77	10/01/2017
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	\$42.50	\$42.50	10/01/2017
92083	MEASUREMENT OF FIELD OF VISION DURING DAYLIGHT CONDITIONS	\$56.48	\$56.48	10/01/2017
92100	SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEASUREMENTS OF INTRAOCULAR	\$70.15	\$30.21	10/01/2017
92132	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH INTE	\$27.29	\$27.29	10/01/2017
92133	SCANNING, COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH IN	\$32.91	\$32.91	10/01/2017
92134	SCANNING, COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH IN	\$36.02	\$36.02	10/01/2017
92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS	\$78.78	\$78.78	10/01/2017
92145	CORNEAL HYSTERESIS DETERMINATION, BY AIR IMPULSE STIMULATION, UNILATERAL OR BILA	\$15.78	\$15.78	10/01/2017
92225	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACHMENT, MELA	\$23.65	\$19.01	10/01/2017
92226	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACHMENT,	\$21.77	\$16.82	10/01/2017
92227	REMOTE IMAGING FOR DETECTION OF RETINAL DISEASE (EG, RETINOPATHY IN A PATIENT WI	\$12.65	\$12.65	10/01/2017

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92228	REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG, DIAB	\$30.42	\$30.42	10/01/2017
92230	FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT	\$50.60	\$28.93	10/01/2017
92235	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND	\$75.16	\$75.16	10/01/2017
92240	INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION	\$181.94	\$181.94	10/01/2017
92242	FLUORESCEIN ANGIOGRAPHY AND INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME I	\$198.41	\$198.41	10/01/2017
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	\$57.67	\$57.67	10/01/2017
92260	OPHTHALMODYNAMOMETRY	\$16.14	\$9.64	10/01/2017
92265	NEEDLE OCULOECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE OR BOTH EYES,	\$74.88	\$74.88	10/01/2017
92270	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	\$80.41	\$80.41	10/01/2017
92275	ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT	\$130.33	\$130.33	10/01/2017
92283	COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT	\$48.90	\$48.90	10/01/2017
92284	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT	\$54.81	\$54.81	10/01/2017
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATION OF	\$18.20	\$18.20	10/01/2017
92286	ANTERIOR SEGMENT IMAGING WITH INTERPRETATION AND REPORT; WITH SPECULAR MICROSCOP	\$33.84	\$33.84	10/01/2017
92287	ANTERIOR SEGMENT IMAGING WITH INTERPRETATION AND REPORT; WITH FLUORESCEIN ANGIOG	\$120.65	\$120.65	10/01/2017
92310	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT L	\$84.12	\$52.54	10/01/2017
92311	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT	\$88.53	\$49.22	10/01/2017
92312	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT	\$103.16	\$57.04	10/01/2017
92313	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT	\$84.48	\$41.76	10/01/2017
92314	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH	\$69.79	\$31.10	10/01/2017
92315	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH	\$64.81	\$19.62	10/01/2017
92316	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH	\$81.32	\$29.32	10/01/2017
92317	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH	\$66.32	\$20.20	10/01/2017
92325	MODIFICATION OF CONTACT LENS (SEPARATE PROCEDURE), WITH MEDICAL SUPERVISION OF	\$36.80	\$36.80	10/01/2017
92326	REPLACEMENT OF CONTACT LENS	\$30.60	\$30.60	10/01/2017
92340	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL	\$31.04	\$16.49	10/01/2017
92341	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL	\$35.37	\$21.13	10/01/2017
92342	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MULTIFOCAL, OTHER THAN BIFOCAL	\$38.19	\$23.64	10/01/2017
92352	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL	\$35.37	\$16.49	10/01/2017
92353	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL	\$41.27	\$22.39	10/01/2017
92354	FITTING OF SPECTACLE MOUNTED LOW VISION AID; SINGLE ELEMENT SYSTEM	\$11.72	\$11.72	10/01/2017
92355	FITTING OF SPECTACLE MOUNTED LOW VISION AID; TELESCOPIC OR OTHER COMPOUND LENS	\$18.22	\$18.22	10/01/2017
92358	PROSTHESIS SERVICE FOR APHAKIA, TEMPORARY (DISPOSABLE OR LOAN, INCLUDING	\$9.86	\$9.86	10/01/2017
92370	REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA	\$26.99	\$14.30	10/01/2017
92371	REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA	\$10.17	\$10.17	10/01/2017

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92499	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE	BR	BR	10/01/1982
92502	OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL ANESTHESIA	\$85.07	\$85.07	10/01/2017
92504	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)	\$26.04	\$8.40	10/01/2017
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY PROCESSING	\$35.64	\$35.64	10/01/2017
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING	\$10.39	\$10.39	10/01/2017
92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)	\$96.69	\$33.54	10/01/2017
92512	NASAL FUNCTION STUDIES (EG, RHINOMANOMETRY)	\$53.01	\$25.15	10/01/2017
92516	FACIAL NERVE FUNCTION STUDIES (EG, ELECTRONEURONOGRAPHY)	\$61.05	\$20.19	10/01/2017
92520	LARYNGEAL FUNCTION STUDIES (IE, AERODYNAMIC TESTING AND ACOUSTIC TESTING)	\$66.68	\$36.34	10/01/2017
92521	EVALUATION OF SPEECH FLUENCY (EG, STUTTERING, CLUTTERING)	\$97.64	\$97.64	10/01/2017
92522	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, A	\$80.86	\$80.86	10/01/2017
92523	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, A	\$172.63	\$172.63	10/01/2017
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	\$78.07	\$78.07	10/01/2017
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	\$75.61	\$75.61	10/01/2017
92531	SPONTANEOUS NYSTAGMUS, INCLUDING GAZE	\$13.28	\$13.28	10/01/2012
92532	POSITIONAL NYSTAGMUS TEST	\$16.29	\$16.29	10/01/2012
92533	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULATION	\$10.77	\$10.77	10/01/2012
92534	OPTOKINETIC NYSTAGMUS TEST	\$50.33	\$50.33	10/01/2012
92537	CALORIC VESTIBULAR TEST WITH RECORDING, BILATERAL; BITHERMAL (IE, ONE WARM AND O	\$35.43	\$35.43	10/01/2017
92538	CALORIC VESTIBULAR TEST WITH RECORDING, BILATERAL; MONOTHERMAL (IE, ONE IRRIGATI	\$18.00	\$18.00	10/01/2017
92540	BASIC VESTIBULAR EVALUATION, INCLUDES SPONTANEOUS NYSTAGMUS TEST WITH ECCENTRIC	\$89.88	\$89.88	10/01/2017
92541	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WITH RECORDIN	\$21.76	\$21.76	10/01/2017
92542	POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING	\$24.54	\$24.54	10/01/2017
92544	OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL STIMULATION,	\$14.90	\$14.90	10/01/2017
92545	OSCILLATING TRACKING TEST, WITH RECORDING	\$13.34	\$13.34	10/01/2017
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	\$89.78	\$89.78	10/01/2017
92547	USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	\$5.26	\$5.26	10/01/2017
92548	COMPUTERIZED DYNAMIC POSTUROGRAPHY	\$87.08	\$87.08	10/01/2017
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	\$18.65	\$18.65	10/01/2017
92551	SCREENING TEST, PURE TONE, AIR ONLY	\$10.48	\$10.48	10/01/2017
92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	\$27.51	\$27.51	10/01/2017
92553	PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	\$32.77	\$32.77	10/01/2017
92555	SPEECH AUDIOMETRY THRESHOLD;	\$20.39	\$20.39	10/01/2017
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	\$33.08	\$33.08	10/01/2017
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND	\$33.26	\$28.93	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
92558	EVOKED OTOACOUSTIC EMISSIONS, SCREENING (QUALITATIVE MEASUREMENT OF DISTORTION P	BR	BR	01/01/2012
92560	BEKESY AUDIOMETRY; SCREENING	\$19.40	\$19.40	10/01/2012
92561	BEKESY AUDIOMETRY; DIAGNOSTIC	\$33.66	\$33.66	10/01/2017
92562	LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL	\$40.51	\$40.51	10/01/2017
92563	TONE DECAY TEST	\$26.89	\$26.89	10/01/2017
92564	SHORT INCREMENT SENSITIVITY INDEX (SISI)	\$23.79	\$23.79	10/01/2017
92565	STENGER TEST, PURE TONE	\$13.58	\$13.58	10/01/2017
92567	TYMPANOMETRY (IMPEDANCE TESTING)	\$12.74	\$9.64	10/01/2017
92568	ACOUSTIC REFLEX TESTING; THRESHOLD	\$13.98	\$13.67	10/01/2017
92570	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING), ACOUSTIC	\$28.29	\$26.43	10/01/2017
92571	FILTERED SPEECH TEST	\$23.79	\$23.79	10/01/2017
92572	STAGGERED SPONDAIC WORD TEST	\$27.47	\$27.47	10/01/2017
92575	SENSORINEURAL ACUITY LEVEL TEST	\$50.99	\$50.99	10/01/2017
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	\$31.84	\$31.84	10/01/2017
92577	STENGER TEST, SPEECH	\$13.27	\$13.27	10/01/2017
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	\$40.12	\$33.93	10/01/2017
92582	CONDITIONING PLAY AUDIOMETRY	\$58.42	\$58.42	10/01/2017
92583	SELECT PICTURE AUDIOMETRY	\$43.92	\$43.92	10/01/2017
92584	ELECTROCOCHLEOGRAPHY	\$64.31	\$64.31	10/01/2017
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE	\$118.62	\$118.62	10/01/2017
92586	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE	\$75.45	\$75.45	10/01/2017
92587	DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; LIMITED EVALUATION (TO CONFIRM	\$18.95	\$18.95	10/01/2017
92588	DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE DIAGNOSTIC EVALUA	\$29.22	\$29.22	10/01/2017
92590	HEARING AID EXAMINATION AND SELECTION; MONAURAL	\$43.09	\$43.09	10/01/2012
92591	HEARING AID EXAMINATION AND SELECTION; BINAURAL	\$68.94	\$68.94	10/01/2012
92592	HEARING AID CHECK; MONAURAL	\$7.75	\$7.75	10/01/2012
92593	HEARING AID CHECK; BINAURAL	\$15.51	\$15.51	10/01/2012
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID; MONAURAL	BR	BR	10/01/1982
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID; BINAURAL	BR	BR	10/01/1982
92596	EAR PROTECTOR ATTENUATION MEASUREMENTS	\$36.14	\$36.14	10/01/2017
92597	EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE TO SUPPLEMENT ORAL	\$63.73	\$63.73	10/01/2017
92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; WITH PROG	\$130.26	\$107.36	10/01/2017
92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE;	\$72.68	\$58.44	10/01/2017
92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH PROGRAMMING	\$133.73	\$108.04	10/01/2017
92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; SUBSEQUENT	\$79.28	\$60.09	10/01/2017

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92605	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIV	\$82.08	\$78.37	10/01/2017
92606	THERAPEUTIC SERVICE(S) FOR THE USE OF NON-SPEECH-GENERATING DEVICE, INCLUDING	\$73.03	\$62.82	10/01/2017
92607	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE	\$112.24	\$112.24	10/01/2017
92608	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE	\$46.62	\$46.62	10/01/2017
92609	THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDING	\$97.04	\$97.04	10/01/2017
92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	\$75.55	\$64.40	10/01/2017
92611	MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING	\$76.41	\$76.41	10/01/2017
92612	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO	\$164.60	\$60.59	10/01/2017
92613	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDI	\$33.81	\$33.81	10/01/2017
92614	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR	\$126.84	\$59.36	10/01/2017
92615	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR	\$29.52	\$29.52	10/01/2017
92616	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY	\$181.73	\$89.18	10/01/2017
92617	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY TE	\$36.98	\$36.98	10/01/2017
92618	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIV	\$29.84	\$29.22	10/01/2017
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES	\$83.37	\$73.16	10/01/2017
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTES	\$19.61	\$16.83	10/01/2017
92625	ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, AND MASKING)	\$62.21	\$55.40	10/01/2017
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	\$79.35	\$67.58	10/01/2017
92627	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES (LIST S	\$19.61	\$15.89	10/01/2017
92630	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	\$37.29	\$37.29	10/01/2012
92633	AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	\$37.29	\$37.29	10/01/2012
92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY BRAINSTEM IMPLANT, PER HOUR	\$98.31	\$84.69	10/01/2017
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	BR	BR	01/01/2003
92920	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY; SINGLE MAJOR CORONARY ARTERY OR	\$474.68	\$474.68	10/01/2017
92921	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY; EACH ADDITIONAL BRANCH OF A MAJO	BR	BR	01/01/2013
92924	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH CORONARY ANGIOPLASTY WHE PE	\$566.50	\$566.50	10/01/2017
92925	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH CORONARY ANGIOPLASTY WHEN P	BR	BR	01/01/2013
92928	PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRACORONARY STENT(S), WITH CORONARY AN	\$528.24	\$528.24	10/01/2017
92929	PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRACORONARY STENT(S), WITH CORONARY AN	BR	BR	01/01/2013
92933	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH INTRACORONARY STENT, WITH C	\$592.57	\$592.57	10/01/2017
92934	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH INTRACORONARY STENT, WITH C	BR	BR	01/01/2013
92937	PERCUTANEOUS REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT (INTER	\$527.93	\$527.93	10/01/2017
92938	PERCUTANEOUS REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT (INTER	BR	BR	01/01/2013
92941	INSERTION OF STENT, REMOVAL OF PLAQUE AND/OR BALLOON DILATION OF CORONARY VESSEL	\$593.77	\$593.77	10/01/2017
92943	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION, CORONARY	\$593.24	\$593.24	10/01/2017

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92944	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION, CORONARY	BR	BR	01/01/2013
92950	CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)	\$266.81	\$165.90	10/01/2017
92953	TEMPORARY TRANSCUTANEOUS PACING	\$0.89	\$0.89	10/01/2017
92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; EXTERNAL	\$139.30	\$97.51	10/01/2017
92961	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; INTERNAL	\$221.84	\$221.84	10/01/2017
92970	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; INTERNAL	\$165.63	\$165.63	10/01/2017
92971	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; EXTERNAL	\$89.80	\$89.80	10/01/2017
92973	PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY MECHANICAL (LIST SEPARATELY IN A	\$157.84	\$157.84	10/01/2017
92974	TRANSCATHETER PLACEMENT OF RADIATION DELIVERY DEVICE FOR SUBSEQUENT CORONARY	\$144.57	\$144.57	10/01/2017
92975	THROMBOLYSIS, CORONARY; BY INTRACORONARY INFUSION, INCLUDING SELECTIVE CORONARY	\$336.51	\$336.51	10/01/2017
92977	THROMBOLYSIS, CORONARY; BY INTRAVENOUS INFUSION	\$60.31	\$60.31	10/01/2017
92978	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC	\$94.25	\$94.25	10/01/2017
92979	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC	\$73.30	\$73.30	10/01/2017
92986	PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE	\$1,176.86	\$1,176.86	10/01/2017
92987	PERCUTANEOUS BALLOON VALVULOPLASTY; MITRAL VALVE	\$1,214.70	\$1,214.70	10/01/2017
92990	PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALVE	\$968.56	\$968.56	10/01/2017
92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD, BALLOON (EG, RASHKIND	\$1,766.33	\$1,766.33	10/01/2017
92993	ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD (PARK SEPTOSTOMY) (INCLUDES	\$1,169.49	\$1,169.49	10/01/2017
92997	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; SINGLE VESSEL	\$578.75	\$578.75	10/01/2017
92998	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; EACH ADDITIONAL	\$286.21	\$286.21	10/01/2017
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND R	\$14.85	\$14.85	10/01/2017
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT	\$7.39	\$7.39	10/01/2017
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRETATION AND	\$7.46	\$7.46	10/01/2017
93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXER	\$67.03	\$67.03	10/01/2017
93016	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXER	\$19.62	\$19.62	10/01/2017
93017	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE	\$34.32	\$34.32	10/01/2017
93018	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE	\$13.09	\$13.09	10/01/2017
93024	ERGONOVINE PROVOCATION TEST	\$98.09	\$98.09	10/01/2017
93025	MICROVOLT T-WAVE ALTERNANS FOR ASSESSMENT OF VENTRICULAR ARRHYTHMIAS	\$142.56	\$142.56	10/01/2017
93040	RHYTHM ECG, ONE TO THREE LEADS; WITH INTERPRETATION AND REPORT	\$11.13	\$11.13	10/01/2017
93041	RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY WITHOUT INTERPRETATION AND REPORT	\$4.91	\$4.91	10/01/2017
93042	RHYTHM ECG, ONE TO THREE LEADS; INTERPRETATION AND REPORT ONLY	\$6.22	\$6.22	10/01/2017
93050	ARTERIAL PRESSURE WAVEFORM ANALYSIS FOR ASSESSMENT OF CENTRAL ARTERIAL PRESSURES	\$15.47	\$15.47	10/01/2017
93224	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING UP TO 48 HOURS BY CONTINUOUS RHYTHM RECO	\$79.93	\$79.93	10/01/2017
93225	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING UP TO 48 HOURS BY CONTINUOUS RHYTHM RECO	\$23.18	\$23.18	10/01/2017

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93226	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING UP TO 48 HOURS BY CONTINUOUS RHYTHM RECO	\$33.08	\$33.08	10/01/2017
93227	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING UP TO 48 HOURS BY CONTINUOUS RHYTHM RECO	\$23.67	\$23.67	10/01/2017
93228	EXTERNAL MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CO	\$23.01	\$23.01	10/01/2017
93229	EXTERNAL MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CO	\$939.19	\$939.19	10/01/2017
93260	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLA	\$57.17	\$57.17	10/01/2017
93261	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY	\$52.48	\$52.48	10/01/2017
93268	EXTERNAL PATIENT AND, WHEN PERFORMED, AUTO ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM	\$178.37	\$178.37	10/01/2017
93270	EXTERNAL PATIENT AND, WHEN PERFORMED, AUTO ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM	\$8.01	\$8.01	10/01/2017
93271	EXTERNAL PATIENT AND, WHEN PERFORMED, AUTO ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM	\$147.93	\$147.93	10/01/2017
93272	EXTERNAL PATIENT AND, WHEN PERFORMED, AUTO ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM	\$22.43	\$22.43	10/01/2017
93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG	\$26.65	\$26.65	10/01/2017
93279	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLA	\$44.12	\$44.12	10/01/2017
93280	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLA	\$51.25	\$51.25	10/01/2017
93281	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLA	\$60.29	\$60.29	10/01/2017
93282	EVALUATION, TESTING AND PROGRAMMING ADJUSTMENT OF DEFIBRILLATOR WITH ANALYSIS, R	\$55.62	\$55.62	10/01/2017
93283	EVALUATION, TESTING AND PROGRAMMING ADJUSTMENT OF DEFIBRILLATOR WITH ANALYSIS, R	\$71.81	\$71.81	10/01/2017
93284	EVALUATION, TESTING AND PROGRAMMING ADJUSTMENT OF DEFIBRILLATOR WITH ANALYSIS, R	\$79.55	\$79.55	10/01/2017
93285	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLA	\$36.94	\$36.94	10/01/2017
93286	PERI-PROCEDURAL DEVICE EVALUATION (IN PERSON) AND PROGRAMMING OF DEVICE SYSTEM P	\$23.89	\$23.89	10/01/2017
93287	EVALUATION AND PROGRAMMING ADJUSTMENT OF DEFIBRILLATOR WITH ANALYSIS, REVIEW AND	\$32.27	\$32.27	10/01/2017
93288	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY	\$32.88	\$32.88	10/01/2017
93289	EVALUATION OF DEFIBRILLATOR INCLUDING CONNECTION, RECORDING AND DISCONNECTION	\$57.82	\$57.82	10/01/2017
93290	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY	\$27.62	\$27.62	10/01/2017
93291	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY	\$32.26	\$32.26	10/01/2017
93292	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY	\$28.55	\$28.55	10/01/2017
93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVALUATION(S) SINGLE, DUAL, OR MULTIPLE L	\$47.11	\$47.11	10/01/2017
93294	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL, OR MUL	\$29.84	\$29.84	10/01/2017
93295	REMOTE EVALUATIONS OF DEFIBRILLATOR UP TO 90 DAYS WITH ANALYSIS, REVIEW AND REPO	\$59.63	\$59.63	10/01/2017
93296	REMOTE EVALUATIONS OF DEFIBRILLATOR TRANSMISSIONS, TECHNICIAN REVIEW, SUPPORT AN	\$22.87	\$22.87	10/01/2017
93297	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; IMPLANTABLE CARDIOVA	\$23.32	\$23.32	10/01/2017
93298	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; IMPLANTABLE LOOP REC	\$23.63	\$23.63	10/01/2017
93299	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS: IMPLANTABLE CARDIOVA	\$10.69	\$10.69	10/01/2017
93303	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENIAL CARDIAC ANOMALIES; COMPLETE	\$207.38	\$207.38	10/01/2017
93304	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; FOLLOW-UP OR	\$136.06	\$136.06	10/01/2017
93306	ECHOCARDIOGRAPHY, TRANSTHORACIC REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDI	\$199.95	\$199.95	10/01/2017

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93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUD	\$113.85	\$113.85	10/01/2017
93308	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUD	\$109.38	\$109.38	10/01/2017
93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D)	\$216.01	\$216.01	10/01/2017
93313	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D)	\$10.25	\$10.25	10/01/2017
93314	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D)	\$207.17	\$207.17	10/01/2017
93315	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; INCLUDING	\$298.55	\$298.55	10/01/2017
93316	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; PLACEMENT OF	\$23.90	\$23.90	10/01/2017
93317	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; IMAGE	\$222.98	\$222.98	10/01/2012
93318	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR MONITORING PURPOSES, INCLUDING	BR	BR	01/01/2001
93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL	\$47.49	\$47.49	10/01/2017
93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL	\$23.86	\$23.86	10/01/2017
93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN	\$22.32	\$22.32	10/01/2017
93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUD	\$210.85	\$210.85	10/01/2017
93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUD	\$237.52	\$237.52	10/01/2017
93352	USE OF ECHOCARDIOGRAPHIC CONTRAST AGENT DURING STRESS ECHOCARDIOGRAPHY (LIST SEP	\$29.72	\$29.72	10/01/2017
93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR GUIDANCE OF A TRANSCATHETER INTRACAR	\$201.02	\$201.02	10/01/2017
93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CA	\$634.56	\$634.56	10/01/2017
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTR	\$721.85	\$721.85	10/01/2017
93453	COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTIO	\$936.80	\$936.80	10/01/2017
93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$732.46	\$732.46	10/01/2017
93455	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$856.31	\$856.31	10/01/2017
93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$926.04	\$926.04	10/01/2017
93457	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$1,049.19	\$1,049.19	10/01/2017
93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$882.12	\$882.12	10/01/2017
93459	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$977.80	\$977.80	10/01/2017
93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$1,053.67	\$1,053.67	10/01/2017
93461	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$1,205.99	\$1,205.99	10/01/2017
93462	LEFT HEART CATHETERIZATION BY TRANSSEPTAL PUNCTURE THROUGH INTACT SEPTUM OR BY T	\$186.69	\$186.69	10/01/2017
93463	PHARMACOLOGIC AGENT ADMINISTRATION (EG, INHALED NITRIC OXIDE, INTRAVENOUS INFUSI	\$87.64	\$87.64	10/01/2017
93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICYCLE OR ARM ERGOMETRY) INCLUDING ASSESSING HE	\$223.96	\$223.96	10/01/2017
93503	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ) FOR	\$114.48	\$114.48	10/01/2017
93505	ENDOMYOCARDIAL BIOPSY	\$612.58	\$612.58	10/01/2017
93530	RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	\$815.66	\$815.66	10/01/2017
93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION,	\$2,186.42	\$2,186.42	10/01/2017
93532	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION	\$2,049.79	\$2,049.79	10/01/2012

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93533	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION	\$1,885.28	\$1,885.28	10/01/2012
93561	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMODILUTION, INCLUDING ARTERIAL AND	\$13.65	\$13.65	10/01/2017
93562	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMODILUTION, INCLUDING ARTERIAL AND	\$2.38	\$2.38	10/01/2017
93563	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	\$52.25	\$52.25	10/01/2017
93564	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	\$54.85	\$54.85	10/01/2017
93565	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	\$40.59	\$40.59	10/01/2017
93566	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	\$141.38	\$41.39	10/01/2017
93567	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	\$119.33	\$46.89	10/01/2017
93568	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	\$126.53	\$42.33	10/01/2017
93571	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW RESERVE	\$253.77	\$253.77	10/01/2017
93572	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW RESERVE	\$143.35	\$143.35	10/01/2012
93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRIAL COMMUNICATION (IE,	\$873.07	\$873.07	10/01/2017
93581	PERCUTANEOUS TRANSCATHETER CLOSURE OF A CONGENITAL VENTRICULAR SEPTAL DEFECT	\$1,197.54	\$1,197.54	10/01/2017
93582	PERCUTANEOUS TRANSCATHETER CLOSURE OF PATENT DUCTUS ARTERIOSUS	\$585.21	\$585.21	10/01/2017
93583	PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THERAPY (EG, ALCOHOL SEPTAL ABLATION	\$662.15	\$662.15	10/01/2017
93590	PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; INITIAL OCCLUSION DEVIC	\$1,063.08	\$1,063.08	10/01/2017
93591	PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; INITIAL OCCLUSION DEVI	\$882.31	\$882.31	10/01/2017
93592	PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; EACH ADDITIONAL OCCLUSI	\$388.71	\$388.71	10/01/2017
93600	BUNDLE OF HIS RECORDING	\$110.79	\$110.79	10/01/2017
93602	INTRA-ATRIAL RECORDING	\$106.10	\$106.10	10/01/2017
93603	RIGHT VENTRICULAR RECORDING	\$107.60	\$107.60	10/01/2017
93609	INTRAVENTRICULAR AND/OR INTRA-ATRIAL MAPPING OF TACHYCARDIA SITE(S) WITH	\$254.48	\$254.48	10/01/2017
93610	INTRA-ATRIAL PACING	\$150.23	\$150.23	10/01/2017
93612	INTRAVENTRICULAR PACING	\$149.44	\$149.44	10/01/2017
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (LIST SEPARATELY IN	\$354.96	\$354.96	10/01/2017
93615	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR	\$34.98	\$34.98	10/01/2017
93616	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR	\$66.85	\$66.85	10/01/2012
93618	INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING	\$206.68	\$206.68	10/01/2017
93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDI	\$366.33	\$366.33	10/01/2017
93620	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONIN	\$985.76	\$985.76	10/01/2012
93621	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND	\$984.96	\$984.96	10/01/2017
93622	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND	\$1,031.39	\$1,031.39	10/01/2017
93623	PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG INFUSION (LIST	\$1,020.04	\$1,020.04	10/01/2017
93624	ELECTROPHYSIOLOGIC FOLLOW-UP STUDY WITH PACING AND RECORDING TO TEST EFFECTIVENE	\$300.91	\$300.91	10/01/2012
93631	INTRA-OPERATIVE EPICARDIAL AND ENDOCARDIAL PACING AND MAPPING TO LOCALIZE THE	\$551.48	\$551.48	10/01/2012

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93640	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFI	\$175.53	\$175.53	10/01/2017
93641	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFI	\$294.74	\$294.74	10/01/2017
93642	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFI	\$301.17	\$301.17	10/01/2017
93644	ELECTROPHYSIOLOGIC EVALUATION OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR (INCLUDE	\$192.15	\$192.15	10/01/2017
93650	INTRACARDIAC CATHETER ABLATION OF ATRIOVENTRICULAR NODE FUNCTION, ATRIOVENTRICUL	\$527.61	\$527.61	10/01/2017
93653	EVALUATION AND INSERTION OF CATHETERS FOR CREATION OF COMPLETE HEART BLOCK	\$746.37	\$746.37	10/01/2017
93654	EVALUATION AND INSERTION OF CATHETERS FOR RECORDING, PACING, AND ATTEMPTED INDUC	\$999.52	\$999.52	10/01/2017
93655	INTRACARDIAC CATHETER ABLATION OF A DISCRETE MECHANISM OF ARRHYTHMIA WHIH IS DIS	\$380.35	\$380.35	10/01/2017
93656	EVALUATION AND INSERTION OF CATHETERS FOR RECORDING, PACING, AND TREATMENT OF AB	\$1,002.94	\$1,002.94	10/01/2017
93657	ADDITIONAL LINEAR OR FOCAL INTRACARDIAC CATHETER ABLATION OF THE LEFT OR RIGHT A	\$379.42	\$379.42	10/01/2017
93660	EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION, WITH CONTINUOU	\$139.14	\$139.14	10/01/2017
93662	INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC INTERVENTION,	\$264.67	\$264.67	10/01/2012
93701	BIOIMPEDANCE-DERIVED PHYSIOLOGIC CARDIOVASCULAR ANALYSIS	\$21.32	\$21.32	10/01/2017
93724	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INCLUDES	\$239.42	\$239.42	10/01/2017
93740	TEMPERATURE GRADIENT STUDIES	\$7.15	\$7.15	10/01/2017
93745	INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PRO	\$47.97	\$47.97	10/01/2017
93750	INTERROGATION OF VENTRICULAR ASSIST DEVICE (VAD), IN PERSON, WITH PHYSICIAN OR O	\$48.95	\$40.90	10/01/2017
93770	DETERMINATION OF VENOUS PRESSURE	\$7.15	\$7.15	10/01/2017
93784	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE	\$47.10	\$47.10	10/01/2017
93786	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE	\$25.96	\$25.96	10/01/2017
93788	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE	\$4.60	\$4.60	10/01/2017
93790	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE A	\$16.53	\$16.53	10/01/2017
93797	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENT CA	\$14.28	\$7.78	10/01/2017
93798	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENT CA	\$22.02	\$12.42	10/01/2017
93799	UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE	BR	BR	10/01/1982
93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY	\$177.36	\$177.36	10/01/2017
93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL OR LIMITED STUDY	\$112.88	\$112.88	10/01/2017
93886	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE STUDY	\$236.57	\$236.57	10/01/2017
93888	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITED STUDY	\$120.08	\$120.08	10/01/2017
93890	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; VASOREACTIVITY STUDY	\$240.33	\$240.33	10/01/2017
93892	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION	\$150.23	\$150.23	10/01/2017
93893	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION WITH	\$150.00	\$150.00	10/01/2017
93895	QUANTITATIVE CAROTID INTIMA MEDIA THICKNESS AND CAROTID ATHEROMA EVALUATION, BIL	BR	BR	01/01/2015
93922	ULTRASOUND STUDY OF ARTERIES OF BOTH ARMS AND LEGS	\$77.64	\$77.64	10/01/2017
93923	COMPLETE BILATERAL NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY A	\$120.64	\$120.64	10/01/2017

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93924	NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST AND FOLLOWI	\$150.38	\$150.38	10/01/2017
93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE	\$226.93	\$226.93	10/01/2017
93926	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL	\$118.49	\$118.49	10/01/2017
93930	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE	\$182.27	\$182.27	10/01/2017
93931	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL	\$112.65	\$112.65	10/01/2017
93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER	\$172.71	\$172.71	10/01/2017
93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER	\$105.28	\$105.28	10/01/2017
93975	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, AND/OR R	\$245.80	\$245.80	10/01/2017
93976	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, SCROTAL	\$132.60	\$132.60	10/01/2017
93978	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS;	\$167.06	\$167.06	10/01/2017
93979	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS;	\$104.87	\$104.87	10/01/2017
93980	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; COMPLETE	\$106.79	\$106.79	10/01/2017
93981	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; FOLLOW-UP	\$64.69	\$64.69	10/01/2017
93990	DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTERIAL INFLOW, BODY OF ACCESS AN	\$118.68	\$118.68	10/01/2017
93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	BR	BR	01/01/2012
94002	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTI	\$81.63	\$81.63	10/01/2017
94003	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTI	\$58.97	\$58.97	10/01/2017
94004	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTI	\$43.45	\$43.45	10/01/2017
94005	HOME VENTILATOR MANAGEMENT CARE PLAN OVERSIGHT OF A PATIENT (PATIENT NOT PRESENT	\$81.70	\$81.70	10/01/2017
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIRATORY	\$31.26	\$31.26	10/01/2017
94011	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS IN AN INFANT OR CHILD THROUGH	\$81.11	\$81.11	10/01/2017
94012	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS, BEFORE AND AFTER BRONCHODILA	\$130.57	\$130.57	10/01/2017
94013	MEASUREMENT OF LUNG VOLUMES (IE, FUNCTIONAL RESIDUAL CAPACITY [FRC], FORCED VITA	\$17.70	\$17.70	10/01/2017
94014	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; INCLUDES REIN	\$49.63	\$49.63	10/01/2017
94015	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; RECORDING	\$27.20	\$27.20	10/01/2017
94016	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; REVIEW AND IN	\$22.43	\$22.43	10/01/2017
94060	MEASUREMENT AND GRAPHIC RECORDING OF THE AMOUNT AND SPEED OF BREATHED AIR, BEFOR	\$53.28	\$53.28	10/01/2017
94070	BRONCHOSPASM PROVOCATION EVALUATION, MULTIPLE SPIROMETRIC DETERMINATIONS AS IN	\$52.72	\$52.72	10/01/2017
94150	VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)	\$21.93	\$21.93	10/01/2017
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	\$22.56	\$22.56	10/01/2017
94250	EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE PROCEDURE (SEPARATE PROCEDURE)	\$23.18	\$23.18	10/01/2017
94375	RESPIRATORY FLOW VOLUME LOOP	\$34.72	\$34.72	10/01/2017
94400	BREATHING RESPONSE TO CO2 (CO2 RESPONSE CURVE)	\$49.89	\$49.89	10/01/2017
94450	BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE)	\$60.73	\$60.73	10/01/2017
94452	HIGH ALTITUDE SIMULATION TEST (HAST), WITH INTERPRETATION AND REPORT BY A PHYSIC	\$50.51	\$50.51	10/01/2017

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94453	HIGH ALTITUDE SIMULATION TEST (HAST), WITH INTERPRETATION AND REPORT BY A PHYSIC	\$70.01	\$70.01	10/01/2017
94610	INTRAPULMONARY SURFACTANT ADMINISTRATION BY A PHYSICIAN OR OTHER QUALIFIED HEALT	\$49.40	\$49.40	10/01/2017
94620	PULMONARY STRESS TESTING; SIMPLE (EG, 6-MINUTE WALK TEST, PROLONGED EXERCISE TES	\$49.34	\$49.34	10/01/2017
94621	PULMONARY STRESS TESTING; COMPLEX (INCLUDING MEASUREMENTS OF CO2 PRODUCTION, O2	\$142.69	\$142.69	10/01/2017
94640	PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION	\$16.06	\$16.06	10/01/2017
94642	AEROSOL INHALATION OF PENTAMIDINE FOR PNEUMOCYSTIS CARINII PNEUMONIA TREATMENT	\$29.61	\$29.61	10/01/2017
94644	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUC	\$38.65	\$38.65	10/01/2017
94645	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUC	\$12.65	\$12.65	10/01/2017
94660	CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP), INITIATION AND	\$55.81	\$33.83	10/01/2017
94662	CONTINUOUS NEGATIVE PRESSURE VENTILATION (CNP), INITIATION AND MANAGEMENT	\$31.00	\$31.00	10/01/2017
94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL GENERATOR,	\$15.13	\$15.13	10/01/2017
94667	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO	\$23.13	\$23.13	10/01/2017
94668	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO	\$25.65	\$25.65	10/01/2017
94669	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCTION, PER SESSION	\$28.71	\$28.71	10/01/2017
94680	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST AND EXERCISE, DIRECT, SIMPLE	\$49.87	\$49.87	10/01/2017
94681	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; INCLUDING CO2 OUTPUT, PERCENTAGE OXYGEN	\$47.37	\$47.37	10/01/2017
94690	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST, INDIRECT (SEPARATE PROCEDURE)	\$44.83	\$44.83	10/01/2017
94726	PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, AIRWAY RE	\$46.16	\$46.16	10/01/2017
94727	GAS DILUTION OR WASHOUT FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, D	\$36.87	\$36.87	10/01/2017
94728	AIRWAY RESISTANCE BY IMPULSE OSCILLOMETRY	\$34.70	\$34.70	10/01/2017
94729	DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE) (LIST SEPARATELY IN ADDITION	\$47.67	\$47.67	10/01/2017
94750	PULMONARY COMPLIANCE STUDY (EG, PLETHYSMOGRAPHY, VOLUME AND PRESSURE	\$69.05	\$69.05	10/01/2017
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE DETERMINATION	\$2.75	\$2.75	10/01/2017
94761	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; MULTIPLE	\$3.98	\$3.98	10/01/2017
94762	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY CONTINUOUS	\$21.32	\$21.32	10/01/2017
94770	CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRARED ANALYZER	\$6.53	\$6.53	10/01/2017
94772	CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM), 12 TO 24 HOUR	BR	BR	01/01/1992
94774	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATT	BR	BR	01/01/2007
94775	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATT	\$51.19	\$51.19	10/01/2012
94776	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATT	\$51.19	\$51.19	10/01/2012
94777	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATT	BR	BR	01/01/2007
94780	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NURSING OBSER	\$52.09	\$21.76	10/01/2017
94781	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NURSING OBSER	\$20.15	\$7.77	10/01/2017
94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	BR	BR	10/01/1982
95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS, IMMEDIAT	\$5.85	\$5.85	10/01/2017

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95012	NITRIC OXIDE EXPIRED GAS DETERMINATION	\$16.68	\$16.68	10/01/2017
95017	ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS (SCRATCH, PUNCTURE, PRICK), AND	\$6.80	\$3.09	10/01/2017
95018	ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS (SCRATCH, PUNCTURE, PRICK), AND	\$17.97	\$6.21	10/01/2017
95024	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REAC	\$6.77	\$0.89	10/01/2017
95027	INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENTAL, WITH ALLERGENIC	\$3.99	\$3.99	10/01/2017
95028	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED TYPE	\$11.72	\$11.72	10/01/2017
95044	PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)	\$4.91	\$4.91	10/01/2017
95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS)	\$5.84	\$5.84	10/01/2017
95056	PHOTO TESTS	\$38.65	\$38.65	10/01/2017
95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	\$30.91	\$30.91	10/01/2017
95065	DIRECT NASAL MUCOUS MEMBRANE TEST	\$21.94	\$21.94	10/01/2017
95070	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY	\$26.85	\$26.85	10/01/2017
95071	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY	\$31.80	\$31.80	10/01/2017
95076	INGESTION OF TEST ITEMS FOR ALLERGIES, 120 MINUTES"	\$101.95	\$64.80	10/01/2017
95079	INGESTION CHALLENGE TEST (SEQUENTIAL AND INCREMENTAL INGESTION OF TEST ITEMS, EG	\$72.84	\$59.22	10/01/2017
95115	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLE	\$7.70	\$7.70	10/01/2017
95117	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF	\$8.94	\$8.94	10/01/2017
95120	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF	\$15.08	\$15.08	10/01/2012
95125	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF	\$30.16	\$30.16	10/01/2012
95130	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF	BR	BR	10/01/1982
95131	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF	\$10.55	\$10.55	10/01/2012
95132	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF	\$12.49	\$12.49	10/01/2012
95133	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF	\$14.43	\$14.43	10/01/2012
95134	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF	\$19.17	\$19.17	10/01/2012
95144	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$11.44	\$2.77	10/01/2017
95145	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$21.96	\$2.77	10/01/2017
95146	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$40.23	\$2.77	10/01/2017
95147	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$42.70	\$2.77	10/01/2017
95148	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$60.35	\$2.77	10/01/2017
95149	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$79.85	\$2.77	10/01/2017
95165	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$11.44	\$2.77	10/01/2017
95170	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$8.34	\$2.77	10/01/2017
95180	RAPID DESENSITIZATION PROCEDURE, EACH HOUR (EG, INSULIN, PENICILLIN, EQUINE	\$117.26	\$89.40	10/01/2017
95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE OR PROCEDURE	BR	BR	10/01/1982
95250	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBC	\$137.59	\$137.59	10/01/2017

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95251	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBC	\$38.55	\$38.55	10/01/2017
95782	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL P	\$893.02	\$893.02	10/01/2017
95783	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL P	\$1,015.12	\$1,015.12	10/01/2017
95803	ACTIGRAPHY TESTING, RECORDING ANALYSIS, INTERPRETATION, AND REPORT (MINIMUM OF 7	\$123.39	\$123.39	10/01/2017
95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSI	\$374.29	\$374.29	10/01/2017
95806	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING OF, HEART RATE, OXYGEN SATURATIO	\$148.58	\$148.58	10/01/2017
95807	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR	\$406.78	\$406.78	10/01/2017
95808	POLYSOMNOGRAPHY; ANY AGE, SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP,	\$559.78	\$559.78	10/01/2017
95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL P	\$544.79	\$544.79	10/01/2017
95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL P	\$572.30	\$572.30	10/01/2017
95812	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; 41-60 MINUTES	\$283.39	\$283.39	10/01/2017
95813	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; GREATER THAN ONE HOUR	\$357.14	\$357.14	10/01/2017
95816	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND DROWSY	\$316.16	\$316.16	10/01/2017
95819	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND ASLEEP	\$363.48	\$363.48	10/01/2017
95822	ELECTROENCEPHALOGRAM (EEG); RECORDING IN COMA OR SLEEP ONLY	\$328.23	\$328.23	10/01/2017
95824	ELECTROENCEPHALOGRAM (EEG); CEREBRAL DEATH EVALUATION ONLY	\$51.17	\$51.17	10/01/2012
95827	ELECTROENCEPHALOGRAM (EEG); ALL NIGHT RECORDING	\$580.81	\$580.81	10/01/2017
95829	ELECTROCORTICOGRAM AT SURGERY (SEPARATE PROCEDURE)	\$1,676.01	\$1,676.01	10/01/2017
95830	INSERTION BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL OF SPHENOIDAL	\$192.14	\$81.01	10/01/2017
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (EXCLUDING HA	\$27.51	\$13.89	10/01/2017
95832	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; HAND, WITH OR WITHOUT	\$27.16	\$14.78	10/01/2017
95833	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL EVALUATION OF	\$32.63	\$19.01	10/01/2017
95834	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL EVALUATION OF	\$45.91	\$27.65	10/01/2017
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH EXTREMITY	\$15.82	\$6.84	10/01/2017
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WITH OR	\$13.63	\$4.96	10/01/2017
95857	CHOLINESTERASE INHIBITOR CHALLENGE TEST FOR MYASTHENIA GRAVIS	\$47.43	\$26.38	10/01/2017
95860	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELATED PARASPINAL AREAS	\$107.32	\$107.32	10/01/2017
95861	NEEDLE ELECTROMYOGRAPHY; TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL	\$152.57	\$152.57	10/01/2017
95863	NEEDLE ELECTROMYOGRAPHY; THREE EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL	\$191.72	\$191.72	10/01/2017
95864	NEEDLE ELECTROMYOGRAPHY; FOUR EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL	\$215.52	\$215.52	10/01/2017
95865	NEEDLE ELECTROMYOGRAPHY; LARYNX	\$128.71	\$128.71	10/01/2017
95866	NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRAGM	\$119.13	\$119.13	10/01/2017
95867	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLE(S), UNILATERAL	\$84.96	\$84.96	10/01/2017
95868	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLES, BILATERAL	\$118.13	\$118.13	10/01/2017
95869	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES (EXCLUDING T1 OR T12)	\$80.21	\$80.21	10/01/2017

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95870	NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN ONE EXTREMITY OR NON-LIMB	\$81.14	\$81.14	10/01/2017
95872	NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QUANTITATIVE	\$173.26	\$173.26	10/01/2017
95873	ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST S	\$64.20	\$64.20	10/01/2017
95874	NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST	\$64.78	\$64.78	10/01/2017
95875	ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION FOR MUSCLE(S)	\$102.97	\$102.97	10/01/2017
95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PER	\$51.46	\$51.46	10/01/2017
95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PER	\$80.08	\$80.08	10/01/2017
95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMITY (CRANIAL NERVE SUPPLIED OR AXIAL) MUSCLE(	\$70.73	\$70.73	10/01/2017
95905	NEEDLE MEASUREMENT AND RECORDING OF MOVEMENT AND/OR FEELING OF ARM OR LEG WITH I	\$62.47	\$62.47	10/01/2017
95907	NERVE TRANSMISSION STUDIES, 1-2 STUDIES	\$85.63	\$85.63	10/01/2017
95908	NERVE TRANSMISSION STUDIES, 3-4 STUDIES	\$110.15	\$110.15	10/01/2017
95909	NERVE TRANSMISSION STUDIES, 5-6 STUDIES	\$131.27	\$131.27	10/01/2017
95910	NERVE TRANSMISSION STUDIES, 7-8 STUDIES	\$173.47	\$173.47	10/01/2017
95911	NERVE TRANSMISSION STUDIES, 9-10 STUDIES	\$206.73	\$206.73	10/01/2017
95912	NERVE TRANSMISSION STUDIES, 11-12 STUDIES	\$228.19	\$228.19	10/01/2017
95913	NERVE TRANSMISSION STUDIES, 13 OR MORE STUDIES	\$262.05	\$262.05	10/01/2017
95921	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION: CARDIOVAGAL INNERVATION (PARASYMPA	\$74.79	\$74.79	10/01/2017
95922	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; VASOMOTOR ADRENERGIC INNERVATION	\$87.82	\$87.82	10/01/2017
95923	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOMOTOR, INCLUDING ONE OR MORE	\$123.66	\$123.66	10/01/2017
95924	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; COMBINED PARASYMPATHETIC AND SYMPA	\$134.00	\$134.00	10/01/2017
95925	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIP	\$121.38	\$121.38	10/01/2017
95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL	\$117.66	\$117.66	10/01/2017
95927	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL	\$120.76	\$120.76	10/01/2017
95928	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); UPPER	\$187.26	\$187.26	10/01/2017
95929	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); LOWER	\$192.87	\$192.87	10/01/2017
95930	VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM, CHECKERBOARD OR	\$113.33	\$113.33	10/01/2017
95933	ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC TESTING	\$67.27	\$67.27	10/01/2017
95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH	\$71.94	\$71.94	10/01/2017
95938	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIP	\$300.01	\$300.01	10/01/2017
95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); IN UPPER	\$442.38	\$442.38	10/01/2017
95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONE	\$28.85	\$28.85	10/01/2017
95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING	BR	BR	01/01/2013
95943	SIMULTANEOUS, INDEPENDENT, QUANTITATIVE MEASURES OF BOTH PARASYMPATHETIC FUNCT	\$142.48	\$142.48	10/01/2017
95950	MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SEIZURE FOCUS ELECTR	\$292.12	\$292.12	10/01/2017
95951	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR	\$1,548.75	\$1,548.75	10/01/2017

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95953	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY COMPUTERIZED PORTABLE 1	\$371.96	\$371.96	10/01/2017
95954	PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN OR OTHER QUALIFIED HE	\$396.80	\$396.80	10/01/2017
95955	ELECTROENCEPHALOGRAM (EEG) DURING NONINTRACRANIAL SURGERY (EG, CAROTID SURGERY)	\$187.48	\$187.48	10/01/2017
95956	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR M	\$1,426.06	\$1,426.06	10/01/2017
95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG, FOR EPILEPTIC SPIKE	\$267.75	\$267.75	10/01/2017
95958	WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING	\$509.07	\$509.07	10/01/2017
95961	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF E	\$268.81	\$268.81	10/01/2017
95962	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF E	\$230.39	\$230.39	10/01/2017
95965	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN	BR	BR	01/01/2002
95966	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC	BR	BR	01/01/2002
95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC	BR	BR	01/01/2002
95970	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$59.78	\$21.39	10/01/2017
95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$44.32	\$35.97	10/01/2017
95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$51.10	\$36.86	10/01/2017
95974	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$182.73	\$145.27	10/01/2017
95975	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$98.26	\$82.17	10/01/2017
95978	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$219.23	\$170.01	10/01/2017
95979	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$95.14	\$79.35	10/01/2017
95990	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SP	\$79.12	\$79.12	10/01/2017
95991	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SP	\$104.41	\$35.07	10/01/2017
95992	CANALITH REPOSITIONING PROCEDURE(S) (EG, EPLEY MANEUVER, SEMONT MANEUVER), PER D	\$37.93	\$32.98	10/01/2017
95999	UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSTIC PROCEDURE	BR	BR	10/01/1982
96000	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING AND 3-D KINEMATICS;	\$84.19	\$84.19	10/01/2017
96001	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING AND 3-D	\$106.89	\$106.89	10/01/2017
96002	DYNAMIC SURFACE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL	\$19.25	\$19.25	10/01/2017
96003	DYNAMIC FINE WIRE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL	\$14.67	\$14.67	10/01/2017
96004	REVIEW AND INTERPRETATION BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSION	\$103.33	\$103.33	10/01/2017
96020	NEUROFUNCTIONAL TESTING SELECTION AND ADMINISTRATION DURING NONINVASIVE IMAGING	\$218.27	\$218.27	10/01/2017
96101	PSYCHOLOGICAL TESTING WITH INTERPRETATION AND REPORT BY PSYCHOLOGIST OR PHYSICIA	\$70.18	\$69.56	10/01/2017
96102	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INT	\$54.27	\$20.84	10/01/2017
96103	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INT	\$24.21	\$23.28	10/01/2017
96105	ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH	\$94.59	\$94.59	10/01/2017
96110	DEVELOPMENTAL SCREENING, WITH INTERPRETATION AND REPORT, PER STANDARDIZED INSTRU	\$8.32	\$8.32	10/01/2017
96111	DEVELOPMENTAL TESTING, (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE, SOCIAL, ADAPTIVE	\$115.42	\$110.15	10/01/2017
96116	NEUROBEHAVIORAL STATUS EXAMINATION, INTERPRETATION, AND REPORT BY PSYCHOLOGIST O	\$80.93	\$75.98	10/01/2017

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96118	NEUROPSYCHOLOGICAL TESTING, INTERPRETATION, AND REPORT BY PSYCHOLOGIST OR PHYSIC	\$85.66	\$69.25	10/01/2017
96119	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WECH	\$69.50	\$20.90	10/01/2017
96120	NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST), ADMINISTERED BY A	\$42.16	\$22.97	10/01/2017
96125	STANDARDIZED THOUGHT PROCESSING TESTING, INTERPRETATION, AND REPORT PER HOUR	\$101.99	\$101.99	10/01/2017
96150	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL INTERVIEW, BEHAVIORA	\$19.02	\$18.71	10/01/2017
96151	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL INTERVIEW,	\$18.39	\$18.08	10/01/2017
96152	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; INDIVIDUAL	\$17.46	\$17.15	10/01/2017
96153	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; GROUP (2 OR	\$4.03	\$3.72	10/01/2017
96154	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; FAMILY (WITH	\$17.14	\$16.83	10/01/2017
96155	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; FAMILY	\$19.88	\$19.88	10/01/2017
96160	ADMINISTRATION OF PATIENT-FOCUSED HEALTH RISK ASSESSMENT INSTRUMENT (EG, HEALTH	\$4.02	\$4.02	10/01/2017
96161	ADMINISTRATION OF CAREGIVER-FOCUSED HEALTH RISK ASSESSMENT INSTRUMENT (EG, DEPRE	\$4.02	\$4.02	10/01/2017
96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL 31 MINUTES TO 1 HOUR	\$50.41	\$50.41	10/01/2017
96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITI	\$13.31	\$13.31	10/01/2017
96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	\$60.29	\$60.29	10/01/2017
96366	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	\$16.44	\$16.44	10/01/2017
96367	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	\$26.93	\$26.93	10/01/2017
96368	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	\$17.99	\$17.99	10/01/2017
96369	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); IN	\$155.67	\$155.67	10/01/2017
96370	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); EA	\$13.35	\$13.35	10/01/2017
96371	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); AD	\$59.74	\$59.74	10/01/2017
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);	\$22.32	\$22.32	10/01/2017
96373	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);	\$16.75	\$16.75	10/01/2017
96374	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);	\$50.06	\$50.06	10/01/2017
96375	INJECTION OF DIFFERENT DRUG OR SUBSTANCE INTO A VEIN FOR THERAPY, DIAGNOSIS, OR	\$19.50	\$19.50	10/01/2017
96376	INJECTION OF DRUG OR SUBSTANCE INTO A VEIN FOR THERAPY, DIAGNOSIS, OR PREVENTION	BR	BR	01/01/2009
96377	APPLICATION OF ON-BODY INJECTOR (INCLUDES CANNULA INSERTION) FOR TIMED SUBCUTANE	BR	BR	01/01/2017
96379	UNLISTED THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INTRAVENOUS OR INTRA-ARTERIAL	BR	BR	01/01/2009
96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NE	\$64.89	\$64.89	10/01/2017
96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-NEOPLA	\$28.48	\$28.48	10/01/2017
96405	CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, UP TO AND INCLUDING 7 LESIONS	\$71.61	\$26.73	10/01/2017
96406	CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS	\$104.78	\$41.01	10/01/2017
96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBS	\$96.71	\$96.71	10/01/2017
96411	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL SUBSTA	\$54.41	\$54.41	10/01/2017
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGL	\$120.21	\$120.21	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOU	\$24.77	\$24.77	10/01/2017
96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLO	\$121.46	\$121.46	10/01/2017
96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQ	\$56.89	\$56.89	10/01/2017
96420	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE	\$92.65	\$92.65	10/01/2017
96422	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO ONE HOUR	\$161.25	\$161.25	10/01/2017
96423	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, EACH ADDITIONAL	\$65.50	\$65.50	10/01/2017
96425	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITIATION OF	\$159.62	\$159.62	10/01/2017
96440	CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDING	\$680.30	\$110.10	10/01/2017
96446	CHEMOTHERAPY ADMINISTRATION INTO THE PERITONEAL CAVITY VIA INDWELLING PORT OR CA	\$176.43	\$24.44	10/01/2017
96450	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND	\$158.98	\$71.38	10/01/2017
96521	REFILLING AND MAINTENANCE OF PORTABLE PUMP	\$122.08	\$122.08	10/01/2017
96522	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SY	\$99.44	\$99.44	10/01/2017
96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS	\$21.65	\$21.65	10/01/2017
96542	CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA SUBCUTANEOUS	\$108.74	\$37.23	10/01/2017
96549	UNLISTED CHEMOTHERAPY PROCEDURE	BR	BR	10/01/1982
96567	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT AN	\$118.17	\$118.17	10/01/2017
96570	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL TISSU	\$50.17	\$50.17	10/01/2017
96571	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL TISSU	\$23.29	\$23.29	10/01/2017
96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	\$18.22	\$18.22	10/01/2017
96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY, FOR MONITORING OF HIGH RISK PATIENTS WITH	\$54.71	\$54.71	10/01/2017
96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR PETROLATUM	\$62.18	\$62.18	10/01/2017
96912	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)	\$79.82	\$79.82	10/01/2017
96913	PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE PHOTORESPONSIVE	\$113.17	\$113.17	10/01/2017
96920	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); TOTAL AREA LESS THAN	\$136.77	\$59.69	10/01/2017
96921	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250 SQ CM TO 500 SQ	\$150.73	\$67.46	10/01/2017
96922	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); OVER 500 SQ CM	\$208.18	\$108.20	10/01/2017
96931	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF S	\$139.47	\$139.47	10/01/2017
96932	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF S	\$24.72	\$24.72	10/01/2017
96933	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF S	\$39.48	\$39.48	10/01/2017
96934	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF S	\$71.66	\$71.66	10/01/2017
96935	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF S	\$30.30	\$30.30	10/01/2017
96936	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF S	\$37.61	\$37.61	10/01/2017
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE	BR	BR	10/01/1982
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL	\$14.31	\$14.31	10/01/2017
97014	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION	\$13.97	\$13.97	10/01/2017

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97016	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES	\$17.06	\$17.06	10/01/2017
97018	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH	\$9.58	\$9.58	10/01/2017
97022	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL	\$20.77	\$20.77	10/01/2017
97024	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG, MICROWAVE)	\$5.87	\$5.87	10/01/2017
97026	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED	\$5.25	\$5.25	10/01/2017
97028	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET	\$6.49	\$6.49	10/01/2017
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL),	\$16.78	\$16.78	10/01/2017
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	\$19.27	\$19.27	10/01/2017
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	\$15.84	\$15.84	10/01/2017
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	\$11.20	\$11.20	10/01/2017
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES	\$28.87	\$28.87	10/01/2017
97039	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)	\$9.54	\$9.54	10/01/2012
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES	\$28.60	\$28.60	10/01/2017
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	\$29.83	\$29.83	10/01/2017
97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH	\$37.92	\$37.92	10/01/2017
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	\$24.90	\$24.90	10/01/2017
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING	\$23.02	\$23.02	10/01/2017
97139	UNLISTED THERAPEUTIC PROCEDURE (SPECIFY)	\$12.90	\$12.90	10/01/2012
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC	\$26.46	\$26.46	10/01/2017
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	\$15.25	\$15.25	10/01/2017
97161	PHYSICAL THERAPY EVALUATION: LOW COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTO	\$70.70	\$70.70	10/01/2017
97162	PHYSICAL THERAPY EVALUATION: MODERATE COMPLEXITY, REQUIRING THESE COMPONENTS: A	\$70.70	\$70.70	10/01/2017
97163	PHYSICAL THERAPY EVALUATION: HIGH COMPLEXITY, REQUIRING THESE COMPONENTS: A HIST	\$70.70	\$70.70	10/01/2017
97164	RE-EVALUATION OF PHYSICAL THERAPY ESTABLISHED PLAN OF CARE, REQUIRING THESE COMP	\$48.02	\$48.02	10/01/2017
97165	OCCUPATIONAL THERAPY EVALUATION, LOW COMPLEXITY, REQUIRING THESE COMPONENTS: AN	\$68.53	\$68.53	10/01/2017
97166	OCCUPATIONAL THERAPY EVALUATION, MODERATE COMPLEXITY, REQUIRING THESE COMPONENTS	\$68.53	\$68.53	10/01/2017
97167	OCCUPATIONAL THERAPY EVALUATION, HIGH COMPLEXITY, REQUIRING THESE COMPONENTS: AN	\$68.53	\$68.53	10/01/2017
97168	RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, REQUIRING THESE	\$45.28	\$45.28	10/01/2017
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTI	\$30.80	\$30.80	10/01/2017
97532	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING (I	\$23.37	\$19.04	10/01/2017
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIV	\$25.85	\$25.85	10/01/2017
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COM	\$30.76	\$30.76	10/01/2017
97537	COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY MANAG	\$26.74	\$26.74	10/01/2017
97542	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MINUTES	\$27.05	\$27.05	10/01/2017
97545	WORK HARDENING/CONDITIONING; INITIAL 2 HOURS	BR	BR	01/01/1993

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97546	WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION	BR	BR	01/01/1993
97597	DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHOUT SUCTION, SHARP SELECTIVE DE	\$66.08	\$20.57	10/01/2017
97598	DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHOUT SUCTION, SHARP SELECTIVE DE	\$21.73	\$9.66	10/01/2017
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECTIVE DEBRIDEMENT, WITHOUT	BR	BR	01/01/2001
97605	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION),	\$36.38	\$22.14	10/01/2017
97606	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION),	\$42.90	\$24.02	10/01/2017
97607	NEGATIVE PRESSURE WOUND THERAPY, (EG, VACUUM ASSISTED DRAINAGE COLLECTION), UTIL	\$37.57	\$37.57	10/01/2017
97608	NEGATIVE PRESSURE WOUND THERAPY, (EG, VACUUM ASSISTED DRAINAGE COLLECTION), UTIL	\$40.00	\$40.00	10/01/2017
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL	\$28.90	\$28.90	10/01/2017
97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG, TO RESTORE, AUGMENT OR COMPENSATE FOR EXIST	\$31.46	\$31.46	10/01/2017
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT O	\$33.55	\$33.55	10/01/2017
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	\$29.21	\$29.21	10/01/2017
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	\$42.17	\$42.17	10/01/2017
97799	UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR PROCEDURE	BR	BR	10/01/1982
97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE	\$30.49	\$28.63	10/01/2017
97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL,	\$26.43	\$24.26	10/01/2017
97804	MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(S)), EACH 30 MINUTES	\$14.00	\$13.38	10/01/2017
98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); ONE TO TWO BODY REGIONS INVOLVED	\$27.63	\$21.13	10/01/2017
98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); THREE TO FOUR BODY REGIONS INVOLVED	\$40.08	\$31.72	10/01/2017
98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); FIVE TO SIX BODY REGIONS INVOLVED	\$52.53	\$42.01	10/01/2017
98928	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); SEVEN TO EIGHT BODY REGIONS INVOLVED	\$64.05	\$52.60	10/01/2017
98929	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); NINE TO TEN BODY REGIONS INVOLVED	\$76.51	\$63.81	10/01/2017
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT) SPINAL, ONE TO TWO REGIONS	\$24.88	\$19.93	10/01/2017
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIONS	\$35.83	\$30.57	10/01/2017
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS	\$46.73	\$41.47	10/01/2017
98943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, ONE OR MORE REGIONS	\$23.92	\$20.82	10/01/2017
98966	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN	\$12.14	\$11.21	10/01/2017
98967	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN	\$23.62	\$22.39	10/01/2017
98968	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN	\$34.84	\$33.60	10/01/2017
99000	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE OFFICE TO A LABORAT	\$10.26	\$10.26	10/01/2012
99001	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER TH	\$15.39	\$15.39	10/01/2012
99002	HANDLING, CONVEYANCE, AND/OR ANY OTHER SERVICE IN CONNECTION WITH THE IMPLEMENTA	\$30.16	\$30.16	10/01/2012
99050	SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFFICE H	\$11.71	\$11.71	10/01/2012
99051	SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCHEDULED EVENING, WEEKEND, O	BR	BR	01/01/2006
99053	SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24-HOUR FACILITY, IN ADDITIO	\$11.21	\$11.21	01/01/2016

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99058	SERVICE(S) PROVIDED ON AN EMERGENCY BASIS IN THE OFFICE, WHICH DISRUPTS OTHER SC	\$32.75	\$32.75	10/01/2012
99060	SERVICE(S) PROVIDED ON AN EMERGENCY BASIS, OUT OF THE OFFICE, WHICH DISRUPTS OTH	BR	BR	01/01/2006
99151	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEA	\$67.50	\$20.76	10/01/2017
99152	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEA	\$44.91	\$10.86	10/01/2017
99153	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEA	\$9.56	\$9.56	10/01/2017
99155	MODERATE SEDATION SERVICES PROVIDED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CAR	\$81.55	\$81.55	10/01/2017
99156	MODERATE SEDATION SERVICES PROVIDED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CAR	\$66.67	\$66.67	10/01/2017
99157	MODERATE SEDATION SERVICES PROVIDED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CAR	\$50.56	\$50.56	10/01/2017
99170	EXAMINATION OF GENITAL AND ANAL REGION OF CHILD USING AN ENDOSCOPE, SUSPECTED TR	\$144.88	\$77.71	10/01/2017
99173	SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL	\$2.75	\$2.75	10/01/2017
99174	INSTRUMENT-BASED OCULAR SCREENING (EG, PHOTOSCREENING, AUTOMATED-REFRACTION), BI	\$6.39	\$6.39	10/01/2014
99175	IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUAL EMESIS AND CONTINUED	\$13.89	\$13.89	10/01/2017
99177	INSTRUMENT-BASED OCULAR SCREENING (EG, PHOTOSCREENING, AUTOMATED-REFRACTION), BI	\$6.39	\$6.39	04/01/2016
99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION	\$97.11	\$97.11	10/01/2017
99184	INITIATION OF SELECTIVE HEAD OR TOTAL BODY HYPOTHERMIA IN THE CRITICALLY ILL NEO	\$187.48	\$187.48	10/01/2017
99188	APPLICATION OF TOPICAL FLUORIDE VARNISH BY A PHYSICIAN OR OTHER QUALIFIED HEALTH	\$18.58	\$18.58	04/01/2015
99190	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR	\$85.12	\$85.12	10/01/2012
99191	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR	\$51.54	\$51.54	10/01/2012
99192	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR	\$38.38	\$38.38	10/01/2012
99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)	\$87.36	\$87.36	10/01/2017
99199	UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT	BR	BR	10/01/1982
99201	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 10 MINUTES	\$30.98	\$18.99	10/01/2017
99202	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 20 MINUTES	\$52.78	\$35.79	10/01/2017
99203	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 30 MINUTES	\$76.20	\$54.22	10/01/2017
99204	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 45 MINUTES	\$115.80	\$91.82	10/01/2017
99205	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 60 MINUTES	\$145.81	\$119.58	10/01/2017
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABL	\$14.27	\$6.53	10/01/2017
99212	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 10 MINUTES	\$30.77	\$18.03	10/01/2017
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 15 MINUTES	\$51.58	\$36.09	10/01/2017
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT, VISIT TYPICALLY 25 MINUTES	\$75.90	\$55.66	10/01/2017
99215	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT, VISIT TYPICALLY 40 MINUTES	\$102.18	\$78.70	10/01/2017
99217	HOSPITAL OBSERVATION CARE DISCHARGE	\$57.64	\$57.64	10/01/2017
99218	HOSPITAL OBSERVATION CARE TYPICALLY 30 MINUTES	\$70.64	\$70.64	10/01/2017
99219	HOSPITAL OBSERVATION CARE TYPICALLY 50 MINUTES	\$96.26	\$96.26	10/01/2017
99220	HOSPITAL OBSERVATION CARE TYPICALLY 70 MINUTES PER DAY	\$131.63	\$131.63	10/01/2017

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99221	INITIAL HOSPITAL INPATIENT CARE, TYPICALLY 30 MINUTES PER DAY	\$80.12	\$80.12	10/01/2017
99222	INITIAL HOSPITAL INPATIENT CARE, TYPICALLY 50 MINUTES PER DAY	\$108.22	\$108.22	10/01/2017
99223	INITIAL HOSPITAL INPATIENT CARE, TYPICALLY 70 MINUTES PER DAY	\$160.31	\$160.31	10/01/2017
99224	SUBSEQUENT OBSERVATION CARE, TYPICALLY 15 MINUTES PER DAY	\$28.30	\$28.30	10/01/2017
99225	SUBSEQUENT OBSERVATION CARE, TYPICALLY 25 MINUTES PER DAY	\$51.66	\$51.66	10/01/2017
99226	SUBSEQUENT OBSERVATION CARE, TYPICALLY 35 MINUTES PER DAY	\$74.48	\$74.48	10/01/2017
99231	SUBSEQUENT HOSPITAL INPATIENT CARE, TYPICALLY 15 MINUTES PER DAY	\$31.05	\$31.05	10/01/2017
99232	SUBSEQUENT HOSPITAL INPATIENT CARE, TYPICALLY 25 MINUTES PER DAY	\$57.13	\$57.13	10/01/2017
99233	SUBSEQUENT HOSPITAL INPATIENT CARE, TYPICALLY 35 MINUTES PER DAY	\$82.57	\$82.57	10/01/2017
99234	HOSPITAL OBSERVATION OR INPATIENT CARE LOW SEVERITY, 40 MINUTES PER DAY	\$105.45	\$105.45	10/01/2017
99235	HOSPITAL OBSERVATION OR INPATIENT CARE MODERATE SEVERITY, 50 MINUTES PER DAY	\$133.78	\$133.78	10/01/2017
99236	HOSPITAL OBSERVATION OR INPATIENT CARE HIGH SEVERITY, 55 MINUTES PER DAY	\$172.44	\$172.44	10/01/2017
99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	\$57.40	\$57.40	10/01/2017
99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	\$85.12	\$85.12	10/01/2017
99241	PATIENT OFFICE CONSULTATION, TYPICALLY 15 MINUTES	\$37.49	\$25.77	10/01/2017
99242	PATIENT OFFICE CONSULTATION, TYPICALLY 30 MINUTES	\$70.54	\$54.08	10/01/2017
99243	PATIENT OFFICE CONSULTATION, TYPICALLY 40 MINUTES	\$96.58	\$75.66	10/01/2017
99244	PATIENT OFFICE CONSULTATION, TYPICALLY 60 MINUTES	\$144.48	\$121.60	10/01/2017
99245	PATIENT OFFICE CONSULTATION, TYPICALLY 80 MINUTES	\$176.15	\$150.49	10/01/2017
99251	INPATIENT HOSPITAL CONSULTATION, TYPICALLY 20 MINUTES	\$38.67	\$38.67	10/01/2017
99252	INPATIENT HOSPITAL CONSULTATION, TYPICALLY 40 MINUTES	\$59.12	\$59.12	10/01/2017
99253	INPATIENT HOSPITAL CONSULTATION, TYPICALLY 55 MINUTES	\$90.81	\$90.81	10/01/2017
99254	INPATIENT HOSPITAL CONSULTATION, TYPICALLY 80 MINUTES	\$132.00	\$132.00	10/01/2017
99255	INPATIENT HOSPITAL CONSULTATION, TYPICALLY 110 MINUTES	\$159.15	\$159.15	10/01/2017
99281	EMERGENCY DEPARTMENT VISIT, SELF LIMITED OR MINOR PROBLEM	\$16.77	\$16.77	10/01/2017
99282	EMERGENCY DEPARTMENT VISIT, LOW TO MODERATELY SEVERE PROBLEM	\$32.69	\$32.69	10/01/2017
99283	EMERGENCY DEPARTMENT VISIT, MODERATELY SEVERE PROBLEM	\$48.91	\$48.91	10/01/2017
99284	EMERGENCY DEPARTMENT VISIT, PROBLEM OF HIGH SEVERITY	\$92.78	\$92.78	10/01/2017
99285	EMERGENCY DEPARTMENT VISIT, PROBLEM WITH SIGNIFICANT THREAT TO LIFE OR FUNCTION	\$136.91	\$136.91	10/01/2017
99288	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL DIRECTION OF EMERGENCY MED	\$34.21	\$34.21	10/01/2012
99291	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJ	\$216.54	\$176.65	10/01/2017
99292	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY	\$96.96	\$88.59	10/01/2017
99304	INITIAL NURSING FACILITY VISIT, TYPICALLY 25 MINUTES PER DAY	\$72.22	\$72.22	10/01/2017
99305	INITIAL NURSING FACILITY VISIT, TYPICALLY 35 MINUTES PER DAY	\$103.04	\$103.04	10/01/2017
99306	INITIAL NURSING FACILITY VISIT, TYPICALLY 45 MINUTES PER DAY	\$131.90	\$131.90	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
99307	SUBSEQUENT NURSING FACILITY VISIT, TYPICALLY 10 MINUTES PER DAY	\$35.27	\$35.27	10/01/2017
99308	SUBSEQUENT NURSING FACILITY VISIT, TYPICALLY 15 MINUTES PER DAY	\$54.56	\$54.56	10/01/2017
99309	SUBSEQUENT NURSING FACILITY VISIT, TYPICALLY 25 MINUTES PER DAY	\$72.22	\$72.22	10/01/2017
99310	SUBSEQUENT NURSING FACILITY VISIT, TYPICALLY 35 MINUTES PER DAY	\$107.46	\$107.46	10/01/2017
99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	\$57.96	\$57.96	10/01/2017
99316	NURSING FACILITY DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	\$83.68	\$83.68	10/01/2017
99318	NURSING FACILITY ANNUAL ASSESSMENT, TYPICALLY 30 MINUTES	\$76.15	\$76.15	10/01/2017
99324	NEW PATIENT ASSISTED LIVING VISIT, TYPICALLY 20 MINUTES	\$43.66	\$43.66	10/01/2017
99325	NEW PATIENT ASSISTED LIVING VISIT, TYPICALLY 30 MINUTES	\$63.56	\$63.56	10/01/2017
99326	NEW PATIENT ASSISTED LIVING VISIT, TYPICALLY 45 MINUTES	\$110.33	\$110.33	10/01/2017
99327	NEW PATIENT ASSISTED LIVING VISIT, TYPICALLY 60 MINUTES	\$147.02	\$147.02	10/01/2017
99328	NEW PATIENT ASSISTED LIVING VISIT, TYPICALLY 75 MINUTES	\$172.19	\$172.19	10/01/2017
99334	ESTABLISHED PATIENT ASSISTED LIVING VISIT, TYPICALLY 15 MINUTES	\$47.59	\$47.59	10/01/2017
99335	ESTABLISHED PATIENT ASSISTED LIVING VISIT, TYPICALLY 25 MINUTES	\$75.04	\$75.04	10/01/2017
99336	ESTABLISHED PATIENT ASSISTED LIVING VISIT, TYPICALLY 40 MINUTES	\$106.67	\$106.67	10/01/2017
99337	ESTABLISHED PATIENT ASSISTED LIVING VISIT, TYPICALLY 60 MINUTES	\$152.57	\$152.57	10/01/2017
99339	PHYSICIAN SUPERVISION OF PATIENT CARE AT HOME OR ASSISTED LIVING FACILITY, 15-29	\$61.05	\$61.05	10/01/2017
99340	PHYSICIAN SUPERVISION OF PATIENT CARE AT HOME OR ASSISTED LIVING FACILITY, 30 MI	\$85.67	\$85.67	10/01/2017
99341	NEW PATIENT HOME VISIT, TYPICALLY 20 MINUTES	\$43.38	\$43.38	10/01/2017
99342	NEW PATIENT HOME VISIT, TYPICALLY 30 MINUTES	\$62.72	\$62.72	10/01/2017
99343	NEW PATIENT HOME VISIT, TYPICALLY 45 MINUTES	\$103.04	\$103.04	10/01/2017
99344	NEW PATIENT HOME VISIT, TYPICALLY 60 MINUTES	\$144.44	\$144.44	10/01/2017
99345	NEW PATIENT HOME VISIT, TYPICALLY 75 MINUTES	\$174.91	\$174.91	10/01/2017
99347	ESTABLISHED PATIENT HOME VISIT, TYPICALLY 15 MINUTES	\$43.66	\$43.66	10/01/2017
99348	ESTABLISHED PATIENT HOME VISIT, TYPICALLY 25 MINUTES	\$66.61	\$66.61	10/01/2017
99349	ESTABLISHED PATIENT HOME VISIT, TYPICALLY 40 MINUTES	\$101.60	\$101.60	10/01/2017
99350	ESTABLISHED PATIENT HOME VISIT, TYPICALLY 60 MINUTES	\$140.77	\$140.77	10/01/2017
99354	PROLONGED SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING DIRECT PAT	\$102.43	\$96.58	10/01/2017
99355	PROLONGED SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING DIRECT PAT	\$77.25	\$71.67	10/01/2017
99356	PROLONGED SERVICE IN THE INPATIENT OR OBSERVATION SETTING, REQUIRING UNIT/FLOOR	\$72.80	\$72.80	10/01/2017
99357	PROLONGED SERVICE IN THE INPATIENT OR OBSERVATION SETTING, REQUIRING UNIT/FLOOR	\$72.80	\$72.80	10/01/2017
99358	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/ OR AFTER DIRECT PATIENT	\$88.43	\$88.43	10/01/2017
99359	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/ OR AFTER DIRECT PATIENT	\$42.54	\$42.54	10/01/2017
99360	STANDBY SERVICE, REQUIRING PROLONGED ATTENDANCE, EACH 30 MINUTES (EG, OPERATIVE	\$48.48	\$48.48	10/01/2017
99363	ANTICOAGULANT MANAGEMENT FOR AN OUTPATIENT TAKING WARFARIN, PHYSICIAN REVIEW AND	\$100.15	\$66.68	10/01/2017

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99364	ANTICOAGULANT MANAGEMENT FOR AN OUTPATIENT TAKING WARFARIN, PHYSICIAN REVIEW AND	\$34.14	\$25.49	10/01/2017
99366	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS	\$33.90	\$33.34	10/01/2017
99367	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS	\$44.53	\$44.53	10/01/2017
99368	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS	\$29.15	\$29.15	10/01/2017
99374	PHYSICIAN SUPERVISION OF PATIENT HOME HEALTH AGENCY SERVICES, 15-29 MINUTES PER	\$55.41	\$44.53	10/01/2017
99375	PHYSICIAN SUPERVISION OF PATIENT HOME HEALTH AGENCY SERVICES, 30 MINUTES OR MORE	\$82.61	\$69.78	10/01/2017
99377	PHYSICIAN SUPERVISION OF PATIENT HOSPICE SERVICES, 15-29 MINUTES PER MONTH	\$55.41	\$44.53	10/01/2017
99378	PHYSICIAN SUPERVISION OF PATIENT HOSPICE SERVICES, 30 MINUTES OR MORE PER MONTH	\$82.61	\$69.78	10/01/2017
99379	SUPERVISION OF NURSING FACILITY PATIENT SERVICES, 15-29 MINUTES PER MONTH	\$55.41	\$44.53	10/01/2017
99380	SUPERVISION OF NURSING FACILITY PATIENT SERVICES, 30 MINUTES OR MORE PER MONTH	\$82.61	\$69.78	10/01/2017
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$81.32	\$56.82	10/01/2017
99382	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$85.01	\$60.24	10/01/2017
99383	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$88.66	\$64.16	10/01/2017
99384	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$99.65	\$75.67	10/01/2017
99385	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$96.53	\$72.55	10/01/2017
99386	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$112.22	\$88.24	10/01/2017
99387	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$121.63	\$94.52	10/01/2017
99391	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION INFANT YOUNGER THAN	\$72.97	\$51.85	10/01/2017
99392	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 1 THROUGH 4 YE	\$77.93	\$56.82	10/01/2017
99393	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 5 THROUGH 11 Y	\$77.67	\$56.82	10/01/2017
99394	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 12 THROUGH 17	\$85.27	\$64.16	10/01/2017
99395	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION AGE 18-39 YEARS	\$87.12	\$66.00	10/01/2017
99396	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION AGE 40-64 YEARS	\$92.87	\$71.76	10/01/2017
99397	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 65 YEARS AND O	\$99.91	\$75.67	10/01/2017
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROV	\$28.53	\$19.33	10/01/2017
99402	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	\$48.71	\$39.78	10/01/2017
99403	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	\$68.31	\$59.11	10/01/2017
99404	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	\$87.93	\$79.00	10/01/2017
99411	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROV	\$12.85	\$6.16	10/01/2017
99412	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	\$16.80	\$10.10	10/01/2017
99429	UNLISTED PREVENTIVE MEDICINE SERVICE	BR	BR	01/01/1992
99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSICIAN OR OTHER QUALIFIED HE	\$10.94	\$10.10	10/01/2017
99442	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSICIAN OR OTHER QUALIFIED HE	\$21.29	\$20.17	10/01/2017
99443	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSICIAN OR OTHER QUALIFIED HE	\$31.39	\$30.28	10/01/2017
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT	\$70.98	\$70.98	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
99461	INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT SE	\$65.89	\$44.90	10/01/2017
99462	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBO	\$31.61	\$31.61	10/01/2017
99463	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT	\$84.73	\$84.73	10/01/2017
99464	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY THE DELIVERING PHYSICIAN OR OTHER QUAL	\$61.08	\$61.08	10/01/2017
99465	DELIVERY/BIRTHING ROOM RESUSCITATION, PROVISION OF POSITIVE PRESSURE VENTILATION	\$121.01	\$121.01	10/01/2017
99466	CRITICAL CARE FACE-TO-FACE SERVICES, DURING AN INTERFACILITY TRANSPORT OF CRITIC	\$192.96	\$192.96	10/01/2017
99467	CRITICAL CARE FACE-TO-FACE SERVICES, DURING AN INTERFACILITY TRANSPORT OF CRITIC	\$96.96	\$96.96	10/01/2017
99468	INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGE	\$784.43	\$784.43	10/01/2017
99469	SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MAN	\$316.44	\$316.44	10/01/2017
99471	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAG	\$682.23	\$682.23	10/01/2017
99472	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MA	\$325.97	\$325.97	10/01/2017
99475	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAG	\$456.28	\$456.28	10/01/2017
99476	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MA	\$272.43	\$272.43	10/01/2017
99477	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE NEONATE	\$280.12	\$280.12	10/01/2017
99478	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE REC	\$111.25	\$111.25	10/01/2017
99479	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE REC	\$98.88	\$98.88	10/01/2017
99480	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE REC	\$95.49	\$95.49	10/01/2017
99485	SUPERVISION OF INTERFACILITY TRANSPORT CARE OF THE CRITICAL PATIENT, 24 MONTHS O	\$60.80	\$60.80	10/01/2017
99486	SUPERVISION OF INTERFACILITY TRANSPORT CARE OF THE CRITICAL PATIENT, 24 MONTHS O	\$52.67	\$52.67	10/01/2017
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	BR	BR	01/01/1992
99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS)	BR	BR	01/01/2004
99602	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS) EACH	BR	BR	01/01/2004
A4642	INDIUM IN-111 SATUMOMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURI	\$1,542.16	\$1,542.16	10/01/2017
A9500	TECHNETIUM TC-99M SESTAMIBI, DIAGNOSTIC, PER STUDY DOSE	\$115.62	\$115.62	10/01/2017
A9502	TECHNETIUM TC-99M TETROFOSMIN, DIAGNOSTIC, PER STUDY DOSE	\$105.55	\$105.55	10/01/2017
A9503	TECHNETIUM TC-99M MEDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	\$14.08	\$14.08	10/01/2017
A9505	THALLIUM TL-201 THALLOUS CHLORIDE, DIAGNOSTIC, PER MILLICURIE	\$31.57	\$31.57	10/01/2017
A9507	INDIUM IN-111 CAPROMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURI	\$643.16	\$643.16	10/01/2017
A9510	TECHNETIUM TC-99M DISOFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	\$75.81	\$75.81	10/01/2017
A9512	TECHNETIUM TC-99M PERTECHNETATE, DIAGNOSTIC, PER MILLICURIE	\$12.84	\$12.84	10/01/2017
A9516	IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER 100 MICROCURIES, UP TO 999 MICROCURI	\$198.82	\$198.82	10/01/2017
A9517	IODINE I-131 SODIUM IODIDE CAPSULE(S), THERAPEUTIC, PER MILLICURIE	\$38.67	\$38.67	10/01/2017
A9521	TECHNETIUM TC-99M EXAMETAZIME, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	\$1,576.81	\$1,576.81	10/01/2017
A9524	IODINE I-131 IODINATED SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES	\$85.74	\$85.74	10/01/2017
A9536	TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 35 MILLICURIES	\$736.55	\$736.55	10/01/2017

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Proc	Procedure Description	FFS Rate Non-Facility	FFS Rate Facility	Eff Date
A9537	TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	\$59.91	\$59.91	10/01/2017
A9538	TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIE	\$43.32	\$43.32	10/01/2017
A9539	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	\$33.93	\$33.93	10/01/2017
A9540	TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 10	\$21.60	\$21.60	10/01/2017
A9541	TECHNETIUM TC-99M SULFUR COLLOID, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURI	\$57.91	\$57.91	10/01/2017
A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICUR	\$3,847.64	\$3,847.64	10/01/2017
A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN, THERAPEUTIC, PER TREATMENT DOSE, UP TO 40 MIL	\$49,236.38	\$49,236.38	10/01/2017
A9546	COBALT CO-57/58, CYANOCOBALAMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE	\$1.17	\$1.17	10/01/2017
A9547	INDIUM IN-111 OXYQUINOLINE, DIAGNOSTIC, PER 0.5 MILLICURIE	\$1,936.54	\$1,936.54	10/01/2017
A9548	INDIUM IN-111 PENTETATE, DIAGNOSTIC, PER 0.5 MILLICURIE	\$447.49	\$447.49	10/01/2017
A9551	TECHNETIUM TC-99M SUCCIMER, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	\$649.17	\$649.17	10/01/2017
A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	\$237.50	\$237.50	10/01/2017
A9553	CHROMIUM CR-51 SODIUM CHROMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 250 MICROCURIE	\$414.31	\$414.31	10/01/2017
A9554	IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MICROCURIE	\$37.91	\$37.91	10/01/2017
A9555	RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES	\$1,688.79	\$1,688.79	10/01/2017
A9556	GALLIUM GA-67 CITRATE, DIAGNOSTIC, PER MILLICURIE	\$97.76	\$97.76	10/01/2017
A9557	TECHNETIUM TC-99M BICISATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	\$402.97	\$402.97	10/01/2017
A9558	XENON XE-133 GAS, DIAGNOSTIC, PER 10 MILLICURIES	\$34.12	\$34.12	10/01/2017
A9559	COBALT CO-57 CYANOCOBALAMIN, ORAL, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURI	\$80.94	\$80.94	10/01/2017
A9560	TECHNETIUM TC-99M LABELED RED BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE, UP TO 30	\$101.16	\$101.16	10/01/2017
A9561	TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	\$47.65	\$47.65	10/01/2017
A9562	TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	\$839.08	\$839.08	10/01/2017
A9563	SODIUM PHOSPHATE P-32, THERAPEUTIC, PER MILLICURIE	\$1,692.59	\$1,692.59	10/01/2017
A9564	CHROMIC PHOSPHATE P-32 SUSPENSION, THERAPEUTIC, PER MILLICURIE	\$320.91	\$320.91	10/01/2017
A9568	TECHNETIUM TC-99M ARCITUMOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	\$1,196.91	\$1,196.91	10/01/2017
A9569	TECHNETIUM TC-99M EXAMETAZIME LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC,	\$1,576.81	\$1,576.81	10/01/2017
A9570	INDIUM IN-111 LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE	\$3,873.08	\$3,873.08	10/01/2017
A9572	INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURIES	\$6,147.11	\$6,147.11	10/01/2017
A9586	FLORBETAPIR F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURRIES	\$2,815.80	\$2,815.80	10/01/2017
A9600	STRONTIUM SR-89 CHLORIDE, THERAPEUTIC, PER MILLICURIE	\$3,494.90	\$3,494.90	10/01/2017
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	\$6.59	\$6.59	10/01/2012
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	\$6.59	\$6.59	10/01/2012
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	\$6.59	\$6.59	10/01/2012
G0054	BLOOD CHOLESTEROL TEST, BY CHOLESTEROL MONITORING DEVICE APPROVED BY FDA FOR HOM	BR	BR	01/01/1996
G0055	GLUCOSE POST DOSE (INCLUDES GLUCOSE) DIRECT MEASUREMENT BY A GLUCOSE TESTING DEV	BR	BR	01/01/1996

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G0056	GLUCOSE TOLERANCE TEST (GTT), BY DIRECT MEASUREMENT BY GLUCOSE TESTING DEVICE AP	BR	BR	01/01/1996
G0057	GLUCOSE TOLERANCE TEST (GTT), BY DIRECT MEASUREMENT BY A GLUCOSE TESTING DEVICE	BR	BR	01/01/1996
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION	\$33.73	\$24.76	10/01/2017
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	\$17.37	\$7.77	10/01/2017
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	\$146.61	\$50.65	10/01/2017
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	\$277.27	\$167.37	10/01/2017
G0106	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0104, SCREENING SIGMOIDOSCOPY,	\$185.69	\$185.69	10/01/2017
G0117	GLAUCOMA SCREENING FOR HIGH RISK PATIENTS FURNISHED BY AN OPTOMETRIST OR	\$47.79	\$47.79	10/01/2017
G0118	GLAUCOMA SCREENING FOR HIGH RISK PATIENT FURNISHED UNDER THE DIRECT SUPERVISION	\$37.80	\$37.80	10/01/2017
G0120	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0105, SCREENING COLONOSCOPY,	\$188.65	\$188.65	10/01/2017
G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR	\$277.80	\$167.91	10/01/2017
G0122	COLORECTAL CANCER SCREENING; BARIUM ENEMA	\$233.37	\$233.37	10/01/2017
G0124	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	\$28.58	\$28.58	10/01/2017
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	\$20.15	\$6.84	10/01/2017
G0130	SINGLE ENERGY X-RAY ABSORPTIOMETRY (SEXA) BONE DENSITY STUDY, ONE OR MORE	\$30.04	\$30.04	10/01/2017
G0141	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED	\$28.58	\$28.58	10/01/2017
G0166	EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION	\$120.90	\$120.90	10/01/2017
G0168	WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY	\$89.72	\$24.72	10/01/2017
G0175	SCHEDULED INTERDISCIPLINARY TEAM CONFERENCE (MINIMUM OF THREE EXCLUSIVE OF	BR	BR	01/01/2001
G0179	PHYSICIAN RE-CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A	\$36.29	\$36.29	10/01/2017
G0180	PHYSICIAN CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A HOME	\$47.14	\$47.14	10/01/2017
G0186	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOROIDAL	\$870.08	\$870.08	10/01/2017
G0202	SCREENING MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATERAL, ALL VIEWS	\$119.31	\$119.31	10/01/2017
G0204	DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT 2-D DIGITAL IMAGE, BILATERAL, ALL VIEWS	\$147.81	\$147.81	10/01/2017
G0206	DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT 2-D DIGITAL IMAGE, UNILATERAL, ALL VIEW	\$116.50	\$116.50	10/01/2017
G0219	PET IMAGING WHOLE BODY; MELANOMA FOR NON-COVERED INDICATIONS	\$1,665.91	\$1,665.91	10/01/2012
G0245	INITIAL PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC	\$57.72	\$37.91	10/01/2017
G0246	FOLLOW-UP PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH	\$33.51	\$18.96	10/01/2017
G0247	ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSORY	\$63.56	\$20.53	10/01/2017
G0248	DEMONSTRATION, PRIOR TO INITIAL USE, OF HOME INR MONITORING FOR PATIENT WITH EIT	\$95.57	\$95.57	10/01/2017
G0249	PROVISION OF TEST MATERIALS AND EQUIPMENT FOR HOME INR MONITORING OF PATIENT WIT	\$95.92	\$95.92	10/01/2017
G0250	PHYSICIAN REVIEW, INTERPRETATION, AND PATIENT MANAGEMENT OF HOME INR TESTING FOR	\$8.09	\$8.09	10/01/2017
G0257	UNSCHEDULED OR EMERGENCY DIALYSIS TREATMENT FOR AN ESRD PATIENT IN A HOSPITAL	\$205.38	\$205.38	10/01/2012
G0259	INJECTION PROCEDURE FOR SACROILIAC JOINT; ARTHROGRAPY	BR	BR	01/01/2003
G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID	BR	BR	01/01/2003

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G0268	REMOVAL OF IMPACTED CERUMEN (ONE OR BOTH EARS) BY PHYSICIAN ON SAME DATE OF	\$46.33	\$29.93	10/01/2017
G0269	PLACEMENT OF OCCLUSIVE DEVICE INTO EITHER A VENOUS OR ARTERIAL ACCESS SITE,	BR	BR	01/01/2003
G0270	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S)	\$26.43	\$24.26	10/01/2017
G0271	MEDICAL NUTRITION THERAPY, REASSESSMENT AND SUBSEQUENT INTERVENTION(S)	\$14.00	\$13.38	10/01/2017
G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	\$42.95	\$42.95	10/01/2017
G0278	ILIAC ARTERY ANGIOGRAPHY PERFORMED AT THE SAME TIME OF CARDIAC CATHETERIZATION,	\$12.25	\$12.25	10/01/2017
G0279	DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS, UNILATERAL OR BILATERAL (LIST SEPARATEL	\$48.74	\$48.74	10/01/2017
G0281	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR CHRONIC STAGE	\$12.11	\$12.11	10/01/2017
G0283	ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MORE AREAS FOR INDICATION(S)	\$12.11	\$12.11	10/01/2017
G0289	ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY,	\$77.74	\$77.74	10/01/2017
G0293	NONCOVERED SURGICAL PROCEDURE(S) USING CONSCIOUS SEDATION, REGIONAL, GENERAL OR	BR	BR	01/01/2003
G0294	NONCOVERED PROCEDURE(S) USING EITHER NO ANESTHESIA OR LOCAL ANESTHESIA ONLY, IN	BR	BR	01/01/2003
G0296	COUNSELING VISIT TO DISCUSS NEED FOR LUNG CANCER SCREENING (LDCT) USING LOW DOSE	\$24.87	\$23.32	10/01/2017
G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	\$221.31	\$221.31	10/01/2017
G0298	HIV ANTIGEN/ANTIBODY, COMBINATION ASSAY, SCREENING	BR	BR	01/01/2016
G0302	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS, COMPLETE	BR	BR	01/01/2004
G0303	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS, 10 TO 15	BR	BR	01/01/2004
G0304	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS, 1 TO 9 DAYS	BR	BR	01/01/2004
G0305	POST-DISCHARGE PULMONARY SURGERY SERVICES AFTER LVRS, MINIMUM OF 6 DAYS OF	BR	BR	01/01/2004
G0329	ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS FOR CHRONIC STAGE III AND STAGE	\$8.65	\$8.65	10/01/2017
G0337	HOSPICE EVALUATION AND COUNSELING SERVICES, PRE-ELECTION	\$63.76	\$63.76	10/01/2017
G0339	IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY,	\$717.22	\$717.22	10/01/2017
G0340	IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEROTACTIC RADIOSURGERY,	\$1,331.50	\$1,331.50	10/01/2017
G0364	BONE MARROW ASPIRATION PERFORMED WITH BONE MARROW BIOPSY THROUGH THE SAME	\$10.86	\$7.77	10/01/2017
G0365	VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACCESS (SERVICES FOR PREOPERATIVE	\$107.98	\$107.98	10/01/2017
G0424	PULMONARY REHABILITATION, INCLUDING EXERCISE (INCLUDES MONITORING), ONE HOUR, PE	\$26.04	\$12.11	10/01/2017
G0455	PREPARATION WITH INSTILLATION OF FECAL MICROBIOTA BY ANY METHOD, INCLUDING ASSES	\$112.61	\$65.25	10/01/2017
G0491	DIALYSIS PROCEDURE AT A MEDICARE CERTIFIED ESRD FACILITY FOR ACUTE KIDNEY INJURY	BR	BR	01/01/2017
G0492	DIALYSIS PROCEDURE WITH A SINGLE EVALUATION BY A PHYSICIAN OR OTHER QUALUFIED HE	BR	BR	01/01/2017
G0498	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNI	\$138.96	\$138.96	10/01/2017
G0499	HEPATITIS B SCREENING IN NON-PREGNANT, HIGH RISK INDIVID	BR	BR	01/01/2017
G0500	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR OTHER QUALUFIED HEA	\$51.04	\$4.92	10/01/2017
G0508	Telehealth consultation, critical care, initial , physicians typically spend 60	\$174.32	\$174.32	10/01/2017
G0509	Telehealth consultation, critical care, subsequent, physicians typically spend 5	\$168.10	\$168.10	10/01/2017
G6001	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	\$45.64	\$45.64	10/01/2017

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G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY O	\$66.60	\$66.60	10/01/2017
G6003	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL OPPO	\$166.81	\$166.81	10/01/2017
G6004	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL OPPO	\$126.57	\$126.57	10/01/2017
G6005	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL OPPO	\$126.26	\$126.26	10/01/2017
G6006	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL OPPO	\$126.26	\$126.26	10/01/2017
G6007	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A S	\$260.60	\$260.60	10/01/2017
G6008	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A S	\$174.24	\$174.24	10/01/2017
G6009	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A S	\$173.62	\$173.62	10/01/2017
G6010	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A S	\$173.00	\$173.00	10/01/2017
G6011	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING	\$252.55	\$252.55	10/01/2017
G6012	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING	\$230.58	\$230.58	10/01/2017
G6013	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING	\$230.89	\$230.89	10/01/2017
G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING	\$231.20	\$231.20	10/01/2017
G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARRO	\$301.65	\$301.65	10/01/2017
G6016	COMPENSATOR-BASED BEAM MODULATION TREATMENT DELIVERY OF INVERSE PLANNED TREATMEN	\$300.84	\$300.84	10/01/2017
G6017	INTRA-FRACTION LOCALIZATION AND TRACKING OF TARGET OR PATIENT MOTION DURING DELI	\$98.86	\$98.86	10/01/2017
G9156	EVALUATION FOR WHEELCHAIR REQUIRING FACE TO FACE VISIT WITH PHYSICIAN	BR	BR	01/01/2012
G9678	ONCOLOGY CARE MODEL (OCM) MONTHLY ENHANCED ONCOLOGY ONCOLOGYSERVICES (MEOS) PAYM	\$152.00	\$152.00	10/01/2017
M0076	PROLOTHERAPY	BR	BR	03/01/1989
M0100	INTRAGASTRIC HYPOTHERMIA USING GASTRIC FREEZING	BR	BR	03/01/1989
P2028	CEPHALIN FLOCCULATION, BLOOD	BR	BR	03/01/1989
P2029	CONGO RED, BLOOD	BR	BR	03/01/1989
P2033	THYMOL TURBIDITY, BLOOD	BR	BR	03/01/1989
P3001	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS,	\$28.58	\$28.58	10/01/2017
P7001	CULTURE, BACTERIAL, URINE; QUANTITATIVE, SENSITIVITY STUDY	\$13.59	\$13.59	10/01/2012
P9010	BLOOD (WHOLE), FOR TRANSFUSION, PER UNIT	BR	BR	03/01/1989
P9011	BLOOD, SPLIT UNIT	BR	BR	03/01/1989
P9012	CRYOPRECIPITATE, EACH UNIT	\$17.06	\$17.06	10/01/2012
P9016	RED BLOOD CELLS, LEUKOCYTES REDUCED, EACH UNIT	\$64.47	\$64.47	10/01/2012
P9017	FRESH FROZEN PLASMA (SINGLE DONOR), FROZEN WITHIN 8 HOURS OF COLLECTION, EACH	\$30.31	\$30.31	10/01/2012
P9019	PLATELET CONCENTRATE	\$30.31	\$30.31	10/01/2012
P9020	PLATELET RICH PLASMA, EACH UNIT	\$38.04	\$38.04	10/01/2012
P9021	RED BLOOD CELLS, EACH UNIT	\$45.51	\$45.51	10/01/2012
P9022	RED BLOOD CELLS, WASHED, EACH UNIT	\$85.30	\$85.30	10/01/2012
P9023	PLASMA, POOLED MULTIPLE DONOR, SOLVENT/DETERGENT TREATED, FROZEN, EACH UNIT	BR	BR	01/01/2000

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P9031	PLATELETS, LEUKOCYTES REDUCED, EACH UNIT	BR	BR	01/01/2001
P9032	PLATELETS, IRRADIATED, EACH UNIT	BR	BR	01/01/2001
P9033	PLATELETS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	BR	BR	01/01/2001
P9034	PLATELETS, PHERESIS, EACH UNIT	BR	BR	01/01/2001
P9035	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, EACH UNIT	BR	BR	01/01/2001
P9036	PLATELETS, PHERESIS, IRRADIATED, EACH UNIT	BR	BR	01/01/2001
P9037	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	BR	BR	01/01/2001
P9038	RED BLOOD CELLS, IRRADIATED, EACH UNIT	BR	BR	01/01/2001
P9039	RED BLOOD CELLS, DEGLYCEROLIZED, EACH UNIT	BR	BR	01/01/2001
P9040	RED BLOOD CELLS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	BR	BR	01/01/2001
P9044	PLASMA, CRYOPRECIPITATE REDUCED, EACH UNIT	BR	BR	01/01/2001
P9050	GRANULOCYTES, PHERESIS, EACH UNIT	BR	BR	01/01/2002
P9051	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, EACH UNIT	BR	BR	01/01/2004
P9052	PLATELETS, HLA-MATCHED LEUKOCYTES REDUCED, Apheresis/pheresis, EACH UNIT	BR	BR	01/01/2004
P9053	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED, EACH UNIT	BR	BR	01/01/2004
P9054	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, FROZEN, DEGLYCEROL, WASHED,	BR	BR	01/01/2004
P9055	PLATELETS, LEUKOCYTES REDUCED, CMV-NEGATIVE, Apheresis/pheresis, EACH UNIT	BR	BR	01/01/2004
P9056	WHOLE BLOOD, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	BR	BR	01/01/2004
P9057	RED BLOOD CELLS, FROZEN/DEGLYCEROLIZED/WASHED, LEUKOCYTES REDUCED, IRRADIATED,	BR	BR	01/01/2004
P9058	RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED, EACH UNIT	BR	BR	01/01/2004
P9059	FRESH FROZEN PLASMA BETWEEN 8-24 HOURS OF COLLECTION, EACH UNIT	BR	BR	01/01/2004
P9060	FRESH FROZEN PLASMA, DONOR RETESTED, EACH UNIT	BR	BR	01/01/2004
P9603	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY SPECI	BR	BR	03/01/1989
P9604	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY	BR	BR	03/01/1989
Q0035	CARDIOKYMOGRAPHY	\$17.95	\$17.95	10/01/2017
Q0081	INFUSION THERAPY, USING OTHER THAN CHEMOTHERAPEUTIC DRUGS, PER VISIT	BR	BR	01/01/1992
Q0083	CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION TECHNIQUE ONLY (EG	BR	BR	01/01/1992
Q0084	CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY, PER VISIT	BR	BR	01/01/1992
Q0085	CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUE AND OTHER TECHIQUE(S)	BR	BR	01/01/1992
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL	\$39.31	\$17.33	10/01/2017
Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	\$21.94	\$21.94	10/01/2017
Q0116	HEMOGLOBIN BY SINGLE ANALYTE INSTRUMENTS WITH SELF-CONTAINED OR COMPONENT FEATUR	BR	BR	01/01/1994
Q1004	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 4 AS DEFINED IN FEDERAL REGISTER NOTICE	BR	BR	01/01/2000
Q1005	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 5 AS DEFINED IN FEDERAL REGISTER NOTICE	BR	BR	01/01/2000
R0070	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING HOME	\$155.20	\$155.20	10/01/2017

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R0075	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING	\$155.20	\$155.20	10/01/2017
R0076	TRANSPORTATION OF PORTABLE EKG TO FACILITY OR LOCATION, PER PATIENT	BR	BR	03/01/1989
S0199	MEDICALLY INDUCED ABORTION BY ORAL INGESTION OF MEDICATION INCLUDING ALL	\$175.12	\$175.12	10/01/2012
S0270	PHYSICIAN MGT OF PATIENT HOME CARE, STANDARD MONTHLY CASE RATE (PER 30 DAYS)	BR	BR	04/01/2007
S0271	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE (PER 30 DAY	BR	BR	04/01/2007
S0272	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE 30 DA	BR	BR	04/01/2007
S0285	COLONOSCOPY CONSULTATION PERFORMED PRIOR TO A SCREENING COLONOSCO	BR	BR	07/01/2016
S0311	COMPREHENSIVE MANAGEMENT AND CARE COORDINATION FOR ADVANCED ILLNE	BR	BR	07/01/2016
S0315	DISEASE MANAGEMENT PROGRAM; INITIAL ASSESSMENT AND INITIATION OF THE PROGRAM	\$52.94	\$52.94	10/01/2012
S0316	DISEASE MANAGEMENT PROGRAM, FOLLOW-UP/REASSESSMENT	\$28.51	\$28.51	10/01/2012
S2083	ADJUSTMENT OF GASTRIC BAND DIAMETER VIA SUBCUTANEOUS PORT BY INJECTION OR	BR	BR	04/01/2004
S3620	NEWBORN METABOLIC SCREENING PANEL, INCLUDES TEST KIT, POSTAGE AND THE	\$65.00	\$65.00	04/01/2014
S3800	GENETIC TESTING FOR AMYOTROPHIC LATERAL SCLEROSIS (ALS)	BR	BR	07/01/2007
S3854	GENE EXPRESSION PROFILING PANEL FOR USE IN THE MANAGEMENT OF BREAST CANCER TREAT	BR	BR	01/01/2017
S5497	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, NOT OTHERWISE CLASSIFIED;	BR	BR	01/01/2002
S5498	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, SIMPLE (SINGLE LUMEN),	BR	BR	01/01/2002
S5501	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, COMPLEX (MORE THAN ONE	BR	BR	01/01/2002
S5502	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, IMPLANTED ACCESS DEVICE,	BR	BR	01/01/2002
S5518	HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR CATHETER REPAIR	BR	BR	01/01/2002
S5520	HOME INFUSION THERAPY, ALL SUPPLIES (INCLUDING CATHETER) NECESSARY FOR A	BR	BR	01/01/2002
S5521	HOME INFUSION THERAPY, ALL SUPPLIES (INCLUDING CATHETER) NECESSARY FOR A	BR	BR	01/01/2002
S5522	HOME INFUSION THERAPY, INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS	BR	BR	01/01/2002
S5523	HOME INFUSION THERAPY, INSERTION OF MIDLINE VENOUS CATHETER, NURSING SERVICES ON	BR	BR	01/01/2002
S9209	HOME MANAGEMENT OF PRETERM PREMATURE RUPTURE OF MEMBRANES (PPROM), INCLUDING	BR	BR	01/01/2002
S9212	HOME MANAGEMENT OF POSTPARTUM HYPERTENSION, INCLUDES ADMINISTRATIVE SERVICES,	BR	BR	01/01/2002
S9325	HOME INFUSION THERAPY, PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES,	BR	BR	01/01/2002
S9326	HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR HOURS OR MORE) PAIN MANAGEMENT	BR	BR	01/01/2002
S9327	HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWENTY-FOUR HOURS) PAIN	BR	BR	01/01/2002
S9328	HOME INFUSION THERAPY, IMPLANTED PUMP PAIN MANAGEMENT INFUSION; ADMINISTRATIVE	BR	BR	01/01/2002
S9329	HOME INFUSION THERAPY, CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES,	BR	BR	01/01/2002
S9330	HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR HOURS OR MORE) CHEMOTHERAPY	BR	BR	01/01/2002
S9331	HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWENTY-FOUR HOURS) CHEMOTHERAPY	BR	BR	01/01/2002
S9335	HOME THERAPY, HEMODIALYSIS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY	BR	BR	01/01/2004
S9336	HOME INFUSION THERAPY, CONTINUOUS ANTICOAGULANT INFUSION THERAPY (E.G.	BR	BR	01/01/2002
S9338	HOME INFUSION THERAPY, IMMUNOTHERAPY, ADMINISTRATIVE SERVICES, PROFESSIONAL	BR	BR	01/01/2002

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S9340	HOME THERAPY; ENTERAL NUTRITION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY	BR	BR	01/01/2002
S9341	HOME THERAPY; ENTERAL NUTRITION VIA GRAVITY; ADMINISTRATIVE SERVICES,	BR	BR	01/01/2002
S9342	HOME THERAPY; ENTERAL NUTRITION VIA PUMP; ADMINISTRATIVE SERVICES, PROFESSIONAL	BR	BR	01/01/2002
S9343	HOME THERAPY; ENTERAL NUTRITION VIA BOLUS; ADMINISTRATIVE SERVICES,	BR	BR	01/01/2002
S9345	HOME INFUSION THERAPY, ANTI-HEMOPHILIC AGENT INFUSION THERAPY (E.G. FACTOR	BR	BR	01/01/2002
S9346	HOME INFUSION THERAPY, ALPHA-1-PROTEINASE INHIBITOR (E.G., PROLASTIN);	BR	BR	01/01/2002
S9347	HOME INFUSION THERAPY, UNINTERRUPTED, LONG-TERM, CONTROLLED RATE INTRAVENOUS OR	BR	BR	01/01/2002
S9348	HOME INFUSION THERAPY, SYMPATHOMIMETIC/INOTROPIC AGENT INFUSION THERAPY (E.G.,	BR	BR	01/01/2002
S9349	HOME INFUSION THERAPY, TOCOLYTIC INFUSION THERAPY; ADMINISTRATIVE SERVICES,	BR	BR	01/01/2002
S9351	HOME INFUSION THERAPY, CONTINUOUS OR INTERMITTENT ANTI-EMETIC INFUSION THERAPY;	BR	BR	01/01/2002
S9353	HOME INFUSION THERAPY, CONTINUOUS INSULIN INFUSION THERAPY; ADMINISTRATIVE	BR	BR	01/01/2002
S9357	HOME INFUSION THERAPY, ENZYME REPLACEMENT INTRAVENOUS THERAPY; (E.G.	BR	BR	01/01/2002
S9363	HOME INFUSION THERAPY, ANTI-SPASMOTIC INTRAVENOUS THERAPY; ADMINISTRATIVE	BR	BR	01/01/2002
S9365	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); ONE LITER PER DAY,	BR	BR	01/01/2002
S9366	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN ONE LITER	BR	BR	01/01/2002
S9367	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN TWO LITERS	BR	BR	01/01/2002
S9368	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN THREE LITERS	BR	BR	01/01/2002
S9370	HOME THERAPY, INTERMITTENT ANTI-EMETIC INJECTION THERAPY; ADMINISTRATIVE	BR	BR	01/01/2002
S9372	HOME THERAPY; INTERMITTENT ANTICOAGULANT INJECTION THERAPY (E.G. HEPARIN);	BR	BR	01/01/2002
S9373	HOME INFUSION THERAPY, HYDRATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL	BR	BR	01/01/2002
S9374	HOME INFUSION THERAPY, HYDRATION THERAPY; ONE LITER PER DAY, ADMINISTRATIVE	BR	BR	01/01/2002
S9375	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN ONE LITER BUT NO MORE THAN	BR	BR	01/01/2002
S9376	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN TWO LITERS BUT NO MORE THAN	BR	BR	01/01/2002
S9377	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THREE LITERS PER DAY,	BR	BR	01/01/2002
S9379	HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED;	BR	BR	01/01/2002
S9451	EXERCISE CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	\$65.16	\$65.16	10/01/2012
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	BR	BR	01/01/2000
S9490	HOME INFUSION THERAPY, CORTICOSTEROID INFUSION; ADMINISTRATIVE SERVICES,	BR	BR	07/01/2002
S9494	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY;	BR	BR	01/01/2002
S9497	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY	BR	BR	01/01/2002
S9500	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY	BR	BR	01/01/2002
S9501	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY	BR	BR	01/01/2002
S9502	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY	BR	BR	01/01/2002
S9503	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 6	BR	BR	01/01/2002
S9504	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 4	BR	BR	01/01/2002

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S9542	HOME INJECTABLE THERAPY, NOT OTHERWISE CLASSIFIED, INCLUDING ADMINISTRATIVE	BR	BR	01/01/2002
S9975	TRANSPLANT RELATED LODGING, MEALS AND TRANSPORTATION, PER DIEM	BR	BR	01/01/2003
T1015	CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE	BR	BR	01/01/2011
V2199	NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS	BR	BR	03/01/1989
V2299	SPECIALTY BIFOCAL (BY REPORT)	BR	BR	03/01/1989
V2399	SPECIALTY TRIFOCAL (BY REPORT)	BR	BR	03/01/1989
V2499	VARIABLE SPHERICITY LENS, OTHER TYPE	BR	BR	10/01/1982
V2599	CONTACT LENS, OTHER TYPE	BR	BR	03/01/1989
V2600	HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AIDS	BR	BR	03/01/1989
V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	BR	BR	03/01/1989
V2615	TELESCOPIC AND OTHER COMPOUND LENS SYSTEM, INCLUDING DISTANCE VISION	BR	BR	03/01/1989
V2629	PROSTHETIC EYE, OTHER TYPE	BR	BR	03/01/1989
V2781	PROGRESSIVE LENS, PER LENS	BR	BR	01/01/1996
V2785	PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE	BR	BR	03/01/1989
V2787	ASTIGMATISM CORRECTING FUNCTION OF INTRAOCULAR LENS	BR	BR	01/01/2008
V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE	BR	BR	01/01/2001
V2799	VISION ITEM OR SERVICE, MISCELLANEOUS	BR	BR	03/01/1989
V5008	HEARING SCREENING	BR	BR	03/01/1989
V5010	ASSESSMENT FOR HEARING AID	BR	BR	03/01/1989
V5011	FITTING/ORIENTATION/CHECKING OF HEARING AID	BR	BR	03/01/1989
V5014	REPAIR/MODIFICATION OF A HEARING AID	BR	BR	03/01/1989
V5020	CONFORMITY EVALUATION	BR	BR	03/01/1989
V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	BR	BR	03/01/1989
V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	BR	BR	03/01/1989
V5050	HEARING AID, MONAURAL, IN THE EAR	BR	BR	03/01/1989
V5060	HEARING AID, MONAURAL, BEHIND THE EAR	BR	BR	03/01/1989
V5070	GLASSES, AIR CONDUCTION	BR	BR	03/01/1989
V5080	GLASSES, BONE CONDUCTION	BR	BR	03/01/1989
V5090	DISPENSING FEE, UNSPECIFIED HEARING AID	BR	BR	03/01/1989
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS	BR	BR	01/01/2003
V5100	HEARING AID, BILATERAL, BODY WORN	BR	BR	03/01/1989
V5110	DISPENSING FEE, BILATERAL	BR	BR	03/01/1989
V5120	BINAURAL, BODY	BR	BR	03/01/1989
V5130	BINAURAL, IN THE EAR	BR	BR	03/01/1989
V5140	BINAURAL, BEHIND THE EAR	BR	BR	03/01/1989

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V5150	BINAURAL, GLASSES	BR	BR	03/01/1989
V5160	DISPENSING FEE, BINAURAL	BR	BR	03/01/1989
V5170	HEARING AID, CROS, IN THE EAR	BR	BR	03/01/1989
V5180	HEARING AID, CROS, BEHIND THE EAR	BR	BR	03/01/1989
V5190	HEARING AID, CROS, GLASSES	BR	BR	03/01/1989
V5200	DISPENSING FEE, CROS	BR	BR	03/01/1989
V5210	HEARING AID, BICROS, IN THE EAR	BR	BR	03/01/1989
V5220	HEARING AID, BICROS, BEHIND THE EAR	BR	BR	03/01/1989
V5230	HEARING AID, BICROS, GLASSES	BR	BR	03/01/1989
V5240	DISPENSING FEE, BICROS	BR	BR	03/01/1989
V5241	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE	BR	BR	01/01/2002
V5242	HEARING AID, ANALOG, MONAURAL, CIC (COMPLETELY IN THE EAR CANAL)	BR	BR	01/01/2002
V5243	HEARING AID, ANALOG, MONAURAL, ITC (IN THE CANAL)	BR	BR	01/01/2002
V5244	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, CIC	BR	BR	01/01/2002
V5245	HEARING AID, DIGITALLY PROGRAMMABLE, ANALOG, MONAURAL, ITC	BR	BR	01/01/2002
V5246	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE (IN THE EAR)	BR	BR	01/01/2002
V5247	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR)	BR	BR	01/01/2002
V5248	HEARING AID, ANALOG, BINAURAL, CIC	BR	BR	01/01/2002
V5249	HEARING AID, ANALOG, BINAURAL, ITC	BR	BR	01/01/2002
V5250	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, CIC	BR	BR	01/01/2002
V5251	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, ITC	BR	BR	01/01/2002
V5252	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE	BR	BR	01/01/2002
V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	BR	BR	01/01/2002
V5254	HEARING AID, DIGITAL, MONAURAL, CIC	BR	BR	01/01/2002
V5255	HEARING AID, DIGITAL, MONAURAL, ITC	BR	BR	01/01/2002
V5256	HEARING AID, DIGITAL, MONAURAL, ITE	BR	BR	01/01/2002
V5257	HEARING AID, DIGITAL, MONAURAL, BTE	BR	BR	01/01/2002
V5258	HEARING AID, DIGITAL, BINAURAL, CIC	BR	BR	01/01/2002
V5259	HEARING AID, DIGITAL, BINAURAL, ITC	BR	BR	01/01/2002
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	BR	BR	01/01/2002
V5261	HEARING AID, DIGITAL, BINAURAL, BTE	BR	BR	01/01/2002
V5262	HEARING AID, DISPOSABLE, ANY TYPE, MONAURAL	BR	BR	01/01/2002
V5263	HEARING AID, DISPOSABLE, ANY TYPE, BINAURAL	BR	BR	01/01/2002
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	BR	BR	01/01/2002
V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE	BR	BR	01/01/2002

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V5266	BATTERY FOR USE IN HEARING DEVICE	BR	BR	01/01/2002
V5267	HEARING AID OR ASSISTIVE LISTENING DEVICE/SUPPLIES/ACCESSORIES, NOT OTHERWISE SP	BR	BR	01/01/2002
V5275	EAR IMPRESSION, EACH	BR	BR	01/01/2002
V5298	HEARING AID, NOT OTHERWISE CLASSIFIED	BR	BR	01/01/2003
V5299	HEARING SERVICE, MISCELLANEOUS	BR	BR	03/01/1989
V5336	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES	BR	BR	03/01/1989
V5362	SPEECH SCREENING	BR	BR	03/01/1989
V5363	LANGUAGE SCREENING	BR	BR	03/01/1989
V5364	DYSPHAGIA SCREENING	BR	BR	03/01/1989