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AMBULATORY SERVICES: UPDATE DECEMBER 1, 2025

CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
G0104	COLORECTAL CA SCREEN	$74.40
G0105	COLORECTAL CA SCREENING	$244.74
G0121	COLORECTAL CA SCREENING	$244.74
G0127	TRIMMING DYSTROPHIC NAILS	$6.31
G0276	PILD/PLACEBO CONTROL CLIN TR	$1,755.42
G0330	FACILITY SVS DENTAL REHAB	$1,115.56
G0392	AV FISTULA OR GRAFT ARTERIAL	$995.50
G0393	AV FISTULA OR GRAFT VENOUS	$995.50
G0516	INSERT DRUG DEL IMPLANT, >=4	BY REPORT
G0517	REMOVE DRUG IMPLANT	BY REPORT
G0518	REMOVE W INSERT DRUG IMPLANT	BY REPORT
10004	FNA BX W/O IMG GDN EA ADDL	BY REPORT
10005	FNA BX W/US GDN 1ST LES	$188.80
10006	FNA BX W/US GDN EA ADDL	BY REPORT
10007	FNA BX W/FLUOR GDN 1ST LES	$114.02
10008	FNA BX W/FLUOR GDN EA ADDL	BY REPORT
10009	FNA BX W/CT GDN 1ST LES	$188.80
10010	FNA BX W/CT GDN EA ADDL	BY REPORT
10011	FNA BX W/MR GDN 1ST LES	$188.80
10012	FNA BX W/MR GDN EA ADDL	BY REPORT
10021	FINE NEEDLE ASPIR WO IMAG GUID	$29.76
10030	GUIDE CATHET FLUID DRAINAGE	$188.80
10035	PERQ DEV SOFT TISS 1ST IMAG	BY REPORT
10036	PERQ DEV SOFT TISS ADD IMAG	BY REPORT
10040	ACNE SURGERY	$20.25
10060	DRAINAGE OF SKIN ABSCESS	$40.27

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
10061	DRAIN SKIN ABSCESS COMPLICATED	$59.68
10080	I & D OF SIMPLE PILONIDAL CYST	$96.23
10081	I & D COMPLICATED PILONIDAL CY	$115.80
10120	SIMPLE REMOVAL FOREIGN BODY	$51.43
10121	COMPLICATED REMOVAL FOREIGN BO	$354.14
10140	DRAINAGE HEMATOMA SIMPLE	$53.37
10160	PUNCTURE DRAINAGE OF LESION	$40.44
10180	INCISE/DRAIN COMPLEX POSTOP WO	$600.95
11000	DEBRIDEMENT INFECT SKIN	$18.12
11001	DEBRIDE INFECT SKIN EA ADD 10%	$3.57
11010	DEBRIDE W/OPEN FX SKIN & SUBCU	$188.80
11011	DEBRIDE SKIN/SUBCU TIS/MUSCLE	$188.80
11012	DEBRIDE SKIN/SUBCU/MUS/FAS/BON	$600.95
11042	DEBRIDE SKIN,SUBCUTANEOUS TISS	$107.20
11043	DEBRIDE:SKIN,SUBCU TISSUE AND	$164.15
11044	DEBRIDE:SKIN,SUBC TISS,MUSCL &	$354.14
11045	DEB SUBQ TISSUE ADD-ON	$55.67
11046	DEB MUSC/FASCIA ADD-ON	$55.67
11047	DEB BONE ADD-ON	$167.29
11055	TRIM SINGLE BENIGN LESION	$13.01
11056	TRIM 2-4 BENIGN LESIONS	$20.03
11057	TRIM OVER 4 BENIGN LESIONS	$31.86
11102	TANGNTL BX SKIN SINGLE LES	$36.23
11103	TANGNTL BX SKIN EA SEP/ADDL	BY REPORT
11104	PUNCH BX SKIN SINGLE LESION	$44.64
11105	PUNCH BX SKIN EA SEP/ADDL	BY REPORT

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
11106	INCAL BX SKN SINGLE LES	$55.80
11107	INCAL BX SKN EA SEP/ADDL	BY REPORT
11200	EXCISION UP TO 15 SKIN TAGS	$20.79
11201	EXCISION,SKIN TAGS,ADDITIONAL	$2.71
11300	SHAVING, LESION TO 0.5 CM OR L	$37.01
11301	SHAVING EPID, LESION 0.6 TO IC	$40.04
11302	SHAVING, LESION 1.1 TO 2C	$40.04
11303	SHAVING, LESION 2.1 TO 3C	$40.04
11305	SHAVING, LESION TO 0.5 CM	$22.38
11306	SHAVING, LESION 0.6 TO 1 CM	$40.04
11307	SHAVING, LESION 1.1 TO 2 CM	$44.64
11308	SHAVING, LESION 2.1 TO 3CM	$40.04
11310	SHAVING, LESION TO 0.5CM OR LE	$40.92
11311	SHAVING, LESION 0.6 TO 1CM	$45.93
11312	SHAVING, LESION 1.1 TO 2CM	$51.43
11313	SHAVING, LESION 2.1 TO 3CM	$57.09
11400	EXCISE BENIGN LESION TO 0.5 CM	$45.45
11401	EXCISE BENIGN LESION 0.6 TO 1C	$52.24
11402	EXCISE BENIGN LESION 1.1 TO 2C	$57.09
11403	EXCISE BENIGN LESION 2.1 TO 3C	$62.27
11404	EXCISE BENIGN LESION 3.1 TO 4C	$354.14
11406	EXC TR-EXT B9+MARG >4.0 CM	$354.14
11420	EXCISE BENIGN LESION TO 0.5 CM	$42.86
11421	EXCISE BENIGN LESION 0.6 TO 1	$50.95
11422	EXCISE BENIGN LESION 1.1 TO 2	$56.61
11423	EXCISE BENIGN LESION 2.1 TO 3C	$62.59

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
11424	EXCISE BENIGN LESION 3.1 TO 4C	$354.14
11426	EXC H-F-NK-SP B9+MARG >4 CM	$600.95
11440	EXCISE BENIGN LESION TO 0.5 CM	$50.14
11441	EXCISE BENIGN LESION 0.6 TO 1C	$56.45
11442	EXCISE BENIGN LESION 1.1 TO 2C	$61.62
11443	EXCISE BENIGN LESION 2.1 TO 3C	$68.09
11444	EXCISE BENIGN LESION 3.1 TO 4C	$354.14
11446	EXC FACE-MM B9+MARG >4 CM	$600.95
11450	EXCISE/HIDRADENITIS/PRIMARY SU	$600.95
11451	EXCISE/HIDRADENTIS/W/OTHER CLO	$600.95
11462	EXCISE/HIDRADEBTIS/PRIMARY SUT	$600.95
11463	EXCISE/HIDRADENITIS/OTHER CLOS	$600.95
11470	EXCISE/HIDRADENTIS/PRIMARY CLO	$600.95
11471	EXCISE/HIDRADENITIS/OTHER CLOS	$600.95
11600	EXCISE MALIGNANT LESION TO 0.5	$65.83
11601	EXCISE MALIGNANCY 0.6 TO 1CM	$73.27
11602	EXCISE MALIGNANCY 1.1 TO 2CM	$78.12
11603	EXCISE MALIGNANCY 2.1 TO 3CM	$84.43
11604	EXCISE MALIGNANCY 3.1 TO 4CM	$188.80
11606	EXC TR-EXT MAL+MARG >4 CM	$354.14
11620	EXCISE MALIGNANT LESION T .5 C	$65.83
11621	EXCISE MALIGNANCY 0.6 TO 1CM	$73.43
11622	EXCISE MALIGNANCY 1.1 TO 2CM	$79.25
11623	EXCISE MALIGNANCY 2.1 TO 3CM	$87.01
11624	EXCISE MALIGNANCY 3.1 TO 4CM	$354.14
11626	EXC S/N/H/F/G MAL+MRG >4 CM	$600.95

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11640	EXCISE MALIGNANT LESION TO .5	$68.09
11641	EXCISE MALIGNANCY 0.6 TO 1CM	$75.37
11642	EXCISE MALIGNANCY 1.1 TO 2CM	$82.49
11643	EXCISE MALIGNANCY 2.1 TO 3CM	$90.41
11644	EXCISE MALIGNANCY 3.1 TO 4CM	$354.14
11646	EXC F/E/E/N/L MAL+MRG >4 CM	$600.95
11719	TRIM NONDYSTROPHIC NAILS	$2.01
11720	DEBRIDE NAILS 1-5	$7.65
11721	DEBRIDE NAILS 6 OR MORE	$9.26
11730	SIMPLE REMOVAL OF NAIL PLATE	$28.96
11732	EACH ADDITIONAL NAIL PLATE	$7.15
11740	EVACUATE HEMATOMA UNDER NAIL	$13.41
11750	EXCISION NAIL & NAIL MATRIX	$49.98
11755	BIOPSY OF NAIL UNITS ANY METHD	$37.04
11760	SIMPLE RECONSTRUCTION NAIL BED	$60.17
11762	RECONSTRUCT NAIL BED W GRAFT	$87.34
11765	WEDGE EXCISION OF SKIN OF NAIL	$40.04
11770	REMOVE PILONIDAL CYST SIMPLE	$600.95
11771	REMOVE PILONIDAL CYST EXTEN	$600.95
11772	REMOVE PILONIDAL CYST COMPL	$600.95
11900	INTRALESIONAL INJECTION: UP TO	$13.41
11901	INTRALESIONAL INJECTION: OVER	$14.49
11960	INSERTION OF TISSUE EXPANDER	$978.67
11970	REPLACE EXPANDER-PERM. PROSTHE	$1,755.42
11971	REMOVE TISS EXP-NO PROSTHETIC	$600.95
11976	REMOVE WO REINSERT,IMPL.CON.CA	$131.58

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
11980	SUBCU HORMONE PELLET IMPLANT	BY REPORT
11981	INSERT NON-BIO DRUG DELIV IMPL	$13.11
11982	REMOVAL NON-BIO DRUG DELIV IMP	$13.11
11983	REM W/INS NON-BIO DRUG DEL IMP	$13.11
12001	SIMPLE WOUND REPAIR TO 2.5 CM	$20.65
12002	SIMPLE WOUND REPAIR 2.6 TO 7.5	$23.46
12004	SIMPLE WOUND REPAIR 7.6 TO 12.	$23.46
12005	SIMPLE-WOUND-REPAIR-12.6-TO-20	$107.20
12006	SIMPLE WOUND REPAIR 20.1 TO 30	$107.20
12007	RPR S/N/AX/GEN/TRNK >30.0 CM	$53.39
12011	SIMPLE WOUND REPAIR TO 2.5 CM	$23.46
12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	$23.46
12014	SIMPLE WOUND REPAIR 5.1 TO 7.5	$23.46
12015	SIMPLE WOUND REPAIR 7.6 TO 12.	$53.39
12016	RPR FE/E/EN/L/M 12.6-20.0 CM	$107.20
12017	RPR FE/E/EN/L/M 20.1-30.0 CM	$107.20
12018	RPR F/E/E/N/L/M >30.0 CM	$53.39
12020	TREAT SUPER.DEHISCIENCE:SIMPLE	$164.15
12021	TREAT SUPER.DEHISCIENCE:W/PACK	$107.20
12031	LAYER CLOSURE WOUND TO 2.5 CM	$90.25
12032	LAYER CLOSURE 2.6 TO 7.5CM	$101.57
12034	INTMD RPR S/TR/EXT 7.6-12.5	$107.20
12035	INTMD RPR S/A/T/EXT 12.6-20	$107.20
12036	INTMD RPR S/A/T/EXT 20.1-30	$164.15
12037	INTMD RPR S/TR/EXT >30.0 CM	$490.55
12041	LAYER CLOSURE WOUND TO 2.5 CM	$88.79

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
12042	LAYER CLOSURE 2.6 TO 7.5CM	$99.31
12044	INTMD RPR N-HF/GENIT7.6-12.5	$164.15
12045	INTMD RPR N-HF/GENIT12.6-20	$164.15
12046	INTMD RPR N-HF/GENIT20.1-30	$164.15
12047	INTMD RPR N-HF/GENIT >30.0CM	$490.55
12051	LAYER CLOSURE WOUND TO 2.5 CM	$93.97
12052	LAYER CLOSURE 2.6 TO 5CM	$100.28
12053	LAYER CLOSURE 5.1 TO 7.5CM	$107.20
12054	INTMD RPR FACE/MM 7.6-12.5CM	$107.20
12055	INTMD RPR FACE/MM 12.6-20 CM	$107.20
12056	INTMD RPR FACE/MM 20.1-30.0	$107.20
12057	INTMD RPR FACE/MM >30.0 CM	$107.20
13100	CMPLX RPR TRUNK 1.1-2.5 CM	$164.15
13101	CMPLX RPR TRUNK 2.6-7.5 CM	$164.15
13102	REP COMP TRUNK EACH ADD 5 CM	$65.27
13120	CMPLX RPR S/A/L 1.1-2.5 CM	$164.15
13121	CMPLX RPR S/A/L 2.6-7.5 CM	$164.15
13122	REP COMP SCALP/ARM/LEG	$24.05
13131	CMPLX RPR F/C/C/M/N/AX/G/H/F	$107.20
13132	CMPLX RPR F/C/C/M/N/AX/G/H/F	$164.15
13133	REP COMP FOREHEAD/CHEEK/CHIN	$65.27
13151	CMPLX RPR E/N/E/L 1.1-2.5 CM	$164.15
13152	CMPLX RPR E/N/E/L 2.6-7.5 CM	$164.15
13153	REP COMP EYELID/NOSE/EAR/LIP	$65.27
13160	EXT/COMP SECONDARY CLOSE/DEHIS	$490.55
14000	TIS TRNFR TRUNK 10 SQ CM/<	$490.55

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14001	TIS TRNFR TRUNK 10.1-30SQCM	$490.55
14020	TIS TRNFR S/A/L 10 SQ CM/<	$490.55
14021	TIS TRNFR S/A/L 10.1-30 SQCM	$490.55
14040	TIS TRNFR F/C/C/M/N/A/G/H/F	$490.55
14041	TIS TRNFR F/C/C/M/N/A/G/H/F	$490.55
14060	TIS TRNFR E/N/E/L 10 SQ CM/<	$490.55
14061	TIS TRNFR E/N/E/L10.1-30SQCM	$490.55
14301	ADJACENT TISSUE TRANSFER OR RE	$978.67
14302	ADJACENT TISSUE TRANSFER OR RE	$432.58
14350	FILLETED FINGER/TOE FLAP	$490.55
15002	WND PREP, CH/INF, TRK/ARM/LG	$490.55
15003	WND PREP, CH/INF ADDL 100 CM	$99.40
15004	WND PREP CH/INF, F/N/HF/G	$164.15
15005	WND PREP, F/N/HF/G, ADDL CM	$99.40
15040	HARVEST CULTURED SKIN GRAFT	$490.55
15050	PINCH GRAFT: DEFECT UP TO 2 CM	$164.15
15100	SPLIT GRAFT: UP TO 100 SQ. CM.	$490.55
15101	SPLIT GRFT,@ ADD 100 SQ CM/1%	BY REPORT
15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	$490.55
15111	EPIDRM AUTOGRFT T/A/L ADD-ON	BY REPORT
15115	EPIDRM A-GRFT FACE/NCK/HF/G	$490.55
15116	EPIDRM A-GRFT F/N/HF/G ADDL	BY REPORT
15120	SPLIT GRAFT: UP TO 100 SQ. CM.	$978.67
15121	SPLIT GRFT,@ ADD 100 SQ CM/1%	BY REPORT
15130	DERM AUTOGRAFT, TRNK/ARM/LEG	$490.55
15131	DERM AUTOGRAFT T/A/L ADD-ON	BY REPORT

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15135	DERM AUTOGRAFT FACE/NCK/HF/G	$978.67
15136	DERM AUTOGRAFT, F/N/HF/G ADD	BY REPORT
15150	CULT EPIDERM GRFT T/ARM/LEG	$490.55
15151	CULT EPIDERM GRFT T/A/L ADDL	BY REPORT
15152	CULT EPIDERM GRAFT T/A/L ADDL	BY REPORT
15155	CULT EPIDERM GRAFT, F/N/HF/G	$978.67
15156	CULT EPIDRM GRFT F/N/HFG ADD	BY REPORT
15157	CULT EPIDERM GRFT F/N/HFG ADDL	BY REPORT
15200	FULL THICK GRAFT TO 20 SQ CM	$490.55
15201	FULL THICK GRAFT EACH ADD 20 S	BY REPORT
15220	FULL THICK GRAFT TO 20 SQ CM	$490.55
15221	FULL THICK GRAFT EACH ADD 20 S	BY REPORT
15240	FULL THICK GRAFT TO 20 SQ CM	$490.55
15241	FULL THICK GRAFT EACH ADD 20 S	BY REPORT
15260	FULL THICK GRAFT TO 20 SQ CM	$490.55
15261	FULL THICK GRAFT EACH ADD 20 S	BY REPORT
15271	SKIN SUB GRAFT TRNK/ARM/LEG	$490.55
15272	SKIN SUB GRAFT T/A/L ADD-ON	$24.05
15273	SKIN SUB GRFT T/ARM/LG CHILD	$978.67
15274	SKN SUB GRFT T/A/L CHILD ADD	$65.27
15275	SKIN SUB GRAFT FACE/NK/HF/G	$44.48
15276	SKIN SUB GRAFT F/N/HF/G ADDL	$24.05
15277	SKN SUB GRFT F/N/HF/G CHILD	$490.55
15278	SKN SUB GRFT F/N/HF/G CH ADD	$65.27
15570	SKIN PEDICLE FLAP TRUNK	$490.55
15572	SKIN PEDICLE FLAP ARMS/LEGS	$978.67

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15574	PEDCLE FH/CH/CH/M/N/AX/G/H/F	$490.55
15576	PEDICLE E/N/E/L/NTRORAL	$490.55
15600	DELAY FLAP TRUNK	$978.67
15610	DELAY FLAP ARMS/LEGS	$490.55
15620	DELAY FLAP F/C/C/N/AX/G/H/F	$490.55
15630	DELAY FLAP EYE/NOS/EAR/LIP	$490.55
15650	TRANS INTERM ANY PEDICLE FLAP	$490.55
15730	MDFC FLAP W/PRSRV VASC PEDCL	$978.67
15731	FOREHEAD FLAP W/VASC PEDICLE	$978.67
15733	MUSC MYOQ/FSCQ FLP H & N PEDCL	$978.67
15734	MUSCLE FLAP: TRUNK	$978.67
15736	MUSCLE FLAP: UPPER EXTREMITY	$490.55
15738	MUSCLE FLAP: LOWER EXTREMITY	$978.67
15740	ISLAND PEDICLE FLAP GRAFT	$490.55
15750	NEUROVASCULAR PEDICLE FLAP	$978.67
15760	COMPOSITE SKIN GRAFT	$490.55
15770	DERMA-FAT-FASCIA GRAFT	$978.67
15777	ACELLULAR DERM MATRIX IMPLT	$338.35
15780	SKIN ABRASION TOTAL FACE	$256.35
15781	ABRASION OF SKIN FOR REMOVAL O	$163.51
15782	ABRASION OF SKIN FOR REMOVAL O	$157.37
15783	DERMABRASION SUPERFICIAL ANY S	$107.20
15786	ABRASION SINGLE LESION	$22.38
15787	ABRASION EA ADD 4 LESION OR LE	$13.20
15788	CHEMICAL PEEL, FACIAL: EPIDERM	$22.38
15789	CHEMICAL PEEL,DERMAL, FACIAL	$164.15

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15792	CHEMICAL PEEL, NONFACIAL,EPIDM	$41.72
15793	CHEMICAL PEEL, NONFACIAL: DERM	$22.38
15820	BLEPHAROPLASTY,LOWER EYELIDS	$490.55
15821	BLEPHAROPLASTY HERNIATED FAT P	$490.55
15822	BLEPHAROPLASTY,UPPER EYELID	$490.55
15823	BLEPHAROPLASTY,UPPER:EXCESSIVE	$490.55
15830	EXC SKIN ABD	$1,341.20
15840	NERVE PALSY FASCIAL GRAFT	$978.67
15841	NERVE PALSY MUSCLE GRAFT	$978.67
15842	NERVE PALSY MICROSURG GRAFT	$490.55
15845	REANIMATION MUSCLE TRANS FACE	$978.67
15847	EXC SKIN ABD ADD-ON	BY REPORT
15851	REMOVE SUTURES DIFF SURGEON	$7.77
15852	DRESSING CHANGE..UNDER ANESTHE	$13.11
15920	COCCYGECTOMY PRIMARY SUTURE	$600.95
15922	COCCYGECTOMY FLAP CLOSURE	$978.67
15931	EXCISE SACRAL PRESSURE ULCER	$600.95
15933	REMOVAL OF PRESSURE SORE	$600.95
15934	EXCISE,WITH SKIN FLAP CLOSURE	$978.67
15935	EXC SAC ULCER/FLAP/OSTECTOMY	$978.67
15936	EXCISE ULCER W/ OTHER FLAP CLO	$490.55
15937	EXC SAC ULCER/FLAP/OSTECTOMY	$490.55
15940	EXC ISCHIAL ULCER DIRECT SUTUR	$600.95
15941	EXC ISCHIAL ULCER OSTECTOMY	$600.95
15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	$978.67
15945	EXC ISCHAL ULC/OSTECTOMY/FLAP	$490.55

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15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	$490.55
15950	EXC TROCHANTERIC ULCER DIR SUT	$354.14
15951	EXC TROCHAN ULCER OSTECTOMY	$600.95
15952	EXC TROCHAN ULCER SKIN FLAP CL	$490.55
15953	EXC TROCH ULC SKIN FL CLO/OSTE	$978.67
15956	EXC TROCH/ULC FLAP CLOSURE	$490.55
15958	TROCH ULC/EXC-FLAP-OSTECTOMY	$978.67
16000	INIT TREAT 1ST DEGREE BURN	$12.88
16020	DRESS/DEBRID BURN SMALL NO ANE	$27.18
16025	DRESS/DEBRID BURM MED NO ANEST	$53.39
16030	DRESS/DEBRID BURN LG NO ANESTH	$107.20
16035	ESCHAROTOMY B	$107.20
17000	DESTROY BENIGN/PREMALIG LESION	$21.28
17003	DESTROY BENIGN/PREMALIG LESION	$1.60
17004	DESTROY BENIGN/PREMALIG LESION	$56.12
17106	DESTR SKIN LESION LIOSQ CM	$102.06
17107	DESTRUCTION SKIN LESION	$133.43
17108	DESTRUCTION SKIN LESION	$174.03
17110	DESTROY-ANY METHOD-UP TO 15 LE	$22.38
17111	DESTROY FLAT WARTS 15 OR MORE	$40.04
17250	CHEMICAL CAUTERY OF WOUND	$30.04
17260	DESTR,MALIG LESION..0.5CM OR L	$28.43
17261	DESTRUCT,MALIG LESION..0.6-1.0	$40.04
17262	DESTRUCT,MALIG LESION..1.1-2.0	$40.04
17263	DESTRUCT,MALIG LESION 2.1-3.0	$40.04
17264	DESTRUCT MALIG LESION 3.1-4.0	$65.18

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AMBULATORY SERVICES: UPDATE DECEMBER 1, 2025

CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
17266	DESTR MALIG LESION DIAM >4.0CM	$71.81
17270	DESTR MALIG LESION,DIA 0.5OR L	$48.36
17271	DESTR MALIG LESION 0.6-1.0 CM	$53.39
17272	DESTR MALIG LESION 1.1-2.0 CM	$40.04
17273	DESTR MALIG LESION 2.1-3.0 CM	$64.37
17274	DESTR MALIG LESION 3.1-4.0 CM	$71.97
17276	DESTR MALIG LESION OVER 4.0 CM	$79.74
17280	DESTR MALIG LESION 0.5CM OR L	$40.04
17281	DESTR MALIG LESION 0.6-1.0 CM	$53.39
17282	DESTR MALIG LESION 1.1-2.0 CM	$53.39
17283	DESTR,MALIG LESION 2.1-3.0 CM	$70.36
17284	DESTR MALIG LESION 3.1-4.0 CM	$77.31
17286	DESTR MALIG LESION OVER 4.0 CM	$93.32
17311	MOHS, 1 STAGE, H/N/HF/G	$164.15
17312	MOHS ADDL STAGE	$97.45
17313	MOHS, 1 STAGE, T/A/L	$164.15
17314	MOHS, ADDL STAGE, T/A/L	$90.29
17315	MOHS SURG, ADDL BLOCK	$16.65
17340	CRYOTHERAPY OF SKIN	$8.18
17360	CHEMICAL EXFOLIATION FOR ACNE	$35.40
17380	ELECTROLYSIS EPILATION EA 1/2	$164.15
19000	PUNCTURE ASPIRATION BREAST CYS	$31.54
19001	PUNCTURE ASP BREAST CYST EA AD	$3.70
19020	MASTOTOMY/DRAIN ABSCESS DEEP	$354.14
19030	INJEC FOR MAMM DUCTOG OR GALAC	BY REPORT
19081	BX BREAST 1ST LESION STRTCTC	$354.14

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
19082	BX BREAST ADD LESION STRTCTC	BY REPORT
19083	BX BREAST 1ST LESION US IMAG	$354.14
19084	BX BREAST ADD LESION US IMAG	BY REPORT
19085	BX BREAST 1ST LESION MR IMAG	$354.14
19086	BX BREAST ADD LESION MR IMAG	BY REPORT
19100	BREAST BIOPSY NEEDLE	$354.14
19101	BREAST BIOPSY INCISIONAL	$769.03
19105	CRYOSURG ABLATE FA, EACH	$1,213.52
19110	NIPPLE EXP. W/ORW/OUT EXCISION	$769.03
19112	EXCISION OF LACTIFEROUS DUCT F	$769.03
19120	EXCISE ONE/MORE BREAST LESIONS	$769.03
19125	EXCISION OF BREAST LESION	$769.03
19126	EXCISION OF BREAST LESION	BY REPORT
19281	PERQ DEVICE BREAST 1ST IMAG	BY REPORT
19282	PERQ DEVICE BREAST EA IMAG	BY REPORT
19283	PERQ DEV BREAST 1ST STRTCTC	BY REPORT
19284	PERQ DEV BREAST ADD STRTCTC	BY REPORT
19285	PERQ DEV BREAST 1ST US IMAG	BY REPORT
19286	PERQ DEV BREAST ADD US IMAG	BY REPORT
19287	PERQ DEV BREAST 1ST MR GUIDE	BY REPORT
19288	PERQ DEV BREAST ADD MR GUIDE	BY REPORT
19294	PREP TUM CAVIORT PRT/MAST	BY REPORT
19296	PLACE PO BREAST CATH FOR RAD	$2,237.54
19297	PLACE BREAST CATH FOR RAD	$1,259.19
19298	PLACE BREAST RAD TUBE/CATHS	$2,155.27
19300	REMOVAL OF BREAST TISSUE	$769.03

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
19301	PARTIAL MASTECTOMY	$769.03
19302	P-MASTECTOMY W/LN REMOVAL	$1,341.20
19303	MAST, SIMPLE, COMPLETE	$1,341.20
19304	MAST, SUBQ	$528.72
19316	MASTOPEXY	$1,341.20
19318	REDUCTION MAMMAPLASTY	$1,341.20
19325	MAMMAPLASTY WITH PROSTHETIC	$1,587.20
19328	REMOVE INTACT MAMMARY IMPLANT	$769.03
19330	REMOVE IMPLANT MATERIAL	$769.03
19340	IMMEDIATE INSERT BREAST PROSTH	$1,341.20
19342	DELAY-INSERT BREAST PROSTHETIC	$1,587.20
19350	NIPPLE/AREOLA RECONSTRUCTION	$769.03
19357	BREAST RECONSTRUCTION	$2,658.67
19370	PERIPROSTHETIC CAPSULECTOMY	$769.03
19371	PERIPROSTHETIC CAPSULECTOMY, B	$769.03
19380	REVISE RECONSTRUCTED BREAST	$1,341.20
19396	PREP MOULAGE FOR CUSTOM IMPLAN	$769.03
20103	EXPLORE WOUND, EXTREMITY	$354.14
20150	EXCIS EPIPYS BAR W/WO AUTO GRT	$789.58
20200	MUSCLE BIOPSY: SUPERFICIAL	$354.14
20205	MUSCLE BIOPSY: DEEP/SUPERFIC	$600.95
20206	BIOPSY,MUSCLE,PERCUTANEOUS NEE	$354.14
20220	SUPERFICIAL BIOPSY OF BONE: NE	$354.14
20225	DEEP BONE BIOPSY: TROCAR/ NEED	$354.14
20240	BONE BIOPSY OPEN SUPERFICIAL	$600.95
20245	BONE BIOPSY OPEN DEEP	$600.95

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
20250	OPEN BIOPSY OF VERTEBRAL BODY	$789.58
20251	OPEN BIOPSY OF VERTEBRAL BODY	$1,755.42
20500	INJECT SINUS TRACT: THERAPEUTI	$38.01
20501	INJECT SINUS TRACT: DIAGNOSTIC	BY REPORT
20520	REMOVE FOREIGN BODY: SIMPLE	$70.68
20525	REMOVE FOREIGN BODY: COMPLICAT	$600.95
20526	THERAPEUTIC INJECTION CARPAL T	$22.65
20527	INJ DUPUYTREN CORD W/ENZYME	$23.94
20550	INJECT TENDON SHEATH/LIGAMENT	$14.57
20551	INJECTION: TENDON ORIGIN/INSER	$14.57
20552	TRIGGER POINT INJECTION	$13.59
20553	INJ TRIGGER POINTS 3 OR < MUSC	$15.85
20555	PLACEMENT OF NEEDLES OR CATHET	$789.58
20600	ARTHROCENTESIS: SMALL JOINT/ B	$14.23
20604	DRAIN/INJ JOINT/BURSA W/US	$24.10
20605	ARTHROCENTESIS: MED. JOINT/ BU	$14.40
20606	DRAIN/INJ JOINT/BURSA W/US	$25.39
20610	ARTHROCENTESIS: MAJOR JOINT/ B	$16.82
20611	DRAIN/INJ JOINT/BURSA W/US	$27.82
20612	ASPIR/INJECT GANLION CYST(S)	$18.93
20615	ASPIRATE/INJECTION-BONE CYST	$78.28
20650	SKELETAL TRACTION: WIRE OR PIN	$789.58
20662	APPLY HALO: PELVIC	$419.15
20663	APPLY HALO: FEMORAL	$789.58
20665	REMOVE HALO OR TONGS BY OTHER	$105.86
20670	REMOVE IMPLANT: SUPERFICIAL	$354.14

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20680	REMOVE IMPLANT: DEEP	$600.95
20690	APPLY EXTERNAL FIXATION SYS,ST	$2,462.42
20692	APPLIC MULTIPLANE,UNILATERAL	$4,210.01
20693	ADJUST REVISE EXT.FIXATION SYS	$1,755.42
20694	REMOVAL EXT FIX SYS W ANES	$419.15
20696	APPLICATION OF MULTIPLANE (PIN	$7,427.44
20697	APPLICATION OF MULTIPLANE (PIN	$419.15
20822	REPLANT DIGIT,EXCLUDE THUMB,CO	$419.15
20900	BONE GRAFT: ANY DONOR AREA, SM	$2,413.04
20902	BONE GRAFT, ANY DONOR AREA: LA	$1,755.42
20910	CARTILAGE GRAFT: COSTOCHONDRAL	$164.15
20912	CARTILAGE GRAFT: NASAL SEPTUM	$978.67
20920	FASCIA LATA GRAFT: BY STRIPPER	$490.55
20922	FASCIA LATA GRAFT: BY INCISION	$490.55
20924	TENDON GRAFT: DISTANT	$1,755.42
20926	TISSUE GRAFTS: OTHER	$712.47
20930	ALLOGRAFT SPINE SURGERY ONLY	BY REPORT
20931	ALLOGRAFT SPINE SURGERY/STRUCT	BY REPORT
20932	OSTEOART ALGRFT W/SURF & B1	BY REPORT
20933	HEMICRT INTRCLRY ALGRFT PRTL	BY REPORT
20934	INTERCALARY ALGRFT COMPL	BY REPORT
20936	AUTOGRAFT SPINE SURGERY LOCAL	BY REPORT
20937	AUTOGRAFT SPINE SURG/LOCAL/MOR	BY REPORT
20938	AUTOGRAFT SPINE SURG/STRUCTUR	BY REPORT
20939	BONE MARROW ASPIR BONE GRFGS	BY REPORT
20950	MONITOR INTERSTITIAL FLUID	$188.80

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20972	FREE OSTEOCUTAN FLAP..:METATAR	$1,755.42
20973	FREE OSTEOCUTAN FLAP..:GREAT T	$1,755.42
20975	BONES INVASIVE(OPERATIVE)	BY REPORT
20982	ABLATION, BONE TUMOR(S)	$3,316.63
20983	ABLATE BONE TUMOR(S) PERQ	$2,455.61
20985	COMPUTER-ASSISTED SURGICAL NAV	BY REPORT
21010	ARTHROTOMY: UNILATERAL	$697.23
21011	EXCIS TUMOR SUBCU:<2 CM	$125.83
21012	EXCISION, TUMOR, SOFT TISSUE O	$354.14
21013	EXCISION, TUMOR, SOFT TISSUE O	$157.04
21014	EXCISION, TUMOR, SOFT TISSUE O	$600.95
21015	RAD RESECTION TUMOR,FACE/SCALP	$600.95
21016	RADICAL RESECTION OF TUMOR (EG	$600.95
21025	EXCISE BONE, MANDIBLE	$1,458.68
21026	EXCISE BONE, FACIAL BONE(S)	$1,458.68
21029	REMOV BENIGN TUMOR/FACIAL BONE	$697.23
21030	EXCISE BENIGN TUMOR OF FACIAL	$137.15
21031	EXCISION TORUS MANDIBULARIS	$126.80
21032	EXCISE MAXILLARY TORUS PALATIN	$122.76
21034	EXCISE MALIGNANCY OF FACIAL BO	$1,458.68
21040	EXCISE BENIGN CYST: MANDIBLE	$697.23
21044	EXCISE MALIGNANT TUMOR: MANDIB	$1,458.68
21046	EXCISE BENIGN TUMOR/CYST MAND	$1,458.68
21047	EXC BENIGN TUM/CYST MANDIBLE	$1,458.68
21048	EXC BENIGN TUM/CYST MAXILLA	$1,458.68
21050	TEMPOROMANDIBULAR ARTHRECTOMY	$1,458.68

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21060	TEMPOROMANDIBULAR MENISCECTOMY	$1,458.68
21070	CORONOIDECTOMY: UNILATERAL	$1,458.68
21073	MANIPULATION OF TEMPOROMANDIBU	$136.83
21076	PREPARE FACE/ORAL PROSTHESIS	$193.76
21079	I&P INTERIM OBTURATOR PROSTHES	$327.51
21080	I&P DEFINITIVE OBTURATOR PROST	$377.81
21081	I&P MANDIBULAR RESECTION PROST	$351.77
21082	I&P PALATAL AUGMENTATION PROS	$343.20
21083	I&P PALATAL LIFT PROSTHESIS	$333.66
21084	I&P SPEECH AID PROSTHESIS	$371.66
21085	I&P ORAL SURGICAL SPLINT	$62.07
21086	I&P AURICULAR PROSTHESIS	$336.73
21087	I&P NASAL PROSTHESIS	$336.73
21088	FACIAL PROSTHESIS	$697.23
21100	MAXILLOFACIAL FIXATION	$1,458.68
21110	INTERDENTAL FIXATION	$306.32
21116	INJ.FOR TEMPOROMANDIBULAR ARTH	BY REPORT
21120	GENIOPLASTY:AUGMENTATION	$1,458.68
21121	GENIOPLASTY:SLIDING OSTEOTOMY	$1,072.78
21122	GENIOPLASTY: 2/MORE OSTEOTOMIE	$1,848.82
21123	GENIOPLASTY:..W BONE GRAFTS	$697.23
21125	AUGMENTATION...PROSTHETIC MATE	$1,848.82
21127	AUGMENTATION:...W BONE GRAFT	$1,458.68
21137	REDUCTION FOREHEAD	$697.23
21138	REDUCE FOREHEAD:PROS MAT/BO GF	$1,458.68
21139	REDUCE FOREHEAD	$1,458.68

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
21150	LEFORT11:ANTERIOR INTRUSION	$1,848.82
21181	REMOVE BENIGN TUMOR:CRANIAL BO	$1,458.68
21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	$1,458.68
21199	OSTEOTOMY MAND SEGMENTAL	$1,458.68
21206	OSTEOPLASTY: MAXILLA, SEGMENTA	$1,458.68
21208	OSTEOPLASTY,FACIAL:AUGMENTATIO	$1,870.09
21209	OSTEOPLASTY,FACIAL BONES:REDUC	$1,458.68
21210	BONE GRAFT: NASAL, MAXILLARY,	$1,990.03
21215	BONE GRAFT: MANDIBLE	$1,927.86
21230	RIB CARTILAGE GRAFT: AUTOGENOU	$1,458.68
21235	EAR CARTILAGE GRAFT: AUTOGENOU	$1,458.68
21240	TEMPOROMANDIBULAR ARTHROPLASTY	$1,458.68
21242	ARTHROPLASTY,TEMPOROMANDEBULAR	$1,458.68
21243	ARTHROPLASTY,TEMPOROMAND,PROST	$6,959.75
21244	RECONSTRUCT MANDIBLE,EXTRAORAL	$2,066.17
21245	RECON MAND/MAX,SUBPERI IMPLANT	$2,111.48
21246	RECON MAND/MAX,SUBPERI IMPLANT	$1,458.68
21248	RECON MAND/MAX,ENDO IMPLANT:PA	$1,458.68
21249	RECON MAND/MAX,ENDO IMPLANT,CO	$1,458.68
21260	ORBITAL REVISION: EXTRACRANIAL	$1,458.68
21267	REPOSITION ORBIT: EXTRACRANIAL	$2,451.91
21270	RECONSTRUCT ORBITOFACIAL BONES	$1,988.52
21275	ORBITOCRANIOFACIAL RECONSTRUCT	$1,853.73
21280	MEDIAL CANTHOPLASTY	$697.23
21282	LATERAL CANTHOPEXY	$697.23
21295	REDUCTION OF MASSETER MUSCLE (	$328.69

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21296	REDUCTION OF MASSETER MUSCLE (	$697.23
21315	CLOSED TX NOSE FX W/O STABLJ	$328.69
21320	CLOSED TX NOSE FX W/ STABLJ	$697.23
21325	OPEN TX NOSE FX UNCOMPLICATD	$697.23
21330	OPEN TX NOSE FX W/SKELE FIXJ	$1,458.68
21335	OPEN TX NOSE & SEPTAL FX	$697.23
21336	OPEN TX SEPTAL FX W/WO STABJ	$789.58
21337	CLOSED TX SEPTAL&NOSE FX	$697.23
21338	OPEN NASOETHMOID FX W/O FIXJ	$1,458.68
21339	OPEN NASOETHMOID FX W/ FIXJ	$1,458.68
21340	PERQ TX NASOETHMOID FX	$697.23
21345	CLOSED TX NOSE/JAW FX	$328.69
21355	PERQ TX MALAR FRACTURE	$697.23
21356	TREAT DEPRESSED ZYGOM FRACTURE	$1,458.68
21360	OPN TX DPRSD MALAR FRACTURE	$1,458.68
21390	OPN TX ORBIT PERIORBTL IMPLT	$1,458.68
21400	CLOSED TX ORBIT W/O MANIPULJ	$136.52
21401	CLOSED TX ORBIT W/MANIPULJ	$328.69
21406	OPN TX ORBIT FX W/O IMPLANT	$1,458.68
21407	OPN TX ORBIT FX W/IMPLANT	$1,458.68
21421	TREAT PALATAL/ ALVEOLAR RIDGE	$697.23
21440	MANIPULATE ALVEOLAR RIDGE FX	$301.31
21445	OPEN TREATMENT ALVEOLAR RIDGE	$1,458.68
21450	TREAT CLOSED OR OPEN MANDIBULA	$136.52
21451	MANDIBULAR W MANIPULATION FRAC	$328.69
21452	TREAT OPEN MANDIBULAR FX:W/O M	$1,867.95

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21453	TREAT CLOSED MANDIBUL FX,W/MA	$1,458.68
21454	OPEN TREATMENT MANDIBULAR FX	$1,876.63
21461	OPEN TREAT MANDIBULAR FX	$1,934.53
21462	OPEN TREAT MANDIBULAR FX	$1,852.09
21465	OPEN TREAT.MANDIBULAR CONDYLAR	$1,862.29
21480	TX TEMPOROMANDIBULAR DISLOCATI	$64.47
21485	TEMPOROMANDIBULAR MANIPULATION	$328.69
21490	OPEN TX TEMPOROMANDIIBULAR DIS	$697.23
21501	I & D DEEP ABSCESS OR HEMATOM	$600.95
21502	I & D WITH PARTIAL RIB REMOVAL	$789.58
21550	EXCISIONAL BIOPSY SOFT TISSUES	$354.14
21552	BIOPSY, SOFT TISSUE OF NECK OR	$600.95
21554	BIOPSY, SOFT TISSUE OF NECK OR	$600.95
21555	EXCISE BENIGN TUMOR: SUBCUTANE	$354.14
21556	EXCISE BENIGN TUMOR: DEEP	$600.95
21557	RAD RESECT TUMOR,SFT TISS NECK	$600.95
21558	RADICAL RESECTION OF TUMOR (EG	$600.95
21600	EXCISION OF RIB: PARTIAL	$1,755.42
21610	COSTOTRANSVERSECTOMY	$789.58
21685	HYOID MYOTOMY & SUSPENSION	$1,863.67
21700	DIVISION OF SCALENUS ANTICUS	$1,755.42
21720	DIVISION STERNOCLEIDOMASTOID	$789.58
21725	DIVIDE STERNOCLEIDOMASTOID: CA	$188.80
21820	TREAT STERNUM FRACTURE: CLOSED	$64.47
21920	BX,SFT TISS-BACK/FLANK:SUPERFI	$83.94
21925	BX,SFT TISS-BACK/FLANK:DEEP	$354.14

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21930	EXCISE TUMOR,SOFT TISS-BACK OR	$354.14
21931	EXCISION, TUMOR, SOFT TISSUE O	$354.14
21932	EXCISION, TUMOR, SOFT TISSUE O	$600.95
21933	EXCISION, TUMOR, SOFT TISSUE O	$600.95
21935	RAD RESECT TUMOR,SFT TISS BACK	$600.95
21936	RADICAL RESECTION OF TUMOR (EG	$600.95
22102	RESECT VERTEBRA: LUMBAR	$1,755.42
22103	REMOVE EXTRA SPINE SEGMENT	BY REPORT
22310	CLOSED TX VERT FX W/O MANJ	$64.47
22315	CLOSED TX VERT FX W/MANJ	$789.58
22505	MANIPULATION SPINE W/ANESTHESI	$419.15
22510	PERQ CERVICOTHORACIC INJECT	$789.58
22511	PERQ LUMBOSACRAL INJECTION	$789.58
22512	VERTEBROPLASTY ADDL INJECT	BY REPORT
22513	PERQ VERTEBRAL AUGMENTATION	$1,755.42
22514	PERQ VERTEBRAL AUGMENTATION	$1,755.42
22515	PERQ VERTEBRAL AUGMENTATION	BY REPORT
22522	PERC VERTEBROPLASTY INJ EA ADD	$654.61
22525	PERCUT KYPHOPLASTY, ADD-ON	$1,792.54
22526	IDET, SINGLE LEVEL	$738.63
22527	IDET, 1 OR MORE LEVELS	$738.63
22551	NECK SPINE FUSE&REMOVE ADDL	$4,534.51
22552	ADDL NECK SPINE FUSION	BY REPORT
22554	ARTHRODESIS,W/BONE ALLOGRAFT	$4,488.16
22585	ARTHRODESIS-EACH ADD INTERSPAC	BY REPORT
22612	ARTHRODESIS,LOC/BONE ALLO..:LU	$7,018.31

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
22614	SPINE FUSION, EXTRA SEGMENT	BY REPORT
22840	POSTERIOR INSTRU(NO SEG FIX)	BY REPORT
22842	POST.INSTRUMENTATION:SEGMENTAL	BY REPORT
22845	DWYER INSTRUM TECH SPINE FUSE	BY REPORT
22853	INSJ BIOMECHANICAL DEVICE	BY REPORT
22854	INSJ BIOMECHANICAL DEVICE	BY REPORT
22856	TOTAL DISC ARTHROPLASTY (ARTIF	$7,002.64
22858	SECOND LEVEL CER DISKECTOMY	BY REPORT
22859	INSJ BIOMECHANICAL DEVICE	BY REPORT
22867	INSJ STABLJ DEV W/DCMPRN	$7,045.53
22868	INSJ STABLJ DEV W/DCMPRN	BY REPORT
22869	INSJ STABLJ DEV W/O DCMPRN	$5,438.77
22870	INSJ STABLJ DEV W/O DCMPRN	BY REPORT
22900	EXC TUMOR ABDOMEN WALL SUBFASC	$600.95
22901	EXCISION, TUMOR, SOFT TISSUE O	$600.95
22902	EXCISION, TUMOR, SOFT TISSUE O	$354.14
22903	EXCISION, TUMOR, SOFT TISSUE O	$600.95
22904	RADICAL RESECTION OF TUMOR (EG	$600.95
22905	RADICAL RESECTION OF TUMOR (EG	$600.95
23000	REMOVE SUBDELTOID CAL DEPOSITS	$600.95
23020	RELEASE SHOULDER MUSCLE ERBS P	$789.58
23030	I&D SHOULDER DEEP ABSC HEMATOM	$600.95
23031	I&D INFECTED SHOULDER BURSA	$600.95
23035	I&D DEEP CORTEX/BONE ABSC SHOU	$419.15
23040	ARTHROTOMY REMOVE FOREIGN BODY	$789.58
23044	ARTHROTOMY DRAIN/REMOVE FOR BO	$789.58

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AMBULATORY SERVICES: UPDATE DECEMBER 1, 2025

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
23065	BIOPSY SHOULDER SUPERFICIAL	$66.64
23066	BIOPSY OF SHOULDER DEEP	$600.95
23071	BIOPSY, SOFT TISSUE OF SHOULDE	$354.14
23073	BIOPSY, SOFT TISSUE OF SHOULDE	$600.95
23075	EXC BENIGN SHOULDER TUMOR SUBC	$354.14
23076	EXC BENIGN SHOULDER TUMOR DEEP	$600.95
23077	RAD.TUMOR RESECT,SOFT TISS/SHO	$600.95
23078	RADICAL RESECTION OF TUMOR (EG	$600.95
23100	BIOPSY SHOULDER JOINT	$789.58
23101	EXCISION TORN CARTILAGE SHOULD	$789.58
23105	ARTHROTOMY:GLENOHUMERAL JOINT	$1,755.42
23106	ARTHROTOMY:STERNOCLAVICULAR JT	$789.58
23107	ARTHROTOMY,GLENOHUMERAL JOINT,	$1,755.42
23120	CLAVICULECTOMY PARTIAL	$789.58
23125	CLAVICULECTOMY TOTAL	$789.58
23130	ACROMIONECTOMY PARTIAL/TOTAL	$789.58
23140	EXCISION CYST/TUMOR CLAVICLE/S	$789.58
23145	EXC TUMOR CLAVICLE/SCAPULA GRA	$789.58
23146	EXCISION TUMOR CLAVICLE/SCAPUL	$1,755.42
23150	EXCISION TUMOR PROXIMAL HUMERO	$789.58
23155	EXCISION TUMOR PROX HUMEROUS A	$1,755.42
23156	EXCISION TUMOR PROX HUMEROUS H	$1,755.42
23170	SEQUESTRECTOMY CLAVICLE	$1,018.48
23172	SEQUESTRECTOMY SCAPULA	$789.58
23174	SEQUESTRECTOMY HUMERAL HEAD/NE	$1,755.42
23180	PARTIAL EXCISION CLAVICLE FOR	$1,755.42

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
23182	PARTIAL EXCISION SCAPULA FOR O	$1,755.42
23184	PARTIAL EXCISION PROXIMAL HUME	$1,755.42
23190	OSTECTOMY OF SCAPULA PARTIAL	$789.58
23195	RESECTION HUMERAL HEAD	$1,755.42
23330	REMOVE SHOULDER FOREIGN BODY	$354.14
23333	REMOVE SHOULDER FB DEEP	$600.95
23334	SHOULDER PROSTHESIS REMOVAL	$600.95
23350	INJECTION FOR SHOULDER X-RAY	BY REPORT
23395	MUSCLE TRANSFER,SHOULDER/ARM	$2,250.53
23397	MUSCLE TRANSFER MULTIPLE	$1,755.42
23400	FIXATION OF SHOULDERBLADE	$1,755.42
23405	INCISION OF TENDON & MUSCLE	$1,755.42
23406	INCISE TENDON(S) & MUSCLE(S)	$1,755.42
23410	REPAIR OF TENDON(S)	$1,755.42
23412	REPAIR OF TENDON S CHRONIC	$1,755.42
23415	CORACOACROMIAL LIGAMENT RELEAS	$1,755.42
23420	REPAIR COMPLETE SHOULDER	$1,755.42
23430	REPAIR BICEPS TENDON RUPTURE	$2,301.73
23440	REMOVAL/TRANSPLANT TENDON	$1,755.42
23450	CAPSULORRHAPHY, ANTERIOR	$1,755.42
23455	CAPSULORRHAPHY:BANKART TYPE	$2,245.84
23460	REPAIR SHOULDER CAPSULE WITH B	$2,224.79
23462	REPAIR SHOULDER CAPSULE CORACO	$1,755.42
23465	REPAIR SHOULDER CAPSULE W/WO B	$1,755.42
23466	CAPSULORRHAPHY/RECURRENT DISLO	$1,755.42
23480	OSTEOTOMY CLAVICLE W/WO INTERN	$1,755.42

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AMBULATORY SERVICES: UPDATE DECEMBER 1, 2025

CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
23485	OSTEOTOMY CLAVICLE: BONE GRAFT	$4,344.79
23490	PROPHYLACTIC TREATMENT:CLAVICL	$1,755.42
23491	PROPHYLACTIC TREAT.PROX HUMER.	$4,203.72
23500	TREAT CLOSED CLAVICULAR FRACTU	$64.47
23505	TREAT CLOSED CLAVICULAR FRACTU	$419.15
23515	OPEN TREAT CLSD/OPEN CLAVIC FR	$2,305.21
23520	TREAT STERNOCLAVICULAR DISLOCA	$419.15
23525	TREAT CLSD STERNOCLAVICULAR DI	$64.47
23530	OPEN TREAT CLSD/OPEN CLAVICLE	$1,755.42
23532	OPEN TREAT CLSD/OPEN CLAVICLE	$1,755.42
23540	TREAT CLOSED ACROMIOCLAV DISLO	$64.47
23545	TREAT CLSD ACROMIOCLAVICULAR D	$64.47
23550	OPEN TREAT CLSD/OPEN ACROMIOCL	$2,283.70
23552	OPEN TREAT CLSD/OPEN ACROMIOCL	$2,315.51
23570	TREAT CLSD SCAP FX W/O MANIPUL	$64.47
23575	TREAT CLSD SCAPULAR W/MANIPULA	$419.15
23585	OPEN TREAT CLSD/OPEN SCAPULAR	$2,364.88
23600	TREAT CLSD HUMERAL FX W/O MANI	$64.47
23605	TREAT CLSD HUMERAL FRAC WITH M	$419.15
23615	OPEN TREAT CLSD/OPEN HUMERAL F	$4,511.62
23616	TREAT HUMERAL FRACTURE PROSTHE	$7,097.91
23620	TREAT CLSD GTR TUBEROSITY FX	$64.47
23625	TREAT CLSD GREATER TUBEROSITY	$419.15
23630	OPEN TREAT CLSD/OPEN GREATER T	$2,275.67
23650	TREAT CLSD SHOULDER DISLOC W/M	$64.47
23655	TREAT CLSD SHOULDER DISLOC W/M	$419.15

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
23660	OPEN TREAT CLSD/OPEN SHOULDER	$1,755.42
23665	TREAT SHOULDER DISLOC FRAC W/M	$419.15
23670	OPEN TREAT CLSD/OPEN W/FRAC OF	$2,272.95
23675	TREAT CLSD SHOULDER DISLOC/SUR	$419.15
23680	OPEN TREAT SHOULDER DISLO/SURG	$4,226.04
23700	FIXATION OF SHOULDER MANIPULAT	$419.15
23800	ARTHRODESIS SHOULDER JOINT W/W	$1,755.42
23802	ARTHRODESIS SHOULDER JOINT W/P	$3,316.63
23921	AMPUTATION FOLLOW-UP SURGERY	$490.55
23930	DRAINAGE OF ARM LESION	$600.95
23931	DRAINAGE OF ARM BURSA	$354.14
23935	DRAIN ARM/ELBOW BONE LESION	$789.58
24000	EXPLORATORY ELBOW SURGERY	$789.58
24006	ARTHROTOMY,ELBOW,W.CAP.EXCIS.	$789.58
24065	BIOPSY ARM/ELBOW SOFT TISSUE	$86.21
24066	BIOPSY ARM/ELBOW SOFT TISSUE:	$600.95
24071	BIOPSY, SOFT TISSUE OF UPPER A	$600.95
24073	BIOPSY, SOFT TISSUE OF UPPER A	$600.95
24075	REMOVE ARM/ELBOW LESION	$354.14
24076	REMOVE ARM/ELBOW LESION:DEEP S	$600.95
24077	RAD TUMOR RESECT,SFT TISS/ARM-	$600.95
24079	RADICAL RESECTION OF TUMOR (EG	$600.95
24100	ARTHROTOMY,ELBOW:FOR SYNOVIAL	$789.58
24101	EXPLORE/TREAT ELBOW JOINT	$789.58
24102	REMOVE ELBOW JOINT LINING	$789.58
24105	REMOVAL OF ELBOW BURSA	$789.58

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
24110	REMOVE HUMERUS LESION	$789.58
24115	REMOVE HUMERUS LESI ON W/PRIMA	$1,755.42
24116	REMOVE HUMERUS LESION W/HOMOGE	$2,224.94
24120	REMOVE ELBOW LESION	$789.58
24125	EXCISION BONE CYST HEAD/NECK R	$789.58
24126	EXCISION BONE CYST HEAD/NECK R	$2,283.40
24130	REMOVAL OF HEAD OF RADIUS	$789.58
24134	REMOVAL OF BONE LEI SON SHAFT	$1,755.42
24136	REMOVAL LESION/RADIAL HEAD OR	$789.58
24138	REMOVE ELBOW BONE LESION/OLECR	$1,755.42
24140	PARTIAL EXCISION OF BONE/HUME	$789.58
24145	PARTIAL EXCISION OF RADIAL HEA	$1,755.42
24147	PARTIAL EXCISION OF BONE/OLECR	$789.58
24149	RAD RESECTION ELBOW W/CONTRAC	$1,755.42
24152	EXTENSIVE SURGERY RADICAL HEAD	$2,351.40
24155	RESECTION OF ELBOW JOINT	$789.58
24160	REMOVE ELBOW JOINT IMPLANT	$789.58
24164	REMOVE RADIUS HEAD IMPLANT	$789.58
24200	REMOVAL OF ARM FOREIGN BODY	$74.08
24201	REMOVAL OF ARM FOREIGN BODY DE	$600.95
24220	INJECTION FOR ELBOW X-RAY	BY REPORT
24300	MANIPULATE ELBOW UNDER ANESTH	$419.15
24301	MUSCLE/TENDON TRANSFER	$1,755.42
24305	LENGTHEN TENDON,UPPER ARM/ELBO	$789.58
24310	TENOTOMY,OPEN....SINGLE,EACH	$789.58
24320	TENOPLASTY W/MUSCLE TRANSFER/E	$1,755.42

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
24330	FLEXOR-PLASTY ELBOW	$1,755.42
24331	FLESOR-PLASTY ELBOW/EXTENSOR A	$1,755.42
24332	TENOLYSIS, TRICEPS	$789.58
24340	TENODESIS FOR RUPTURE OF BICEP	$1,755.42
24341	REP TEND/MUS UPPERARM OR ELBOW	$1,755.42
24342	REINSERTION RUPTURED BICEPS TE	$1,755.42
24343	REP LAT COLLATERAL LIGAMENT	$789.58
24344	RECONSTRUCT LAT COLL LIG ELBOW	$2,301.88
24345	REP MED COLLAT LIG ELBOW	$1,755.42
24346	RECONSTUCT MED COLLAT LIG ELBO	$3,316.63
24357	TENOTOMY, ELBOW, LATERAL OR ME	$789.58
24358	TENOTOMY, ELBOW, LATERAL OR ME	$789.58
24359	TENOTOMY, ELBOW, LATERAL OR ME	$789.58
24360	ARTHROPLASTY ELBOW WITH MEMBRA	$2,507.71
24361	ARTHROPALSTY W/DIST AL HUMERAL	$7,018.31
24362	ARTHROPLASTY /IMPLANT/FASCIA L	$4,881.05
24363	ARTHROPLASTY W/DISTAL HUMERUS/	$7,148.23
24365	ARTHROPLASTY RADIAL HEAD	$4,661.28
24366	ARTHROPLASTY RADIAL HEAD WITH	$4,799.21
24370	REVISE RECONST ELBOW JOINT	$4,501.61
24371	REVISE RECONST ELBOW JOINT	$6,828.60
24400	OSTEOTOMY HUMERUS W/WO INTERNA	$1,755.42
24410	MULT OSTEOTOMIES W/REALIGN ON	$3,316.63
24420	OSTEOPLASTY HUMERUS/SHORTENING	$1,755.42
24430	REPAIR NONUNION OR MALUNION HU	$4,504.75
24435	REPAIR HUMERUS W/ILIAC OR OTHE	$4,500.75

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
24470	HEMIEPIPHYSEAL ARREST	$789.58
24495	DECOMPRESSION FASCIOTOMY FOREA	$1,755.42
24498	PROPHYLACTIC TREAT...HUMERUS	$4,628.37
24500	TREAT CLSD HUM SHFT FX W/MANIP	$64.47
24505	TREAT CLSD HUMERAL SHAFT FRAC	$419.15
24515	OPEN TREAT CLSD/OPEN HUMERAL S	$4,331.63
24516	OPEN TREAT CLSD/OPEN HUMERAL S	$4,390.58
24530	TRT CLSD SUPRACOND/TRANSCON FX	$64.47
24535	TREAT CLSD SUPRECONDYLAR/TRANS	$419.15
24538	TREAT SUPRA/TRANSCONDYLAR FRAC	$1,755.42
24545	OPEN TREAT SUPRA/TRANSCONDYLAR	$4,484.15
24546	OPEN TREAT SUPRA/TRANSCONDYLAR	$4,660.14
24560	TREAT CLSD EPICON FX,W/O MANIP	$64.47
24565	TREAT CLSD EPICONDYLAR FRAC,ME	$419.15
24566	TREATMT FOR EPICONDYLAR FRACTR	$419.15
24575	OPEN TREAT CLSD/OPEN EPICONDYL	$4,245.50
24576	TRT CLSD CONDYLAR FX W/O MANIP	$64.47
24577	TREAT CLSD CONDYLAR FRAC WITH	$419.15
24579	OPEN TREAT CLSD/OPEN CONDYLAR	$4,243.21
24582	TREATMT FOR HUMER CONDYL FRCTR	$1,755.42
24586	OPEN TREAT CLSD/OPEN ELBOW FRA	$4,490.73
24587	OPEN TREAT CLSD/OPEN ELBOW FRA	$4,489.30
24600	TREAT CLSD/ELBOW DISLOCATION W	$64.47
24605	TREAT CLSD ELBOW DISLOCATION R	$419.15
24615	OPEN TREATMENT OF CLOSED/OPEN	$2,288.25
24620	TREAT CLSD MONTEGGIA TYPE FRAC	$419.15

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
24635	OPEN TREAT CLSD/OPEN FRAC DISL	$2,400.78
24640	TREAT HEAD SUBLUXATION IN CHIL	$29.11
24650	TRT CLSD HEAD/NECK FX W/O MANI	$64.47
24655	TREAT CLSD RADIAL HEAD/NECK FR	$419.15
24665	OPEN TREAT CLSD/OPEN RADIAL HE	$1,755.42
24666	OPEN TREAT RADIAL HEAD/NECK FR	$4,960.60
24670	TRT ULNAR FX,PROX END W/0 MANI	$64.47
24675	TREAT ULNAR FRAC,PROXIMAL END	$419.15
24685	OPEN TREAT ULNAR FRAC,PROXIMAL	$2,256.14
24800	FUSION OF ELBOW JOINT	$1,755.42
24802	FUSION/GRAFT OF ELBOW JOINT	$3,316.63
24925	AMPUTATION UPPER ARM SECONDARY	$789.58
25000	TENDON SHEATH INCISION: AT RAD	$419.15
25001	INCIS FLEX TENDON SHEATH WRIST	$789.58
25020	DECOMPRESSION FASCIOTOMY FLEXO	$419.15
25023	DECOMPRESSION FASCIOTOMY FOREA	$789.58
25024	DECOMP FASCIOTOMY FOREARM/WRIS	$789.58
25025	DECOMP FASCIOTOMY FOREARM/WRIS	$419.15
25028	INCISION/DRAINAGE:DEEP ABSCESS	$789.58
25031	INCISION/DRAINAGE INFECTED BUR	$419.15
25035	INCISION:DEEP W/OPENING OF COR	$1,755.42
25040	EXPLORE/TREAT WRIST JOINT	$789.58
25065	BIOPSY SOFT TISSUES: SUPERFICI	$85.88
25066	BIOPSY FOREARM SOFT TISSUES: D	$600.95
25071	BIOPSY, SOFT TISSUE OF FOREARM	$354.14
25073	BIOPSY, SOFT TISSUE OF FOREARM	$600.95

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
25075	EXCISE SUBCUTANEOUS TUMOR	$354.14
25076	EXCISE TUMOR,DEEP	$354.14
25077	RAD RESECT TUMOR/SFT TISS FORE	$600.95
25078	RADICAL RESECTION OF TUMOR (EG	$600.95
25085	INCISION OF WRIST CAPSULE	$789.58
25100	BIOPSY OF WRIST JOINT	$789.58
25101	EXPLORE/TREAT WRIST JOINT W/WO	$789.58
25105	REMOVE WRIST JOINT LINING	$789.58
25107	ARTHROTOMY, COMPLEX	$789.58
25109	EXCISE TENDON FOREARM/WRIST	$789.58
25110	EXCISION,LESION OF TENDON SHEA	$419.15
25111	EXCISION GANGLION:WRIST,PRIMAR	$419.15
25112	EXCISION, GANGLION: WRIST/REC	$419.15
25115	RADICAL EXCISE BURSA,WRIST/FOR	$419.15
25116	RADICAL EXCISE BURSA,WRIST/FOR	$789.58
25118	SYNOVECTOMY TENDON WRIST,SINGL	$419.15
25119	SYNOVECTOMY TENDON,WRIST W/RES	$789.58
25120	EXCISION BONE CYST/BENIGN TUMO	$789.58
25125	EXCISE BONE CYST OF RADIUS/ULN	$419.15
25126	EXCISE BONE CYST OF RADIUS/ULN	$789.58
25130	EXCISE BONE CYST/BENIGN TUMOR	$789.58
25135	EXCISE BONE CYST OF CARPAL BON	$1,755.42
25136	EXCISE BONE CYST OF CARPAL BON	$1,755.42
25145	SEQUESTRECTOMY: FOREARM BONE A	$789.58
25150	PARTIAL REMOVAL,RADIUS/ULNA W/	$789.58
25151	PARTIAL REMOVAL OF RADIUS	$789.58

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
25210	CARPECTOMY: ONE BONE	$789.58
25215	CARPECTOMY: ALL BONES OR PRIXI	$789.58
25230	RADIAL STYLOIDECTOMY	$789.58
25240	EXCISION DISTAL ULNA	$789.58
25246	INJECTION FOR WRIST X-RAY	BY REPORT
25248	REMOVE FOREARM FOREIGN BODY	$419.15
25250	REMOVAL OF WRIST PROSTHESIS	$419.15
25251	COMPLICATED,"TOTAL WRIST"	$789.58
25259	WRIST MANIPULATION UNDER ANEST	$419.15
25260	REP,TEND/MUSC:PRIM,SING:EACH T	$789.58
25263	REP TEND/MUSC.:SECONDARY..EACH	$1,755.42
25265	REP TEND/MUSC,SECON..W/GRAFT:	$789.58
25270	REPAIR,EXTENSOR:PRIM,SING, EAC	$789.58
25272	REPAIR TENDON/MUSCLE,EXTENSOR:	$789.58
25274	REP TEN/MUS,EXT...W/GRAFT,EACH	$789.58
25275	REP TEND SHEATH EXTEN W/GRAFT	$789.58
25280	LENGTHEN/SHORTEN FLEX,SING..EA	$789.58
25290	TENOTOMY,OPEN,SINGLE...EACH TE	$789.58
25295	TENOLYSIS,FLEX/EXT,SING,EACH T	$789.58
25300	TENODESIS AT WRIST:FLEXORS OF	$789.58
25301	TENODESIS AT WRIST: EXTENSORS	$789.58
25310	TENDON TRANSPLANT...SING:EACH	$789.58
25312	TENDON TRANSPLANT,W/GRAFT..EAC	$789.58
25315	REVISE PALSY HAND TENDON(S)	$1,755.42
25316	REVISE PALSY HAND TENDON W/TEN	$1,755.42
25320	REPAIR/REVISE/RECONSTRUCT WRIS	$1,755.42

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
25332	ARTHROPLASTY WRIST:W/INTERNAL	$1,000.77
25335	CENTRALIZATION-WRIST ON ULNA	$789.58
25337	RECONSTR UNSTAB ULNA/JOINT	$2,312.02
25350	REVISION OF RADIUS:DISTAL THIR	$2,427.43
25355	REVISION OF RADIUS:MIDDLE OR P	$789.58
25360	REVISION OF ULNA	$1,755.42
25365	REVISE RADIUS & ULNA	$3,316.63
25370	REVISION,MULTIPLE,RADIUS OR UL	$789.58
25375	REVISION,MULTIPLE,RADIUS AND U	$789.58
25390	SHORTEN RADIUS/ULNA	$2,431.83
25391	LENGTHENING RADIUS/ULNA W/AUTO	$4,732.53
25392	SHORTEN RADIUS & ULNA	$1,755.42
25393	LENGTHENING RADIUS & ULNA W/AU	$2,246.29
25394	OSTEOPLASTY CARPAL BONE SHORT	$789.58
25400	REPAIR RADIUS OR ULNA	$2,359.58
25405	REPAIR/GRAFT RADIUS OR ULNA	$2,288.55
25415	REPAIR RADIUS & ULNA	$2,224.94
25420	REPAIR/GRAFT RADIUS & ULNA	$2,224.94
25425	REPAIR OF DEFECT W/GRAFT:RADIU	$2,785.48
25426	REPAIR OF DEFECT W/GRAFT:RADIU	$1,041.72
25430	INSERT VASC PED TO CARPAL BONE	$789.58
25431	REP NONUNION CARPAL BONE EACH	$2,561.93
25440	REPAIR/GRAFT WRIST BONE	$1,755.42
25441	RECONSTRUCT WRIST JOINT: DISTA	$5,021.55
25442	RECONSTRUCT WRIST JOINT: DISTA	$7,387.84
25443	RECONSTRUCT WRIST JOINT: SCAPH	$2,524.97

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
25444	RECONSTRUCT WRIST JOINT: LUNAT	$5,383.25
25445	RECONSTRUCT WRIST JOINT: TRAPE	$2,414.71
25446	RECONSTRUCT WRIST JOINT: DISTA	$7,313.61
25447	INTERPOS.ARTHROPLASTY,INTER-CA	$789.58
25449	REVISE ARTHROPLASTY,REVDVE	$1,755.42
25450	EPIPHYSEAL ARREST: DISTAL RADI	$789.58
25455	EPIPHYSEAL ARREST: DISTAL RADI	$789.58
25490	PROPHYLACTIC TREATMENT,RADIUS	$1,755.42
25491	PROPHYLACTIC TREATMENT: ULNA	$4,203.72
25492	PROPHYLACTIC TREATMENT:RADIUS	$789.58
25500	TREAT FX-RADIUS W/O MANIPULATI	$64.47
25505	TREAT FRACTURE OF RADIUS W/MAN	$419.15
25515	OPEN TREAT CLSD/OPEN RADIAL SH	$2,233.87
25520	CL.TX.RAD.SHAFT FX.W DISLO.R.J	$419.15
25525	OPEN TREAT.RAD.FRACT.W.INT.FIX	$2,327.47
25526	TREAT RAD. FRACT. W TRI.CART.	$2,391.09
25530	TRT CLSD ULNAR FX W/O MANIPULA	$64.47
25535	TREAT CLOSED ULNAR SHAFT FRAC	$64.47
25545	OPEN TREAT CLSD/OPEN ULNAR FRA	$2,213.88
25560	TRT CLSD RADULNAR SHAFT FX	$64.47
25565	TREAT CLSD RADIAL & ULNAR SHAF	$419.15
25574	OPEN TREAT CLSD/OPEN RADIAL &	$2,368.67
25575	OPEN TREAT CLSD/OPEN RADIAL &	$2,353.07
25600	TRT CLSD DIST RAD FX W/O MANIP	$64.47
25605	TREAT CLOSED DISTAL RADIAL FRA	$419.15
25606	TREAT FX DISTAL RADIAL	$789.58

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
25607	TREAT FX RAD EXTRA-ARTICUL	$2,379.73
25608	TREAT FX RAD INTRA-ARTICUL	$2,382.15
25609	TREAT FX RADIAL 3+ FRAG	$2,394.87
25622	TREAT CLOSED CARPAL SCAPHOID F	$64.47
25624	TREAT CLOSED CARPAL SCAPHOID F	$419.15
25628	OPEN TREAT CLSD/OPEN CARPAL SC	$1,755.42
25630	TREAT CLSD FX:W/O MANIP,EACH B	$64.47
25635	TREAT CLSD FX:W/ MANIP,EACH BO	$419.15
25645	OPEN TX,CLSD/OPEN FX...EACH BO	$789.58
25650	TRT CLSD ULNAR STYLOID FX	$64.47
25651	PERC SKEL FIX ULNAR STYLOID FX	$789.58
25652	OPEN TX ULNAR STYLOID FX	$2,433.79
25660	TREAT CLOSED RADIO/INTERCARPAL	$64.47
25670	OPEN TREAT CLSD/OPEN RADIO/INT	$1,755.42
25671	PERC SKEL FIX DIST RAD DISLOC	$789.58
25675	TREAT CLOSED DISTAL RADIOULNAR	$64.47
25676	OPEN TREAT CLSD/OPEN DISTAL RA	$1,755.42
25680	TREAT CLSD TRANS/SCAPHOPERILUN	$64.47
25685	OPEN TREAT CLSD/OPEN TRANS/SCA	$1,755.42
25690	TREAT LUNATE DISLOCATION W/MAN	$419.15
25695	OPEN TREATMENT LUNATE DISLOCAT	$1,755.42
25800	FUSION WRIST JOINT:W/O BONE GR	$2,399.11
25805	FUSION WRIST JOINT:W/SLIDING G	$2,492.71
25810	FUSION WRIST JOINT: W/DISTANT	$4,317.03
25820	INTERCARPAL FUSION:W/OUT BONE	$2,339.89
25825	INTERCARPAL FUSION:W/ BONE GRA	$2,234.02

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25830	DIST RADIOULN JT ARTHRODESIS	$1,755.42
25907	AMPUTATION,FOREARM,SECONDARY C	$789.58
25922	DISARTICULATION WRIST:SECOND C	$419.15
25929	TRANSMETACARPAL AMPUTATION: SE	$490.55
25931	TRANSMETACARPAL REAMPUTATION	$789.58
26010	DRAINAGE OF FINGER ABSCESS	$53.39
26011	DRAIN FINGER ABSCESS: COMPLICA	$354.14
26020	DRAIN HAND TENDON SHEATH	$789.58
26025	DRAINAGE OF PALM BURSA	$789.58
26030	DRAINAGE OF PALM BURSA MULTIPL	$789.58
26034	TREAT HAND BONE LESION	$419.15
26035	DECOMPRESS FINGER/HAND-INJECTI	$789.58
26037	DEPRESSION FASCIOTOMY, HAND	$789.58
26040	RELEASE PALM CONTRACTURE: CLOS	$419.15
26045	RELEASE PALM CONTRACTURE: OPEN	$789.58
26055	INCISE FINGER TENDON SHEATH	$419.15
26060	TENOTOMY,SUBCUTAN,SING,EACH DI	$419.15
26070	EXPLORE/TREAT HAND JOINT	$419.15
26075	EXPLORE/TREAT METACAPPOPHALANG	$789.58
26080	ARTHROTOMY,INTERPHALANGEAL,EAC	$419.15
26100	BIOPSY HAND JOINT LINING	$789.58
26105	BIOPSY METACARPOPHALANGEAL JOI	$789.58
26110	ARTHROTOMY,INTERPHALANGEAL JNT	$419.15
26111	ARTHROTOMY WITH BIOPSY: 1.5 CM	$354.14
26113	ARTHROTOMY WITH BIOPSY: 1.5 CM	$354.14
26115	EXCISION BENIGN TUMOR,HAND,SUB	$354.14

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
26116	EXCISION BENIGN TUMOR,HAND: DE	$354.14
26117	RAD TUMOR RESECT,SFT TISS/HAND	$600.95
26118	RADICAL RESECTION OF TUMOR (EG	$600.95
26121	FASCIECTOMY,PALMAR /INCL OB GT	$789.58
26123	FASCIECTOMY,PARTIAL PALMAR EXC	$789.58
26125	FASCIECTOMY,RELEASE EA ADDIT D	BY REPORT
26130	REMOVE WRIST JOINT LINING	$789.58
26135	SYNOVECTOMY,REL/RECON, EACH DI	$789.58
26140	SYNOVECTOMY,..EXT.RECON,EACH J	$419.15
26145	SYNOVECTOMY..RADIAL,..EACH DIG	$419.15
26160	REMOVE TENDON SHEATH LESION	$419.15
26170	EXCISE TENDON,PALM...EACH	$419.15
26180	EXCISION OF TENDON,FINGER,FLEX	$419.15
26185	SESAMOIDECTOMY THUMB/FINGER	$419.15
26200	REMOVE BONE CYST/BENIGN TUMOR	$419.15
26205	REMOVE BONE CYST/BENIGN TUMOR	$1,755.42
26210	REMOVE BONE CYST PROXIMAL MIDD	$419.15
26215	REMOVE BONE CYST PROXIMAL W/AU	$789.58
26230	PARTIAL REMOVAL OF HAND BONE	$789.58
26235	PARTIAL REMOVAL PROXIMAL/MIDDL	$419.15
26236	PARTIAL REMOVAL DISTAL PHALANX	$419.15
26250	RADICAL RESECTION FOR TUMOR, H	$789.58
26260	RADICAL RESECT FOR TUMOR,PROX	$789.58
26262	RADICAL RESECTION FOR TUMOR,DI	$419.15
26320	REMOVAL OF IMPLANT FROM FINGER	$354.14
26340	MANIP FINGER JT UNDER ANESTHES	$419.15

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26341	MANIPULAT PALM CORD POST INJ	$40.27
26350	FLEX TENDON REP,SING,EACH TEND	$789.58
26352	FLEX TEND REP,SECONDARY..EACH	$1,755.42
26356	FLEX TEND REP/ADV,SING,PRIM,EA	$789.58
26357	FLEXOR REP..:SECONDARY,EACH TE	$789.58
26358	FLEX TEND REP/ADV,SNG:...EACH	$1,755.42
26370	PROFUNDUS TENDON REPAIR W/INTA	$789.58
26372	PROFUNDUS TENDON REPAIR:SECOND	$2,235.08
26373	PROFUNDUS TENDON REPAIR:SECOND	$789.58
26390	FLEXOR TENDON EXCISE,IMPLANT P	$2,221.60
26392	REMOVAL ROD AND INSERTION OF T	$1,755.42
26410	EXT TEND REP,SING:.W/O GRAFT,E	$419.15
26412	EXT TEND REP,SING.:W/O GRAFT,E	$789.58
26415	EXTENSOR TENDON EXCISION..HAND	$789.58
26416	REMOVE TUBE/ROD...HAND/FINGER	$789.58
26418	EXT TEND REP..:W/O GRAFT,EACH	$419.15
26420	EXT TEND REP...:W/GRAFT,EACH T	$789.58
26426	EXTENSOR TENDON,CENTRAL SLIP R	$789.58
26428	EXTENSOR TENDON,CENTRAL SLIP R	$789.58
26432	TENDON REPAIR,DISTAL INSERT,CL	$419.15
26433	TENDON REPAIR,OPEN,PRIMARY /SE	$789.58
26434	TENDON REPAIR,OPEN,PRIMARY/SEC	$789.58
26437	REALIGN EXTENSOR TENDON-FOR AR	$789.58
26440	TENOLYSIS,SIMP,FLEX TEND..:EAC	$419.15
26442	TENOLYSIS,SIMP..:PALM/FING,EAC	$789.58
26445	TENOLYSIS,EXT TEND...:EACH TEN	$789.58

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26449	TENOLYSIS,COMP,EXT TENDON...	$789.58
26450	TENOTOMY,FLEX,SING,PALM,OPEN	$789.58
26455	TENOTOMY,FLEX,SING,FING,OPEN,E	$419.15
26460	TENOTOMY,EXT,HAND/FING,SIN,OPE	$419.15
26471	TENODESIS:FOR PROXIMAL FINGER	$789.58
26474	TENODESIS:FOR DISTAL JOINT STA	$419.15
26476	TEND LENGTNEN,EXT...SINGLE,EAC	$789.58
26477	TEND SHORTEN,EXT...SINGLE,EACH	$789.58
26478	LENGTHEN FLEXOR,HAND/FINGER-EA	$789.58
26479	SHORTEN FLEXOR,HAND/FINGER-EAC	$789.58
26480	TEND TRANSFER/PLANT,SING,W/GFT	$789.58
26483	TEND TRANSFER/PLANT..W/GRFT,EA	$789.58
26485	TEND TRANSFER/PLNT,EACH TEND:W	$789.58
26489	TENDON TRANSFER/PLANT..:W/GRAF	$789.58
26490	REVISE THUMB TENDON	$789.58
26492	REVISE THUMB TENDON W/GRAFT	$789.58
26494	REVISE THUMB TENDON:HYPOTHENAR	$789.58
26496	REVISE THUMB TENDON: OTHER MET	$789.58
26497	SUBLIMIS TRANSFER TO CORRECT C	$789.58
26498	SUBLIMIS TRANSFER TO CORRECT C	$789.58
26499	CORRECTION CLAW FINGER,OTHER M	$789.58
26500	HAND TENDON RECONSTRUCTION: W/	$1,755.42
26502	HAND TENDON RECONSTRUCTION: W/	$789.58
26508	RELEASE THUMB CONTRACTURE	$789.58
26510	CROSS INTRINSIC TRANSFER	$789.58
26516	FUSION OF KNUCKLE JOINT	$789.58

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26517	FUSION KNUCKLE JOINT,TWO DIGIT	$789.58
26518	FUSION KNUCKLE JOINT THREE OR	$1,755.42
26520	CAPSULECTOMY/OTOMY....:EACH	$789.58
26525	CAPSULECTOMY/OTOMY...:EACH	$419.15
26530	ARTHROPLASTY,META...:SINGLE,EA	$2,344.28
26531	ARTHROPLASTY,META...:PROSTH...	$2,425.77
26535	ARTHROPLASTY,INTER..:SINGLE,EA	$789.58
26536	ARTHROPLASTY...:W/PROSTH,SING,	$2,309.30
26540	REPAIR COLLATERAL LIGAMENT	$789.58
26541	RECONSTRUCT/GRAFT HAND JOINT	$1,020.46
26542	PRIM REP COLLATERAL LIGAMENT/L	$1,024.14
26545	RECONSTRUCTION,SING,GRAFT,EACH	$1,026.80
26546	REP METACARPAL/PHALANX	$1,755.42
26548	REPAIR/RECON,FINGER,INTERPHAL.	$789.58
26550	CONSTRUCT THUMB REPLACEMENT	$789.58
26555	POSITIONAL CHANGE OF FINGER	$1,755.42
26560	REPAIR WEB FINGER:WITH SKIN FL	$419.15
26561	REPAIR WEB FINGER:W/SKIN FLAPS	$789.58
26562	REPAIR WEB FINGER,COMPLEX,INVO	$789.58
26565	CORRECT METACARPAL FLAW	$789.58
26567	CORRECT FINGER DEFORMITY	$789.58
26568	OSTEOPLASTY,LENGTHEN METACARP/	$2,383.36
26580	REPAIR HAND DEFORMITY	$789.58
26587	RECONSTRUCT SUPERNUMERARY DIGI	$789.58
26590	REPAIR FINGER DEFORMITY:MACROD	$419.15
26591	REPAIR, INTRINSIC MUSCLES OF H	$789.58

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26593	RELEASE, INTRINSIC MUSCLES OF	$789.58
26596	EXCISE CONSTRUCTING RING, Z-PL	$789.58
26600	TREAT CLSD FX..:W/O MANIP:EACH	$64.47
26605	TREAT CLSD FX...:W/MANIP,EACH	$64.47
26607	TREAT CLSD FX..:W/MANIP&FIX,EA	$789.58
26608	PERCUT.SKEL.FIX.MC.FRACT.E.BN.	$789.58
26615	OPEN TX,CLSD/OPEN FX....EACH B	$789.58
26641	TREAT THUMB DISLOCATION W/MANI	$64.47
26645	TREAT CLSD THUMB FRAC DISLOCAT	$419.15
26650	TREAT CLSD THUMB FRAC DISLOCAT	$789.58
26665	OPEN TREAT CLSD/OPEN THUMB FRA	$789.58
26670	TREAT CLSD HAND DISLOCATION W/	$64.47
26675	TREAT HAND DISLOCATION W/ANEST	$419.15
26676	PERC.PINNING,CLOSED CARPOMETAC	$789.58
26685	OPEN TREAT CLSD/OPEN HAND DISL	$789.58
26686	OPEN TREAT OPEN/CLSD HAND DISL	$1,000.77
26700	TREAT KNUCKLE DISLOCATION	$64.47
26705	TREAT KNUCKLE DISLOCATION W/AN	$419.15
26706	PERC.PINNING,CLOSED METACARPOP	$789.58
26715	OPEN TREAT CLSD/OPEN KNUCKLE D	$789.58
26720	TREAT CLSD FX:W/O MANIP, EACH	$64.47
26725	TREAT CLSD FX:W/ MANIP, EACH	$64.47
26727	TREAT FX,MANIP,TRACT/FIX, EACH	$789.58
26735	OPEN TREAT....W/W/O FIX,EACH	$789.58
26740	TREAT CLSD ART FX...W/O MANIP,	$64.47
26742	TREAT CLSD ART FX....W/ MANIP,	$419.15

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26746	OPEN TX,CLSD/OPEN FX...EACH	$789.58
26750	TREAT CLSD FX...W/O MANIP, EAC	$62.59
26755	TREAT CLSD FX...W/ MANIP, EACH	$64.47
26756	TREAT CLSD FX..:W/ PERC PIN, E	$789.58
26765	OPEN TX,CLSD/OPEN FX..:EACH	$789.58
26770	TRMT OF CLOS INTERPHAL JOINT D	$64.47
26775	CLOSED RX INTERPHAL JT DISLOC	$71.27
26776	PERC.PINNING,CLOSED INTERPHALA	$789.58
26785	OPEN TRMT OF CLOS OR OPEN INTE	$789.58
26820	THUMB FUSION WITH GRAFT	$1,755.42
26841	ARTHRODESIS, THUMB W/ OR W/O I	$1,755.42
26842	ARTHRODESIS OF THUMB W/ GRAFT	$2,224.94
26843	ARTHRODESIS DIGITS OTHER THAN	$2,224.94
26844	ARTHRODESIS OF DIGITS W/ GRAFT	$2,425.62
26850	ARTHRODESIS KNUCKLE W/ OR W/O	$1,755.42
26852	ARTHRODESIS KNUCKLE W/ GRAFT	$1,755.42
26860	ARTHRODESIS FINGER JOINT W/ OR	$789.58
26861	ARTHRODESIS...EACH ADD JOINT	BY REPORT
26862	FUSION/GRAFT OF FINGER JOINT	$789.58
26863	ARTHRODESIS:W/ GRAFT,EACH ADD	BY REPORT
26910	AMPUTATE METACARPAL BONE	$789.58
26951	AMPUTATION OF FINGER/THUMB	$789.58
26952	AMPUTATE FINGER/THUMB W/ANES	$789.58
26990	DRAINAGE OF PELVIS LESION	$789.58
26991	DRAINAGE OF PELVIS BURSA	$419.15
27000	TENOTOMY, SUBCUTANEOUS CLOSED-	$419.15

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27001	TENOTOMY, SUBCUTANEOUS OPEN, U	$789.58
27003	OPEN UNILATERAL TENOTOMY W/ NE	$1,755.42
27033	HIP ARTHROTOMY FOR EXPLORATION	$1,755.42
27035	DENERVATION OF HIP JOINT	$789.58
27040	SUPERFICIAL BIOPSY OF SOFT TIS	$354.14
27041	DEEP BIOPSY OF SOFT TISSUES	$354.14
27043	BIOPSY, SOFT TISSUE OF PELVIS	$600.95
27045	BIOPSY, SOFT TISSUE OF PELVIS	$600.95
27047	EXCISION,TUMOR,PELVIS/HIP SUBC	$600.95
27048	DEEP TUMOR EXCISION,HIP-PELVIS	$600.95
27049	RAD RESECT TUMOR,SFT TISS,PELV	$600.95
27050	BIOPSY OF SACROILLIAC JOINT	$419.15
27052	BIOPSY OF HIP JOINT	$419.15
27059	DECOMPRESSION FASCIOTOMY(IES),	$600.95
27060	REMOVAL OF ISCHIAL BURSA	$1,755.42
27062	EXCISION TROCHANTERIC BURSA	$789.58
27065	EXC BONE CYST OR TUMOR, SUPERF	$1,755.42
27066	DEEP W/ OR W/O BONE GRAFT	$789.58
27067	EXC BONE CYST W/AUTOGRAFT	$2,492.56
27080	COCCYGECTOMY	$789.58
27086	REMOVE HIP FOREIGN BODY	$600.95
27087	REMOVE FOREIGN BODY,PELVIS/HIP	$789.58
27093	INJECTION FOR HIP ARTHROGRAPHY	BY REPORT
27095	INJ PROC HIP ARTHROGRAPHY W/AN	BY REPORT
27097	HAMSTRING RECESSION, PROXIMAL	$789.58
27098	ADDUCTOR TRANSFER TO ISCHIUM	$1,025.91

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27100	TRAN EXTERNAL OBLIQUE MUSCLE T	$1,755.42
27105	TRANSFER PARASPINAL MUSCLE TO	$789.58
27110	TRANSFER ILIOPSOAS MUSCLE TO G	$2,361.25
27111	TRANS ILIOPSOAS TO FEM NECK	$789.58
27197	CLSD TX PELVIC RING FX	$64.47
27198	CLSD TX PELVIC RING FX	$64.47
27200	TRMT OF CLOSED COCCYGEAL FX	$59.36
27202	OPEN TRMT OF CLOSED OR OPEN CO	$789.58
27220	TREAT (HIP SOCKET) FRACTURE AC	$64.47
27230	TREAT PROXIMAL,NECK,FEMORAL FR	$64.47
27238	TREAT INTE /PER CHANTERIC FRAC	$419.15
27246	TRMT OF CLOSED GREATER TROCHAN	$64.47
27250	TREAT HIP DISLOCATION	$64.47
27252	TREAT HIP DISLOCATION W/ANESTH	$419.15
27256	TRMT OF CONGENITAL HIP DISLOCA	$64.47
27257	WITH MANIPULATION REQUIRING AN	$419.15
27265	TX ATRAUMATIC HIP DISLOCATION.	$64.47
27266	TX ATRAUMATIC HIP DISLOC:W ANE	$419.15
27267	CLOSED TREATMENT OF FEMORAL FR	$789.58
27275	MANIPULATION OF HIP JOINT	$419.15
27278	ARTHRD SI JT PRQ WO TFXJ DEV	$7,835.32
27279	ARTHRODESIS SACROILIAC JOINT	$7,588.28
27301	I&D OF DEEP ABCESS, INFECTED B	$600.95
27305	FASCIOTOMY, ILIOTIBIAL	$789.58
27306	TENOTOMY, SINGLE, SUBCU	$789.58
27307	TENOTOMY,SUBCU,CLOSED	$789.58

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27310	ARTHROTOMY, KNEE JOINT	$789.58
27323	BIOPSY THIGH SOFT TISSUES	$354.14
27324	BIOPSY THIGH SOFT TISSUES	$600.95
27325	NEURECTOMY, HAMSTRING	$462.47
27326	NEURECTOMY, POPLITEAL	$462.47
27327	REMOVAL OF THIGH LESION	$354.14
27328	REMOVAL OF THIGH LESION	$600.95
27329	RAD RESECT TUMOR...THIGH OR KN	$600.95
27330	BIOPSY KNEE JOINT LINING	$789.58
27331	EXPLORE/TREAT KNEE JOINT	$789.58
27332	REMOVAL OF KNEE CARTILAGE	$789.58
27333	REMOVAL OF KNEE CARTILAGE	$789.58
27334	REMOVE KNEE JOINT LINING	$789.58
27335	REMOVE KNEE JOINT LINING	$1,755.42
27337	ARTHROTOMY, WITH SYNOVECTOMY,	$600.95
27339	ARTHROTOMY, WITH SYNOVECTOMY,	$600.95
27340	REMOVAL OF KNEECAP BURSA	$789.58
27345	REMOVAL OF KNEE CYST	$789.58
27347	EXCISE LESION OF KNEE	$789.58
27350	REMOVAL OF KNEECAP	$1,755.42
27355	REMOVE FEMUR LESION	$789.58
27356	REMOVE FEMUR LESION/GRAFT	$4,203.72
27357	REMOVE FEMUR LESION/GRAFT	$2,224.94
27358	REMOVE FEMUR LESION/FIXATION	BY REPORT
27360	PARTIAL REMOVAL LEG BONE(S)	$789.58
27364	RAD RESECT TUMOR,SOFT TISSUE	$600.95

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
27369	NJX CNTRST KNE ARTHG/CT/MRI	BY REPORT
27372	REMOVAL OF FOREIGN BODY	$600.95
27380	REPAIR OF KNEECAP TENDON	$1,755.42
27381	REPAIR/GRAFT KNEECAP TENDON	$2,229.18
27385	REPAIR OF THIGH MUSCLE	$1,755.42
27386	REPAIR/GRAFT OF THIGH MUSCLE	$1,755.42
27390	INCISION OF THIGH TENDON	$789.58
27391	INCISION OF THIGH TENDONS	$789.58
27392	INCISION OF THIGH TENDONS	$789.58
27393	LENGTHENING OF THIGH TENDON	$1,755.42
27394	LENGTHENING OF THIGH TENDONS	$1,755.42
27395	LENGTHENING OF THIGH TENDONS	$789.58
27396	TRANSPLANT OF THIGH TENDON	$1,755.42
27397	TRANSPLANTS OF THIGH TENDONS	$2,594.64
27400	REVISE THIGH MUSCLES/TENDONS	$2,213.88
27403	ARTHROTOMY WITH OPEN MENISCUS	$2,269.62
27405	REPAIR OF KNEE LIGAMENT	$1,755.42
27407	REPAIR OF KNEE LIGAMENT	$2,498.32
27409	REPAIR OF KNEE LIGAMENTS	$1,755.42
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	$5,500.86
27416	OSTEOCHONDRAL AUTOGRAFT(S), KN	$1,755.42
27418	PLASTY FOR CHONDROMALACIA PAAT	$1,755.42
27420	REVISION OF UNSTABLE KNEECAP	$1,755.42
27422	REVISION OF UNSTABLE KNEECAP	$1,755.42
27424	REVISION/REMOVAL OF KNEECAP	$1,755.42
27425	LATERAL RENTINACULAR RELEASE A	$789.58

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
27427	RECONSTRUCT(AUGMENT)KNEE:ESTRA	$2,388.36
27428	RECONSTRUCT(AUGMENT)KNEE:INTRA	$3,316.63
27429	RECONSTRUCT KNEE:INTRA&EXTRA A	$4,705.92
27430	REVISION OF THIGH MUSCLES	$1,755.42
27435	INCISION OF KNEE JOINT	$789.58
27437	ARTHROPLASTY,PATELLA:WOUT PROS	$1,755.42
27438	REVISE KNEE CAP WITH IMPLANT	$4,237.77
27440	REVISION OF KNEE JOINT	$4,498.74
27441	REVISION OF KNEE JOINT	$3,316.63
27442	REVISION OF KNEE JOINT	$4,396.30
27443	REVISION OF KNEE JOINT	$4,794.63
27446	TOTAL KNEE REPLACEMENT	$4,541.10
27475	REPAIR OF FEMUR EPIPHYSIS	$1,755.42
27479	REPAIR OF LEG EPIPHYSES	$1,755.42
27496	DECOMP.FASCIO,THIGH/KNEE,1 COM	$789.58
27497	DECOMP.FASCIAL,W.DEBRID.MUSCLE	$789.58
27498	DECOMP.FASCIO,THIGH/KNEE	$419.15
27499	DECOMP.FASCIO,THIGH/KNEE W.DEB	$1,755.42
27500	TREATMENT OF FEMUR FRACTURE	$64.47
27501	CLOSED TRMT OF FEMOR FRACTURE	$64.47
27502	TREATMENT OF FEMUR FRACTURE	$419.15
27503	CLOSED TRMT OF FEMOR FRACTURE	$419.15
27508	TREATMENT OF FEMUR FRACTURE	$64.47
27509	PERCUT OR TRANSC. FEMOR FRACT	$2,287.03
27510	TREATMENT OF FEMUR FRACTURE	$419.15
27516	TREATMENT OF FEMUR EPIPHYSIS	$64.47

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
27517	TREATMENT OF FEMUR EPIPHYSIS	$419.15
27520	TREAT KNEECAP FRACTURE	$64.47
27524	REPAIR OF KNEECAP FRACTURE	$1,755.42
27530	CLOSED TREATMENT OF TIBIAL FX	$64.47
27532	CLOSED TREATMENT OF TIBIAL FX	$789.58
27538	TRMT OF CLOSED INTERCONDLAR SP	$64.47
27550	TREAT KNEE DISLOCATION	$64.47
27552	TREAT KNEE DISLOCATION	$419.15
27560	TREAT KNEECAP DISLOCATION	$64.47
27562	TREAT KNEECAP DISLOCATION	$64.47
27566	REPAIR KNEECAP DISLOCATION	$1,755.42
27570	FIXATION OF KNEE JOINT	$419.15
27594	AMPUTATION FOLLOW-UP SURGERY	$789.58
27600	DECOMPRESSION OF LOWER LEG	$789.58
27601	FASCIOTOMY,LEG-POSTERIOR COMP.	$789.58
27602	DECOMPRESSION OF LOWER LEG	$789.58
27603	DRAIN LOWER LEG LESION	$600.95
27604	DRAIN LOWER LEG BURSA	$789.58
27605	INCISION OF ACHILLES TENDON	$419.15
27606	INCISION OFACHILLES TENDON	$789.58
27607	TREAT LOWER LEG BONE LESION	$789.58
27610	EXPLORE/TREAT ANKLE JOINT	$789.58
27612	EXPLORATION OF ANKLE JOINT	$789.58
27613	BIOPSY LOWER LEG SOFT TISSUE	$81.52
27614	BIOPSY LOWER LEG SOFT TISSUE D	$600.95
27615	RAD RESECT TUMOR....LEG OR ANK	$600.95

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
27616	RADICAL RESECTION OF TUMOR (EG	$600.95
27618	REMOVE LOWER LEG LESION	$354.14
27619	REMOVE LOWER LEG LESION DEEP	$600.95
27620	BIOPSY OF ANKLE JOINT	$789.58
27625	REMOVE ANKLE JOINT LINING	$789.58
27626	REMOVE ANKLE JOINT LINING	$789.58
27630	REMOVAL OF TENDON LESION	$789.58
27632	EXCISION OF LESION OF TENDON S	$600.95
27634	EXCISION OF LESION OF TENDON S	$600.95
27635	REMOVE LOWER LEG BONE LESION	$789.58
27637	REMOVE/GRAFT LEG BONE LESION	$2,365.19
27638	REMOVE/GRAFT LEG BONE LESION	$1,755.42
27640	PARTIAL REMOVAL OF TIBIA	$789.58
27641	PARTIAL REMOVAL OF FIBULA	$789.58
27647	EXTENSIVE ANKLE/HEEL SURGERY	$789.58
27648	INJECTION FOR ANKLE X-RAY	BY REPORT
27650	REPAIR ACHILLES TENDON	$1,755.42
27652	REPAIR/GRAFT ACHILLES TENDON	$2,314.14
27654	REPAIR OF ACHILLES TENDON	$2,220.39
27656	REPAIR FASCIAL DEFECT OF LEG	$789.58
27658	REP/SUT LEG TENDON, W/O GRAFT,	$789.58
27659	REP/SUT TEND,LEG...W/W/O GRAFT	$1,755.42
27664	REP/SUT EXT TEND:PRIM,W/O GRAF	$1,755.42
27665	REP/SUT TEND.:SECON.W/WO GRAFT	$2,219.33
27675	REPAIR LOWER LEG TENDONS	$789.58
27676	REPAIR LOWER LEG TENDONS	$1,755.42

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
27680	RELEASE OF LOWER LEG TENDON	$789.58
27681	TENOLYSIS....MULTIPLE,EACH	$789.58
27685	REVISION OF LOWER LEG TENDON	$789.58
27686	LENGTHEN/SHORTEN TEND:MULTIPLE	$789.58
27687	REVISION OF CALF TENDON	$789.58
27690	REVISE LOWER LEG TENDON	$1,755.42
27691	REVISE LOWER LEG TENDON	$1,755.42
27692	TRANSFER/PLANT TENDON,EACH ADD	BY REPORT
27695	REPAIR OF ANKLE LIGAMENT	$2,338.38
27696	REPAIR OF ANKLE LIGAMENTS	$2,255.53
27698	REPAIR OF ANKLE LIGAMENT	$2,290.06
27700	REVISION OF ANKLE JOINT	$2,658.26
27704	REMOVAL OF ANKLE IMPLANT	$789.58
27705	INCISION OF TIBIA	$2,214.33
27707	INCISION OF FIBULA	$789.58
27709	INCISION OF TIBIA & FIBULA	$4,312.46
27720	REPAIR OF TIBIA	$2,322.47
27726	REPAIR OF FIBULA NONUNION AND/	$2,370.18
27730	REPAIR OF TIBIA EPIPHYSIS	$1,000.77
27732	REPAIR OF FIBULA EPIPHYSIS	$789.58
27734	REPAIR LOWER LEG EPIPHYSES	$789.58
27740	EPIPHYSEALARREST...:PROX/DISTAL	$789.58
27742	REPAIR OF LEG EPIPHYSES	$789.58
27745	PROPHYLACTIC TREATMENT (NAILIN	$2,382.45
27750	TREATMENT OF TIBIA FRACTURE	$64.47
27752	TREATMENT OF TIBIA FRACTURE	$419.15

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
27756	REPAIR OF TIBIA FRACTURE	$2,429.40
27758	REPAIR OF TIBIA FRACTURE	$4,450.38
27759	OPEN TRMT OF TIBIA FRACTURE	$4,408.61
27760	TREATMENT OF ANKLE FRACTURE	$64.47
27762	TREATMENT OF ANKLE FRACTURE	$419.15
27766	REPAIR OF ANKLE FRACTURE	$1,755.42
27767	CLOSED TREATMENT OF POSTERIOR	$64.47
27768	CLOSED TREATMENT OF POSTERIOR	$419.15
27769	OPEN TREATMENT OF POSTERIOR MA	$2,360.49
27780	TREATMENT OF FIBULA FRACTURE	$64.47
27781	TREATMENT OF FIBULA FRACTURE	$419.15
27784	REPAIR OF FIBULA FRACTURE	$1,755.42
27786	TREATMENT OF ANKLE FRACTURES	$64.47
27788	TREATMENT OF ANKLE FRACTURE	$64.47
27792	REPAIR OF ANKLE FRACTURE	$2,298.09
27808	TREATMENT OF ANKLE FRACTURE	$64.47
27810	TREATMENT OF ANKLE FRACTURE	$419.15
27814	REPAIR OF ANKLE FRACTURE	$2,283.70
27816	TREATMENT OF ANKLE FRACTURE	$64.47
27818	TREATMENT OF ANKLE FRACTURE	$419.15
27822	REPAIR OF ANKLE FRACTURE	$2,304.15
27823	REPAIR OF ANKLE FRACTURE	$2,261.14
27824	CLOSED TRMT OF FRACTURE	$64.47
27825	CLOSED TRMT OF FRACTURE	$419.15
27826	OPEN TRMT OF FRACTURE	$2,313.69
27827	OPEN TRMT OF FRACTURE	$4,379.42

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
27828	OPEN TRMT OF FRACTURE	$4,493.31
27829	OPEN TRMT DISTAL TIBIOFIBULAR	$2,390.93
27830	TREAT LOWER LEG DISLOCATION	$64.47
27831	TREAT LOWER LEG DISLOCATION	$789.58
27832	REPAIR LOWER LEG DISLOCATION	$2,350.95
27840	TREAT ANKLE DISLOCATION	$64.47
27842	TREAT ANKLE DISLOCATION	$419.15
27846	REPAIR ANKLE DISLOCATION	$1,755.42
27848	REPAIR ANKLE DISLOCATION	$2,534.97
27860	FIXATION OF ANKLE JOINT	$789.58
27870	FUSION OF ANKLE JOINT	$4,794.63
27871	FUSION OF TIBIOFIBULAR JOINT	$4,752.28
27884	AMPUTATION FOLLOW-UP SURGERY	$789.58
27889	AMPUTATION OF FOOT AT ANKLE	$1,755.42
27892	DECOMPRESSION FASCIOTOMY,LEG	$789.58
27893	FASCIOTOMY, LEG-POSTERIOR COMP	$1,755.42
27894	DECOMPRESSION FASCIOTM, LEG	$789.58
28001	DRAINAGE OF BURSA OF FOOT	$47.39
28002	TREATMENT OF FOOT INFECTION	$419.15
28003	TREATMENT OF FOOT INFECTION	$789.58
28005	TREAT FOOT BONE LESION	$789.58
28008	INCISION OF FOOT FASCIA	$789.58
28010	INCISION OF TOE TENDON	$63.40
28011	INCISION OF TOE TENDONS	$419.15
28020	EXPLORATION OF A FOOT JOINT	$789.58
28022	EXPLORATION OF A FOOT JOINT	$789.58

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
28024	EXPLORATION OF A TOE JOINT	$419.15
28035	DECOMPRESSION OF TIBIA NERVE	$462.47
28039	EXCISION,TUMOR,SOFT TISSUE	$600.95
28041	EXCISION,TUMOR,SOFT TISSUE FT	$600.95
28043	EXCISION OF FOOT LESION	$354.14
28045	EXCISION OF FOOT LESION	$600.95
28046	RAD RESECT.TUMOR,SFT TISS-FOOT	$600.95
28047	RADICAL RESECTION OF TUMOR (EG	$600.95
28050	BIOPSY OF FOOT JOINT LINING	$789.58
28052	BIOPSY OF FOOT JOINT LINING	$789.58
28054	BIOPSY OF TOE JOINT LINING	$789.58
28055	NEURECTOMY, FOOT	$462.47
28060	PARTIAL REMOVAL FOOT FASCIA	$789.58
28062	REMOVAL OF FOOT FASCIA	$789.58
28070	SYNOVECTOMY:INTERTAR/TARSOMET,	$1,755.42
28072	SYNOVECTOMY,METATARSOPHAL.JNT,	$789.58
28080	EXCISE MORTON NEUROMA,SINGLE,	$419.15
28086	EXCISE FOOT TENDON SHEATH	$789.58
28088	EXCISE FOOT TENDON SHEATH	$789.58
28090	REMOVAL OF FOOT LESION	$419.15
28092	REMOVAL OF TOE LESIONS	$419.15
28100	REMOVAL OF ANKLE/HEEL LESION	$789.58
28102	REMOVE/GRAFT FOOT LESION	$2,517.55
28103	REMOVE/GRAFT FOOT LESION	$2,624.93
28104	REMOVAL OF FOOT LESION	$789.58
28106	REMOVE/GRAFT FOOT LESION	$2,833.79

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
28107	REMOVE/GRAFT FOOT LESION	$1,755.42
28108	REMOVAL OF TOE LESIONS	$419.15
28110	PART REMOVAL OF METATARSAL	$789.58
28111	PART REMOVAL OF METATARSAL	$789.58
28112	PART REMOVAL OF METATARSAL	$789.58
28113	PART REMOVAL OF METATARSAL	$789.58
28114	REMOVAL OF METATARSAL HEADS	$789.58
28116	REVISION OF FOOT	$789.58
28118	PARTIAL REMOVAL OF HEEL	$789.58
28119	REMOVAL OF HEEL SPUR	$789.58
28120	PART REMOVAL OF ANKLE/HEEL	$789.58
28122	PARTIAL REMOVAL OF FOOT BONE	$789.58
28124	PARTIAL REMOVAL OF TOE	$142.97
28126	CONDYLECTOMY...SING.TOE, EACH	$789.58
28130	REMOVAL OF ANKLE BONE	$2,224.94
28140	REMOVAL OF METATARSAL	$789.58
28150	PHALANGECTOMY,TOE, SINGLE, EAC	$789.58
28153	PARTIAL REMOVAL OF TOE	$789.58
28160	HEMIPHALANGECTOMY...TOE,SING.	$789.58
28171	RADICAL RESECTION FOR TUMOR	$789.58
28173	RADICAL RESECTION FOR TUMOR	$789.58
28175	RADICAL RESECTION FOR TUMOR	$419.15
28190	REMOVAL OF FOOT FOREIGN BODY	$79.25
28192	REMOVAL OF FOOT FOREIGN BODY	$354.14
28193	REMOVAL OF FOOT FOREIGN BODY	$354.14
28200	REP/SUT TEND,W/O GRAFT, EACH T	$789.58

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
28202	REP/SUT TEND,SECOND.,W/GRFT,EA	$2,365.79
28208	REP/SUT TEND....EACH TENDON	$789.58
28210	REP/SUT TEND..W/GRAFT, EACH TE	$2,419.26
28220	RELEASE OF FOOT TENDON	$133.59
28222	RELEASE OF FOOT TENDONS	$789.58
28225	RELEASE OF FOOT TENDON	$789.58
28226	RELEASE OF FOOT TENDONS	$789.58
28230	INCISION OF FOOT TENDON(S)	$131.81
28232	INCISION OF TOE TENDON	$119.85
28234	INCISION OF FOOT TENDON	$419.15
28238	REVISION OF FOOT TENDON	$1,755.42
28240	RELEASE OF BIG TOE	$789.58
28250	REVISION OF FOOT FASCIA	$789.58
28260	RELEASE OF MIDFOOT JOINT	$789.58
28261	REVISION OF FOOT TENDON	$419.15
28262	REVISION OF FOOT AND ANKLE	$2,224.94
28264	RELEASE OF MIDFOOT JOINT	$419.15
28270	CAPSULOTOMY...EACH JOINT	$789.58
28272	CAPSULOTOMY....INTERPHAL.,EACH	$115.96
28280	FUSION OF TOES	$789.58
28285	REVISION OF HAMMERTOE	$789.58
28286	REVISION OF HAMMERTOE	$789.58
28288	OSTECTOMY,PARTIAL..EACH METAR	$789.58
28289	HALLUX RIGIDUS CORRECTION	$789.58
28291	CORRJ HALUX RIGDUS W/IMPLT	$2,427.13
28292	CORRECTION HALLUX VALGUS	$789.58

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
28295	CORRECTION HALLUX VALGUS	$789.58
28296	CORRECTION HALLUX VALGUS	$789.58
28297	CORRECTION HALLUX VALGUS	$4,909.95
28298	CORRECTION HALLUX VALGUS	$2,216.15
28299	CORRECTION HALLUX VALGUS	$2,238.42
28300	INCISION OF HEEL BONE	$2,278.25
28302	INCISION OF ANKLE BONE	$2,230.24
28304	INCISION OF MIDFOOT BONES	$1,755.42
28305	INCISE/GRAFT MIDFOOT BONES	$2,436.22
28306	INCISION OF METATARSAL	$1,755.42
28307	OSTEOTOMY,..SINGLE..FIRST META	$1,755.42
28308	INCISION OF METATARSAL	$789.58
28309	INCISION OF METATARSALS	$1,755.42
28310	REVISION OF BIG TOE	$1,755.42
28312	REVISION OF TOE	$789.58
28313	RECONSTRUCTION,TOE DEFORMITY	$789.58
28315	SESAMOIDECTOMY FIRST TOE	$789.58
28320	REPAIR OF FOOT BONES	$4,256.66
28322	REPAIR OF METATARSALS	$2,391.09
28340	RECONSTRUCTION,TOE,MACRODACTYL	$789.58
28341	RECONSTRUCT TOE,MACRODACTYLY..	$789.58
28344	RECONSTRUCT TOES:POLYDACTYLY	$789.58
28345	RECONSTRUCT TOES:SYNDACTYLY EA	$419.15
28400	TREAT CLSD CALC FX:W/O MANIP	$64.47
28405	TREAT CLSD CALC FX W.MANIP...R	$64.47
28406	TREAT CLSD CALC FX,MANIP/FIXAT	$1,755.42

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28415	REPAIR OF HEEL FRACTURE	$2,315.66
28420	REPAIR/GRAFT HEEL FRACTURE	$4,673.01
28430	TREAT CLSD TALUS FX,W/O MANIP	$64.47
28435	TREAT CLSD TALUS FX,W/ MANIP	$419.15
28436	TREAT CLSD TAL.FS,W/MANIP&PERC	$3,041.74
28445	OPEN TX,CLSD/OPEN FX,W/W/O FIX	$1,755.42
28446	OPEN OSTEOCHONDRAL AUTOGRAFT,	$2,224.94
28450	TREAT CLSD TARSAL FX:W/O MANIP	$64.47
28455	TREAT CLSD TARSAL FX:W/MANIP,	$71.33
28456	OPEN TX CLSD/OPEN FX W/RED&PIN	$1,755.42
28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX	$2,254.92
28470	TREAT CLSD METATAR FX.W/O MANI	$64.47
28475	TREAT CLSD METATAR FX,W/ MANIP	$64.47
28476	TREAT CLSD FX,W/MANIP&PINNING,	$789.58
28485	OPEN TX,CLSD/OPEN FX W/W/O FIX	$2,264.01
28490	TREAT BIG TOE FRACTURE	$50.62
28495	TREAT BIG TOE FRACTURE	$61.14
28496	TREAT CSLD FX GREAT TOE...PINN	$789.58
28505	REPAIR BIG TOE FRACTURE	$789.58
28510	TREAT CLSD FX...W/O MANIP, EAC	$40.11
28515	TREAT CLSD FX...W/ MANIP., EAC	$54.99
28525	OPEN TX,CLSD FX..W/W/O FIX, EA	$789.58
28530	TX CLOSED SESAMOID FRACTURE	$39.79
28531	TREATMENT,SESAMOID FRACT.	$1,755.42
28540	TREAT FOOT DISLOCATION	$60.49
28545	TREAT FOOT DISLOCATION	$789.58

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
28546	TREAT FOOT DISLOCATION	$563.80
28555	REPAIR FOOT DISLOCATION	$2,517.70
28570	TREAT FOOT DISLOCATION	$64.47
28575	TREAT FOOT DISLOCATION	$789.58
28576	PERC SKELETAL FIX W/MANIPULAT	$1,755.42
28585	REPAIR FOOT DISLOCATION	$2,517.70
28600	TREAT FOOT DISLOCATION	$64.47
28605	TREAT FOOT DISLOCATION	$64.47
28606	TREAT FOOT DISLOCATION	$789.58
28615	REPAIR FOOT DISLOCATION	$2,242.81
28630	TREAT TOE DISLOCATION	$43.99
28635	TREAT TOE DISLOCATION:W ANESTH	$419.15
28636	PERC SKELETAL FIX W/MANIPULAT	$789.58
28645	REPAIR TOE DISLOCATION	$789.58
28660	TREAT TOE DISLOCATION	$38.49
28665	TREAT TOE DISLOCATION	$71.27
28666	PERC SKEL FIX W/MANIPULATION	$789.58
28675	REPAIR OF TOE DISLOCATION	$789.58
28705	FUSION OF FOOT BONES	$7,047.18
28715	FUSION OF FOOT BONES	$4,849.00
28725	FUSION OF FOOT BONES	$4,723.66
28730	FUSION OF FOOT BONES	$4,927.69
28735	FUSION OF FOOT BONES	$4,969.76
28737	REVISION OF FOOT BONES	$5,065.91
28740	FUSION OF FOOT BONES	$2,523.15
28750	FUSION OF BIG TOE JOINT	$2,476.66

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AMBULATORY SERVICES: UPDATE DECEMBER 1, 2025

CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
28755	FUSION OF BIG TOE JOINT	$1,755.42
28760	FUSION OF BIG TOE JOINT	$1,755.42
28810	AMPUTATION TOE & METATARSAL	$789.58
28820	AMPUTATION OF TOE	$789.58
28825	PARTIAL AMPUTATION OF TOE	$789.58
28890	HIGH ENERGY ESWT, PLANTAR F	$90.25
29000	APPLICATION OF BODY CAST	$71.27
29010	APPLICATION OF BODY CAST	$71.27
29015	APPLICATION OF BODY CAST	$71.27
29035	APPLICATION OF BODY CAST	$71.27
29040	APPLICATION OF BODY CAST	$71.27
29044	APPLICATION OF BODY CAST	$42.36
29046	APPLICATION OF BODY CAST	$71.27
29049	APPLICATION OF SHOULDER CAST	$33.32
29055	APPLICATION OF SHOULDER CAST	$71.27
29058	APPLICATION OF SHOULDER CAST	$36.88
29065	APPLICATION OF LONG ARM CAST	$32.19
29075	APPLICATION OF FOREARM CAST	$29.44
29085	APPLY HAND/WRIST CAST	$32.03
29086	FINGER CAST APPLICATION	$28.14
29105	APPLY LONG ARM SPLINT	$26.04
29125	APPLY FOREARM SPLINT	$16.76
29126	APPLY FOREARM SPLINT	$18.64
29130	APPLICATION OF FINGER SPLINT	$8.05
29131	APPLICATION OF FINGER SPLINT	$11.13
29200	STRAPPING OF CHEST	$8.74

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
29220	STRAPPING OF LOW BACK	$14.76
29240	STRAPPING OF SHOULDER	$11.40
29260	STRAPPING OF ELBOW OR WRIST	$11.27
29280	STRAPPING OF HAND OR FINGER	$11.67
29305	APPLICATION OF HIP CAST	$71.27
29325	APPLICATION OF HIP CASTS	$71.27
29345	APPLICATION OF LONG LEG CAST	$40.92
29355	APPLICATION OF LONG LEG CAST	$41.57
29358	APPLICATION OF LONG LEG CAST	$54.02
29365	APPLICATION OF LONG LEG CAST	$39.63
29405	APPLY SHORT LEG CAST	$25.39
29425	APPLY SHORT LEG CAST	$23.29
29435	APPLY SHORT LEG CAST	$39.47
29440	ADDITION OF WALKER TO CAST	$11.49
29445	APPLIC RIGID CONTACT LEG CAST	$31.22
29450	APPLIC CLUB FOOT CAST	$34.29
29505	APPLICATION LONG LEG SPLINT	$32.51
29515	APPLICATION LOWER LEG SPLINT	$22.81
29520	STRAPPING OF HIP	$10.33
29530	STRAPPING OF KNEE	$10.86
29540	STRAPPING OF ANKLE	$6.96
29550	STRAPPING OF TOES	$8.45
29580	APPLICATION OF PASTE BOOT	$20.70
29581	APPLICATION OF MULTI-LAYER VEN	$32.35
29584	APPL MULTLAY COMPRS ARM/HAND	$32.03
29700	REMOVAL/REVISION OF CAST	$21.67

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
29705	REMOVAL/REVISION OF CAST	$17.47
29710	REMOVAL/REVISION OF CAST	$35.58
29720	REPAIR OF BODY CAST	$30.41
29730	WINDOWING OF CAST	$17.79
29740	WEDGING OF CAST	$27.82
29750	WEDGING OF CLUBFOOT CAST	$28.95
29800	ARTHROSCOPY TEMPORAMANDIBULAR	$789.58
29804	ARTHROSCOPY TEMPOMANDIBUL.SURG	$789.58
29805	DIAG ARTHROS SHLDER W/WO BX	$789.58
29806	ARTHROSCOPY SURG SHOULDER	$1,755.42
29807	ARTHROSCOPY SHOULD SURG REP	$1,755.42
29819	ARTHROSCOPY/SURG/REMOVE BODY	$789.58
29820	ARTHROSCOPY-SYNOVECTOMY-PARTIA	$1,755.42
29821	ARTHROSCOPY-SYNOVECTOMY-COMPLE	$789.58
29822	ARTHROSCOPY-LIMITED-DEBRIDEMEN	$789.58
29823	ARTHROSCOPY-EXT DEBRIDEMENT	$789.58
29824	ARTHROSC SHOULD SURG DISTAL CL	$789.58
29825	ARTHROSCOPY-W/ LYSIS & RESECTI	$789.58
29826	ARTHROSCOPY,SHOULDER:DECOMP	BY REPORT
29827	ARTHROSCOPY SHLDER W/ROT CUFF	$1,755.42
29828	ARTHROSCOPY, SHOULDER, SURGICA	$1,755.42
29830	ARTHROSCOPY ELBOW/DX	$789.58
29834	ARTHROSCOPY-ELBOW-SURGICAL	$789.58
29835	ARTHROSCOPY SYNOVECTOMY-PARTIA	$789.58
29836	ARTHROSCOPY SYNOVECTOMY COMPLE	$1,755.42
29837	ARTHROSCOPY LIMITED DEBRIDEMEN	$789.58

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
29838	ARTHROSCOPY EXT DEBRIDEMENT	$789.58
29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	$789.58
29843	ARTHROSCOPY,WRIST,SURGICAL,LAV	$789.58
29844	ARTHROSCOPY,WRIST:PARTIAL SYNO	$789.58
29845	ARTHROTOMY,WRIST..:SYNOVECTOMY	$789.58
29846	ARTHROTOMY...EXCISE TRIANGULAR	$789.58
29847	ARTHROSCOPY,WRIST:INT.FIX-FX/I	$1,755.42
29848	ARTHROSCOPY,WRIST,SURG:W REL	$419.15
29850	ARTHROS/TUBER OF KNEE FRACTURE	$419.15
29851	ARHTROS/TUBER OF KNEE FRACTURE	$419.15
29855	ARTHROSCOPICALLY AIDED TREATM.	$2,372.15
29856	ARHTROSCOPICALLY BICONDYLAR	$5,419.88
29860	ARTHROSCOPY, HIP	$1,755.42
29861	ARTHROSCOPY HIP SURGICAL	$1,755.42
29862	ARTHROSCOPY HIP W/DEBRIDEMENT	$1,755.42
29863	ARTHROSCOPY HIP SURG W/SYNOVEC	$789.58
29866	AUTGRFT IMPLANT KNEE W/SCOPE	$1,755.42
29870	ARTHROSCOPY KNEE-DX	$789.58
29871	ARTHROSCOPY-KNEE-SURGICAL	$789.58
29873	ARTHROSCOPY KNEE SURGICAL	$789.58
29874	ARTHROSCOPY-REMOVE FOREIGN BOD	$789.58
29875	ARTHROSCOPY,KNEE,SYNOVECTOMY,L	$789.58
29876	ARTHROSCOPY MAJOR SYNOVECTOMY	$789.58
29877	ARTHROSCOPY-DEBRIDEMENT	$789.58
29879	ARTHROSCOPY-ABRASION ARTHROPLA	$789.58
29880	ARTHROSCOPY,KNEE:W/MENISCECTOM	$789.58

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
29881	ARTHROSCOPY W/MENISECTOMY	$789.58
29882	ARTHROSCOPY W/MENISCUS REPAIR	$789.58
29883	ARTHROSCOPY,KNEE:MENISCUS REPA	$789.58
29884	ARTHROSCOPY W/LYSIS ADHESIONS	$789.58
29885	ARTHROSCOPY,KNEE:DRILL,OSTEOCH	$2,371.55
29886	ARTHROSCOPY-OSTEOCHONDRITIS	$789.58
29887	ARTHROSCOPY-INTERNAL FIXATION	$2,518.31
29888	ARTHROSCOPY-AIDED REP/AUGMENT/	$2,314.14
29889	ARTHROSCOPY-AIDED REP/AUGMENT/	$4,239.20
29891	ARTHROSCOPY, ANKLE SURGICAL	$789.58
29892	ARTHRO REP LG OSTEOCH DISS LES	$1,755.42
29893	ENDO PLANTAR FASCIOTOMY	$789.58
29894	ARTHROSCOPY-ANKLE-SURGICAL	$789.58
29895	ARTHROSCOPY-PARTIAL SYNOVECTOM	$789.58
29897	ARTHROSCOPY-LIMITED DEBRIDEMEN	$789.58
29898	ARTHROSCOPY-EXT. DEBRIDEMENT	$789.58
29899	ARTHROSCOPY ANKLE W/ARTHRODES	$2,224.94
29900	ARTHROSCOPY METACARP JT DIAG	$789.58
29901	ARTHROSCOPY METACARP JT SURG	$789.58
29902	ARTHROSCOPY METACARP JT SURG	$419.15
29904	ARTHROSCOPY, SUBTALAR JOINT, S	$789.58
29905	ARTHROSCOPY, SUBTALAR JOINT, S	$1,755.42
29906	ARTHROSCOPY, SUBTALAR JOINT, S	$789.58
29907	ARTHROSCOPY, SUBTALAR JOINT, S	$4,419.19
29914	HIP ARTHRO W/FEMOROPLASTY	$1,755.42
29915	HIP ARTHRO ACETABULOPLASTY	$1,755.42

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
29916	HIP ARTHRO W/LABRAL REPAIR	$1,755.42
30000	DRAINAGE OF NOSE LESION	$62.07
30020	DRAINAGE OF NOSE LESION	$100.76
30100	INTRANASAL BIOPSY	$49.98
30110	REMOVAL OF NOSE POLYP(S)	$88.63
30115	REMOVAL OF NOSE POLYP(S)	$697.23
30117	REMOVAL OF INTRANASAL LESION	$697.23
30118	REMOVAL OF INTRANASAL LESION	$697.23
30120	REVISION OF NOSE	$697.23
30124	REMOVAL OF NOSE LESION	$328.69
30125	REMOVAL OF NOSE LESION	$1,458.68
30130	REMOVAL OF TURBINATE BONES	$697.23
30140	REMOVAL OF TURBINATE BONES	$697.23
30150	PARTIAL REMOVAL OF NOSE	$1,458.68
30160	REMOVAL OF NOSE	$1,458.68
30200	INJECTION TREATMENT OF NOSE	$38.49
30210	NASAL SINUS THERAPY	$52.57
30220	INSERTION,NASAL SEPTAL PROSTHE	$328.69
30300	REMOVE NASAL FOREIGN BODY	$13.11
30310	REMOVE NASAL FOREIGN BODY	$697.23
30320	REMOVE NASAL FOREIGN BODY	$328.69
30400	RECONSTRUCTION OF NOSE	$1,458.68
30410	RECONSTRUCTION OF NOSE	$1,458.68
30420	RECONSTRUCTION OF NOSE	$1,458.68
30430	REVISION OF NOSE	$1,458.68
30435	REVISION WORK WITH OSTEOTOMIES	$1,458.68

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
30450	REVISION OF NOSE	$1,458.68
30460	RHINOPLASTY, CONGEN DEFORMITY	$1,458.68
30462	RHINOPLASTY,CONGEN DEFORMITY	$1,458.68
30465	REP NASAL VESTIBULAR STENOSIS	$1,458.68
30468	RPR NSL VLV COLLAPSE W/IMPLT	$2,102.29
30469	RPR NSL VLV COLLPSE W/RMDLG	$1,910.87
30520	REPAIR OF NASAL SEPTUM	$697.23
30540	REPAIR NASAL DEFECT	$1,458.68
30545	REPAIR NASAL DEFECT	$1,458.68
30560	RELEASE OF NASAL ADHESIONS	$136.52
30580	REPAIR UPPER JAW FISTULA	$1,458.68
30600	REPAIR MOUTH/NOSE FISTULA	$1,458.68
30620	RECONSTRUCTION INNER NOSE	$1,458.68
30630	REPAIR NASAL SEPTUM DEFECT	$697.23
30801	CAUTERIZATION&/ABLATION,MUCOSA	$328.69
30802	CAUTERIZE/ABLATION,MUCOSA TURB	$328.69
30901	CONTROL NASAL HEMORRHAGE UNILA	BY REPORT
30903	CAUTER NASAL W LOCAL ANESTHESI	$34.89
30905	CONTROL OF NOSEBLEED	$34.89
30906	REPEAT CONTROL OF NOSEBLEED	$62.07
30915	LIGATION NASAL SINUS ARTERY	$794.35
30920	LIGATION UPPER JAW ARTERY	$794.35
30930	FRACTURE NASAL TURBINATES THE	$697.23
31000	IRRIGATION MAXILLARY SINUS	$62.07
31002	IRRIGATION SPHENOID SINUS	$328.69
31020	EXPLORATION MAXILLARY SINUS	$697.23

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
31030	EXPLORATION MAXILLARY SINUS	$1,458.68
31032	SINUSOT,MAXIL:RAD UNI W/REM AN	$1,458.68
31040	EXPLORATION BEHIND UPPER JAW	$1,458.68
31050	EXPLORATION SPHENOID SINUS	$1,458.68
31051	SINUSOTOMY,SPHENOID..:W/STRIP,	$1,458.68
31070	EXPLORATION OF FRONTAL SINUS	$1,458.68
31075	EXPLORATION OF FRONTAL SINUS	$1,458.68
31080	REMOVAL OF FRONTAL SINUS	$1,458.68
31081	REMOVAL OF FRONTAL SINUS	$1,458.68
31084	REMOVAL OF FRONTAL SINUS	$1,848.82
31085	REMOVAL OF FRONTAL SINUS	$1,899.54
31086	REMOVAL OF FRONTAL SINUS	$1,458.68
31087	REMOVAL OF FRONTAL SINUS	$2,071.33
31090	EXPLORATION OF SINUSES	$1,458.68
31200	REMOVAL OF ETHMOID SINUS	$1,458.68
31201	REMOVAL OF ETHMOID SINUS	$328.69
31205	REMOVAL OF ETHMOID SINUS	$697.23
31231	DIAGNOSTIC ENDOSCOPY FO NOSE	$52.22
31233	ENDOSCOPY FOR NOSE/SINUS	$104.36
31235	ENDOSCOPY FOR NOSE/SINUS	$396.07
31237	ENDOSCOPY W BIOPSY FOR NOSE/SN	$396.07
31238	ENDOSCOPY OF NOSE TREAT BLEED	$396.07
31239	ENDOSCOPY OF NOSE DACRYOCYSTO	$805.16
31240	ENDOSCOPY OF NOSE W CONCHA/BUL	$396.07
31242	NSL/SINUS NDSC RF ABLTJ PNN	$1,848.82
31243	NSL/SINUS NDSC CRYOBLTJ PNN	$2,046.28

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
31253	NSL/SINS NDSC TOTAL	$1,212.92
31254	PARTIAL REMOVAL OF NASAL SIN	$1,212.92
31255	NASAL ENDOSCOPY:TOTAL ETHMOIDE	$1,212.92
31256	NASAL ENDOSCOPY: MAX. ANTROSTO	$805.16
31257	NSL/SINS NDSC TOT W/SPHENDT	$1,212.92
31259	NSL/SINS NDSC SPHN TISS RMVL	$1,212.92
31267	SURG MAX ENDO:REMOVE MEMBRANE/	$1,212.92
31276	EXPLORATION OF NASAL SINUS U	$1,212.92
31287	NASAL/SINUS SCOPE W SPHENOIDTM	$1,212.92
31288	NASAL/SINUS SCOPE TISSUE REMOV	$1,212.92
31295	SINUS ENDO W/BALLOON DIL	$1,537.34
31296	SINUS ENDO W/BALLOON DIL	$715.99
31297	SINUS ENDO W/BALLOON DIL	$708.71
31298	NSL/SINS NDSC W/SINS DILATIN	$1,554.81
31300	REMOVAL OF LARYNX LESION	$697.23
31400	REVISION OF LARYNX	$1,458.68
31420	REMOVAL OF EPIGLOTTIS	$1,458.68
31500	INSERT WINDPIPE AIRWAY	$62.07
31502	TRACHEOTOMY TUBE CHANGE	$62.07
31505	DIAGNOSTIC LARYNGOSCOPY	$31.70
31510	LARYNGOSCOPY WITH BIOPSY	$805.16
31511	REMOVE FOREIGN BODY, LARYNX	$52.22
31512	REMOVAL OF LARYNX LESION	$805.16
31513	LARYNGOSCOPY,W VOCAL CORD INJE	$104.36
31515	LARYNGOSCOPY FOR ASPIRATION	$104.36
31520	DIAGNOSTIC LARYNGOSCOPY	$104.36

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
31525	DIAGNOSTIC LARYNGOSCOPY	$396.07
31526	DIAGNOSTIC LARYNGOSCOPY	$396.07
31527	LARYNGOSCOPY, INSERT OBTURATOR	$805.16
31528	LARYNGOSCOPY, W DILATATION, IN	$805.16
31529	LARYNGOSCOPY,W DILATATION SUBS	$805.16
31530	OPERATIVE LARYNGOSCOPY	$396.07
31531	OPERATIVE LARYNGOSCOPY	$805.16
31535	OPERATIVE LARYNGOSCOPY	$805.16
31536	OPERATIVE LARYNGOSCOPY	$805.16
31540	OPERATIVE LARYNGOSCOPY	$805.16
31541	OPERATIVE LARYNGOSCOPY	$805.16
31545	REMOVE VC LESION W/SCOPE	$805.16
31546	REMOVE VC LESION SCOPE/GRAFT	$1,212.92
31551	LARYNGOPLASTY LARYNGEAL STEN	$1,458.68
31552	LARYNGOPLASTY LARYNGEAL STEN	$1,458.68
31553	LARYNGOPLASTY LARYNGEAL STEN	$1,458.68
31554	LARYNGOPLASTY LARYNGEAL STEN	$1,458.68
31560	OPERATIVE LARYNGOSCOPY	$1,212.92
31561	OPERATIVE LARYNGOSCOPY	$1,212.92
31570	LARYNGOSCOPY WITH INJECTION	$805.16
31571	LARYNGOSCOPY WITH INJECTION	$805.16
31572	LARGSC W/LASER DSTRJ LES	$805.16
31573	LARGSC W/THER INJECTION	$93.48
31574	LARGSC W/NJX AUGMENTATION	$389.45
31575	LARYNGOSCOPY,FIBEROPTIC:DX	$44.32
31576	LARYNGSCOPY, FIBERS COPIC: BIO	$396.07

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
31577	LARGSC W/RMVL FOREIGN BDY(S)	$104.36
31578	LARGSC W/REMOVAL LESION	$805.16
31579	LARYNGOSCOPY...W STROBOSCOPY	$60.81
31580	LARYNGOPLASTY LARYNGEAL WEB	$1,458.68
31590	LARYNGEAL REINNERVATION REPAIR	$1,458.68
31591	LARYNGOPLASTY MEDIALIZATION	$1,458.68
31592	CRICOTRACHEAL RESECTION	$1,458.68
31603	TRACHEOSTOMY,EMERGENCY,TRANSTR	$328.69
31605	INCISION OF NECK CARTILAGES	$62.07
31611	CONSTRUCT TRACHEOESOPH FISTULA	$697.23
31612	PUNCTURE/CLEAR WINDPIPE	$697.23
31613	TRACHEOSTOMA REVISION:W/O FLAP	$697.23
31614	REVISE TRACHEOSTOMA,COMP,W/ FL	$1,458.68
31615	VISUALIZATION OF WINDPIPE	$136.52
31622	DX BRONCHOSCOPY-W/W/OUT WASH/B	$396.07
31623	BRONCHOSCOPY: WITH BRUSHIHNGS	$396.07
31624	BRONCHOSCOPY W/BRONCHIAL LAVAG	$396.07
31625	BRONCHOSCOPY WITH BIOPSY	$396.07
31626	BRONCHOSCOPY, RIGID OR FLEXIBL	$1,212.92
31627	BRONCHOSCOPY, RIGID OR FLEXIBL	BY REPORT
31628	TRANSBRONCHIAL LUNG BIOPSY FIB	$805.16
31629	BRONCHOSCOPY-NEEDLE ASPIRE BIO	$805.16
31630	BRONCHOSCOPY WITH REPAIR	$805.16
31631	BRONCHOSCOPY-PLACE TRACH STENT	$1,212.92
31632	BRONCHOSCOPY RIGID/FLEXIBLE	$211.21
31633	BRONCHOSCOPY RIGID/FLEXIBLE	$211.21

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31634	BRONCH W/BALLOON OCCLUSION	$1,212.92
31635	REMOVE FOREIGN BODY, AIRWAY	$396.07
31636	BRONCHOSCOPY, BRONCH STENTS	$1,721.41
31637	BRONCHOSCOPY EACH ADD BRONCH	BY REPORT
31638	BRONCHOSCOPY, REVISE STENT	$1,212.92
31640	BRONCHOSCOPY & REMOVE LESION	$805.16
31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO	$805.16
31643	BRONCHOSCOPY W/CATH PLACEMENT	$396.07
31645	ASPIRATION OF LUNG SECRETION	$396.07
31646	ASPIRATION OF LUNG SECRETION	$104.36
31647	BRONCHIAL VALVE INIT INSERT	$1,671.81
31648	BRONCHIAL VALVE REMOV INIT	$805.16
31649	BRONCHIAL VALVE REMOV ADDL	$396.07
31651	BRONCHIAL VALVE REMOV ADDL	BY REPORT
31652	BRONCH EBUS SAMPLNG 1/2 NODE	$805.16
31653	BRONCH EBUS SAMPLNG 3/> NODE	$805.16
31654	BRONCH EBUS IVNTJ PERPH LES	BY REPORT
31717	BRONCHIAL BRUSH BIOPSY	$104.36
31720	CLEARANCE OF AIRWAYS	BY REPORT
31730	TRANS INTR NEEDLE WIRE DILATOR	$396.07
31750	REPAIR OF WINDPIPE	$1,458.68
31755	REPAIR OF WINDPIPE	$1,458.68
31820	CLOSURE OF WINDPIPE LESION	$697.23
31825	REPAIR OF WINDPIPE DEFECT	$697.23
31830	REVISE WINDPIPE SCAR	$697.23
32400	NEEDLE BIOPSY-CHEST LINING	$354.14

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AMBULATORY SERVICES: UPDATE DECEMBER 1, 2025

CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
32408	CORE NDL BX LNG/MED PERQ	$354.14
32550	INSERTION OF INDWELLING TUNNEL	$1,103.64
32552	REMOVAL OF INDWELLING TUNNELED	$166.16
32553	PLACEMENT OF INTERSTITIAL DEVI	$489.15
32554	ASPIRATE PLEURA W/O IMAGING	$166.16
32555	ASPIRATE PLEURA W/ IMAGING	$166.16
32556	INSERT CATH PLEURA W/O IMAGE	$432.08
32557	INSERT CATH PLEURA W/ IMAGE	$316.20
32960	THERAPEUTIC PNEUMOTHORAX	$166.16
32994	ABLATE PULM TUMOR PERQ CRYBL	$3,519.90
32998	PERQ RF ABLATE TX, PUL TUMOR	$1,430.16
33010	DRAINAGE OF HEART SAC	$281.69
33011	REPEAT DRAINAGE OF HEART SAC	$281.69
33206	INSERTION HEART PACEMAKER/ATRI	$3,704.06
33207	INSERT HEART PACEMAKER/VENTRIC	$3,794.63
33208	INSERT HEART PACEMAKER/AV SEQU	$3,844.86
33210	INSERTION OF HEART ELECTRODE	$2,183.29
33211	INSERT/REPLACE TEMP PACEMAKER	$3,709.10
33212	INSERTION OF PULSE GENERATOR	$3,259.64
33213	INSERT PERMANENT PACEMAKER	$3,772.92
33214	UPGRADE OF IMPLANTED PACEMAKER	$3,797.70
33215	REPOSITION PACEMAKER	$794.35
33216	REVISION IMPLANTED ELECTRODE	$2,951.28
33217	INSERT/REPLACE/REPOSITION PACE	$3,089.36
33218	REPAIR PACEMAKER ELECTRODES	$976.92
33220	PACEMAKER	$976.92

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
33221	INSERT PULSE GEN MULT LEADS	$6,743.39
33222	REVISE/RELOCATE SKIN PKT PACEM	$490.55
33223	REVISION/RELOCATION SKIN POCKT	$490.55
33224	INSERT PACING ELECTRODE CVS	$3,818.32
33225	INSERT PACING ELECTRODE CVS	$4,286.96
33226	REPOS PREV IMPLANTED CVS	$1,084.87
33227	REMOVE&REPLACE PM GEN SINGL	$3,211.80
33228	REMV&REPLC PM GEN DUAL LEAD	$3,765.90
33229	REMV&REPLC PM GEN MULT LEADS	$6,611.23
33230	INSRT PULSE GEN W/DUAL LEADS	$9,624.60
33231	INSRT PULSE GEN W/MULT LEADS	$12,404.73
33233	REMOVAL OF PERMNT PACEMAKER	$2,753.11
33234	REMOVE PULSE GENERATOR/ELECTRO	$976.92
33235	REMOVE PACER/PULSE GEN/ELECTRO	$976.92
33240	INSERT/REPLACE CARDIOVERTER	$9,296.55
33241	REMOVE CARDIOVERTER PULSE GEN	$976.92
33249	REVISION/REMOVE CV W CV PULSE	$12,462.21
33262	REMV&REPLC CVD GEN SING LEAD	$9,361.44
33263	REMV&REPLC CVD GEN DUAL LEAD	$9,427.87
33264	REMV&REPLC CVD GEN MULT LEAD	$12,577.17
33270	INS/REP SUBQ DEFIBRILLATOR	$12,724.20
33271	INSJ SUBQ IMPLTBL DFB ELCTRD	$3,750.73
33273	REPOS PREV IMPLTBL SUBQ DFB	$976.92
33274	TCAT INSJ/RPL PERM LDLS PM	$6,808.17
33275	TCAT RMVL PERM LDLS PM	$1,226.33
33276	INSJ PHRNC NRV STIM SYS	$18,563.02

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
33278	RMVL PHRNC NRV STIM SYS	$972.17
33279	RMVL PHRNC NRV STIM TRANSVNS	$1,232.19
33280	RMVL PHRNC NRV STIM PG ONLY	$972.17
33281	REPOSG PHRNC NRV STIM TRNSVN	$972.17
33285	INSJ SUBQ CAR RHYTHM MNTR	$3,513.95
33286	RMVL SUBQ CAR RHYTHM MNTR	$188.80
33287	RMV&RPLCMT PHRNC NRV STIM PG	$12,634.92
33288	RMV&RPLCMT PHRNC NRV STIM LD	$5,450.82
33419	REPAIR TCAT MITRAL VALVE	BY REPORT
33508	ENDOSCOPY SURG W/VIDEO ASSIST	BY REPORT
33866	AORTIC HEMIARCH GRAFT	BY REPORT
33900	PERQ P-ART REVSC 1 NM NT UNI	$3,227.10
33901	PERQ P-ART REVSC 1 NM NT BI	$3,504.99
33902	PERQ P-ART REVSC 1 ABNOR UNI	$5,779.91
33903	PERQ P-ART REVSC 1 ABNOR BI	$4,028.70
34490	REMOVAL OF VEIN CLOT	$1,006.81
34713	PERA ACCESS & CLSR FEM ART	BY REPORT
34714	OPN FEM ART EXPOS CNDT CRTJ	BY REPORT
34715	OPN AX/SUBCLA ART EXPOS	BY REPORT
34716	OPN AX/SUBCLA ART EXPOS CNDT	BY REPORT
35188	REP ACQUIRED/TRAUMA FIST.-HEAD	$1,504.78
35207	REPAIR BLOOD VESSEL,DIRECT-HAN	$794.35
35572	HARV FEMOROPOP VEIN 1 SEGMENT	BY REPORT
35761	EXPLORATION OF ARTERY/VEIN	$653.05
35875	THROMBECTOMY OF ARTERIAL GRAFT	$1,504.78
35876	THROMBECTOMY ARTERIAL VENOUS	$1,504.78

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
36000	ESTABLISH ACCESS TO VEIN	BY REPORT
36002	INJ PROC PERC TX EXTREM PSEUDO	$166.16
36005	INJ PROC CONTR VENOGRAPHY	BY REPORT
36010	INSERT SUP/INF VC CATHETER	BY REPORT
36011	SELECTIVE CATHETER PLACEMENT,	BY REPORT
36012	SELECIVE CATHETER PLACEMENT,..	BY REPORT
36013	INTRODUCTION OF CATHETER...	BY REPORT
36014	SELECTIVE CATHETER PLACEMENT..	BY REPORT
36015	SELECTIVE CATHETER PLACEMENT	BY REPORT
36100	ESTABLISH ACCESS TO ARTERY	BY REPORT
36140	INSERTION OF NEEDLE OR CATHE	BY REPORT
36160	ESTABLISH ACCESS TO AORTA	BY REPORT
36200	ESTABLISH ACCESS TO AORTA	BY REPORT
36215	INTRODUCE CATHETER: EACH ADD..	BY REPORT
36216	SELECTIVE CATHETER PLACEMENT..	BY REPORT
36217	SELECTIVE CATHETER PLACEMENT..	BY REPORT
36218	SELECTIVE CATHETER PLACEMENT..	BY REPORT
36221	PLACE CATH THORACIC AORTA	BY REPORT
36222	PLACE CATH CAROTID/INOM ART	BY REPORT
36223	PLACE CATH CAROTID/INOM ART	BY REPORT
36224	PLACE CATH CAROTD ART	BY REPORT
36225	PLACE CATH SUBCLAVIAN ART	BY REPORT
36226	PLACE CATH VERTEBRAL ART	BY REPORT
36227	PLACE CATH XTRNL CAROTID	BY REPORT
36228	PLACE CATH INTRACRANIAL ART	BY REPORT
36245	INTRO.CATH,@ ADD...ABD.ART PLA	BY REPORT

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
36246	SELECTIVE CATHETER PLACEMENT	BY REPORT
36247	SELECTIVE CATH PLACEMENT...	BY REPORT
36248	SELECTIVE CATHETER PLACEMENT..	BY REPORT
36251	INS CATH REN ART 1ST UNILAT	BY REPORT
36252	INS CATH REN ART 1ST BILAT	BY REPORT
36253	INS CATH REN ART 2ND+ UNILAT	BY REPORT
36254	INS CATH REN ART 2ND+ BILAT	BY REPORT
36260	INSERTION OF IMPLANTABLE PUMP	$1,504.78
36261	REVISE IMPLANTED INFUSION PUMP	$976.92
36262	REMOVE IMPLANTED INFUSION PUMP	$976.92
36400	ESTABLISH ACCESS TO VEIN	BY REPORT
36405	ESTABLISH ACCESS TO VEIN	BY REPORT
36406	VENIPUNCTURE,UNDER AGE 3YRS.OT	BY REPORT
36410	ESTABLISH ACCESS TO VEIN	BY REPORT
36416	COLLECT CAP BLOOD SPECIMEN	BY REPORT
36420	ESTABLISH ACCESS TO VEIN	$5.39
36425	ESTABLISH ACCESS TO VEIN	$5.39
36430	TRANSFUSION,BLOOD/BLOOD COMPON	$20.38
36440	BLOOD TRANSFUSION SERVICE	$118.49
36450	EXCHANGE TRANSFUSION SERVICE	$118.49
36455	EXCHANGE TRANSFUSION SERVICE	$118.49
36465	NJX NONCMPND SCIRSNT 1 VEIN	$490.55
36466	NJX NONCMPND SC/RSNT MITVN	$490.55
36470	INJECTION THERAPY OF VEIN	$41.24
36471	INJECTION THERAPY OF VEINS	$66.96
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	$480.19

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
36474	ENDOVENOUS MCHNCHEM ADD-ON	BY REPORT
36475	ENDOVENOUS RF, 1ST VEIN	$794.35
36476	ENDOVENOUS RF, VEIN ADD-ON	BY REPORT
36478	ENDOVENOUS LASER, 1ST VEIN	$794.35
36479	ENDOVENOUS LASER VEIN ADDON	BY REPORT
36481	PERCUTANEOUS PORTAL VEIN CATHE	BY REPORT
36482	ENDOVEN THER CHEM ADHES 1ST	$697.39
36483	ENDOVEN THER CHEM ADHES SBSQ	BY REPORT
36500	VEIN CATH/SELECT. ORGAN SAMPLE	BY REPORT
36510	UMBILICAL CATH-DX/THER/NEWBORN	BY REPORT
36511	THERAPEUTIC APHERESIS FOR WBC	$439.81
36512	THERAPEUTIC APHERESIS RBC'S	$439.81
36513	THERAPEUTIC APHERESIS PLATELET	$118.49
36514	THERAPEUTIC APHERESIS PLASMA	$439.81
36516	THERAPEUTIC APHERESIS EXTRACOR	$1,005.17
36522	PHOTOPHERESIS, EXTRACORPORAL	$1,257.65
36555	INSERT NON-TUN CENT INS CVC	$794.35
36556	INSERT NON-TUN CV CATH 5 YRS +	$794.35
36557	INSERT CV CATH WO/SUBCU PORT	$1,504.78
36558	INSERT CV CATH WO/SUBCU PORT	$794.35
36560	INSERT TUN CENT INSERT CVA <5	$794.35
36561	INSERT TUN CENT INSERT CVA	$794.35
36563	SUBCUTANEOUS PORT AGE 5 & OLDE	$1,504.78
36565	SUBCUTANEOUS PUMP	$794.35
36566	SUBCUTANEOUS PORT OR PUMP	$1,504.78
36568	INSERTION OF PICC < AGE 5	$316.20

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
36569	INSERTION OF PICC AGE5 & OVER	$316.20
36570	INSERT PIC VEN ACCESS PORT	$794.35
36571	INSERTION OF PIC VAC 5 & >	$794.35
36572	INSJ PICC RS&I <5 YR	$166.16
36573	INSJ PICC RS&I 5 YR+	$316.20
36575	SUBCU PORT AGE 5 OR OLDER REP	$166.16
36576	REP CVAD W/SUBCU PORT/PUMP	$316.20
36578	REPL CATH OF CVA DEVICE	$1,003.80
36580	REPL COMPL NON-TUN CENTER CATH	$316.20
36581	REPL COMPL TUNNEL CENTR CATH	$1,009.76
36582	REPL COMP TUN CVA DEV W/PORT	$794.35
36583	REPL COMP TUN CVA DEV W/PUMP	$2,641.32
36584	REPLACE PICC W/O SUBCU PORT	$316.20
36585	REPLACE CVAD W/SUBCU PORT	$794.35
36589	REMOVE TUN CVC W/O SUBCU PORT	$166.16
36590	REMOVE TUN CVAD W/SUBCU PORT	$316.20
36591	COLLECTION OF BLOOD SPECIMEN F	BY REPORT
36592	COLLECTION OF BLOOD SPECIMEN U	BY REPORT
36593	DECLOTTING BY THROMBOLYTIC AGE	$16.50
36595	MECHAN REMOV PERICATH OBS MAT	$210.58
36596	MECH REMOV INTRALUM OBS MATERI	$316.20
36597	REPOSITION CVC W/FLUOR GUIDANC	$316.20
36598	INJ W/FLUOR, EVAL CV DEVICE	$43.35
36600	WITHDRAWAL OF ARTERIAL BLOOD	BY REPORT
36620	ESTABLISH ACCESS TO ARTERY	BY REPORT
36625	ESTABLISH ACCESS TO ARTERY	BY REPORT

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
36640	INSERTION CATHETER, ARTERY	$794.35
36680	NEEDLE PLACEMENT-INTRAOSSEOUS	$27.92
36800	INSERTION OF CANNULA	$1,504.78
36810	INSERTION OF CANNULA	$1,011.33
36815	INSERTION OF CANNULA	$1,504.78
36818	AV FUSE, UPPR ARM, CEPHALIC	$1,504.78
36819	OPEN ARTERIOVEN ANASTOMOSIS	$1,504.78
36820	ARTERIOVEN ANAST OPEN FOREARM	$1,504.78
36821	ARTERY-VEIN FUSION	$794.35
36825	ARTERY-VEIN GRAFT	$1,504.78
36830	ARTERY-VEIN GRAFT	$1,504.78
36831	THROMBECTOMY, ARTERY/VEIN FIST	$1,504.78
36832	REVISE ARTERIOVENOUS FISTULA..	$1,504.78
36833	REV ARTERIOVENOUS FISTULA	$1,504.78
36835	ARTERY TO VEIN SHUNT	$1,137.99
36836	PRQ AV FSTL CRTJ UXTR 1 ACS	$5,785.56
36837	PRQ AV FSTL CRT UXTR SEP ACS	$5,663.97
36860	CANNULA DECLOTTING	$316.20
36861	CANNULA DECLOTTING	$2,188.86
36901	INTRO CATH DIALYSIS CIRCUIT	$264.11
36902	INTRO CATH DIALYSIS CIRCUIT	$1,314.81
36903	INTRO CATH DIALYSIS CIRCUIT	$3,675.68
36904	THRMBC/NFS DIALYSIS CIRCUIT	$1,757.91
36905	THRMBC/NFS DIALYSIS CIRCUIT	$3,245.55
36906	THRMBC/NFS DIALYSIS CIRCUIT	$5,891.61
36907	BALO ANGIOP CTR DIALYSIS SEG	BY REPORT

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
36908	STENT PLMT CTR DIALYSIS SEG	BY REPORT
36909	DIALYSIS CIRCUIT EMBOLJ	BY REPORT
37184	PRIM ART MECH THROMBECTOMY	$5,971.49
37185	PRIM ART M-THROMBECT ADD-ON	$827.97
37186	SEC ART M-THROMBECT ADD-ON	$827.97
37187	VENOUS MECH THROMBECTOMY	$3,900.19
37188	VENOUS M-THROMBECTOMY ADD-ON	$1,332.84
37197	REMOVE INTRVAS FOREIGN BODY	$794.35
37200	TRANSCATHETER BIOPSY	$1,504.78
37205	TRANSCATH PLACE INTRAVAS STENT	$2,520.88
37211	THROMBOLYTIC ART THERAPY	$1,993.59
37212	THROMBOLYTIC VENOUS THERAPY	$794.35
37220	ILIAC REVASC	$1,712.77
37221	ILIAC REVASC W/STENT	$3,588.03
37222	ILIAC REVASC ADD-ON	$1,328.58
37223	ILIAC REVASC W/STENT ADD-ON	$1,328.58
37224	FEM/POPL REVAS W/TLA	$1,819.85
37225	FEM/POPL REVAS W/ATHER	$6,222.47
37226	FEM/POPL REVASC W/STENT	$3,789.47
37227	FEM/POPL REVASC STNT & ATHER	$6,269.84
37228	TIB/PER REVASC W/TLA	$3,301.57
37229	TIB/PER REVASC W/ATHER	$5,927.66
37230	TIB/PER REVASC W/STENT	$5,719.46
37231	TIB/PER REVASC STENT & ATHER	$6,130.56
37232	TIB/PER REVASC ADD-ON	BY REPORT
37233	TIBPER REVASC W/ATHER ADD-ON	BY REPORT

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
37234	REVSC OPN/PRQ TIB/PERO STENT	BY REPORT
37235	TIB/PER REVASC STNT & ATHER	BY REPORT
37236	OPEN/PERQ PLACE STENT 1ST	$3,512.24
37237	OPEN/PERQ PLACE STENT EA ADD	BY REPORT
37238	OPEN/PERQ PLACE STENT SAME	$3,551.12
37239	OPEN/PERQ PLACE STENT EA ADD	BY REPORT
37241	VASC EMBOLIZE/OCCLUDE VENOUS	$3,227.10
37242	VASC EMBOLIZE/OCCLUDE ARTERY	$5,930.49
37243	VASC EMBOLIZE/OCCLUDE ORGAN	$3,265.10
37246	TRLUML BALO ANGIOP 1ST ART	$1,711.18
37247	TRLUML BALO ANGIOP ADDL ART	BY REPORT
37248	TRLUML BALO ANGIOP 1ST VEIN	$1,660.47
37249	TRLUML BALO ANGIOP ADDL VEIN	BY REPORT
37252	INTRVASC US NONCORONARY 1ST	BY REPORT
37253	INTRVASC US NONCORONARY ADDL	BY REPORT
37500	VASC ENDOSCOPY SURG W/LIG VEIN	$1,504.78
37607	LIGATION OF ARTERIOVENOUS FIST	$794.35
37609	TEMPORAL ARTERY PROCEDURE	$354.14
37650	INTERRUPT FEMORAL VEIN:UNILATE	$794.35
37700	REVISE LEG VEIN	$794.35
37718	LIGATE/STRIP SHORT LEG VEIN	$794.35
37722	LIGATE/STRIP LONG LEG VEIN	$794.35
37735	REMOVAL OF LEG VEINS/LESION	$794.35
37760	REVISION OF LEG VEINS	$794.35
37761	LIGATION OF PERFORATOR VEIN(S)	$794.35
37765	STAB PHLEBECTOMY VARICOSE VEIN	$103.83

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
37766	STAB PHLEBECTOMY VARICOSE VEIN	$116.61
37780	REVISION OF LEG VEIN	$794.35
37785	LIGAT,DIV EXC SEC VAR VEIN LEG	$794.35
37790	PENILE VENOUS OCCLUSIVE PROCED	$827.66
38200	INJECTION FOR SPLEEN X-RAY	BY REPORT
38205	BLD-DER HEMAT PROG CELL HARVES	$283.70
38206	BLD-DER HEMAT PROG CELL HARVES	$439.81
38220	BONE MARROW ASPIRATION	$55.32
38221	BONE MARROW BIOPSY NEEDLE/TROC	$55.64
38222	DX BONE MARROW BX & ASPIR	$600.95
38230	BONE MARROW HARVEST,FOR TRANSP	$439.81
38232	BONE MARROW HARVEST AUTOLOG	$1,257.65
38241	BONE MARROW TRANSPLANT	$439.81
38242	BONE MARROW STEM CELL TRANSPL	$439.81
38243	TRANSPLJ HEMATOPOIETIC BOOST	$439.81
38300	DRAIN LYMPH NODE LESION	$600.95
38305	DRAINAGE LYMPH NODE LESION	$600.95
38308	INCISION OF LYMPH CHANNELS	$769.03
38500	BIOPSY/REMOVAL OF LYMPH NODE	$769.03
38505	NEEDLE BX,LYMPH NODE(S),SUPERF	$354.14
38510	BIOPSY/REMOVAL OF LYMPH NODE	$769.03
38520	BIOPSY/REMOVAL OF LYMPH NODE	$769.03
38525	BX,EXCISE-DEED AXILLARY NODES	$769.03
38530	BIOPSY/REMOVAL OF LYMPH NODE	$769.03
38542	DISSECTION: DEEP JUGULAR NODE	$1,430.16
38550	REMOVAL NECK/ARMPIT LESION	$769.03

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
38555	REMOVAL NECK/ARMPIT LESION	$1,341.20
38570	LAP SURG W/RETROPER LYMPH NODE	$1,430.16
38571	LAP SURG W/BILAT PELV LYMPHADE	$2,448.00
38572	LAP SURG W/BIL PELV LYMPHADENE	$2,448.00
38573	LAPS PELVIC LYMPHADEC	$2,448.00
38700	REMOVAL OF LYMPH NODES, NECK	$1,341.20
38740	REMOVE ARMPIT LYMPH NODES	$1,430.16
38745	REMOVE ARMPITS LYMPH NODES	$1,430.16
38760	REMOVE GROIN LYMPH NODES	$1,341.20
38790	INJECTION FOR LYMPHATIC XRAY	BY REPORT
38792	INJECT FOR ID OF SENTINEL NODE	BY REPORT
38794	ACCESS THORACIC LYMPH DUCT	BY REPORT
38900	IO MAP OF SENT LYMPH NODE	BY REPORT
40490	BIOPSY OF LIP	$37.36
40500	VERMILIONECTOMY (LIP SHAVE)	$697.23
40510	PARTIAL EXCISION OF LIP	$697.23
40520	PARTIAL EXCISION OF LIP	$697.23
40525	EXCISE LIP,FULL THICKNESS,W/LO	$697.23
40527	EXCISE LIP,FULL THICKNESS-CROS	$1,458.68
40530	PARTIAL REMOVAL OF LIP	$697.23
40650	REPAIR LIP	$136.52
40652	REPAIR LIP	$136.52
40654	REPAIR LIP...:>HALF VERT HGT/CO	$328.69
40700	REPAIR CLEFT LIP	$1,458.68
40701	REPAIR CLEFT LIP	$1,458.68
40702	REPAIR CLEFT LIP	$1,458.68

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
40720	REPAIR CLEFT LIP	$697.23
40761	REPAIR CLEFT LIP	$1,458.68
40800	DRAINAGE OF MOUTH LESION	$76.99
40801	DRAINAGE OF MOUTH LESION	$136.52
40804	REMOVAL FOREIGN BODY, MOUTH	$13.11
40805	REMOVAL FOREIGN BODY, MOUTH	$90.41
40806	INCISION OF LIP FOLD	$43.02
40808	BIOPSY OF MOUTH LESION	$62.59
40810	EXCISION OF MOUTH LESION	$79.57
40812	EXCISE/REPAIR MOUTH LESION	$91.54
40814	EXCISE/REPAIR MOUTH LESION	$697.23
40816	EXCISION OF MOUTH LESION	$697.23
40818	EXCISE ORAL MUCOSA FOR GRAFT	$136.52
40819	EXCISE LIP OR CHEEK FOLD	$328.69
40820	TREATMENT OF MOUTH LESION	$99.31
40830	REPAIR MOUTH LACERATION	$62.07
40831	REPAIR MOUTH LACERATION	$136.52
40840	RECONSTRUCTION OF MOUTH	$1,458.68
40842	RECONSTRUCTION OF MOUTH	$1,458.68
40843	RECONSTRUCTION OF MOUTH	$1,458.68
40844	RECONSTRUCTION OF MOUTH	$1,458.68
40845	RECONSTRUCTION OF MOUTH	$1,458.68
41000	DRAINAGE OF MOUTH LESION	$47.55
41005	DRAINAGE OF MOUTH LESION	$62.07
41006	DRAINAGE OF MOUTH LESION	$328.69
41007	DRAINAGE OF MOUTH LESION	$328.69

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
41008	DRAINAGE OF MOUTH LESION	$697.23
41009	DRAINAGE OF MOUTH LESION	$136.52
41010	INCISION OF TONGUE FOLD	$328.69
41015	DRAINAGE OF MOUTH LESION	$136.52
41016	DRAINAGE OF MOUTH LESION	$1,458.68
41017	DRAINAGE OF MOUTH LESION	$697.23
41018	DRAINAGE OF MOUTH LESION	$328.69
41019	PLACEMENT OF NEEDLES, CATHETER	$1,458.68
41100	BIOPSY OF TONGUE	$64.53
41105	BIOPSY OF TONGUE	$64.05
41108	BIOPSY OF FLOOR OF MOUTH	$61.14
41110	EXCISION OF TONGUE LESION	$81.52
41112	EXCISION OF TONGUE LESION	$697.23
41113	EXCISION OF TONGUE LESION	$697.23
41114	EXCISE TONGUE LESION/LOCAL	$697.23
41115	EXCISION OF TONGUE FOLD	$91.87
41116	EXCISION OF MOUTH LESION	$697.23
41120	PARTIAL REMOVAL OF TONGUE	$1,458.68
41250	REPAIR TONGUE LACERATION	BY REPORT
41251	REPAIR TONGUE LACERATION	$62.07
41252	REPAIR TONGUE LACERATION	$62.07
41510	TONGUE TO LIP SURGERY	$697.23
41512	TONGUE BASE SUSPENSION PERMA	$1,848.82
41520	RECONSTRUCTION, TONGUE FOLD	$697.23
41530	SUBMUCOSAL ABLATION OF THE TON	$366.16
41800	DRAINAGE OF GUM LESION	BY REPORT

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
41805	REMOVAL FOREIGN BODY, GUM	$122.60
41806	REMOVAL FOREIGN BODY,JAWBONE	$145.89
41820	GINGIVECTOMY,EXC.GING, EACH QU	$697.23
41821	EXCISION OF GUM FLAP	$328.69
41822	EXCISION OF GUM LESION	$126.15
41823	EXCISION OF GUM LESION	$185.83
41825	EXCISION OF GUM LESION	$80.55
41826	EXCISION OF GUM LESION	$102.38
41827	EXCISION OF GUM LESION	$1,458.68
41828	EXC.ALVEOLAR MUCOSA	$112.08
41830	REMOVAL OF GUM TISSUE	$161.57
41850	TREATMENT OF GUM LESION	$328.69
41870	GUM GRAFT	$328.69
41872	REPAIR GUM	$172.25
41874	REPAIR TOOTH SOCKET	$133.11
42000	DRAINAGE MOUTH ROOF LESION	$62.07
42100	BIOPSY ROOF OF MOUTH	$46.10
42104	EXCISION LESION, MOUTH ROOF	$74.24
42106	EXCISION LESION, MOUTH ROOF	$83.78
42107	EXCISE UVULA LESION:LOCAL FLAP	$1,458.68
42120	REMOVE PALATE/LESION	$1,458.68
42140	EXCISION OF UVULA	$697.23
42145	PALATPHARYNGOPLASTY	$1,458.68
42160	TREATMENT MOUTH ROOF LESION	$75.05
42180	REPAIR PALATE	$136.52
42182	REPAIR PALATE	$1,458.68

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
42200	RECONSTRUCT CLEFT PALATE	$1,458.68
42205	RECONSTRUCT CLEFT PALATE	$697.23
42210	RECONSTRUCT CLEFT PALATE	$1,458.68
42215	RECONSTRUCT CLEFT PALATE	$1,458.68
42220	RECONSTRUCT CLEFT PALATE	$1,458.68
42225	RECONSTRUCT CLEFT PALATE	$1,458.68
42226	LENGTHEN PALATE,PHARYNGEAL FLA	$1,458.68
42227	LENGTHEN PALATE, WITH ISLAND F	$1,458.68
42235	REPAIR ANTERIOR PALATE,INCL VO	$1,458.68
42260	REPAIR NASOLABIAL FISTULA	$1,458.68
42280	MAXILLARY IMPRESSION-PALATAL P	$57.09
42281	INSERT PIN-RETAINED PALATAL PR	$1,458.68
42300	DRAINAGE OF SALIVARY GLAND	$328.69
42305	DRAINAGE OF SALIVARY GLAND	$697.23
42310	DRAINAGE OF SALIVARY GLAND	$136.52
42320	DRAINAGE OF SALIVARY GLAND	$136.52
42330	REMOVAL OF SALIVARY STONE	$72.30
42335	REMOVAL OF SALIVARY STONE	$145.56
42340	REMOVAL OF SALIVARY STONE	$697.23
42400	BIOPSY OF SALIVARY GLAND	$31.86
42405	BIOPSY OF SALIVARY GLAND	$328.69
42408	EXCISION OF SALIVARY CYST	$697.23
42409	DRAINAGE OF SALIVARY CYST	$697.23
42410	EXCISE PAROTID GLAND/LESION	$1,458.68
42415	EXCISE PAROTID GLAND/LESION	$1,458.68
42420	EXCISE PAROTID GLAND/LESION	$1,458.68

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
42425	EXCISE PAROTID GLAND/LESION	$1,458.68
42440	EXCISION SUBMAXILLARY GLAND	$1,458.68
42450	EXCISION SUBLINGUAL GLAND	$1,458.68
42500	REPAIR SALIVARY DUCT	$1,458.68
42505	REPAIR SALIVARY DUCT	$1,458.68
42507	PAROTID DUCT DIVERSION	$1,458.68
42509	PAROTID DUCT DIVERSION	$1,458.68
42510	BILAT,PAROTID DUCT DIV.W/LIGA	$697.23
42550	INJECTION FOR SALIVARY X-RAY	BY REPORT
42600	CLOSURE OF SALIVARY FISTULA	$697.23
42650	DILATION OF SALIVARY DUCT	$22.00
42660	DILATION OF SALIVARY DUCT	$27.50
42665	LIGATION OF SALIVARY DUCT	$697.23
42700	DRAINAGE OF TONSIL ABSCESS	$62.07
42720	DRAINAGE OF THROAT ABSCESS	$697.23
42725	DRAINAGE OF THROAT ABSCESS	$1,458.68
42800	BIOPSY OF THROAT	$50.14
42804	BIOPSY OF UPPER NOSE/THROAT	$697.23
42806	BIOPSY OF UPPER NOSE/THROAT	$697.23
42808	EXCISE PHARYNX LESION	$697.23
42809	REMOVE PHARYNX FOREIGN BODY	$13.11
42810	EXCISION OF NECK CYST	$697.23
42815	EXCISION OF NECK CYST	$1,458.68
42820	REMOVE TONSILS AND ADENOIDS	$1,458.68
42821	REMOVE TONSILS AND ADENOIDS	$697.23
42825	REMOVAL OF TONSILS	$1,458.68

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
42826	REMOVAL OF TONSILS	$697.23
42830	REMOVAL OF ADENOIDS	$697.23
42831	REMOVAL OF ADENOIDS	$697.23
42835	REMOVAL OF ADENOIDS	$697.23
42836	REMOVAL OF ADENOIDS	$697.23
42860	EXCISION OF TONSIL TAGS	$697.23
42870	EXCISION OF LINGUAL TONSIL	$1,458.68
42890	PARTIAL REMOVAL OF PHARYNX	$1,458.68
42892	RESECTION OF LATERAL PHARYNGEA	$1,458.68
42900	REPAIR THROAT WOUND	$554.15
42950	RECONSTRUCTION OF THROAT	$1,458.68
42955	SURGICAL OPENING OF THROAT	$328.69
42960	CONTROL THROAT BLEEDING	$136.52
42962	CONTROL THROAT BLEEDING	$697.23
42970	CONTROL NOSE/THROAT BLEEDING	$62.07
42972	CONTROL NOSE/THROAT BLEEDING	$697.23
42975	DISE EVAL SLP DO BRTH FLX DX	$396.07
43030	THROAT MUSCLE SURGERY	$1,458.68
43130	REMOVAL OF ESOPHAGUS POUCH	$1,458.68
43180	ESOPHAGOSCOPY RIGID TRNSO	$1,458.68
43191	ESOPHAGOSCOPY RIGID TRNSO DX	$432.08
43192	ESOPHAGOSCP RIG TRNSO INJECT	$432.08
43193	ESOPHAGOSCP RIG TRNSO BIOPSY	$432.08
43194	ESOPHAGOSCP RIG TRNSO REM FB	$432.08
43195	ESOPHAGOSCOPY RIGID BALLOON	$937.91
43196	ESOPHAGOSCP GUIDE WIRE DILAT	$432.08

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
43197	ESOPHAGOSCOPY FLEX DX BRUSH	$65.02
43198	ESOPHAGOSC FLEX TRNSN BIOPSY	$70.03
43200	ESOPHAGUS ENDOSCOPY	$251.70
43201	ESOPHAGOSCOPY W/DIR SUBMUC INJ	$432.08
43202	ESOPHAGUS ENDOSCOPY, BIOPSY	$432.08
43204	ESOPHAGUS ENDOSCOPY	$432.08
43205	ESOPHAGOSCOPY W LIGATION VARIC	$432.08
43206	ESOPH OPTICAL ENDOMICROSCOPY	$432.08
43210	EGD ESOPHAGOGASTRC FNDOPLSTY	$3,562.78
43211	ESOPHAGOSCOP MUCOSAL RESECT	$432.08
43212	ESOPHAGOSCOP STENT PLACEMENT	$2,010.22
43213	ESOPHAGOSCOPY RETRO BALLOON	$432.08
43214	ESOPHAGOSC DILATE BALLOON 30	$432.08
43215	ESOPHAGUS ENDOSCOPY	$432.08
43216	ESOPHAGOSCOPY W/REMOVAL TUMORS	$432.08
43217	ESOPHAGUS ENDOSCOPY	$432.08
43220	ESOPHAGUS ENDOSCOPY,DILATION	$432.08
43226	ESOPHAGUS/STOMACH ENDOSCOPY	$432.08
43227	ESOPHAGUS/STOMACH ENDOSCOPY	$432.08
43229	ESOPHAGOSCOPY LESION ABLATE	$1,380.47
43231	ESOPHAGOSCOPY RIGID/FLEX W/US	$432.08
43232	ESOPHAGOSCOPY W/US FINE NEEDLE	$432.08
43233	EGD BALLOON DIL ESOPH30 MM/>	$432.08
43235	UPPER GI ENDOSCOPY,DIAGNOSIS	$251.70
43236	UPPER GI ENDOSCOPY W/DIR INJ	$251.70
43237	UPPER GI ENDOSCOPY W/ULTRASOUN	$432.08

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
43238	UPPER GI ENDOSC W/ASPIR/BIOPSY	$432.08
43239	UPPER GI ENDOSCOPY, BIOPSY	$251.70
43240	UPPER GI ENDO W/DRAIN PSEUDOCY	$2,149.05
43241	UPPER EENDOSCOPY W/TUBE/CATH..	$432.08
43242	UP GI W/US FINE NEEDLE BX	$432.08
43243	UPPER GI ENDOSCOPY..INJECT SCL	$432.08
43244	UPPER GI ENDOSCOPY/BAND LIGATN	$432.08
43245	UPPER GI ENDOSCOPY FOR DILAT	$432.08
43246	UPPER GI ENDOSCOPY,TUBE PLCMNT	$432.08
43247	OPERATIVE UPPER GI ENDOSCOPY	$251.70
43248	UPPER G.I. W GUIDE WIRE DILATA	$251.70
43249	ESOPHGOSCOPY W BALLOON DILATN	$432.08
43250	UPPER GI REMOVAL OF TUMORS ETC	$432.08
43251	OPERATIVE UPPER GI ENDOSCOPY	$432.08
43252	UPPR GI OPTICL ENDOMICRSCOPY	$432.08
43253	EGD US TRANSMURAL INJXN/MARK	$432.08
43254	EGD ENDO MUCOSAL RESECTION	$432.08
43255	OPERATIVE UPPER GI ENDOSCOPY	$432.08
43257	UPPR GI SCOPE W/THRML TXMNT	$1,190.55
43259	UPPER GI ULTRASONIC EXAMINATIO	$432.08
43260	UPPER GI ENDOSCOPY,DIAGNOSIS	$937.91
43261	ERCP WITH BIOPSY SINGLE ORMANY	$937.91
43262	OPERATIVE UPPER GI ENDOSCOPY	$937.91
43263	ERCP W-W/O SPEC COLL/SPHIN.OF	$432.08
43264	OPERATIVE UPPER GI ENDOSCOPY	$937.91
43265	ERCP,W/WO BIOPSY.....	$1,352.13

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
43266	EGD ENDOSCOPIC STENT PLACE	$2,106.00
43270	EGD LESION ABLATION	$573.62
43273	ENDOSCOPIC CANNULATION OF PAPI	$498.26
43274	ERCP DUCT STENT PLACEMENT	$1,777.48
43275	ERCP REMOVE FORGN BODY DUCT	$432.08
43276	ERCP STENT EXCHANGE W/DILATE	$1,770.37
43277	ERCP EA DUCT/AMPULLA DILATE	$937.91
43278	ERCP LESION ABLATE W/DILATE	$937.91
43284	LAPS ESOPHGL SPHNCTR AGMNTJ	$3,508.92
43285	RMVL ESOPHGL SPHNCTR DEV	$1,430.16
43290	EGD FLX TRNSORL DPLMNT BALO	$635.84
43450	DILATE ESOPHAGUS 1/MULT PASS	$251.70
43453	DILATE ESOPHAGUS	$432.08
43653	LAP SURGICAL GASTROSTOMY	$1,430.16
43752	NASO/ORO-GASTRIC TUBE PLACEMEN	$105.86
43753	TX GASTRO INTUB W/ASP	$13.11
43754	DX GASTR INTUB W/ASP SPEC	$13.11
43755	DX GASTR INTUB W/ASP SPECS	$42.60
43756	DX DUOD INTUB W/ASP SPEC	$251.70
43757	DX DUOD INTUB W/ASP SPECS	$251.70
43761	REPOSITION GASTRIC TUBE/ENT.FE	$65.35
43762	RPLC GTUBE NO REVJ TRC	$65.35
43763	RPLC GTUBE REVJ GSTRST TRC	$65.35
43870	REPAIR STOMACH OPENING	$937.91
43886	REVISE GASTRIC PORT, OPEN	$978.67
43887	REMOVE GASTRIC PORT, OPEN	$490.55

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
43888	CHANGE GASTRIC PORT, OPEN	$978.67
44100	BIOPSY OF BOWEL	$251.70
44312	REVISION OF ILEOSTOMY	$978.67
44340	REVISION OF COLOSTOMY	$978.67
44360	SMALL BOWEL ENDOSCOPY	$432.08
44361	SMALL BOWEL ENDOSCOPY,BIOPSY	$432.08
44363	SMALL BOWEL ENDOSCOPY	$432.08
44364	SMALL BOWEL ENDOSCOPY	$432.08
44365	SMALL INTEST. REMOVAL TUMORS	$432.08
44366	SMALL BOWEL ENDOSCOPY	$432.08
44369	SMALL BOWEL ENDOSCOPY	$432.08
44370	SMALL INTEST ENDOSC W/STENT PL	$2,204.81
44372	SMALL INTESTINE ENDOSCOPY..PLA	$432.08
44373	SMALL INTESTINE ENDOSCOPY..CON	$432.08
44376	SMALL INTEST. ENDOSCOPY W/WOSP	$432.08
44377	SMALL INTESTINAL ENDOSCOPY BX	$432.08
44378	ENDOSCOPY SM INTESTINE CON BL	$432.08
44379	SMALL INTEST ENDOSC W/STENT PL	$1,352.13
44380	SMALL BOWEL ENDOSCOPY	$251.70
44381	SMALL BOWEL ENDOSCOPY BR/WA	$432.08
44382	SMALL BOWEL ENDOSCOPY	$251.70
44384	SMALL BOWEL ENDOSCOPY	$561.47
44385	ENDOSCOPY OF BOWEL POUCH	$244.74
44386	FIBEROPTIC EVAL../BX/SPEC.COLL	$244.74
44388	COLON ENDOSCOPY	$244.74
44389	COLON ENDOSCOPY	$316.48

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
44390	COLON ENDOSCOPY	$244.74
44391	COLON ENDOSCOPY	$316.48
44392	COLON ENDOSCOPY	$316.48
44394	COLONOSCOPY W REMOVAL TUMORS	$316.48
44401	COLONOSCOPY WITH ABLATION	$316.48
44402	COLONOSCOPY W/STENT PLCMT	$1,352.13
44403	COLONOSCOPY W/RESECTION	$316.48
44404	COLONOSCOPY W/INJECTION	$316.48
44405	COLONOSCOPY W/DILATION	$423.25
44406	COLONOSCOPY W/ULTRASOUND	$316.48
44407	COLONOSCOPY W/NDL ASPIR/BX	$316.48
44408	COLONOSCOPY W/DECOMPRESSION	$244.74
44500	INTRO OF MILLER ABBOTT TUBE SP	$251.70
44701	INTRAOPERATIVE COLONIC LAVAGE	BY REPORT
45000	DRAINAGE OF PELVIC ABSCESS	$316.48
45005	DRAINAGE OF RECTAL ABSCESS	$316.48
45020	DRAINAGE OF RECTAL ABSCESS	$698.99
45100	BIOPSY OF RECTUM	$698.99
45108	REMOVAL OF ANORECTAL LESION	$698.99
45150	EXCISION OF RECTAL STRICTURE	$316.48
45160	EXCISION OF RECTAL LESION	$698.99
45171	EXCISION OF RECTAL TUMOR, TRAN	$698.99
45172	EXCISION OF RECTAL TUMOR, TRAN	$698.99
45190	DESTRUCT RECTAL TUMOR ANY MTHD	$698.99
45300	PROCTOSIGMOIDOSCOPY: DIAGNOSTI	$47.71
45303	PROCTOSIGMOIDOSCOPY WITH DILAT	$316.48

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
45305	PROCTOSIGMOIDOSCOPY WITH BIOPS	$316.48
45307	PROCTOSIGMOIDOSCOPY:REMOVE FOR	$698.99
45308	PROCTOSIGMOIDOSCOPY REMO TUMOR	$698.99
45309	PROCTOSIGMOIPOSCOPY REM.SNARE	$316.48
45315	PROCTOSIGMOIDOSCOPY: REMOVE MU	$316.48
45317	PROCTOSIGMOIDOSCOPY: HEMORRHAG	$316.48
45320	PROCTOSIGMOIDOSCOPY:ABLATE TUM	$698.99
45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLU	$698.99
45327	RIGID PROCTOSIGMOID W/STENT	$2,121.51
45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC:	$74.40
45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/	$244.74
45332	SIGMOIDOSCOPY: DIAGNOSTIC	$316.48
45333	SIGMOIDOSCOPY: DIAGNOSTIC	$244.74
45334	SIGMOIDOSCOPY: DIAGNOSTIC	$316.48
45335	SIGMOID FLEX W/DIR SUBMUC INJ	$244.74
45337	SIGMOIDOSCOPY:DECOMPRESS VOLVU	$244.74
45338	SIGMOIDOSCOPY BY SNARE TUMOR	$316.48
45340	SIG W/TNDSC BALLOON DILATION	$316.48
45341	SIGMOID W/ENDOSCOPIC US EXAM	$244.74
45342	SIGMOID W/US OR FINE NEEDLE BX	$316.48
45346	SIGMOIDOSCOPY W/ABLATION	$316.48
45347	SIGMOIDOSCOPY W/PLCMT STENT	$2,124.90
45349	SIGMOIDOSCOPY W/RESECTION	$698.99
45350	SGMDSC W/BAND LIGATION	$316.48
45378	DIAGNOSTIC COLONOSCOPY	$244.74
45379	COLONOSCOPY	$316.48

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
45380	COLONOSCOPY AND BIOPSY	$316.48
45381	COLONOSCOPY SUBMUCOUS NJX	$316.48
45382	COLONOSCOPY W/CONTROL BLEED	$316.48
45384	COLONOSCOPY W/LESION REMOVAL	$316.48
45385	COLONOSCOPY W/LESION REMOVAL	$316.48
45386	COLONOSCOPY W/BALLOON DILAT	$316.48
45388	COLONOSCOPY W/ABLATION	$316.48
45389	COLONOSCOPY W/STENT PLCMT	$2,100.87
45390	COLONOSCOPY W/RESECTION	$698.99
45391	COLONOSCOPY W/ENDOSCOPE US	$316.48
45392	COLONOSCOPY W/ENDOSCOPIC FNB	$316.48
45393	COLONOSCOPY W/DECOMPRESSION	$316.48
45398	COLONOSCOPY W/BAND LIGATION	$316.48
45500	REPAIR OF RECTUM	$698.99
45505	REPAIR OF RECTUM	$698.99
45520	PERIRECTAL INJ..FOR PROLAPSE:	$40.04
45541	CORRECT RECTAL PROLAPSE	$698.99
45560	REPAIR OF RECTOCELE	$698.99
45900	REDUCTION OF RECTAL PROLAPSE	$244.74
45905	DILATION OF ANAL SPHINCTER	$316.48
45910	DILATION OF RECTAL NARROWING	$316.48
45915	REMOVE RECTAL OBSTRUCTION	$316.48
45990	SURG DX EXAM, ANORECTAL	$698.99
46020	PLACEMENT OF SETON	$698.99
46030	REMOVAL OF RECTAL MARKER	$316.48
46040	INCISION OF RECTAL ABSCESS	$316.48

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
46045	INCISION OF RECTAL ABSCESS	$698.99
46050	INCISION OF ANAL ABSCESS	$244.74
46060	INCISION OF RECTAL ABSCESS	$698.99
46070	INCISION OF ANAL SEPTUM	$698.99
46080	INCISION OF ANAL SPHINCTER	$698.99
46083	EXC.EXT.THROMBOSED HEMORRHOID	$65.35
46200	REMOVAL OF ANAL FISSURE	$698.99
46220	REMOVAL OF ANAL TAB	$316.48
46221	LIGATION OF HEMORRHOID(S)	$95.42
46230	REMOVAL OF ANAL TABS	$698.99
46250	HEMORRHOIDECTOMY, EXTERNAL: CO	$698.99
46255	HEMORRHOIDECTOMY	$698.99
46257	REMOVE HEMORRHOIDS & FISSURE	$698.99
46258	REMOVE HEMORRHOIDS & FISTULA	$698.99
46260	HEMORRHOIDECTOMY	$698.99
46261	REMOVE HEMORRHOIDS & FISSURE	$698.99
46262	REMOVE HEMORRHOIDS & FISTULA	$698.99
46270	REMOVAL OF ANAL FISTULA	$698.99
46275	REMOVAL OF ANAL FISTULA	$698.99
46280	REMOVAL OF ANAL FISTULA	$698.99
46285	REMOVAL OF ANAL FISTULA	$698.99
46288	REPAIR ANAL FISTULA	$698.99
46320	REMOVAL OF HEMORRHOID CLOT	$71.81
46500	INJECTION TREATMENT OF ANUS	$119.36
46505	CHEMODENERVATION ANAL MUSC	$316.48
46600	ANOSCOPY: DIAGNOSTIC	$13.11

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AMBULATORY SERVICES: UPDATE DECEMBER 1, 2025

CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
46601	DIAGNOSTIC ANOSCOPY	BY REPORT
46604	ANOSCOPY WITH DIRECT DILATION	$276.89
46606	ANOSCOPY WITH BIOPSY	$109.01
46607	DIAGNOSTIC ANOSCOPY & BIOPSY	$316.48
46608	ANOSCOPY:REMOVE FOREIGN BODY	$244.74
46610	ANOSCOPY: REMOVE POLYP	$698.99
46611	ANOSCOPY W REMOVAL TUMOR ETC.	$244.74
46612	ANOSCOPY: REMOVE MULTIPLE POLY	$698.99
46614	ANOSCOPY: CONTROL OF HEMORRHAG	$61.30
46615	ANOSCOPY W ABLATION OF TUMORS	$698.99
46700	REPAIR OF ANAL STRICTURE	$698.99
46706	REP ANAL FISTULA W/FIBRIN GLUE	$698.99
46707	REPAIR OF ANORECTAL FISTULA WI	$698.99
46750	REPAIR OF ANAL SPHINCTER	$698.99
46753	RECONSTRUCTION OF ANUS	$698.99
46754	REMOVAL OF SUTURE FROM ANUS	$698.99
46760	REPAIR OF ANAL SPHINCTER	$698.99
46761	SPHINCTEROPLASTY,ANAL:LEV MUSC	$698.99
46900	REMOVAL OF ANAL LESION	$82.81
46910	REMOVAL OF ANAL LESION	$93.16
46916	CRYOSURGERY-ANAL LESIONS	$53.39
46917	DESTROY ANAL LESION(S):LASER	$698.99
46922	DESTROY ANAL LESION(S)-SURG EX	$698.99
46924	DESTROY ANAL LESIONS,ANY METH,	$698.99
46930	DESTRUCTION OF INTERNAL HEMORR	$77.80
46934	CRYOTHERAPY OF HEMORRHOIDS	$123.84

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
46935	CRYOTHERAPY OF HEMORRHOIDS	$85.20
46936	CRYOTHERAPY OF HEMORRHOIDS	$129.43
46940	TREATMENT OF ANAL FISSURE	$85.07
46942	TREATMENT OF ANAL FISSURE	$83.78
46945	LIGATION OF HEMORRHOIDS	$698.99
46946	LIGATION OF HEMORRHOIDS	$698.99
46947	HEMORRHOIDOPEXY BY STAPLING	$698.99
47000	NEEDLE BIOPSY OF LIVER	$354.14
47001	BIOPSY LIVER(NOT SEPARATE PROC	BY REPORT
47382	ABLATION LIVER TUMOR PERCU	$1,430.16
47383	PERQ ABLTJ LVR CRYOABLATION	$3,577.77
47531	INJECTION FOR CHOLANGIOGRAM	BY REPORT
47532	INJECTION FOR CHOLANGIOGRAM	BY REPORT
47533	PLMT BILIARY DRAINAGE CATH	$842.59
47534	PLMT BILIARY DRAINAGE CATH	$842.59
47535	CONVERSION EXT BIL DRG CATH	$842.59
47536	EXCHANGE BILIARY DRG CATH	$842.59
47537	REMOVAL BILIARY DRG CATH	$251.70
47538	PERQ PLMT BILE DUCT STENT	$2,031.70
47539	PERQ PLMT BILE DUCT STENT	$2,059.84
47540	PERQ PLMT BILE DUCT STENT	$1,894.49
47541	PLMT ACCESS BIL TREE SM BWL	$2,009.67
47542	DILATE BILIARY DUCT/AMPULLA	BY REPORT
47543	ENDOLUMINAL BX BILIARY TREE	BY REPORT
47544	REMOVAL DUCT GLBLDR CALCULI	BY REPORT
47552	BILIARY ENDOSCOPY...:DIAGNOSTI	$1,585.58

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
47553	BILIARY ENDOSCOPY...: & SPEC C	$1,585.58
47554	BILIARY ENDOSCOPY...:REMOVE ST	$2,448.00
47555	BILIARY ENDOSCOPY:DILATE DUCT	$1,068.17
47556	BILIARY ENDOSCOPY,PERCU T-TUBE	$3,282.08
47562	LAP SURG CHOLECYSTECTOMY	$1,430.16
47563	LAP SURG CHOLECYST W/CHOLANGIO	$1,430.16
47564	LAP SURG CHOLECYST W/EXPLOR	$2,448.00
48102	BX PANCREAS:PERCUTANEOUS NEEDL	$354.14
49082	ABD PARACENTESIS	$251.70
49083	ABD PARACENTESIS W/IMAGING	$251.70
49084	PERITONEAL LAVAGE	$251.70
49180	NEEDLE BX,ABDOMINAL/RETROPERI.	$354.14
49250	EXCISION OF UMBILICUS	$842.59
49320	DIAG LAP ABD PERIT & OMENTUM	$1,430.16
49321	LAP ABD/PERIT/OMENT W/BX	$1,430.16
49322	LAP ABD/PERIT/OMENT W/ASP CYST	$1,430.16
49324	LAP INSERTION PERM IP CATH	$1,430.16
49325	LAP REVISION PERM IP CATH	$1,430.16
49326	LAP W/OMENTOPEXY ADD-ON	$785.27
49327	LAP INS DEVICE FOR RT	$785.27
49400	AIR INJECTION INTO ABDOMEN	BY REPORT
49402	REMOVE FOREIGN BODY, ADBOMEN	$842.59
49406	IMAGE CATH FLUID PERI/RETRO	$354.14
49407	IMAGE CATH FLUID TRNS/VGNL	$354.14
49411	PLACEMENT OF INTERSTITIAL DEVI	$166.43
49418	INSERT TUN IP CATH PERC	$842.59

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
49419	INSERT INTRAPER CANNULA/CATH	$1,504.78
49421	INSERT PERM.CANNULA/CATH-DRAIN	$842.59
49422	REMOVE CANNULA/CATHETER	$794.35
49423	EXCHANGE ABSCESS DRAIN CATH	$432.08
49424	CONTRAST INJ ASSESS ABSCESS	BY REPORT
49426	REVISION OF PERITONEAL-VENOUS	$842.59
49427	INJ PROC EVAL PLACED PER	BY REPORT
49429	PERITONEAL VENOUS SHUNT REMOVE	$794.35
49435	INSERT SUBQ EXTEN TO IP CATH	$327.67
49436	EMBEDDED IP CATH EXIT-SITE	$432.08
49440	INSERTION OF GASTROSTOMY TUBE,	$432.08
49441	INSERTION OF DUODENOSTOMY OR J	$432.08
49442	INSERTION OF CECOSTOMY OR OTHE	$316.48
49446	CONVERSION OF GASTROSTOMY TUBE	$432.08
49450	REPLACEMENT OF GASTROSTOMY OR	$251.70
49451	REPLACEMENT OF DUODENOSTOMY OR	$251.70
49452	REPLACEMENT OF GASTRO-JEJUNOST	$251.70
49460	MECHANICAL REMOVAL OF OBSTRUCT	$251.70
49465	CONTRAST INJECTION(S) FOR RADI	$65.14
49495	INGUINAL HERNIA REPAIR <6MO	$842.59
49496	HERNIA REPAIR <6M INCAR/STRANG	$842.59
49500	REPAIR INGUINAL HERNIA,UNDER 5	$1,585.58
49501	ING HERNIA REP 6M-5Y INC/STRN	$842.59
49505	REP INGUINAL HERNIA,AGE 5 OR>	$842.59
49507	INGUINAL HERNIA REPAIR >5 YR	$842.59
49520	REREPAIR INGUINAL HERNIA	$842.59

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
49521	REPAIR INGU HERNIA ANY AGE RED	$1,585.58
49525	REPAIR INGUINAL HERNIA:SLIDING	$842.59
49540	REPAIR LUMBAR HERNIA	$1,430.16
49550	REPAIR FEMORAL HERNIA	$842.59
49553	REPAIR FEMEROL HERNIA ANY AGE	$842.59
49555	REP RECURRENT FEMORAL HERNIA	$842.59
49557	REPAIR FEMERAL HERNIA REOCCURE	$842.59
49591	RPR AA HRN 1ST < 3 CM RDC	$842.59
49592	RPR AA HRN 1ST < 3 NCR/STRN	$1,430.16
49593	RPR AA HRN 1ST < 3-10 RC	$1,585.58
49594	RPR AA HRN 1ST 3-10 NCR/STRN	$1,430.16
49595	RPR AA HRN 1ST > 10 RDC	$1,585.58
49600	REPAIR UMBILICAL LESION	$842.59
49613	RPR AA HRN RCR < 3 RDC	$842.59
49614	RPR AA HRN RCR < 3 NCR/STRN	$1,430.16
49615	RPR AA HRN RCR 3-10 RDC	$1,585.58
49650	LAP REP INIT INGUINAL HERNIA	$1,430.16
49651	LAP REP RECUR INGUINAL HERNIA	$1,430.16
50080	PERCUT NEPHRO/PYELO,W/ OR W/O	$2,389.85
50081	PERCUT NEPHRO/PYELO,W/ OR W/O	$2,389.85
50200	BIOPSY OF KIDNEY	$354.14
50382	CHANGE URETER STENT, PERCUT	$479.94
50384	REMOVE URETER STENT, PERCUT	$479.94
50385	REMOVAL (VIA SNARE/CAPTURE) AN	$479.94
50386	REMOVAL (VIA SNARE/CAPTURE) OF	$295.16
50387	CHANGE EXT/INT URETER STENT	$479.94

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
50389	REMOVE RENAL TUBE W/FLUORO	$157.97
50390	DRAINAGE OF KIDNEY LESION	$188.80
50391	INSTLL RX AGNT INTO RNAL TUB	$25.07
50396	MEASURE KIDNEY PRESSURE	$157.97
50430	NJX PX NFROSGRM &/URTRGRM	BY REPORT
50431	NJX PX NFROSGRM &/URTRGRM	BY REPORT
50432	PLMT NEPHROSTOMY CATHETER	$479.94
50433	PLMT NEPHROURETERAL CATHETER	$827.66
50434	CONVERT NEPHROSTOMY CATHETER	$479.94
50435	EXCHANGE NEPHROSTOMY CATH	$479.94
50436	DILAT XST TRC NDURLGC PX	$827.66
50437	DILAT XST TRC NEW ACCESS RCS	$827.66
50551	KIDNEY ENDOSCOPY	$1,260.80
50553	KIDNEY ENDOSCOPY	$1,260.80
50555	KIDNEY ENDOSCOPY & BIOPSY	$2,389.85
50557	KIDNEY ENDOSCOPY & TREATMENT	$2,389.85
50561	KIDNEY ENDOSCOPY & TREATMENT	$1,260.80
50562	RENAL ENDOSC W/WO IRRIG W/RESE	$2,389.85
50570	KIDNEY ENDOSCOPY	$827.66
50572	KIDNEY ENDOSCOPY	$157.97
50574	KIDNEY ENDOSCOPY & BIOPSY	$827.66
50575	RENAL ENDOSC W ENDOPYELOTOMY	$1,260.80
50576	KIDNEY ENDOSCOPY & TREATMENT	$2,389.85
50580	KIDNEY ENDOSCOPY & TREATMENT	$1,260.80
50590	LITHOTRIPSY,ESW	$827.66
50592	PERC RF ABLATE RENAL TUMOR	$1,430.16

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
50593	ABLATION, RENAL TUMOR(S), UNIL	$3,498.15
50606	ENDOLUMINAL BX URTR RNL PLVS	BY REPORT
50684	INJECTION FOR URETER XRAY	BY REPORT
50686	MEASURE URETER PRESSURE	$41.89
50688	CHANGE OF URETER TUBE	$479.94
50690	INJECTION FOR URETER XRAY	BY REPORT
50693	PLMT URETERAL STENT PRQ	$827.66
50694	PLMT URETERAL STENT PRQ	$827.66
50695	PLMT URETERAL STENT PRQ	$827.66
50705	URETERAL EMBOLIZATION/OCCL	BY REPORT
50706	BALLOON DILATE URTRL STRIX	BY REPORT
50727	REVISE URIN-CUT ANASTOMOSIS	$827.66
50947	SURG LAP: URETERONEOCYSTOSTOMY	$2,448.00
50948	SURG LAP: URETERONEOCYS WO CYS	$2,448.00
50951	URETERAL ENDOSCOPY..EXCL.OF RA	$827.66
50953	ENDOSCOPY OF URETER	$827.66
50955	URETER ENDOSCOPY & BIOPSY	$1,260.80
50957	URETER ENDOSCOPY & TREATMENT	$1,260.80
50961	URETER ENDOSCOPY & TREATMENT	$1,260.80
50970	URETER ENDOSCOPY	$827.66
50972	URETER ENDOSCOPY W/CATHETER	$827.66
50974	URETER ENDOSCOPY & BIOPSY	$1,260.80
50976	URETER ENDOSCOPY & TREATMENT	$1,260.80
50980	URETER ENDOSCOPY & TREATMENT	$1,260.80
51020	INCISE & TREAT BLADDER	$827.66
51040	INCISE & DRAIN BLADDER	$479.94

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
51045	INCISE BLADDER, DRAIN URETER	$479.94
51050	REMOVAL OF BLADDER STONE	$1,260.80
51065	REMOVAL OF URETER STONE	$827.66
51080	DRAINAGE OF BLADDER ABSCESS	$600.95
51100	ASPIRATION OF BLADDER: BY NEED	$21.35
51101	ASPIRATION OF BLADDER: BY TROC	$54.34
51102	ASPIRATION OF BLADDER: WITH IN	$479.94
51500	REMOVAL OF BLADDER CYST	$1,430.16
51520	REMOVAL OF BLADDER LESION	$827.66
51535	REPAIR OF URETER LESION	$827.66
51600	INJECTION FOR BLADDER XRAY	BY REPORT
51605	PREPARATION FOR BLADDER XRAY	BY REPORT
51610	INJECTION FOR BLADDER XRAY	BY REPORT
51700	IRRIGATION OF BLADDER	$25.88
51701	INSERT NON-INDWELL BLAD CATHET	$13.11
51702	INSERT TEMP INDWELL BLADDER CA	$13.11
51703	INSERT TEMP INDW BL CATH COMPL	$42.60
51705	CHANGE OF BLADDER TUBE	$30.89
51710	CHANGE OF BLADDER TUBE	$157.97
51715	ENDOSCOPIC INJ IMPLANT URETHA	$1,148.93
51720	TREATMENT OF BLADDER LESION	$27.17
51725	SIMPLE CYSTOMETROGRAM	$63.89
51726	COMPLEX CYSTOMETROGRAM	$65.35
51727	COMPLEX CYSTOMETROGRAM (IE, CA	$114.19
51728	COMPLEX CYSTOMETROGRAM (IE, CA	$114.51
51729	COMPLEX CYSTOMETROGRAM (IE, CA	$113.22

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
51736	SIMPLE UROFLOWMETRY	$4.07
51741	COMPLEX UROFLOWMETRY	$3.58
51784	EMG OF ANAL OR URETHRAL SPHNTR	$13.26
51785	ELECTROMYOGRAPHY STUDIES-ANAL/	$65.35
51792	ELECTROMYOGRAPHY	$31.03
51795	VOIDING PRESSURE STUDY W/PROBE	$46.12
51797	VOIDING PRESSURE STUDIES (VP):	$29.97
51798	MEAS RESID URINE BY ULTRASOUND	$6.91
51880	REPAIR OF BLADDER OPENING	$827.66
51992	LAP SLING OP FOR STRESS INCONT	$1,959.77
52000	CYSTOSCOPY	$157.97
52001	CYSTOURETHROSCOPY W/IRRIG/EVAC	$827.66
52005	CYSTOURETHROSCOPY	$479.94
52007	CYSTOURETHOSCOPY W/BRUSH BIOPS	$827.66
52010	CYSTOSCOPY W/ DUCT CATHETER	$157.97
52204	CYSTOURETHROSCOPY WITH BIOPSY:	$479.94
52214	CYSTOURETHROSCOPY WITH FULGURA	$827.66
52224	CYSTOURETHROSCOPY WITH FULGURA	$827.66
52234	CYSTOURETHROSCOPY WITH FULGURA	$827.66
52235	CYSTOURETHROSCOPY WITH FULGURA	$827.66
52240	CYSTOURETHROSCOPY WITH FULGURA	$1,260.80
52250	CYSTOURETHROSCOPY, INSERT RADI	$827.66
52260	CYSTOSCOPY & TREATMENT	$479.94
52265	CYSTOSCOPY AND TREATMENT	$115.16
52270	CYSTOSCOPY & REVISE URETHRA	$479.94
52275	CYSTOSCOPY & REVISE URETHRA	$479.94

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
52276	CYSTOURETHROSCOPY W/DIRECT VIS	$479.94
52277	CYSTOSCOPY AND TREATMENT	$827.66
52281	CYSTOURETHROSCOPY FOR URETHRAL	$479.94
52282	CYSTOURETHROSCOPY	$827.66
52283	CYSTOURETHROSCOPY, STEROID INJ	$479.94
52284	CYSTO RX BALO CATH URTL STRX	$1,657.85
52285	CYSTOSCOPY AND TREATMENT	$157.97
52287	CYSTOSCOPY CHEMODENERVATION	$479.94
52290	CYSTOSCOPY AND TREATMENT	$479.94
52300	CYSTOSCOPY AND TREATMENT	$827.66
52301	CYSTOURETHROSCOPY UNI/BILAT	$827.66
52305	CYSTOSCOPY AND TREATMENT	$1,260.80
52310	CYSTOSCOPY AND TREATMENT	$479.94
52315	CYSTOSCOPY AND TREATMENT	$479.94
52317	LITHOLAPAXY,SIMPLE:SMALL	$827.66
52318	LITHOLAPAXY:COMPLICATED OR LAR	$827.66
52320	CYSTOSCOPY AND TREATMENT	$827.66
52325	CYSTOURETHEROSCOPY,FRAGMENT CA	$1,260.80
52327	CYSTOSCOPE W SUBURETERIC INJ	$1,782.19
52330	CYSTOSCOPY AND TREATMENT	$827.66
52332	CYSTOURETHROSCOPY/INSERT STENT	$827.66
52334	CYSTO TO EST PERC NEPHROSTOMY,	$827.66
52341	CYSTOURETHROSCOPY	$827.66
52342	CYSTOURETHROSCOPY	$827.66
52343	CYSTOURETHEROSCOPY	$827.66
52344	CYTOURETHROSCOPY	$827.66

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
52345	CYSTOURETHROSCOPY W/URETEROSCO	$1,053.60
52346	CYSTOURETHROSCOPY W/URETEROOSC	$1,260.80
52351	DIAG CYSTOURETH W/URETEROSCOPY	$827.66
52352	CYSTOURETH W/URETERO/PYELOSCOP	$827.66
52353	CYTOURETH W/LITHOTRIPSY	$1,260.80
52354	CYSTOURETHRO W/URETEROS W/BX	$1,260.80
52355	CYSTOURETH W/UTEROS W/RESECT	$1,260.80
52356	CYSTO/URETERO W/LITHOTRIPSY	$1,260.80
52400	CYSTOURETH W/INCIS FULG RESECT	$827.66
52402	CYSTOURETHRO CUT EJACUL DUST	$827.66
52450	TRANSURETHRAL INCISION PROSTAT	$827.66
52500	REVISION OF BLADDER NECK	$827.66
52601	PROSTATECTOMY (TUR)	$1,260.80
52630	REMOVE PROSTATE REGROWTH	$1,260.80
52640	RELIEVE BLADDER CONTRACTURE	$827.66
52647	PROSTATE NON-CONTACT LASER	$1,260.80
52648	LASER VAPORIZATION W/WO TURP	$1,260.80
52649	LASER ENUCLEATION OF THE PROST	$1,260.80
52700	DRAINAGE OF PROSTATE ABSCESS	$827.66
53000	INCISION OF URETHRA	$479.94
53010	INCISION OF URETHRA	$1,260.80
53020	INCISION OF URETHRA	$479.94
53025	INCISION OF URETHRA: INFANT	$479.94
53040	DRAINAGE OF URETHRA ABSCESS	$827.66
53060	DRAINAGE OF URETHRA ABSCESS	$41.73
53080	DRAINAGE OF URINARY LEAKAGE	$157.97

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
53085	DRAINAGE OF URINARY LEAKAGE	$479.94
53200	BIOPSY OF URETHRA	$479.94
53210	URETHRECTOMY,TOT,W/CYSTOSTOMY:	$827.66
53215	URETHRECTOMY,TOT,W/CYSTOSTOMY:	$1,260.80
53220	TREATMENT OF URETHRA LESION	$827.66
53230	EXCISE URETHRAL DIVERTICULUM:F	$1,260.80
53235	EXCISE URETHRAL DIVERTICULUM:M	$1,260.80
53240	MARSUPIALIZE URETH DIVERT,MALE	$827.66
53250	REMOVAL OF URETHRA GLAND	$827.66
53260	TREATMENT OF URETHRA LESION	$827.66
53265	TREATMENT OF URETHRA LESION	$479.94
53270	REMOVAL OF URETHRA GLAND	$827.66
53275	REPAIR OF URETHRA DEFECT	$827.66
53400	REVISE URETHRA, 1ST STAGE	$1,260.80
53405	REVISE URETHRA, 2ND STAGE	$1,260.80
53410	URETHROPLASTY...MALE ANTERIOR	$1,260.80
53420	RECONSTRUCT URETHRA, STAGE 1	$1,260.80
53425	RECONSTRUCT URETHRA, STAGE 2	$1,260.80
53430	URETHROPLASTY,RECON FEMALE URE	$1,260.80
53431	URETHROPLASTY W/TUBULARIZATION	$1,260.80
53440	CORRECT MALE URIN INCONT,W/W/O	$5,338.09
53442	PERINEAL PROSTHESIS REMOVAL	$1,613.03
53444	INSERT TANDEM CUFF	$8,433.55
53445	PLMT INFLATABLE URETH/BLADDER	$8,644.77
53446	REMOVE INFLAT URETH/BLADD NECK	$1,260.80
53447	INFLATABLE SPHINCTER REMOVAL	$8,488.09

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AMBULATORY SERVICES: UPDATE DECEMBER 1, 2025

CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
53449	CORRECTION OF ABNORMAL SPHINCT	$2,389.85
53450	REVISION OF URETHRA	$827.66
53451	TPRNL BALO CNTNC DEV BI	$5,460.93
53452	TPRNL BALO CNTNC DEV UNI	$3,600.63
53453	TPRNL BALO CNTNC DEV RMVL EA	$827.66
53454	TPRNL BALO CNTNC DEV ADJMT	$65.35
53460	REVISION OF URETHRA	$827.66
53502	URETHRORRHAPHY...SUTURE..,FEMA	$827.66
53505	URETHRORRHAPHY...SUTURE...,PEN	$1,260.80
53510	REPAIR OF URETHRA INJURY	$1,260.80
53515	REPAIR OF URETHRA INJURY	$1,260.80
53520	CLOSE URETHROSTOMY...FISTULA:M	$1,260.80
53600	DILATE URETHRAL STRICTURE,MALE	$21.03
53601	DILATE URETH STRICTURE,MALE:SU	$21.63
53605	DILATE URETH STRICTURE ...MALE	$827.66
53620	DILATE URETH.STRICT.,MALE:INIT	$51.60
53621	DILATE URETH STRICT,MALE:SUBSE	$53.21
53660	DILATE FEMALE URETHRA...:INITI	$23.94
53661	DILATE FEMALE URETHRA..:SUBSEQ	$20.74
53665	DILATE FEMALE URETHRA...	$479.94
53850	TRANSURETH DESTRUC PROSTATE	$561.21
53852	TRANSURETH DESTRUC PROSTATE	$537.12
53853	TRANSURETH DESTRUCT PROST TISS	$626.91
53854	TRURL DSTRJ PRST8 TISS RF WV	$668.12
53855	INSERTION OF A TEMPORARY PROST	$728.35
53860	TRANSURETHRAL RF TREATMENT	$479.94

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
53865	CYSTO INSJ DEV ISCHMC RMDLG	$3,702.08
54000	SLITTING OF PREPUCE:...NEWBORN	$827.66
54001	SLITTING OF PREPUCE:EXCEPT NEW	$479.94
54015	DRAIN PENIS LESION	$354.14
54050	TREATMENT OF PENIS LESION	$40.04
54055	TREATMENT OF PENIS LESION	$45.45
54056	DESTROY PENILE LESION: CRY0SUR	$22.38
54057	DESTROY PENILE LESION:LASER SU	$490.55
54060	TREATMENT OF PENIS LESION	$490.55
54065	TREATMENT OF PENIS LESION	$490.55
54100	BIOPSY OF PENIS	$354.14
54105	BIOPSY OF PENIS	$600.95
54110	TREATMENT OF PENIS LESION	$827.66
54111	EXCISE PENILE PLAQUE/<5CM GRAF	$1,260.80
54112	EXC. PENILE PLAQUE/>5CM GRAFT	$2,389.85
54115	TREATMENT OF PENIS LESION	$600.95
54120	PARTIAL REMOVAL OF PENIS	$827.66
54150	CIRCUMCISION-USING CLAMP	$479.94
54160	CIRCUMCISION..... NEWBORN	$157.97
54161	CIRCUMCISION..OTHER THAN NEWBO	$479.94
54162	LYSIS/EXCIS PENILE POST CIRC	$479.94
54163	REP INCOMPLETE CIRCUMCISION	$479.94
54164	FRENULOTOMY OF PENIS	$479.94
54200	TREATMENT OF PENIS LESION	$37.04
54205	TREATMENT OF PENIS LESION	$1,260.80
54220	TREATMENT OF PENIS LESION	$65.35

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
54230	INJ FOR CORPORA CAVERNOSOGRAPH	BY REPORT
54231	DYNAMIC CAVERNOSOMETRY W DRUGS	$33.64
54235	INJ CORPORA CAVERNOSA W/PHARM.	$22.97
54240	PENILE PLETHYSMOGRAPHY	$21.35
54250	NOCTURNAL PENILE TUMESCENCE TE	$6.96
54300	PLASTIC REPAIR FOR CHORDEE	$827.66
54304	REVISE PENIS/CORRECT CHORDEE	$827.66
54308	URETHROPLASTY...LESS THAN 3 CM	$1,260.80
54312	URETHROPLASTY...:MORE THAN 3 C	$827.66
54316	URETHROPLASTY/RELEASE FROM SCR	$2,389.85
54318	3RD STAGE HYPOSPADIAS REPAIR	$827.66
54322	ONE STAGE REP,W/ SIMP.MEATAL A	$827.66
54324	1 STAGE REP.URETHROPLASTY-SKIN	$827.66
54326	1 STAGE REP.URETHROPLASTY-MOB.	$827.66
54328	1 STAGE REP,CORRECT CHORDEE&UR	$827.66
54340	REP.HYPOSPADIAS COMPLICATIONS,	$827.66
54344	REP.HYPOSPADIAS COMPLICATION/F	$2,389.85
54348	REP.HYPOSPADIAS COMPLICATION/E	$1,260.80
54352	REP HYPOSPADIAS CRIPPLE...EXTE	$1,260.80
54360	PLASTIC PENILE REPAIR/ANGULATI	$827.66
54380	REPAIR PENIS	$479.94
54385	REPAIR PENIS	$479.94
54400	INSERT PENILE PROSTH,NON-INFLA	$5,455.62
54401	INSERTION OF PENILE PROSTHESIS	$8,598.55
54405	INSERT INFLATABLE PENILE PROST	$8,638.30
54406	REMOVE COMPON INFLAT PEN PROST	$827.66

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54408	REP COMPON INFLAT PENILE PROST	$1,260.80
54410	REMOV/REPL COMP INFLAT PEN PRO	$8,478.38
54415	REM NON-INFLAT/INFLAT PEN PROS	$827.66
54416	REM/REPL NONINFLAT/INFLAT PEN	$8,396.58
54420	REVISION OF PENIS	$827.66
54435	PENILE FISTULATION FOR PRIAPIS	$827.66
54437	REPAIR CORPOREAL TEAR	$827.66
54440	PLASTIC REPAIR-PENIS,FOR INJUR	$827.66
54450	PREPUTIAL STRETCHING	$65.35
54500	BIOPSY OF TESTIS	$600.95
54505	BIOPSY OF TESTIS	$827.66
54512	EXC EXTRAPAREN LESION TESTIS	$827.66
54520	REMOVAL OF TESTIS	$827.66
54522	ORCHIECTOMY, PARTIAL	$827.66
54530	RADICAL ORCHIECTOMY:INGUINAL A	$842.59
54550	EXPLORATION FOR TESTIS	$842.59
54560	EXPLORATION FOR TESTIS	$479.94
54600	REDUCE TESTIS TORSION	$827.66
54620	SUSPENSION OF TESTIS	$827.66
54640	SUSPENSION OF TESTIS	$842.59
54660	REVISION OF TESTIS	$1,705.28
54670	REPAIR TESTIS INJURY	$827.66
54680	RELOCATION OF TESTIS(ES)	$827.66
54690	LAP SURG ORCHIECTOMY	$1,430.16
54692	LAP SURG ORCHIOPEXY	$1,430.16
54700	DRAINAGE OF SCROTUM	$479.94

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
54800	BIOPSY OF EPIDIDYMIS	$354.14
54830	REMOVE EPIDIDYMIS LESION	$827.66
54840	REMOVE EPIDIDYMIS LESION	$479.94
54860	REMOVAL OF EPIDIDYMIS	$827.66
54861	REMOVAL OF EPIDIDYMES	$827.66
54865	EXPLORE EPIDIDYMIS	$827.66
54900	FUSION OF SPERMATIC DUCTS	$479.94
54901	FUSION OF SPERMATIC DUCTS	$827.66
55000	DRAINAGE OF HYDROCELE	$32.35
55040	REMOVAL OF HYDROCELE	$842.59
55041	REMOVAL OF HYDROCELES	$842.59
55060	REPAIR OF HYDROCELE	$827.66
55100	DRAINAGE OF SCROTUM ABSCESS	$354.14
55110	SCROTAL EXPLORATION	$827.66
55120	REMOVAL OF SCROTUM LESION	$479.94
55150	REMOVAL OF SCROTUM	$827.66
55175	SCROTOPLASTY: SIMPLE	$827.66
55180	SCROTOPLASTY: COMPLICATED	$1,260.80
55200	INCISION OF SPERM DUCT	$827.66
55250	VASECTOMY, UNILATERAL OR BILAT	$479.94
55300	PREPARATION,SPERM DUCT X-RAY	BY REPORT
55400	REPAIR OF SPERM DUCT	$827.66
55500	REMOVAL OF HYDROCELE	$827.66
55520	REMOVAL OF SPERM CORD LESION	$827.66
55530	REVISE SPERMATIC CORD VEINS	$827.66
55535	REVISE SPERMATIC CORD VEINS	$1,585.58

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
55540	REVISE HERNIA & SPERM VEINS	$842.59
55550	LAP W/LIG SPERM VEINS	$1,430.16
55600	VESICULOTOMY:	$479.94
55680	REMOVE SPERM POUCH LESION	$827.66
55700	BIOPSY OF PROSTATE	$479.94
55705	BIOPSY OF PROSTATE	$827.66
55706	BIOPSIES PROSTATE NEEDLE T	$827.66
55720	DRAINAGE OF PROSTATE ABSCESS	$827.66
55725	DRAINAGE OF PROSTATE ABSCESS	$827.66
55860	EXPOSE PROSTATE-INSERT RADIOAC	$1,260.80
55870	ELECTROEJACULATION	$40.76
55873	CRYOSURG ABLATION PROSTATE	$3,460.42
55874	TPRNL PLMT BIODEGRADABL MATRL	$1,951.89
55875	TRANSPERI NEEDLE PLACE, PROS	$1,260.80
55876	PLACE RT DEVICE/MARKER, PROS	$481.05
55880	ABLTJ MAL PRST8 TISS HIFU	$2,389.85
55882	ABLT TRURL PRST8 TIS TRNSDCR	$5,363.78
55920	PLACEMENT OF NEEDLES OR CATHET	$1,112.79
56405	DRAINAGE OF PERINEAL ABSCESS	$42.38
56420	DRAINAGE OF VULVA ABSCESS	$54.39
56440	SURGERY FOR VULVA LESION	$837.13
56441	LYSIS OF LABIAL ADHESIONS	$837.13
56442	HYMENOTOMY	$837.13
56501	DESTROY VULVA LESION(S):SIMPLE	$63.24
56515	TREATMENT OF VULVA LESIONS	$490.55
56605	BIOPSY OF PERINEAL: 1 LESION	$25.88

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
56606	BIOPSY VULVA/PERINEUM ADD LESN	$5.92
56620	PARTIAL REMOVAL OF VULVA	$837.13
56625	REMOVAL OF VULVA	$837.13
56700	PARTIAL REMOVAL OF HYMEN	$837.13
56740	REMOVE VAGINA GLAND LESION	$837.13
56800	REPAIR OF VAGINA	$837.13
56805	CLITOROPLASTY ADRENOGENITAL SY	$837.13
56810	PERIN., REPAIR OF PERINEUM	$837.13
56820	COLPOSCOPY OF VULVA	$32.83
56821	COLPOSCOPY OF VULVA W/BIOPSY	$42.70
57000	EXPLORATION OF VAGINA	$837.13
57010	DRAINAGE OF PELVIC ABSCESS	$837.13
57020	DRAINAGE OF PELVIC FLUID	$1,112.79
57022	I&D VAG HEMATOMA POST-OBSTET	$600.95
57023	I&D VAG HEMATOMA NON-OBSTETRIC	$600.95
57061	DESTROY VAGINAL LESIONS:SIMPLE	$56.29
57065	DESTROY VAGINAL LESION(S):EXTE	$837.13
57100	BIOPSY OF VAGINA	$27.50
57105	BIOPSY OF VAGINA	$837.13
57120	CLOSURE OF VAGINA	$1,112.79
57130	REMOVE VAGINA LESION	$837.13
57135	REMOVE VAGINA LESION	$837.13
57150	TREAT VAGINAL INFECTION	$11.98
57155	INSERT UTERI TANDEM/OVOIDS	$1,112.79
57156	INS VAG BRACHYTX DEVICE	$81.54
57160	INSERT PESSARY	$19.25

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
57170	FITTING OF DIAPHRAGM	$20.22
57180	TREAT NON-OBSTETRICAL HEMORRHA	$54.39
57200	REPAIR OF VAGINA	$837.13
57210	REPAIR VAGINA/PERINEUM	$837.13
57220	REVISION OF URETHRA	$1,112.79
57230	REPAIR OF URETHRAL LESION	$837.13
57240	REPAIR BLADDER & VAGINA	$1,112.79
57250	REPAIR RECTUM & VAGINA	$1,112.79
57260	PLASTIC REPAIR OF VAGINA AND	$1,112.79
57265	EXTENSIVE REPAIR OF VAGINA	$1,112.79
57267	INSERT MESH/PELVIC FLR ADDON	$724.47
57268	REPAIR ENTEROCELE,VAGINAL APPR	$1,112.79
57287	REMOV/REVISE SLING STRESS INCO	$837.13
57288	SLING OPERATION STRESS INCONT	$1,443.36
57289	REPAIR BLADDER & VAGINA	$1,560.69
57291	CONSTRUCT ARTIFICIAL VAGINA,W/	$1,112.79
57295	CHANGE VAGINAL GRAFT	$837.13
57300	REPAIR RECTUM-VAGINA FISTULA	$837.13
57310	REPAIR URETHRA-VAGINA LESION	$1,560.69
57320	REPAIR BLADDER-VAGINA LESION	$1,112.79
57400	DILATE VAGINA UNDER ANESTHESIA	$837.13
57410	PELVIC EXAM UNDER ANESTHESIA	$837.13
57415	REM. IMP. UNDER ANESTHESIA	$837.13
57420	COLPOSCOPY ENTIRE VAGINA W/CER	$34.61
57421	COLPOS ENTIRE VAG W/CERV W/BIO	$44.64
57426	REVISION (INCLUDING REMOVAL) O	$1,560.69

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
57452	EXAMINATION OF VAGINA	$33.32
57454	VAGINA EXAMINATION & BIOPSY	$38.01
57455	COLPOSCOPY CERV W/BIOPSY CERV	$40.92
57456	COLPOSCOPY CERV W/ENDOCERV CUR	$38.98
57460	COLPOSCOPY:W.LOOP ELECT.EXCISI	$95.75
57461	COLPOS CERV W/ CONIZAT CERVIX	$102.38
57500	BIOPSY OF CERVIX	$50.46
57505	ENDOCERVICAL CURETTAGE	$51.76
57510	CAUTERIZATION OF CERVIX	$44.64
57511	CRYOCAUTERY OF CERVIX	$59.20
57513	LASER SURGERY	$837.13
57520	BIOPSY OF CERVIX	$837.13
57522	LOOP ELECTRODE EXCESION OF CX	$837.13
57530	REMOVAL OF CERVIX	$1,112.79
57550	REMOVAL OF RESIDUAL CERVIX	$1,112.79
57556	REMOVE CERVIX, REPAIR BOWEL	$1,112.79
57558	D&C OF CERVICAL STUMP	$837.13
57700	REVISION OF CERVIX	$837.13
57720	REVISION OF CERVIX	$837.13
57800	DILATION OF CERVICAL CANAL	$22.97
58100	BIOPSY OF UTERUS LINING	$25.88
58110	BX DONE W/COLPOSCOPY ADD-ON	BY REPORT
58120	DIAGNOSTIC/THERAPEUTIC D&C	$837.13
58145	REMOVAL OF UTERUS LESION	$837.13
58260	VAGINAL HYSTERECTOMY	$1,112.79
58262	VAGINAL HYSTERECTOMY W. REM.	$1,112.79

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
58301	REMOVE INTRAUTERINE DEVICE	$104.80
58340	INJECT FOR UTERUS/TUBE X-RAY	BY REPORT
58346	INSERT HEYMAN CAPS CLIN BRACHY	$1,112.79
58350	REOPEN FALLOPIAN TUBE	$1,112.79
58353	ENDOMET ABLATION THERMAL	$1,112.79
58356	ENDOMETRIAL CRYOABLATION	$650.33
58541	LSH, UTERUS 250 G OR LESS	$2,448.00
58542	LSH W/T/O UT 250 G OR LESS	$2,448.00
58543	LSH UTERUS ABOVE 250 G	$2,448.00
58544	LSH W/T/O UTERUS ABOVE 250 G	$2,448.00
58545	LAP SURG MYOMEC EXCIS 1-4 MYOM	$1,430.16
58546	LAP SURG MYOMEC EXC 5 OR MORE	$2,448.00
58550	LAP ASSISTED VAG HYSTERECTOMY	$1,430.16
58552	LAP SURG W/VAG HYSTER 250 GM	$2,448.00
58553	LAP SURG W/VAG HYSTER >250 GMS	$2,448.00
58554	LAP SURG W/VAG HYSTER >250 GMS	$2,448.00
58555	DIAGNOSTIC HYSTEROSCOPY	$837.13
58558	HYSTEROSCOPY W/BX W/WO D&C	$837.13
58559	SURG HYSTEROSCOPY W/LYSIS ADHE	$1,112.79
58560	SURG HYSTEROSCOPY W/RES SEPTUM	$1,112.79
58561	SURG HYSTEROSCOPY W/REMOV LEIO	$1,112.79
58562	SURG HYSTEROSCOPY W/REMOV FOR	$837.13
58563	SURG HYSTEROSCOPY W/ENDO ABLAT	$1,112.79
58565	HYSTEROSCOPY, STERILIZATION	$1,410.42
58570	LAPAROSCOPY, SURGICAL, WITH TO	$2,448.00
58571	LAPAROSCOPY, SURGICAL, WITH TO	$2,448.00

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58572	LAPAROSCOPY, SURGICAL, WITH TO	$2,448.00
58573	LAPAROSCOPY, SURGICAL, WITH TO	$2,448.00
58580	TRANSCRV ABLTJ UTRN FIBRD RF	$1,978.12
58600	DIVISION OF FALLOPIAN TUBE	$837.13
58615	OCCLUSION OF FALLOPIAN TUBE, D	$837.13
58660	SURG LAP W/LYSIS OF ADHESIONS	$1,430.16
58661	SURG LAP W/REMOV ADNEXAL STRUC	$1,430.16
58662	SURG LAPAROSCOPY W/FULGURATION	$1,430.16
58670	SURG LAP W/FULG OF OVIDUCTS	$1,430.16
58671	SURG LAP W/OCCLUS OF OVIDUCTS	$1,430.16
58674	LAPS ABLTJ UTERINE FIBROIDS	$2,448.00
58800	DRAINAGE OF OVARIAN CYST(S)	$837.13
58805	DRAINAGE OF OVARIAN CYST(S)	$837.13
58820	DRAINAGE OF OVARIAN ABSCESS	$837.13
58900	BIOPSY OF OVARY(S)	$837.13
59000	AMNIOCENTESIS	$30.08
59001	AMNIOCENTESIS THER AMNIO FLD	$81.54
59012	CORDOCENTESIS (INTRAUTERINE)	$81.54
59015	CHORIONIC VILLUS SAMPLING CHRO	$30.89
59020	FETAL OXYTOCIN STRESS TEST	$16.66
59025	FETAL NON-STRESS TEST	$9.71
59070	TRANSABDOM AMNIOINFUSION	$81.54
59072	FETAL UMB CORD OCCLUSION W/ US	$110.14
59074	FETAL FLUID DRAINAGE W/ U/S	$81.54
59076	FETAL SHUNT PLACEMENT W/ U/S	$81.54
59100	ABD. HYSTEROTOMY FOR MOLE/TOP	$1,112.79

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59150	LAPAROSCOPIC TX	$1,430.16
59151	LAPAROSCOPIC TX	$1,430.16
59160	D&C AFTER DELIVERY	$837.13
59200	INSERT.HYGROSCOPIC CERVICAL DI	$39.30
59300	EPISIOTOMY/VAG REP BY OTHER MD	$59.84
59320	CERCLAGE/CERVIX,DUR PREG:VAGIN	$837.13
59412	EXTERNAL CEPHALIC VERSION,W/WO	$837.13
59414	DELIVERY PLACENTA SEPARATE PRO	$837.13
59812	TX MISCARRIAGE, SURGICAL	$837.13
59820	MISSED ABORTION ANY TRIMESTER	$837.13
59821	TX MISSED MISCARRIAGE,SURG.	$837.13
59840	THERAPUTIC ABORTION BY D&C	$3,013.67
59841	ABORTION BY DILATION + EVACUAT	$3,013.67
59856	TOP D & C &/OR D & E	$262.85
59866	MULTIFETAL PREGNANCY REDUCTION	$81.54
59870	UTERINE EVAC&CURETTAGE/H.MOLE	$837.13
59871	CERCLAGE SUTURE REMOVAL	$837.13
60000	DRAIN THYROID/TONGUE CYST	$328.69
60100	BIOPSY OF THYROID	$25.39
60200	REMOVE THYROID LESION	$1,430.16
60210	PARTIAL THYROID LOBECTOMY UNI	$1,430.16
60212	W CONTRA LAT SUBTOTAL LOBECTMY	$1,430.16
60220	PARTIAL REMOVAL OF THYROID	$1,430.16
60225	PARTIAL REMOVAL OF THYROID	$1,430.16
60240	REMOVAL OF THYROID	$1,430.16
60280	REMOVE THYROID DUCT LESION	$1,430.16

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
60281	EXC.RECURRENT THYRO.DUCT CYST/	$1,430.16
60300	ASPIRATION AND/OR INJECTION, T	$32.67
60500	EXPLORE PARATHYROID GLANDS	$1,458.68
60660	ABLTJ 1/+THYR NDUL 1LOBE PRQ	$354.14
61000	REMOVE CRANIAL CAVITY FLUID	$185.88
61001	REMOVE CRANIAL CAVITY FLUID	$185.88
61020	REMOVE BRAIN CAVITY FLUID	$238.97
61026	PUNCTURE BURR HOLE FOR INJECTI	$185.88
61050	REMOVE BRAIN CANAL FLUID	$79.24
61055	CERVICAL PUNCTURE FOR INJECTIO	$79.24
61070	BRAIN CANAL SHUNT PROCEDURE	$185.88
61215	INSERT SYST.-CONNECT TO VENTRI	$1,544.81
61330	EXPLORATION OF EYE SOCKET	$697.23
61770	STEREO.LOC./BURR HOLES:INSERT	$1,544.81
61781	SCAN PROC CRANIAL INTRA	BY REPORT
61782	SCAN PROC CRANIAL EXTRA	BY REPORT
61783	SCAN PROC SPINAL	BY REPORT
61790	TREAT TRIGEMINAL NERVE	$462.47
61791	CREATE LESION-NEUROLYTIC AGENT	$462.47
61880	REVISE/REMOVE NEUROELECTRODE	$972.17
61885	IMPLANT NEURORECEIVER	$10,051.22
61886	INCS/PLACE CRAN NEURO PULSE G	$13,144.78
61888	REVISE/REMOVE NEURORECEIVER	$5,326.40
62160	INTRACRAN NEUROENDOSCOPY	BY REPORT
62194	REPLACE/IRRIGATE CATHETER	$462.47
62225	REPLACE/IRRIGATE CATHETER	$1,544.81

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AMBULATORY SERVICES: UPDATE DECEMBER 1, 2025

CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
62230	REPLACE/REVISE BRAIN SHUNT	$1,544.81
62252	REPROGRAM CSF SHUNT PROGRAM	$20.22
62263	PERCUT LYSIS EPIDURAL ADHESION	$238.97
62264	PERC LYS EPID ADHES MULT SESS	$238.97
62267	PERCUTANEOUS ASPIRATION WITHIN	$188.80
62268	PERC.ASPIRATE-SPINAL CORD OR S	$238.97
62269	BX SPINAL CORD,PERCUTANEOUS NE	$354.14
62270	SPINAL FLUID TAP, DIAGNOSTIC	$185.88
62272	REDUCE SPINAL FLUID PRESSURE	$185.88
62273	TREAT LUMBAR SPINE LESION	$185.88
62280	TREAT SPINAL CORD LESION	$238.97
62281	INJ NEUROLYTIC SUB.EPID.CER/TH	$238.97
62282	TREAT SPINAL CANAL LESION	$238.97
62284	INJECTION FOR MYELOGRAM	BY REPORT
62287	ASPIRATION PROCEDURE....LUMBAR	$462.47
62290	INJECTION OF DYE FOR X-RAY I	BY REPORT
62291	INJECTION OF DYE FOR X-RAY I	BY REPORT
62292	INJECTION INTO DISK LESION	$462.47
62294	INJECTION INTO SPINAL ARTERY	$238.97
62302	MYELOGRAPHY LUMBAR INJECTION	BY REPORT
62303	MYELOGRAPHY LUMBAR INJECTION	BY REPORT
62304	MYELOGRAPHY LUMBAR INJECTION	BY REPORT
62305	MYELOGRAPHY LUMBAR INJECTION	BY REPORT
62320	NJX INTERLAMINAR CRV/THRC	$185.88
62321	NJX INTERLAMINAR CRV/THRC	$185.88
62322	NJX INTERLAMINAR LMBR/SAC	$238.97

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
62323	NJX INTERLAMINAR LMBR/SAC	$185.88
62324	NJX INTERLAMINAR CRV/THRC	$238.97
62325	NJX INTERLAMINAR CRV/THRC	$238.97
62326	NJX INTERLAMINAR LMBR/SAC	$238.97
62327	NJX INTERLAMINAR LMBR/SAC	$238.97
62350	IMPLANT SPINAL CANAL CATHETER	$2,143.26
62355	REMOVE SPINAL CANAL CATHETER	$462.47
62360	INSERT SPINE INFUSION DEVICE	$7,346.03
62361	IMPLANT SPINE INFUSION PUMP	$7,768.58
62362	IMPLANT SPINE INFUSION PUMP	$7,254.50
62365	REMOVE SPINE INFUSION DEVICE	$1,544.81
62367	ANALYZE SPINE INFUSION PUMP	$6.96
62368	ANALYZE SPINE INFUSION PUMP	$9.71
62369	ANAL SP INF PMP W/REPRG&FILL	$32.35
62370	ANL SP INF PMP W/MDREPRG&FIL	$28.31
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	$1,755.42
63001	REMOVE SPINE LAMINA 1/2 CRVL	$1,755.42
63003	REMOVE SPINE LAMINA 1/2 THRC	$1,755.42
63005	REMOVE SPINE LAMINA 1/2 LMBR	$1,755.42
63020	NECK SPINE DISK SURGERY	$1,755.42
63030	LOW BACK DISK SURGERY	$1,755.42
63042	LOW BACK DISK SURGERY	$1,755.42
63044	LEMINOTOMY EA ADDIT LUMBAR	BY REPORT
63045	REMOVE SPINE LAMINA 1 CRVL	$1,755.42
63046	REMOVE SPINE LAMINA 1 THRC	$1,755.42
63047	REMOVE SPINE LAMINA 1 LMBR	$1,755.42

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
63055	DECOMPRESS SPINAL CORD THRC	$1,755.42
63056	DECOMPRESS SPINAL CORD LMBR	$1,755.42
63600	REMOVE SPINAL CORD LESION	$462.47
63610	STIMULATION OF SPINAL CORD	$653.68
63650	IMPLANT NEUROELECTRODES	$2,542.13
63655	IMPLANT NEUROELECTRODES	$9,052.34
63661	REMOVAL OF SPINAL NEUROSTIMULA	$462.47
63662	REMOVAL OF SPINAL NEUROSTIMULA	$972.17
63663	REVISION INCLUDING REPLACEMENT	$2,579.73
63664	REVISION INCLUDING REPLACEMENT	$4,566.03
63685	IMPLANT NEURORECEIVER	$13,140.84
63688	REVISE/REMOVE NEURORECEIVER	$972.17
63744	REVISION OF SPINAL SHUNT	$2,150.33
63746	REMOVAL OF SPINAL SHUNT	$462.47
64400	INJECTION FOR NERVE BLOCK	$38.98
64405	INJECTION FOR NERVE BLOCK	$17.95
64408	INJECTION FOR NERVE BLOCK	$25.23
64412	INJECTION FOR NERVE BLOCK	$48.45
64415	INJECTION FOR NERVE BLOCK	$238.97
64416	INJECT ANESTH AGENT BRACH PLEX	$302.89
64417	INJECTION FOR NERVE BLOCK	$238.97
64418	INJECTION FOR NERVE BLOCK	$21.84
64420	INJECTION FOR NERVE BLOCK	$185.88
64421	INJECTION FOR NERVE BLOCK	$238.97
64425	INJECTION FOR NERVE BLOCK	$35.26
64430	INJECTION FOR NERVE BLOCK	$238.97

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
64435	INJECTION FOR NERVE BLOCK	$24.26
64445	INJECTION FOR NERVE BLOCK	$50.62
64446	INJ ANESTH AGENT SCIATIC NERVE	$238.97
64447	INJ ANESTH AGENT FEM NERVE SIN	$32.51
64448	INJ ANESTH AGENT FEM NERVE CON	$304.18
64449	INJ ANESTH AGENT LUMBAR PLEXUS	$238.97
64450	INJECTION FOR NERVE BLOCK	$22.65
64455	INJECTION(S) ANESTHETIC AGEN	$11.16
64461	PVB THORACIC SINGLE INJ SITE	$185.88
64462	PVB THORACIC 2ND+ INJ SITE	BY REPORT
64463	PVB THORACIC CONT INFUSION	$185.88
64479	INJ ANES AG/STER TRANS EPIDUR	$238.97
64480	INJ ANES/STER TRANS EPID EA AD	BY REPORT
64483	INJ ANES/STER TRANS EPID SINGL	$238.97
64484	INJ ANES AG/STER TRANS EPID EA	BY REPORT
64486	TAP BLOCK UNIL BY INJECTION	BY REPORT
64487	TAP BLOCK UNI BY INFUSION	BY REPORT
64488	TAP BLOCK BI INJECTION	BY REPORT
64489	TAP BLOCK BI BY INFUSION	BY REPORT
64490	INJECTION(S), DIAGNOSTIC OR TH	$238.97
64491	INJECTION(S), DIAGNOSTIC OR TH	$52.57
64492	INJECTION(S), DIAGNOSTIC OR TH	$52.57
64493	INJECTION(S), DIAGNOSTIC OR TH	$238.97
64494	INJECTION(S), DIAGNOSTIC OR TH	$52.57
64495	INJECTION(S), DIAGNOSTIC OR TH	$52.57
64505	INJECTION FOR NERVE BLOCK	$42.70

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
64510	INJECTION FOR NERVE BLOCK	$238.97
64517	INJ ANESTH AGENT SUP HYPOGAST	$238.97
64520	INJECTION FOR NERVE BLOCK	$238.97
64530	INJECTION FOR NERVE BLOCK	$238.97
64553	IMPLANT NEUROELECTRODES	$4,545.25
64555	IMPLANT NEUROELECTRODES	$2,926.61
64561	PERC IMPLANT NEUROSTIM ELECTRO	$2,608.87
64566	NEUROELTRD STIM POST TIBIAL	$43.99
64568	INC FOR VAGUS N ELECT IMPL	$13,420.08
64569	REVISE/REPL VAGUS N ELTRD	$5,689.84
64570	REMOVE VAGUS N ELTRD	$1,544.81
64575	IMPLANT NEUROELECTRODES	$4,961.52
64580	IMPLANT NEUROELECTRODES	$10,098.69
64581	INCIS IMPLANT NEUROSTIM ELECTR	$2,737.03
64582	OPN MPLTJ HPGLSL NSTM ARY PG	$12,916.14
64583	REV/RPLCT HPGLSL NSTM ARY PG	$4,240.70
64584	RMVL HPGLSL NSTIM ARY PG	$1,544.81
64585	REVISE/REMOVE NEUROELECTRODE	$972.17
64590	IMPLANT NEURORECEIVER	$9,836.12
64595	REVISE/REMOVE NEURORECEIVER	$1,238.81
64600	INJ TX FACIAL NERVES (5TH N)	$238.97
64605	INJ TREATMENT NERVES IN HEAD	$462.47
64610	DESTRUC NERVE IN HEAD/RAD MON	$462.47
64611	CHEMODENERV SALIV GLANDS	$41.73
64612	DESTR NEUROLYTIC AGENT.>NERVE	$39.63
64615	CHEMODENERV MUSC MIGRAINE	$34.29

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
64616	CHEMODENERV MUSC NECK DYSTON	$34.61
64617	CHEMODENER MUSCLE LARYNX EMG	$43.02
64620	INJ TX INTERCOSTAL NERVE	$238.97
64628	TRML DSTRJ IOS BVN 1ST 2 /S	$4,762.01
64630	DESTROY PUDENTAL NERVE	$238.97
64632	DESTRUCTION BY NEUROLYTIC AGEN	$22.97
64633	DESTROY CERV/THOR FACET JNT	$462.47
64634	DESTROY C/TH FACET JNT ADDL	$52.57
64635	DESTROY LUMB/SAC FACET JNT	$462.47
64636	DESTROY L/S FACET JNT ADDL	$150.38
64640	DESTRUCTION OF OTH PERIPH NERV	$85.07
64642	CHEMODENERV 1 EXTREMITY 1-4	$41.89
64643	CHEMODENERV 1 EXTREM 1-4 EA	BY REPORT
64644	CHEMODENERV 1 EXTREM 5/> MUS	$50.95
64645	CHEMODENERV 1 EXTREM 5/> EA	BY REPORT
64646	CHEMODENERV TRUNK MUSC 1-5	$41.89
64647	CHEMODENERV TRUNK MUSC 6/>	$45.61
64650	CHEMODENERV ECCRINE GLANDS	$29.28
64653	CHEMODENERV ECCRINE GLANDS	$32.67
64680	DESTRUC OF NERVE,CELIAC PLEXUS	$238.97
64681	DESTRUCT BY NEURO AGENT	$238.97
64702	REVISE FINGER/TOE NERVE	$462.47
64704	REVISE HAND/FOOT NERVE	$462.47
64708	REVISE ARM/LEG NERVE	$462.47
64712	REVISION OF SCIATIC NERVE	$462.47
64713	REVISION OF ARM NERVE(S)	$462.47

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
64714	REVISE LOW BACK NERVE(S)	$462.47
64716	REVISION OF CRANIAL NERVE	$462.47
64718	REVISE ULNAR NERVE AT ELBOW	$462.47
64719	REVISE ULNAR NERVE AT WRIST	$462.47
64721	REVISE MEDIAN NERVE AT WRIST	$462.47
64722	RELIEVE PRESSURE ON NERVE(S)	$462.47
64726	RELEASE FOOT/TOE NERVE	$462.47
64727	INTERNAL NERVE REVISION	BY REPORT
64732	INCISION OF BROW NERVE	$462.47
64734	INCISION OF CHEEK NERVE	$462.47
64736	INCISION OF CHIN NERVE	$462.47
64738	INCISION OF JAW NERVE	$462.47
64740	INCISION OF TONGUE NERVE	$462.47
64742	INCISION OF FACIAL NERVE	$462.47
64744	INCISE NERVE, BACK OF HEAD	$462.47
64746	INCISE DIAPHRAGM NERVE	$462.47
64763	INCISE HIP/THIGH NERVE	$462.47
64766	INCISE HIP/THIGH NERVE	$586.16
64771	INCISE CRANIAL NERVE,EXTRADURA	$462.47
64772	INCISION OF SPINAL NERVE	$462.47
64774	REMOVE SKIN NERVE LESION	$462.47
64776	REMOVE DIGIT NERVE LESION	$462.47
64778	EXCISE NEUROMA:EACH ADD DIGIT	BY REPORT
64782	REMOVE LIMB NERVE LESION	$462.47
64783	EXCISE NEUROMA,HAND/FOOT,@ ADD	BY REPORT
64784	REMOVE NERVE LESION	$462.47

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
64786	REMOVE SCIATIC NERVE LESION	$1,544.81
64787	INSERT CAP ON NERVE END	BY REPORT
64788	REMOVE SKIN NERVE LESION	$462.47
64790	REMOVAL OF NERVE LESION	$462.47
64792	REMOVAL OF NERVE LESION	$1,544.81
64795	BIOPSY OF NERVE	$462.47
64802	SYMPATHECTOMY CERVICAL	$462.47
64820	SYMPATHECTPMY DIGID ART-EACH	$462.47
64821	SYMPATHECTOMY: RADIAL ARTERY	$789.58
64822	SYMPATHECTOMY: ULNAR ARTERY	$789.58
64823	SYMPATHECTOMY: SUPERFIC PALMAR	$789.58
64831	REPAIR OF DIGIT NERVE	$462.47
64832	SUTURE DIGIT NERVE:@ ADD DIGIT	BY REPORT
64834	REPAIR OF HAND OR FOOT NERVE	$1,544.81
64835	REPAIR OF MED MOTOR THENAR	$1,544.81
64836	REPAIR OF ULNAR MOTOR NERVE	$1,544.81
64837	REPAIR ADDITIONAL NERVE	BY REPORT
64840	REPAIR OF LEG NERVE	$1,544.81
64856	REPAIR/TRANSPOSE NERVE	$1,544.81
64857	REPAIR ARM/LEG NERVE	$1,544.81
64858	REPAIR SCIATIC NERVE	$462.47
64859	SUTURE @ ADD MAJOR PERIPHERAL	BY REPORT
64861	REPAIR OF ARM NERVES	$462.47
64862	REPAIR OF LOW BACK NERVES	$1,544.81
64864	REPAIR OF FACIAL NERVE	$1,544.81
64865	REPAIR OF FACIAL NERVE	$1,958.00

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
64872	SUBSEQUENT REPAIR OF NERVE	BY REPORT
64874	REPAIR & REVISE NERVE	BY REPORT
64876	REPAIR NERVE: SHORTEN BONE	BY REPORT
64885	NERVE GRAFT HEAD/NECK </4 CM	$1,544.81
64886	NERVE GRAFT HEAD/NECK >4 CM	$1,958.00
64890	NERVE GRAFT HAND/FOOT </4 CM	$1,958.00
64891	NERVE GRAFT HAND/FOOT >4 CM	$1,958.00
64892	NERVE GRAFT ARM/LEG <4 CM	$2,294.27
64893	NERVE GRAFT ARM/LEG >4 CM	$1,544.81
64895	NERVE GRAFT HAND/FOOT </4 CM	$1,544.81
64896	NERVE GRAFT HAND/FOOT >4 CM	$1,544.81
64897	NERVE GRAFT ARM/LEG </4 CM	$1,544.81
64898	NERVE GRAFT ARM/LEG >4 CM	$1,544.81
64901	NERVE GRAFT, @ ADD NERVE:SING.	BY REPORT
64902	NERVE GRAFT,@ ADD NERE, MULTI	BY REPORT
64905	NERVE PEDICLE TRANSFER	$1,544.81
64907	NERVE PEDICLE TRANSFER	$1,544.81
64910	NERVE REPAIR W/ALLOGRAFT	$2,215.37
64912	NRV RPR W/NRV ALGRFT 1STRVE	$2,282.28
64913	HRV RPR W/NRV ALGRFT EA ADDL	BY REPORT
65091	EVISCERATION EYE	$793.52
65093	EVISCERATION EYE WITH IMPLANT	$793.52
65101	REMOVAL OF EYE	$793.52
65103	REMOVE EYE/INSERT IMPLANT	$793.52
65105	REMOVE EYE/ATTACH IMPLANT	$793.52
65110	REMOVAL OF EYE	$793.52

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
65112	REMOVE EYE, REVISE SOCKET	$793.52
65114	REMOVE EYE, REVISE SOCKET	$793.52
65125	MODIFY OCULAR IMPL.(SEP.PROC.)	$513.00
65130	INSERT OCULAR IMPLANT	$793.52
65135	INSERT OCULAR IMPLANT	$793.52
65140	ATTACH OCULAR IMPLANT	$793.52
65150	REVISE OCULAR IMPLANT	$793.52
65155	REINSERT OCULAR IMPLANT	$793.52
65175	REMOVAL OF OCULAR IMPLANT	$793.52
65205	REMOVE FOREIGN BODY FROM EYE	$11.13
65210	REMOVE FOREIGN BODY FROM EYE	$14.08
65220	REMOVE FOREIGN BODY FROM EYE	$24.84
65222	REMOVE FOREIGN BODY FROM EYE	$13.41
65235	REMOVE FOREIGN BODY FROM EYE	$607.16
65260	REMOVE FOREIGN BODY FROM EYE	$607.16
65265	REMOVE FOREIGN BODY FROM EYE	$607.16
65270	REPAIR OF EYE WOUND	$513.00
65272	REPAIR OF EYE WOUND	$513.00
65275	REPAIR OF CORNEA LACERATION	$793.52
65280	REPAIR OF EYE WOUND	$1,314.17
65285	REPAIR OF EYE WOUND	$1,314.17
65286	REPAIR LACERATION:APPLIC TISSU	$216.24
65290	REPAIR OF EYE SOCKET WOUND	$793.52
65400	REMOVAL OF EYE LESION	$247.99
65410	BIOPSY OF CORNEA	$513.00
65420	REMOVAL OF EYE LESION	$513.00

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
65426	REMOVAL OF EYE LESION	$513.00
65430	CORNEAL SMEAR	$22.53
65435	CURETTE/TREAT CORNEA	$23.78
65436	CURETTE/TREAT CORNEA	$103.19
65450	DESTROY CORNEAL LESION	$80.06
65600	REVISION OF CORNEA	$136.67
65710	CORNEAL TRANSPLANT	$1,314.17
65730	CORNEAL TRANSPLANT	$1,047.17
65750	CORNEAL TRANSPLANT	$1,314.17
65755	CORNEAL TRANSPLANT	$1,047.17
65756	KERATOPLASTY (CORNEAL TRANSPLA	$1,047.17
65757	BACKBENCH PREPARATION OF CORNE	BY REPORT
65770	KERATOPROSTHESIS	$5,524.10
65772	CORNEAL RELAX INCISION,CORR SU	$247.99
65775	CORN WDGE RESECT,CORR SURG..AS	$513.00
65778	COVER EYE W/MEMBRANE	$192.34
65779	COVER EYE W/MEMBRANE STENT	$335.34
65780	OCULAR SURF RECONSTRUCT	$793.52
65781	LIMBAL STEM CELL ALLOGRAFT	$1,774.52
65782	LIMBAL CONJUNCTIVAL AUTOGRAFT	$793.52
65785	IMPLTJ NTRSTRML CRNL RNG SEG	$1,490.51
65800	PARACENTESIS..ANT CHAMB EYE...	$607.16
65810	PARACENTHESIS EYE..REMOV VITRE	$607.16
65815	DRAINAGE OF EYE	$607.16
65820	RELIEVE INNER EYE PRESSURE	$1,047.17
65850	TRABECULOTOMY AB EXTERNO	$607.16

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
65855	LASER TRABECULOPLASTY-1/MORE	$65.34
65860	SEVERING ADH. ANT.: LASER	$85.07
65865	INCISE INNER EYE ADHESIONS	$607.16
65870	INCISE INNER EYE ADHESIONS	$607.16
65875	INCISE INNER EYE ADHESIONS	$607.16
65880	INCISE INNER EYE ADHESIONS	$1,047.17
65900	REMOVE EYE LESION	$607.16
65920	REMOVE IMPLANT FROM EYE	$607.16
65930	REMOVE BLOOD CLOT FROM EYE	$607.16
66020	INJECTION TREATMENT OF EYE	$607.16
66030	INJECTION TTREATMENT OF EYE	$607.16
66130	REMOVE EYE LESION	$513.00
66150	INCISION OF EYE	$1,047.17
66155	INCISION OF EYE	$1,047.17
66160	INCISION OF EYE	$607.16
66170	INCISION OF EYE	$607.16
66172	FISTULA.SCLERA.TRABECULECTOMY	$607.16
66174	TRANSLUM DIL EYE CANAL	$1,047.17
66175	TRNSLUM DIL EYE CANAL W/STNT	$2,126.81
66179	AQUEOUS SHUNT EYE W/O GRAFT	$1,656.94
66180	AQUEOUS SHUNT	$1,711.93
66183	INSERT ANT DRAINAGE DEVICE	$1,495.75
66184	REVISION OF AQUEOUS SHUNT	$607.16
66185	REVISE AQUEOUS SHUNT	$607.16
66225	REPAIR/GRAFT EYE LESION	$1,314.17
66250	FOLLOW-UP SURGERY OF EYE	$513.00

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AMBULATORY SERVICES: UPDATE DECEMBER 1, 2025

CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
66500	INCISION OF IRIS	$607.16
66505	INCISION OF IRIS	$607.16
66600	REMOVE IRIS AND LESION	$1,047.17
66605	REMOVAL OF IRIS	$607.16
66625	REMOVAL OF IRIS	$607.16
66630	REMOVAL OF IRIS	$607.16
66635	REMOVAL OF IRIS	$607.16
66680	REPAIR IRIS & CILIARY BODY	$607.16
66682	SUTURE OF IRIS, CILIARY BODY	$607.16
66700	RELIEVE INNER EYE PRESSURE	$607.16
66710	CILIARY BODY DESTR.:CYCLOPHOTO	$513.00
66711	CILIATY ENDOSCOPIC ABLATION	$607.16
66720	RELIEVE INNER EYE PRESSURE	$513.00
66740	RELIEVE INNER EYE PRESSURE	$513.00
66761	REVISION OF IRIS	$90.25
66762	REVISION OF IRIS	$135.37
66770	REMOVAL OF INNER EYE LESION	$147.26
66820	INCISION OF LENS LESION	$607.16
66821	DISCISSION SECONDARY: LASER	$147.26
66825	REP. INTR. LENS PROSTH.	$607.16
66830	REMOVAL OF LENS LESION	$607.16
66840	REMOVAL OF LENS MATERIAL	$607.16
66850	REMOVAL OF LENS MATERIAL	$607.16
66852	REMOVAL OF LENS MATERIAL	$1,047.17
66920	EXTRACTION OF LENS	$607.16
66930	EXTRACTION OF LENS	$1,047.17

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
66940	EXTRACTION OF LENS	$607.16
66982	EXTRA CATARACT REMOV W/LENS	$607.16
66983	INTRA CATARACT EXTRAC W/LENS	$607.16
66984	EXTRA CATARACT REMOVAL W/LENS	$607.16
66985	INSERT LENS PROSTHESIS	$607.16
66986	EXCHANGE OF INTRAOCULAR LENS	$607.16
66990	USE OF OPHTHMALMIC ENDOSCOPE	BY REPORT
66991	XCAPSL CTRC RMVL INSJ 1+	$1,879.85
67005	PARTIAL REMOVAL OF EYE FLUID	$607.16
67010	PARTIAL REMOVAL OF EYE FLUID	$607.16
67015	RELEASE OF EYE FLUID	$607.16
67025	REPLACE EYE FLUID	$607.16
67027	IMPLANT INTRAVIT DRUG SYSTEM	$941.00
67028	INTRAVITREAL INJECTION	$29.28
67030	INCISE INNER EYE STRANDS	$607.16
67031	SEVERING VIT. STRANDA-LASER	$147.26
67036	VIRECTOMY MECHANICAL	$1,047.17
67039	VIRTRECTOMY,MECHANICAL	$1,047.17
67040	VITRECTOMY..:W/ENDOLASER PANRE	$1,047.17
67041	VITRECTOMY, MECHANICAL, PARS P	$1,047.17
67042	VITRECTOMY, MECHANICAL, PARS P	$1,047.17
67043	VITRECTOMY, MECHANICAL, PARS P	$1,047.17
67101	REPAIR DETACHED RETINA	$99.63
67105	PHOTOCOAGULATION/DETACHED RET	$83.13
67107	REPAIR DETACHED RETINA	$1,047.17
67108	REPAIR DETACHED RETINA	$1,047.17

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
67110	REPAIR RETINAL DETACHMENT	$246.97
67113	REPAIR OF COMPLEX RETINAL DETA	$1,314.17
67115	RELEASE.ENCIRCLING MATERIAL(PO	$1,047.17
67120	REMOVE EYE IMPLANT MATERIAL	$607.16
67121	REMOVE IMPLANT,POSTERIOR,INTRA	$607.16
67141	TREAT RETINAL DETACH,CRYOTHER/	$80.06
67145	TREAT RETINAL DETACH,PHOTOCOAG	$72.62
67208	DEST.LOC.RETINAL LESION,CRYO.D	$80.06
67210	DEST.LOC.RETINAL LESION,PHOTOC	$136.02
67218	TREAT RETINAL LESION:IMPLANT R	$793.52
67220	DESTRUCT LOC LESION OF CHOROID	$143.14
67221	DESTRUCT LOC LES CHOROID	$75.37
67225	DESTRUCT LOC LESION CHOROID	BY REPORT
67227	DSTRJ EXTENSIVE RETINOPATHY	$80.71
67228	DESTROY RETINOPATHY:PHOTOCOAGU	$86.21
67229	TREATMENT OF EXTENSIVE OR PROG	$147.26
67250	REINFORCE EYE WALL	$513.00
67255	REINFORCE/GRAFT EYE WALL	$1,047.17
67311	REVISE EYE MUSCLE	$513.00
67312	REVISE TWO EYE MUSCLES	$793.52
67314	STRABISUMS SURGERY	$513.00
67316	STRABISMUS SURGERY	$513.00
67318	STRABISMUS SURGERY	$513.00
67320	REVISE EYE MUSCLE(S)	BY REPORT
67331	EYE SURGERY FOLLOW-UP	BY REPORT
67332	REREVISE EYE MUSCLES	BY REPORT

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
67334	STRABISMUS SURGERY	BY REPORT
67335	PLACE ADJUST SUTURE(S)DURING S	BY REPORT
67340	STRABISMUS SURGERY	BY REPORT
67343	RELEASE SCAR TISSUE	$513.00
67345	CHEMODENERVATION OF EXTRAOCULA	$61.95
67346	BIOPSY, EYE MUSCLE	$793.52
67400	EXPLORE/BIOPSY EYE SOCKET	$793.52
67405	EXPLORE/DRAIN EYE SOCKET	$513.00
67412	EXPLORE/TREAT EYE SOCKET	$513.00
67413	EXPLORE/TREAT EYE SOCKET	$513.00
67414	ORBITOTOMY WO BONE FLAP....	$793.52
67415	BIOPSY OF EYE	$513.00
67420	EXPLORE/TREAT EYE SOCKET	$793.52
67430	EXPLORE/TREAT EYE SOCKET	$793.52
67440	EXPLORE/DRAIN EYE SOCKET	$1,005.76
67445	ORBITOTOMY WO BONEFLAP-LATERAL	$793.52
67450	EXPLORE/BIOPSY EYE SOCKET	$793.52
67500	INJECT/TREAT EYE SOCKET	$16.50
67505	INJECT EYE SOCKET FOR XRAY	$20.54
67515	INJECT/TREAT EYE SOCKET	$11.65
67516	SPRCHOROIDAL SPC NJX RX AGT	$31.06
67550	INSERT EYE SOCKET IMPLANT	$793.52
67560	REVISE EYE SOCKET IMPLANT	$793.52
67570	OPTIC NERVE DECOMPRESSION....	$793.52
67700	DRAINAGE OF EYELID ABSCESS	$80.06
67710	INCISION OF EYELID	$94.94

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
67715	INCISION OF EYELID FOLD	$513.00
67800	REMOVE EYELID LESION	$37.85
67801	REMOVE EYELID LESIONS	$45.45
67805	REMOVE EYELID LESIONS	$58.87
67808	REMOVE EYELID LESION(S)	$513.00
67810	BIOPSY OF EYELID	$66.47
67820	REVISE EYELASHES	$8.99
67825	REVISE EYELASHES	$39.79
67830	REVISE EYELASHES	$247.99
67835	REVISE EYELASHES	$513.00
67840	REMOVE EYELID LESION	$95.91
67850	TREAT EYELID LESION	$72.94
67875	SUTURE CLOSURE OF EYELIDS	$247.99
67880	REVISION OF EYELID	$513.00
67882	REVISION OF EYELID	$513.00
67900	REPAIR BROW PTOSIS....	$513.00
67901	REPAIR BLEPHAROPTOSIS:..W SUTU	$513.00
67902	REPAIR BLEPHAROPTOSIS:..W FASC	$793.52
67903	REPAIR BLEPHAROPTOSIS:..INTERN	$513.00
67904	REPAIR BLEPHAROPTOSIS..EXTERNA	$513.00
67906	REPAIR BLEPHAROPTOSIS:..W FASC	$793.52
67908	REPAIR BLEPHAROPTOSIS:..RESECT	$513.00
67909	REDUCTION OVERCORRECTION PTOSI	$513.00
67911	REVISE EYELID DEFECT	$513.00
67912	CORRECTION LAGOPHTHALMOS	$513.00
67914	REPAIR ECTROPIAN:SUTURE	$513.00

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
67915	REPAIR EYELID DEFECT	$113.22
67916	REPAIR ECTROPIAN:BLEPHAROPLAST	$513.00
67917	REPAIR ECTROPIAN:BLEPHAROPLAST	$513.00
67921	REPAIR ENTROPIAN: SUTURE	$513.00
67922	REPAIR EYELID DEFECT	$110.79
67923	REPAIR ENTROPIAN:BLEPHAROPLAST	$513.00
67924	REPAIR ENTROPIAN:BLEPHAROPLAST	$513.00
67930	REPAIR EYELID WOUND	$113.05
67935	SUTURE RECENT WOUND,EYELID...	$513.00
67938	REMOVE EYELID FOREIGN BODY	$80.06
67950	CANTHOPLASTY(RECONST CANTHUS)	$513.00
67961	REVISION OF EYELID	$513.00
67966	REVISION OF EYELID	$513.00
67971	RECONSTRUCTION OF EYELID	$513.00
67973	RECONSTRUCTION OF EYELID	$513.00
67974	RECONSTRUCTION OF EYELID	$793.52
67975	RECONSTRUCTION OF EYELID	$513.00
68020	INCISE/DRAIN EYELID LINING	$33.97
68040	TREATMENT OF EYELID LESIONS	$15.85
68100	BIOPSY OF EYELID LINING	$61.46
68110	REMOVE EYELID LINING LESION	$80.87
68115	REMOVE EYELID LINING LESION	$513.00
68130	REMOVE EYELID LINING LESION	$513.00
68135	REMOVE EYELID LINING LESION	$43.35
68200	TREAT EYELID BY INJECTION	$8.58
68320	REVISE/GRAFT EYELID LINING	$513.00

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CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
68325	REVISE/GRAFT EYELID LINING	$793.52
68326	REVISE/GRAFT EYELID LINING	$793.52
68328	REVISE/GRAFT EYELID LINING	$513.00
68330	REVISE EYELID LINING	$607.16
68335	REVISE/GRAFT EYELID LINING	$793.52
68340	SEPARATE EYELID ADHESIONS	$513.00
68360	REVISE EYELID LINING	$793.52
68362	REVISE EYELID LINING	$513.00
68371	HARVEST CONJUNCT ALLOGRAFT	$513.00
68400	INCISE/DRAIN TEAR GLAND	$109.82
68420	INCISE/DRAIN TEAR SAC	$115.96
68440	INCISE TEAR DUCT OPENING	$33.32
68500	REMOVAL OF TEAR GLAND	$793.52
68505	PARTIAL REMOVAL TEAR GLAND	$793.52
68510	BIOPSY OF TEAR GLAND	$513.00
68520	REMOVAL OF TEAR SAC	$793.52
68525	BIOPSY OF TEAR SAC	$513.00
68530	CLEARANCE OF TEAR DUCT	$80.06
68540	REMOVE TEAR GLAND LESION	$513.00
68550	REMOVE TEAR GLAND LESION	$793.52
68700	REPAIR TEAR DUCTS	$513.00
68705	REVISE TEAR DUCT OPENING	$80.06
68720	CREATE TEAR SAC DRAIN	$793.52
68745	CREATE TEAR DUCT DRAIN	$793.52
68750	CREATE TEAR DUCT DRAIN	$793.52
68760	CLOSE TEAR DUCT OPENING	$73.11

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
68761	CLOSE LACR. PUNCT., PLUG	$45.45
68770	CLOSE TEAR SYSTEM FISTULA	$513.00
68801	DIL LAC PUNC W/WO IRRIGATION	$24.84
68810	PROBE NASOLACRIMAL DUCT	$80.06
68811	PROBE NASOLACRIMAL DUCT W/ANES	$513.00
68815	PROBE NASOLAC DUCT W INSERT TU	$513.00
68816	PROBING OF NASOLACRIMAL DUCT,	$513.00
68840	EXPLORE/IRRIGATE TEAR DUCTS	$41.57
68850	INJECTION FOR TEAR SAC X-RAY	BY REPORT
69000	DRAIN EXTERNAL EAR LESION	$61.62
69005	DRAIN EXTERNAL EAR LESION	$65.99
69020	DRAIN OUTER EAR CANAL LESION	$82.97
69100	BIOPSY OF EXTERNAL EAR	$31.38
69105	BIOPSY EXTERNAL EAR CANAL	$53.05
69110	PARTIAL REMOVAL EXTERNAL EAR	$600.95
69120	REMOVAL OF EXTERNAL EAR	$1,458.68
69140	REMOVE EAR CANAL LESION(S)	$1,458.68
69145	REMOVE EAR CANAL LESION(S)	$600.95
69150	EXTENSIVE EAR CANAL SURGERY	$1,458.68
69200	CLEAR OUTER EAR CANAL	$13.11
69205	CLEAR OUTER EAR CANAL	$354.14
69209	REMOVE IMPACTED EAR WAX UNI	BY REPORT
69210	REMOVE IMPACTED CERUMEN,UNILAT	BY REPORT
69220	DEBRIDEMENT,MASTOIDECTOMY CAV/	$22.38
69222	DEBRID,MASTOID,CAV,COMPLEX/W A	$77.15
69300	REVISE EXTERNAL EAR	$697.23

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
69310	RECONSTRUCT EXTERNAL EAR CANAL	$1,458.68
69320	REBUILD OUTER EAR CANAL	$1,458.68
69420	INCISION OF EARDRUM	$62.07
69421	MYRINGOTOMY....REQUIRING GEN A	$697.23
69424	VENT TUBE REMOVAL:UNILATERAL	$46.10
69433	OFFICE TYMPANOSTOMY, UNILAT	$68.74
69436	TYMPANOSTOMY:UNILATERAL	$328.69
69440	EXPLORATION OF MIDDLE EAR	$697.23
69450	TYMPANOLYSIS, TRANSCANAL	$697.23
69501	MASTOIDECTOMY	$1,458.68
69502	MASTOIDECTOMY	$1,458.68
69505	REMOVE MASTOID STRUCTURES	$1,458.68
69511	EXTENSIVE MASTOID SURGERY	$1,458.68
69530	EXTENSIVE MASTOID SURGERY	$1,458.68
69540	REMOVE EAR LESION	$77.80
69550	REMOVE EAR LESION	$1,458.68
69552	REMOVE EAR LESION	$1,458.68
69601	MASTOID SURGERY REVISION	$1,458.68
69602	MASTOID SURGERY REVISION	$1,458.68
69603	MASTOID SURGERY REVISION	$1,458.68
69604	MASTOID SURGERY REVISION	$1,458.68
69610	REPAIR OF EAR DRUM	$103.19
69620	REPAIR OF EARDRUM	$697.23
69631	REPAIR EARDRUM STRUCTURES	$1,458.68
69632	REBUILD EARDRUM STRUCTURES	$1,458.68
69633	REBUILD EARDRUM STRUCTURES - T	$1,458.68

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
69635	REPAIR EARDRUM STRUCTURES	$1,458.68
69636	REBUILD EARDRUM STRUCTURES	$1,458.68
69637	REBUILD EARDRUM STRUCTURES - T	$1,458.68
69641	REVISE MIDDLE EAR & MASTOID	$1,458.68
69642	REVISE MIDDLE EAR & MASTOID	$1,458.68
69643	REVISE MIDDLE EAR & MASTOID	$1,458.68
69644	REVISE MIDDLE EAR & MASTOID	$1,458.68
69645	REVISE MIDDLE EAR & MASTOID	$1,458.68
69646	REVISE MIDDLE EAR & MASTOID	$1,458.68
69650	RELEASE MIDDLE EAR BONE	$697.23
69660	REVISE MIDDLE EAR BONE	$1,458.68
69661	REVISE MIDDLE EAR BONE W/DRILL	$1,458.68
69662	REVISE STAPEDECTOMY/OTOMY	$1,458.68
69666	REPAIR MIDDLE EAR STRUCTURES	$697.23
69667	REPAIR MIDDLE EAR STRUCTURES	$697.23
69670	REMOVE MASTOID AIR CELLS	$1,458.68
69676	TYMPANIC NEURECTOMY: UNILATERA	$697.23
69700	CLOSE MASTOID FISTULA	$328.69
69705	NPS SURG DILAT EUST TUBE UNI	$2,118.52
69706	NPS SURG DILAT EUST TUBE BI	$2,111.98
69714	OSSEOINTEG IMPLANT WO/MASTOID	$5,091.09
69717	REPL OSSEOINT IMPLANT WO/MAST	$2,669.76
69720	RELEASE FACIAL NERVE	$1,458.68
69728	RMV NTR OI IMP SKTC ESP>=100	$789.58
69729	IMPL OI IMPLT SK TC ESP>=100	$5,128.58
69730	RPLC OI IMPLT SK TC ESP>=100	$4,669.58

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69740	REPAIR FACIAL NERVE	$1,458.68
69745	REPAIR FACIAL NERVE	$1,458.68
69801	INCISE INNER EAR	$71.65
69805	EXPLORE INNER EAR	$1,458.68
69806	EXPLORE INNER EAR	$1,458.68
69905	REMOVE INNER EAR	$1,458.68
69910	REMOVE INNER EAR & MASTOID	$1,458.68
69915	INCISE INNER EAR NERVE	$697.23
69930	COCHLEAR DEVICE IMPLANTATION	$13,815.22
69990	USE OF OPERATING MICROSCOPE	BY REPORT
93451	RIGHT HEART CATH	$827.86
93452	LEFT HRT CATH W/VENTRCLGRPHY	$827.86
93453	R&L HRT CATH W/VENTRICLGRPHY	$827.86
93454	CORONARY ARTERY ANGIO S&I	$827.86
93455	CORONARY ART/GRFT ANGIO S&I	$827.86
93456	R HRT CORONARY ARTERY ANGIO	$827.86
93457	R HRT ART/GRFT ANGIO	$827.86
93458	L HRT ARTERY/VENTRICLE ANGIO	$827.86
93459	L HRT ART/GRFT ANGIO	$827.86
93460	R&L HRT ART/VENTRICLE ANGIO	$827.86
93461	R&L HRT ART/VENTRICLE ANGIO	$827.86
93462	L HRT CATH TRNSPTL PUNCTURE	BY REPORT
93566	INJECT R VENTR/ATRIAL ANGIO	BY REPORT
93567	INJECT SUPRVLV AORTOGRAPHY	BY REPORT
93568	INJECT PULM ART HRT CATH	BY REPORT
93571	INTRAVASC DOPPLER VELOCITY	BY REPORT

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CPT/HCPCS/CDT	*PROCEDURE CODE DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*
93572	INTRAVASCULAR DOPPLER VELOCITY	BY REPORT