THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
10004			FNA BX W/O IMG GDN EA ADDL	$26.33	$22.38	$26.33	$22.38	N	
10004	AA		FNA BX W/O IMG GDN EA ADDL	$9.30	$8.10	$9.30	$8.10	N	3
10005			FNA BX W/US GDN 1ST LES	$66.28	$56.33	$66.28	$56.33	N	
10005	AA		FNA BX W/US GDN 1ST LES	$9.30	$8.10	$9.30	$8.10	N	3
10006			FNA BX W/US GDN EA ADDL	$29.55	$25.12	$29.55	$25.12	N	
10006	AA		FNA BX W/US GDN EA ADDL	$9.30	$8.10	$9.30	$8.10	N	3
10007			FNA BX W/FLUOR GDN 1ST LES	$152.56	$129.67	$152.56	$129.67	N	
10007	AA		FNA BX W/FLUOR GDN 1ST LES	$9.30	$8.10	$9.30	$8.10	N	3
10008			FNA BX W/FLUOR GDN EA ADDL	$70.97	$60.32	$70.97	$60.32	N	
10008	AA		FNA BX W/FLUOR GDN EA ADDL	$9.30	$8.10	$9.30	$8.10	N	3
10009			FNA BX W/CT GDN 1ST LES	$210.75	$179.14	$210.75	$179.14	N	
10009	AA		FNA BX W/CT GDN 1ST LES	$9.30	$8.10	$9.30	$8.10	N	3
10010			FNA BX W/CT GDN EA ADDL	$117.89	$100.21	$117.89	$100.21	N	
10010	AA		FNA BX W/CT GDN EA ADDL	$9.30	$8.10	$9.30	$8.10	N	3
10011			FNA BX W/MR GDN 1ST LES	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
10011	AA		FNA BX W/MR GDN 1ST LES	$9.30	$8.10	$9.30	$8.10	N	3
10012			FNA BX W/MR GDN EA ADDL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
10012	AA		FNA BX W/MR GDN EA ADDL	$9.30	$8.10	$9.30	$8.10	N	3
10021			FINE NEEDLE ASPIR WO IMAG GUID	$50.22	$42.69	$102.51	$87.13	N	
10021	AA		FINE NEEDLE ASPIR WO IMAG GUID	$9.30	$8.10	$9.30	$8.10	N	3
10021	TC		FINE NEEDLE ASPIR WO IMAG GUID	$19.00	$19.00	$54.96	$54.96	N	
10021	26		FINE NEEDLE ASPIR WO IMAG GUID	$26.94	$22.89	$57.52	$48.89	N	
10030			IMG GID FLU COLL DRG SFT TIS	$312.53	$265.65	$312.53	$265.65	N	
10030	AA		GUIDE CATHET FLUID DRAINAGE	$9.30	$8.10	$9.30	$8.10	N	3
10030	26		GUIDE CATHET FLUID DRAINAGE	$64.94	$55.19	$64.94	$55.19	N	
10035			PLMT SFT TISS LOCLZJ DEV 1ST	$176.84	$150.31	$176.84	$150.31	N	
10035	AA		PERQ DEV SOFT TISS 1ST IMAG	$9.30	$8.10	$9.30	$8.10	N	3
10035	26		PERQ DEV SOFT TISS 1ST IMAG	$40.38	$34.32	$40.38	$34.32	N	
10036			PLMT SFT TISS LOCLZJ DEV EA	$144.23	$122.60	$144.23	$122.60	N	
10036	AA		PERQ DEV SOFT TISS ADD IMAG	$9.30	$8.10	$9.30	$8.10	N	3
10036	26		PERQ DEV SOFT TISS ADD IMAG	$20.52	$17.44	$20.52	$17.44	N	
10040			ACNE SURGERY	$58.19	$49.46	$73.06	$62.10	N	
10040	AA		ACNE SURGERY	$9.30	$8.10	$9.30	$8.10	N	3
10040	SA		ACNE SURGERY BY APN	$49.46	$49.46	$49.46	$49.46	N	
10060			I&D ABSCESS SIMPLE/SINGLE	$63.99	$54.39	$81.58	$69.35	N	
10060	AA		DRAINAGE OF SKIN ABSCESS	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
10060	SA		DRAINAGE OF SKIN ABCESS	$54.39	$54.39	$65.88	$65.88	N	
10061			I&D ABSCESS COMP/MULTIPLE	$106.86	$90.83	$145.65	$123.80	N	
10061	AA		DRAIN SKIN ABSCESS COMPLICATED	$9.30	$8.10	$9.30	$8.10	N	3
10080			I&D PILONIDAL CYST SIMPLE	$123.93	$105.34	$113.55	$96.52	N	
10080	AA		I & D OF SIMPLE PILONIDAL CYST	$9.30	$8.10	$9.30	$8.10	N	3
10081			I&D PILONIDAL CYST COMP	$169.91	$144.42	$222.97	$189.52	N	
10081	AA		I & D COMPLICATED PILONIDAL CY	$9.30	$8.10	$9.30	$8.10	N	3
10120			INC&RMVL FB SUBQ TISS SMPL	$76.04	$64.63	$116.08	$98.67	N	
10120	AA		SIMPLE REMOVAL FOREIGN BODY	$9.30	$8.10	$9.30	$8.10	N	3
10120	SA		SIMPLE REMOVAL FOREIGN BODY	$64.63	$64.63	$93.73	$93.73	N	
10121			INC&RMVL FB SUBQ TISS COMP	$132.18	$112.35	$214.22	$182.08	N	
10121	AA		COMPLICATED REMOVAL FOREIGN BO	$9.30	$8.10	$9.30	$8.10	N	3
10140			I&D HMTMA SEROMA/FLUID COLLJ	$84.82	$72.10	$114.38	$97.22	N	
10140	AA		DRAINAGE HEMATOMA SIMPLE	$9.30	$8.10	$9.30	$8.10	N	3
10140	SA		DRAINAGE HEMATOMA SIMPLE	$72.10	$72.10	$92.36	$92.36	N	
10160			PNXR ASPIR ABSC HMTMA BULLA	$65.13	$55.36	$96.36	$81.91	N	
10160	AA		PUNCTURE DRAINAGE OF LESION	$9.30	$8.10	$9.30	$8.10	N	3
10160	SA		PUNCTURE DRAINAGE OF LESION	$55.36	$55.36	$77.81	$77.81	N	
10180			I&D COMPLEX PO WOUND INFCTJ	$131.86	$112.08	$182.91	$155.48	N	
10180	AA		INCISE/DRAIN COMPLEX POSTOP WO	$9.30	$8.10	$9.30	$8.10	N	3
11000			DBRDMT ECZ/INFECTED SKIN<10%	$29.30	$24.90	$40.71	$34.61	N	
11000	AA		SURGICAL CLEANSING OF SKIN	$9.30	$8.10	$9.30	$8.10	N	3
11000	SA		DEBRIDEMENT INFECT SKIN	$24.90	$24.90	$24.90	$24.90	N	
11001			DBRDMT ECZ/INFCT SKN EA ADDL	$13.45	$11.43	$18.47	$15.70	N	
11004			DBRDMT SKIN XTRNL GENT&PER	$275.57	$234.23	$478.43	$406.67	N	
11004	AA		DEBRIDE GENITALIA & PERINEUM	$9.30	$8.10	$9.30	$8.10	N	5
11005			DBRDMT SKIN ABDOMINAL WALL	$375.26	$318.97	$652.42	$554.56	N	
11005	AA		DEBRIDE ABDOM WALL	$9.30	$8.10	$9.30	$8.10	N	3
11006			DBRDMT SKIN XTRNL GENT PER	$340.69	$289.58	$601.39	$511.18	N	
11006	AA		DEBRIDE GENIT/PER/ABDOM WALL	$9.30	$8.10	$9.30	$8.10	N	5
11008			RMV PRSTC MTRL/MESH ABD WALL	$132.20	$112.37	$244.98	$208.23	N	
11010			DEBRIDE W/OPEN FX SKIN & SUBCU	$221.13	$187.96	$385.71	$327.86	N	
11010	AA		DEBRIDE W/OPEN FX SKIN & SUBCU	$9.30	$8.10	$9.30	$8.10	N	3
11011			DEBRIDE SKIN/SUBCU TIS/MUSCLE	$248.81	$211.49	$455.55	$387.22	N	
11011	AA		DEBRIDE SKIN/SUBCU TIS/MUSCLE	$9.30	$8.10	$9.30	$8.10	N	3
11012			DEBRIDE SKIN/SUBCU/MUS/FAS/BON	$321.66	$273.41	$663.32	$563.82	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
11012	AA		DEBRIDE SKIN/SUBCU/MUS/FAS/BON	$9.30	$8.10	$9.30	$8.10	N	3
11042			DBRDMT SUBQ TIS 1ST 20SQCM/<	$64.70	$54.99	$72.16	$61.34	N	
11042	AA		DEBRIDE SKIN,SUBCUTANEOUS TISS	$9.30	$8.10	$9.30	$8.10	N	3
11043			DBRDMT MUSC&/FSCA 1ST 20/<	$23.11	$19.64	$199.71	$169.76	N	
11043	AA		DEBRIDE:SKIN,SUBCU TISSUE AND	$9.30	$8.10	$9.30	$8.10	N	3
11044			DBRDMT BONE 1ST 20 SQ CM/<	$153.81	$130.74	$260.76	$221.65	N	
11044	AA		DEBRIDE:SKIN,SUBC TISS,MUSCL &	$9.30	$8.10	$9.30	$8.10	N	3
11045			DBRDMT SUBQ TISS EACH ADDL	$19.69	$16.74	$19.69	$16.74	N	
11045	AA		DEB SUBQ TISSUE ADD-ON	$9.30	$8.10	$9.30	$8.10	N	3
11045	26		DEB SUBQ TISSUE ADD ON	$12.04	$10.23	$12.04	$10.23	N	
11046			DBRDMT MUSC&/FSCA EA ADDL	$35.93	$30.54	$35.93	$30.54	N	
11046	AA		DEB MUSC/FASCIA ADD-ON	$9.30	$8.10	$9.30	$8.10	N	3
11046	26		DEB MUSC/FASCIA ADD ON	$26.42	$22.45	$26.42	$22.45	N	
11047			DBRDMT BONE EACH ADDL	$59.72	$50.76	$59.72	$50.76	N	
11047	AA		DEB BONE ADD-ON	$9.30	$8.10	$9.30	$8.10	N	3
11047	26		DEB BONE ADD ON	$47.15	$40.07	$47.15	$40.07	N	
11055			PARING/CUTG B9 HYPRKER LES 1	$35.33	$30.03	$34.07	$28.96	N	
11055	AA		TRIM SINGLE BENIGN LESION	$9.30	$8.10	$9.30	$8.10	N	3
11055	SA		TRIM SINGLE BENIGN LESION	$30.03	$30.03	$27.51	$27.51	N	
11056			PARNG/CUTG B9 HYPRKR LES 2-4	$40.95	$34.81	$43.06	$36.60	N	
11056	AA		TRIM 2-4 BENIGN LESIONS	$9.30	$8.10	$9.30	$8.10	N	3
11056	SA		TRIM 2-4 BENIGN LESIONS	$34.81	$34.81	$34.77	$34.77	N	
11057			PARNG/CUTG B9 HYPRKR LES >4	$44.54	$37.86	$53.04	$45.08	N	
11057	AA		TRIM OVER 4 BENIGN LESIONS	$9.30	$8.10	$9.30	$8.10	N	3
11057	SA		TRIM OVER 4 BENIGN LESIONS	$37.86	$37.86	$42.83	$42.83	N	
11102			TANGNTL BX SKIN SINGLE LES	$49.62	$42.18	$49.62	$42.18	N	
11102	AA		TANGNTL BX SKIN SINGLE LES	$9.30	$8.10	$9.30	$8.10	N	3
11103			TANGNTL BX SKIN EA SEP/ADDL	$24.75	$21.04	$24.75	$21.04	N	
11103	AA		TANGNTL BX SKIN EA SEP/ADDL	$9.30	$8.10	$9.30	$8.10	N	
11104			PUNCH BX SKIN SINGLE LESION	$61.83	$52.56	$61.83	$52.56	N	
11104	AA		PUNCH BX SKIN SINGLE LESION	$9.30	$8.10	$9.30	$8.10	N	3
11105			PUNCH BX SKIN EA SEP/ADDL	$29.78	$25.31	$29.78	$25.31	N	
11105	AA		PUNCH BX SKIN EA SEP/ADDL	$9.30	$8.10	$9.30	$8.10	N	
11106			INCAL BX SKN SINGLE LES	$76.93	$65.39	$76.93	$65.39	N	
11106	AA		INCAL BX SKN SINGLE LES	$9.30	$8.10	$9.30	$8.10	N	3
11107			INCAL BX SKN EA SEP/ADDL	$35.12	$29.85	$35.12	$29.85	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
11107	AA		INCAL BX SKN EA SEP/ADDL	$9.30	$8.10	$9.30	$8.10	N	
11200			RMVL SKIN TAGS UP TO&INC 15	$46.56	$39.58	$60.81	$51.69	N	
11200	AA		EXCISION UP TO 15 SKIN TAGS	$9.30	$8.10	$9.30	$8.10	N	3
11201			RMVL SKIN TAGS EA ADDL 10	$9.05	$7.69	$15.19	$12.91	N	
11300			SHAVE SKIN LESION 0.5 CM/<	$49.51	$42.08	$50.60	$43.01	N	
11300	AA		SHAVING,LESION TO 0.5CM OR LES	$9.30	$8.10	$9.30	$8.10	N	3
11300	SA		SHAVING EPID, LESION 0.6 TO 1C	$42.08	$42.08	$42.08	$42.08	N	
11301			SHAVE SKIN LESION 0.6-1.0 CM	$60.07	$51.06	$65.72	$55.86	N	
11301	AA		SHAVING EPID,LESION 0.6 TO 1CM	$9.30	$8.10	$9.30	$8.10	N	3
11301	SA		SHAVING EPID, LESION 0.6 TO 1C	$51.06	$51.06	$51.06	$51.06	N	
11302			SHAVE SKIN LESION 1.1-2.0 CM	$68.07	$57.86	$78.78	$66.97	N	
11302	AA		SHAVING,LESION 1.1 TO 2CM	$9.30	$8.10	$9.30	$8.10	N	3
11302	SA		SHAVING EPID LESION 1.1 TO 2CM	$57.86	$57.86	$57.86	$57.86	N	
11303			SHAVE SKIN LESION >2.0 CM	$75.50	$64.17	$94.88	$80.65	N	
11303	AA		SHAVING, LESION 2.1 TO 3CM	$9.30	$8.10	$9.30	$8.10	N	3
11305			SHAVE SKIN LESION 0.5 CM/<	$51.86	$44.08	$52.09	$44.27	N	
11305	AA		SHAVING, LESION TO 0.5 CM	$9.30	$8.10	$9.30	$8.10	N	3
11305	SA		SHAVING LESION UP TO 0.5 CM	$44.08	$44.08	$44.08	$44.08	N	
11306			SHAVE SKIN LESION 0.6-1.0 CM	$60.36	$51.31	$70.69	$60.08	N	
11306	AA		SHAVING, LESION 0.6 TO 1	$9.30	$8.10	$9.30	$8.10	N	3
11307			SHAVE SKIN LESION 1.1-2.0 CM	$68.09	$57.87	$81.88	$69.60	N	
11307	AA		SHAVING, LESION 1.1 TO 2	$9.30	$8.10	$9.30	$8.10	N	3
11308			SHAVE SKIN LESION >2.0 CM	$71.57	$60.83	$97.62	$82.97	N	
11308	AA		SHAVING, LESION 2.1 TO 3CM	$9.30	$8.10	$9.30	$8.10	N	3
11310			SHAVE SKIN LESION 0.5 CM/<	$57.12	$48.55	$61.92	$52.63	N	
11310	AA		SHAVING,LESION TO 0.5CM OR LES	$9.30	$8.10	$9.30	$8.10	N	3
11310	SA		SHAVING LESION UP TO 0.5 CM	$48.55	$48.55	$48.55	$48.55	N	
11311			SHAVE SKIN LESION 0.6-1.0 CM	$68.01	$57.80	$76.41	$64.95	N	
11311	AA		SHAVING, LESION 0.6 TO 1 CM	$9.30	$8.10	$9.30	$8.10	N	3
11311	SA		SHAVING LESION 0.6 TO 1 CM	$57.80	$57.80	$57.80	$57.80	N	
11312			SHAVE SKIN LESION 1.1-2.0 CM	$77.32	$65.72	$87.89	$74.70	N	
11312	AA		SHAVING, LESION 1.1 TO 2 CM	$9.30	$8.10	$9.30	$8.10	N	3
11313			SHAVE SKIN LESION >2.0 CM	$89.84	$76.36	$115.58	$98.25	N	
11313	AA		SHAVING, LESION 2.1 TO 3 CM	$9.30	$8.10	$9.30	$8.10	N	3
11400			EXC TR-EXT B9+MARG 0.5 CM<	$64.30	$54.65	$96.50	$82.03	N	
11400	AA		EXCISE BENIGN LESION TO 0.5 CM	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
11400	SA		EXCISE BENIGN LESION TO 0.5 CM	$54.65	$54.65	$54.65	$54.65	N	
11401			EXCISE BENIGN LESION 0.6 TO 1C	$78.01	$66.31	$111.73	$94.97	N	
11401	AA		EXCISE BENIGN LESION 0.6 TO 1C	$9.30	$8.10	$9.30	$8.10	N	3
11401	SA		EXCISE BENIGN LESION 0.6 TO 1	$66.31	$66.31	$66.31	$66.31	N	
11402			EXCISE BENIGN LESION 1.1 TO 2C	$86.16	$73.23	$127.24	$108.15	N	
11402	AA		EXCISE BENIGN LESION 1.1 TO 2C	$9.30	$8.10	$9.30	$8.10	N	3
11403			REMOVAL OF GROWTH (2.1 TO 3.	$99.48	$84.56	$143.04	$121.58	N	
11403	AA		EXCISE BENIGN LESION 2.1 TO 3C	$9.30	$8.10	$9.30	$8.10	N	3
11404			EXCISE BENIGN LESION 3.1 TO 4C	$112.77	$95.85	$163.27	$138.78	N	
11404	AA		EXCISE BENIGN LESION 3.1 TO 4C	$9.30	$8.10	$9.30	$8.10	N	3
11406			EXC TR-EXT B9+MARG >4.0 CM	$159.99	$135.99	$200.86	$170.73	N	
11406	AA		EXCISE BENIGN LESION OVER 4 CM	$9.30	$8.10	$9.30	$8.10	N	3
11420			EXC H-F-NK-SP B9+MARG 0.5/<	$63.50	$53.97	$93.70	$79.64	N	
11420	AA		EXCISE BENIGN LESION TO 0.5 CM	$9.30	$8.10	$9.30	$8.10	N	3
11421			EXCISE BENIGN LESION 0.6 TO 1	$79.69	$67.74	$118.97	$101.12	N	
11421	AA		EXCISE BENIGN LESION 0.6 TO 1	$9.30	$8.10	$9.30	$8.10	N	3
11422			EXCISE BENIGN LESION 1.1 TO 2	$89.83	$76.35	$132.94	$113.00	N	
11422	AA		EXCISE BENIGN LESION 1.1 TO 2	$9.30	$8.10	$9.30	$8.10	N	3
11422	SA		EXCISE BENIGN LESION 1.1 TO 2C	$76.35	$76.35	$76.35	$76.35	N	
11423			EXCISE BENIGN LESION 2.1 TO 3C	$103.34	$87.84	$157.33	$133.73	N	
11423	AA		EXCISE BENIGN LESION 2.1 TO 3C	$9.30	$8.10	$9.30	$8.10	N	3
11424			EXCISE BENIGN LESION 3.1 TO 4C	$119.69	$101.74	$179.54	$152.61	N	
11424	AA		EXCISE BENIGN LESION 3.1 TO 4C	$9.30	$8.10	$9.30	$8.10	N	3
11426			EXC H-F-NK-SP B9+MARG >4 CM	$164.70	$139.99	$250.59	$213.00	N	
11426	AA		EXCISE BENIGN LESION OVER 4.0	$9.30	$8.10	$9.30	$8.10	N	3
11440			EXC FACE-MM B9+MARG 0.5 CM/<	$71.46	$60.74	$110.86	$94.23	N	
11440	AA		EXCISE BENIGN LESION TO 0.5 CM	$9.30	$8.10	$9.30	$8.10	N	5
11441			EXCISE BENIGN LESION 0.6 TO 1C	$86.76	$73.75	$130.02	$110.52	N	
11441	AA		EXCISE BENIGN LESION 0.6 TO 1C	$9.30	$8.10	$9.30	$8.10	N	5
11442			EXCISE BENIGN LESION 1.1 TO 2C	$96.86	$82.33	$145.62	$123.78	N	
11442	AA		EXCISE BENIGN LESION 1.1 TO 2C	$9.30	$8.10	$9.30	$8.10	N	5
11443			EXCISE BENIGN LESION 2.1 TO 3C	$114.43	$97.26	$177.97	$151.27	N	
11443	AA		EXCISE BENIGN LESION 2.1 TO 3C	$9.30	$8.10	$9.30	$8.10	N	5
11443	SA		EXCISE BENIGN LESION 2.1 TO 3C	$97.26	$97.26	$97.26	$97.26	N	
11444			EXCISE BENIGN LESION 3.1 TO 4C	$142.23	$120.89	$226.20	$192.27	N	
11444	AA		EXCISE BENIGN LESION 3.1 TO 4C	$9.30	$8.10	$9.30	$8.10	N	5

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
11446			EXC FACE-MM B9+MARG >4 CM	$38.54	$32.76	$291.75	$247.99	N	
11446	AA		EXCISE BENIGN LESION OVER 4.0	$9.30	$8.10	$9.30	$8.10	N	5
11450			EXC SKN HDRDNT AX SMPL/NTRM	$214.95	$182.71	$267.34	$227.24	N	
11450	AA		EXCISE/HIDRADENITIS/PRIMARY SU	$9.30	$8.10	$9.30	$8.10	N	5
11451			EXC SKN HDRDNT AX COMPLEX	$263.43	$223.91	$364.82	$310.09	N	
11451	AA		EXCISE/HIDRADENTIS/W/OTHER CLO	$9.30	$8.10	$9.30	$8.10	N	5
11462			EXC SKN HDRDNT ING SMPL/NTRM	$211.30	$179.61	$262.51	$223.14	N	
11462	AA		EXCISE/HIDRADEBTIS/PRIMARY SUT	$9.30	$8.10	$9.30	$8.10	N	5
11463			EXC SKN HDRDNT ING COMPLEX	$263.30	$223.80	$372.57	$316.68	N	
11463	AA		EXCISE/HIDRADENITIS/OTHER CLOS	$9.30	$8.10	$9.30	$8.10	N	5
11470			EXC SKN H/P/P/U SMPL/NTRM	$227.33	$193.23	$286.58	$243.59	N	
11470	AA		EXCISE/HIDRADENTIS/PRIMARY CLO	$9.30	$8.10	$9.30	$8.10	N	5
11471			EXC SKN H/P/P/U COMPLEX	$271.32	$230.62	$384.22	$326.59	N	
11471	AA		EXCISE/HIDRADENITIS/OTHER CLOS	$9.30	$8.10	$9.30	$8.10	N	5
11600			EXC TR-EXT MAL+MARG 0.5 CM/<	$98.71	$83.90	$133.94	$113.85	N	
11600	AA		EXCISE LESION:DIAMETER 0.5CM/<	$9.30	$8.10	$9.30	$8.10	N	3
11600	SA		EXCISE MALIGNANT LESION TO 0.5	$83.90	$83.90	$83.90	$83.90	N	
11601			EXCISE MALIGNANCY 0.6 TO 1CM	$114.23	$97.10	$152.40	$129.54	N	
11601	AA		EXCISION MALIG LESION TRNK/ARM	$9.30	$8.10	$9.30	$8.10	N	3
11602			EXCISE MALIGNANCY 1.1 TO 2CM	$122.53	$104.15	$161.22	$137.03	N	
11602	AA		EXCISE MALIGNANCY 1.1 TO 2CM	$9.30	$8.10	$9.30	$8.10	N	3
11602	SA		EXCISE MALIGNANT LES 1.1 TO 2C	$104.15	$104.15	$104.15	$104.15	N	
11603			EXCISE MALIGNANCY 2.1 TO 3CM	$139.44	$118.52	$178.46	$151.69	N	
11603	AA		EXCISE MALIGNANCY 2.1 TO 3CM	$9.30	$8.10	$9.30	$8.10	N	3
11604			EXCISE MALIGNANCY 3.1 TO 4CM	$155.53	$132.20	$196.46	$166.99	N	
11604	AA		EXCISE MALIGNANCY 3.1 TO 4CM	$9.30	$8.10	$9.30	$8.10	N	3
11606			EXC TR-EXT MAL+MARG >4 CM	$223.65	$190.10	$256.85	$218.32	N	
11606	AA		EXCISE MALIGNANT LESION OVER 4	$9.30	$8.10	$9.30	$8.10	N	3
11620			EXC H-F-NK-SP MAL+MARG 0.5/<	$99.04	$84.18	$128.49	$109.21	N	
11620	AA		EXCISE MALIGNANT LESION T .5	$9.30	$8.10	$9.30	$8.10	N	3
11621			EXCISE MALIGNANCY 0.6 TO 1CM	$114.89	$97.65	$151.14	$128.47	N	
11621	AA		EXCISE MALIG.LESION 0.6-1.0 CM	$9.30	$8.10	$9.30	$8.10	N	3
11622			EXCISE MALIGNANCY 1.1 TO 2CM	$126.45	$107.48	$170.98	$145.33	N	
11622	AA		EXCISE MALIGNANCY 1.1 TO 2CM	$9.30	$8.10	$9.30	$8.10	N	3
11623			EXCISE MALIGNANCY 2.1 TO 3CM	$147.78	$125.61	$201.74	$171.48	N	
11623	AA		EXCISE MALIGNANCY 2.1 TO 3CM	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
11624			EXCISE MALIGNANCY 3.1 TO 4CM	$168.12	$142.90	$231.95	$197.16	N	
11624	AA		EXCISE MALIGNANCY 3.1 TO 4CM	$9.30	$8.10	$9.30	$8.10	N	3
11626			EXC S/N/H/F/G MAL+MRG >4 CM	$202.52	$172.14	$306.34	$260.39	N	
11626	AA		EXCISE MALIGNANCY OVER 4.0 CM	$9.30	$8.10	$9.30	$8.10	N	3
11640			EXCISE MALIGNANT LESION TO .5	$101.73	$86.47	$136.18	$115.75	N	
11640	AA		EXCISE MALIGNANT LESION TO .5	$9.30	$8.10	$9.30	$8.10	N	5
11641			EXCISE MALIGNANCY 0.6 TO 1CM	$118.53	$100.75	$175.82	$149.44	N	
11641	AA		EXCISE MALIGNANCY 0.6 TP 1 CM	$9.30	$8.10	$9.30	$8.10	N	5
11642			EXCISE MALIGNANCY 1.1 TO 2CM	$134.03	$113.93	$203.19	$172.71	N	
11642	AA		EXCISE MALIGNANCY 1.1 TO 2CM	$9.30	$8.10	$9.30	$8.10	N	5
11643			EXCISE MALIGNANCY 2.1 TO 3CM	$157.63	$133.99	$234.95	$199.71	N	
11643	AA		EXCISE MALIGNANCY 2.1 TO 3CM	$9.30	$8.10	$9.30	$8.10	N	5
11644			EXCISE MALIGNANCY 3.1 TO 4CM	$194.03	$164.92	$297.14	$252.57	N	
11644	AA		EXCISE MALIGNANCY 3.1 TO 4CM	$9.30	$8.10	$9.30	$8.10	N	5
11646			EXC F/E/E/N/L MAL+MRG >4 CM	$251.24	$213.55	$401.58	$341.34	N	
11646	AA		EXCISE MALIGNANCY OVER 4.0 CM	$9.30	$8.10	$9.30	$8.10	N	5
11719			TRIM NAIL(S) ANY NUMBER	$7.14	$6.06	$14.45	$12.28	N	
11719	AA		TRIM NONDYSTROPHIC NAILS	$9.30	$8.10	$9.30	$8.10	N	3
11719	SA		TRIM NONDYSTROPHIC NAILS	$6.06	$6.06	$11.67	$11.67	N	
11720			DEBRIDE NAILS 1-5	$16.49	$14.02	$22.83	$19.41	N	
11720	AA		DEBRIDE NAILS 1-5	$9.30	$8.10	$9.30	$8.10	N	3
11721			DEBRIDE NAILS 6 OR MORE	$22.39	$19.03	$34.07	$28.96	N	
11721	AA		DEBRIDE NAILS 6 OR MORE	$9.30	$8.10	$9.30	$8.10	N	3
11730			SIMPLE REMOVAL OF NAIL PLATE	$11.41	$9.70	$74.81	$63.59	N	
11730	AA		SIMPLE REMOVAL OF NAIL PLATE	$9.30	$8.10	$9.30	$8.10	N	3
11732			EACH ADDITIONAL NAIL PLATE	$3.25	$2.77	$33.09	$28.13	N	
11740			EVACUATE HEMATOMA UNDER NAIL	$29.02	$24.67	$31.54	$26.81	N	
11740	AA		EVAC .SUBUNGUAL HEMATOMA	$9.30	$8.10	$9.30	$8.10	N	3
11750			EXCISION NAIL & NAIL MATRIX	$79.94	$67.95	$138.93	$118.09	N	
11750	AA		EXCISION NAIL & NAIL MATRIX	$9.30	$8.10	$9.30	$8.10	N	3
11755			BIOPSY OF NAIL UNITS ANY METHD	$60.57	$51.48	$98.82	$83.99	N	
11755	AA		BIOPSY FO NAIL UNITS ANY METHD	$9.30	$8.10	$9.30	$8.10	N	3
11760			SIMPLE RECONSTRUCTION NAIL BED	$92.27	$78.43	$145.38	$123.58	N	
11760	AA		SIMPLE RECONSTRUCTION NAIL BED	$9.30	$8.10	$9.30	$8.10	N	3
11762			RECONSTRUCT NAIL BED W GRAFT	$144.42	$122.76	$200.06	$170.05	N	
11762	AA		RECONSTRUCT NAIL BED W GRAFT	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
11765			WEDGE EXCISION OF SKIN OF NAIL	$82.69	$70.29	$84.90	$72.17	N	
11765	AA		WEDGE EXCISION OF SKIN OF NAIL	$9.30	$8.10	$9.30	$8.10	N	3
11770			REMOVE PILONIDAL CYST SIMPLE	$174.28	$148.14	$210.67	$179.07	N	
11770	AA		SIMPLE EXCISION PILONIDAL CYST	$9.30	$8.10	$9.30	$8.10	N	5
11771			REMOVE PILONIDAL CYST EXTEN	$314.04	$266.93	$395.04	$335.78	N	
11771	AA		EXCISE PILONIDAL CYST: EXTENSI	$9.30	$8.10	$9.30	$8.10	N	5
11772			REMOVE PILONIDAL CYST COMPL	$385.54	$327.71	$501.78	$426.51	N	
11772	AA		PILONIDAL CYST: COMPLICATED	$9.30	$8.10	$9.30	$8.10	N	4
11900			INJECT SKIN LESIONS </W 7	$28.69	$24.39	$39.09	$33.22	N	
11900	AA		INJECTION INTRALESIONAL <7 LES	$9.30	$8.10	$9.30	$8.10	N	3
11900	SA		INTRALESIONAL INJECT UP TO 7	$24.39	$24.39	$24.39	$24.39	N	
11901			INJECT SKIN LESIONS >7	$34.86	$29.63	$48.58	$41.29	N	
11901	AA		INJECTION INTRALESIONAL > 7	$9.30	$8.10	$9.30	$8.10	N	3
11960			INSERTION OF TISSUE EXPANDER	$513.35	$436.34	$678.96	$577.12	N	
11960	AA		INSERTION OF TISSUE EXPANDER	$9.30	$8.10	$9.30	$8.10	N	6
11970			REPLACE EXPANDER-PERM. PROSTHE	$282.77	$240.35	$462.55	$393.17	N	
11970	AA		REPLACE EXPANDER-PERM. PROSTHE	$9.30	$8.10	$9.30	$8.10	N	6
11971			RMVL TIS XPNDR WO INSJ IMPLT	$278.87	$237.04	$386.88	$328.85	N	
11971	AA		REMOVE TISS EXP-NO PROSTHETIC	$9.30	$8.10	$9.30	$8.10	N	6
11976			REMOVE CONTRACEPTIVE CAPSULE	$257.99	$219.29	$257.99	$219.29	N	
11976	AA		REMOVE,CONTRACEP.CAPSULES	$9.30	$8.10	$9.30	$8.10	N	3
11976	FP		REMOVE WO REINSERT IMPL.CON.CA	$257.99	$219.29	$257.99	$219.29	N	
11976	SA		REMOVE WO REINSERT,IMPL.CON.CA	$257.99	$257.99	$257.99	$257.99	N	
11976	SB		REMOVE WO REINSERT,IMPL.CON.CA	$71.67	$71.67	$71.67	$71.67	N	
11980			SUBCU HORMONE PELLET IMPLANT	$46.93	$39.89	$46.93	$39.89	N	
11980	26		SUBCU HORMONE PELLET IMPLANT	$26.87	$22.84	$26.87	$22.84	N	
11981			INSERTION DRUG DLVR IMPLANT	$180.90	$153.77	$199.12	$199.12	N	
11981	AA		INSERT NON-BIO DRUG DELIV IMPL	$9.30	$8.10	$9.30	$8.10	N	3
11981	FP		INSERT NON-BIO DRUG DELIV IMPL	$180.90	$180.90	$180.90	$180.90	N	
11981	SB		INSERTION DRUG DLVR IMPLANT	$50.25	$50.25	$50.25	$50.25	N	
11982			REMOVAL NON-BIO DRUG DELIV IMP	$197.28	$167.69	$197.28	$167.69	N	
11982	AA		REMOVAL NON-BIO DRUG DELIV IMP	$9.30	$8.10	$9.30	$8.10	N	3
11982	FP		REMOVAL NON-BIO DRUG DELIV IMP	$197.28	$167.69	$197.28	$167.69	N	
11982	SB		REMOVAL NON-BIO DRUG DELIV IMP	$197.28	$197.28	$197.28	$197.28	N	
11983			REM W/INS NON-BIO DRUG DEL IMP	$252.54	$214.66	$252.54	$214.66	N	
11983	AA		REM W/INS NON-BIO DRUG DEL IMP	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
11983	FP		REM W/INS NON-BIO DRUG DEL IMP	$252.54	$214.66	$252.54	$214.66	N	
11983	SB		REM W/INS NON-BIO DRUG DEL IM	$70.15	$70.15	$70.15	$70.15	N	
12001			RPR S/N/AX/GEN/TRNK 2.5CM/<	$47.01	$39.95	$93.73	$79.67	N	
12001	AA		SIMPLE WOUND REPAIR TO 2.5 CM	$9.30	$8.10	$9.30	$8.10	N	3
12001	SA		SIMPLE WOUND REPAIR OT 2.5 CM	$39.95	$39.95	$75.69	$75.69	N	
12002			RPR S/N/AX/GEN/TRNK2.6-7.5CM	$57.05	$48.49	$113.61	$96.57	N	
12002	AA		SIMPLE WOUND REPAIR 2.6 TO 7.5	$9.30	$8.10	$9.30	$8.10	N	3
12002	SA		SIMPLE WOUND REPAIR 2.6 TO 7.5	$48.49	$48.49	$91.74	$91.74	N	
12004			RPR S/N/AX/GEN/TRK7.6-12.5CM	$66.23	$56.30	$132.73	$112.81	N	
12004	AA		SIMPLE WOUND REPAIR 7.6 TO 12.	$9.30	$8.10	$9.30	$8.10	N	3
12005			SIMPLE-WOUND-REPAIR-12.6-TO-20	$88.08	$74.86	$169.44	$144.02	N	
12005	AA		SIMPLE WOUND REPAIR 12.6 TO 20	$9.30	$8.10	$9.30	$8.10	N	3
12006			SIMPLE WOUND REPAIR 20.1 TO 30	$102.22	$86.88	$200.99	$170.84	N	
12006	AA		SIMPLE WOUND REPAIR 20.1 TO 30	$9.30	$8.10	$9.30	$8.10	N	3
12007			RPR S/N/AX/GEN/TRNK >30.0 CM	$113.73	$96.67	$231.15	$196.48	N	
12007	AA		SIMPLE WOUND REPAIR OVER 30 CM	$9.30	$8.10	$9.30	$8.10	N	3
12011			RPR F/E/E/N/L/M 2.5 CM/<	$56.10	$47.69	$114.29	$97.15	N	
12011	AA		SIMPLE WOUND REPAIR TO 2.5 CM	$9.30	$8.10	$9.30	$8.10	N	5
12013			RPR F/E/E/N/L/M 2.6-5.0 CM	$58.31	$49.56	$118.98	$101.13	N	
12013	AA		SIMPLE WOUND REPAIR 2.6 TO 5CM	$9.30	$8.10	$9.30	$8.10	N	5
12014			RPR F/E/E/N/L/M 5.1-7.5 CM	$70.68	$60.07	$141.54	$120.31	N	
12014	AA		SIMPLE WOUND REPAIR 5.1 TO 7.5	$9.30	$8.10	$9.30	$8.10	N	5
12015			RPR F/E/E/N/L/M 7.6-12.5 CM	$86.03	$73.12	$170.17	$144.64	N	
12015	AA		SIMPLE WOUND REPAIR 7.6 TO 12.	$9.30	$8.10	$9.30	$8.10	N	5
12016			RPR FE/E/EN/L/M 12.6-20.0 CM	$109.72	$93.26	$213.65	$181.60	N	
12016	AA		SIMPLE WOUND REPAIR 12.6 TO 20	$9.30	$8.10	$9.30	$8.10	N	5
12017			RPR FE/E/EN/L/M 20.1-30.0 CM	$74.66	$63.46	$153.18	$130.20	N	
12017	AA		SIMPLE WOUND REPAIR 20.1 TO 30	$9.30	$8.10	$9.30	$8.10	N	5
12018			RPR F/E/E/N/L/M >30.0 CM	$84.55	$71.86	$173.57	$147.53	N	
12018	AA		SIMPLE WOUND REPAIR OVER 30 CM	$9.30	$8.10	$9.30	$8.10	N	5
12020			TX SUPFC WND DEHSN SMPL CLSR	$149.73	$127.27	$221.63	$188.39	N	
12020	AA		TREAT SUPER.DEHISCIENCE:SIMPLE	$9.30	$8.10	$9.30	$8.10	N	5
12021			TX SUPFC WND DEHSN W/PACKING	$88.04	$74.83	$127.35	$108.25	N	
12021	AA		TREAT SUPER.DEHISCIENCE:W/PACK	$9.30	$8.10	$9.30	$8.10	N	5
12031			INTMD RPR S/A/T/EXT 2.5 CM/<	$130.78	$111.16	$150.69	$128.08	N	
12031	AA		LAYER CLOSURE WOUND TO 2.5 CM	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
12031	SA		LAYER CLOSURE WOUND TO 2.5 CM	$111.16	$111.16	$111.16	$111.16	N	
12032			INTMD RPR S/A/T/EXT 2.6-7.5	$151.83	$129.05	$213.44	$181.42	N	
12032	AA		LAYER CLOSURE 2.6 TO 7.5CM	$9.30	$8.10	$9.30	$8.10	N	3
12032	SA		LAYER CLOSURE 2.6 TO 7.5 CM	$129.05	$129.05	$129.05	$129.05	N	
12034			INTMD RPR S/TR/EXT 7.6-12.5	$166.62	$141.63	$208.27	$177.03	N	
12034	AA		LAYER CLOSURE 7.6-12.5CM	$9.30	$8.10	$9.30	$8.10	N	3
12035			INTMD RPR S/A/T/EXT 12.6-20	$194.69	$165.48	$296.41	$251.95	N	
12035	AA		LAYER CLOSURE 12.6 TO 20CM	$9.30	$8.10	$9.30	$8.10	N	3
12036			INTMD RPR S/A/T/EXT 20.1-30	$217.46	$184.84	$332.94	$283.00	N	
12036	AA		LAYER CLOSURE 20.1 TO 30CM	$9.30	$8.10	$9.30	$8.10	N	3
12037			INTMD RPR S/TR/EXT >30.0 CM	$243.62	$207.07	$374.11	$318.00	N	
12037	AA		LAYER CLOSURE WOUND/ OVER 30.0	$9.30	$8.10	$9.30	$8.10	N	3
12041			INTMD RPR N-HF/GENIT 2.5CM/<	$131.35	$111.64	$167.06	$142.00	N	
12041	AA		LAYER CLOSURE WOUND TO 2.5 CM	$9.30	$8.10	$9.30	$8.10	N	3
12042			INTMD RPR N-HF/GENIT2.6-7.5	$154.43	$131.26	$202.59	$172.20	N	
12042	AA		LAYER CLOSURE 2.6 TO 7.5CM	$9.30	$8.10	$9.30	$8.10	N	4
12044			INTMD RPR N-HF/GENIT7.6-12.5	$191.17	$162.49	$216.50	$184.02	N	
12044	AA		LAYER CLOSURE 7.6 TO 12.5CM	$9.30	$8.10	$9.30	$8.10	N	4
12045			INTMD RPR N-HF/GENIT12.6-20	$206.31	$175.36	$306.01	$260.11	N	
12045	AA		LAYER CLOSURE 12.6 TO 20CM	$9.30	$8.10	$9.30	$8.10	N	4
12046			INTMD RPR N-HF/GENIT20.1-30	$250.56	$212.97	$371.20	$315.52	N	
12046	AA		LAYER CLOSURE 20.1 TO 30CM	$9.30	$8.10	$9.30	$8.10	N	4
12047			INTMD RPR N-HF/GENIT >30.0CM	$274.47	$233.30	$379.60	$322.66	N	
12047	AA		LAYER CLOSURE WOUND OVER 30.0	$9.30	$8.10	$9.30	$8.10	N	4
12051			INTMD RPR FACE/MM 2.5 CM/<	$140.80	$119.68	$195.28	$165.99	N	
12051	AA		LAYER CLOSURE WOUND TO 2.5 CM	$9.30	$8.10	$9.30	$8.10	N	4
12052			INTMD RPR FACE/MM 2.6-5.0 CM	$157.06	$133.50	$202.18	$171.86	N	
12052	AA		LAYER CLOSURE 2.6 TO 5CM	$9.30	$8.10	$9.30	$8.10	N	4
12053			INTMD RPR FACE/MM 5.1-7.5 CM	$180.70	$153.60	$215.70	$183.35	N	
12053	AA		LAYER CLOSURE 5.1 TO 7.5CM	$9.30	$8.10	$9.30	$8.10	N	4
12054			INTMD RPR FACE/MM 7.6-12.5CM	$189.99	$161.49	$239.06	$203.20	N	
12054	AA		LAYER CLOSURE 7.6 TO 12.5CM	$9.30	$8.10	$9.30	$8.10	N	4
12055			INTMD RPR FACE/MM 12.6-20 CM	$250.18	$212.65	$305.37	$259.56	N	
12055	AA		LAYER CLOSURE 12.6 TO 20CM	$9.30	$8.10	$9.30	$8.10	N	4
12056			INTMD RPR FACE/MM 20.1-30.0	$289.58	$246.14	$412.46	$350.59	N	
12056	AA		LAYER CLOSURE 20.1 TO 30CM	$9.30	$8.10	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
12057			INTMD RPR FACE/MM >30.0 CM	$301.56	$256.33	$413.31	$351.32	N	
12057	AA		LAYER CLOSURE WOUND OVER 30.0	$9.30	$8.10	$9.30	$8.10	N	4
13100			CMPLX RPR TRUNK 1.1-2.5 CM	$33.86	$28.78	$244.07	$207.46	N	
13100	AA		COMPLEX REPAIR 1.1 TO 2.5CM	$9.30	$8.10	$9.30	$8.10	N	4
13101			CMPLX RPR TRUNK 2.6-7.5 CM	$196.67	$167.17	$289.74	$246.28	N	
13101	AA		COMPLEX REPAIR 2.6 TO 7.5CM	$9.30	$8.10	$9.30	$8.10	N	4
13102			CMPLX RPR TRUNK ADDL 5CM/<	$57.63	$48.99	$82.74	$70.33	N	
13102	AA		REP COMP TRUNK EACH ADD 5 CM	$9.30	$8.10	$9.30	$8.10	N	3
13120			CMPLX RPR S/A/L 1.1-2.5 CM	$176.22	$149.78	$252.82	$214.89	N	
13120	AA		COMPLEX REPAIR 1.1 TO 2.5CM	$9.30	$8.10	$9.30	$8.10	N	4
13121			CMPLX RPR S/A/L 2.6-7.5 CM	$210.93	$179.29	$308.86	$262.53	N	
13121	AA		COMPLEX REPAIR 2.6 TO 7.5CM	$9.30	$8.10	$9.30	$8.10	N	4
13122			CMPLX RPR S/A/L ADDL 5 CM/>	$62.53	$53.15	$101.19	$86.01	N	
13122	AA		REP COMP SCALP/ARM/LEG	$9.30	$8.10	$9.30	$8.10	N	5
13131			CMPLX RPR F/C/C/M/N/AX/G/H/F	$192.84	$163.91	$275.46	$234.14	N	
13131	AA		COMPLEX REPAIR 1.1 TO 2.5CM	$9.30	$8.10	$9.30	$8.10	N	4
13132			CMPLX RPR F/C/C/M/N/AX/G/H/F	$233.24	$198.25	$398.11	$338.40	N	
13132	AA		COMPLEX REPAIR 2.6 TO 7.5CM	$9.30	$8.10	$9.30	$8.10	N	4
13133			CMPLX RPR F/C/C/M/N/AX/G/H/F	$83.17	$70.69	$130.88	$111.25	N	
13133	AA		REP COMP FOREHEAD/CHEEK/CHIN	$9.30	$8.10	$9.30	$8.10	N	5
13151			CMPLX RPR E/N/E/L 1.1-2.5 CM	$209.88	$178.39	$312.73	$265.82	N	
13151	AA		COMPLEX REPAIR 1.1 TO 2.5CM	$9.30	$8.10	$9.30	$8.10	N	4
13152			CMPLX RPR E/N/E/L 2.6-7.5 CM	$245.72	$208.86	$416.90	$354.37	N	
13152	AA		COMPLEX REPAIR 2.6 TO 7.5CM	$9.30	$8.10	$9.30	$8.10	N	4
13153			CMPLX RPR E/N/E/L ADDL 5CM/<	$91.93	$78.14	$148.15	$125.93	N	
13153	AA		REP COMP EYELID/NOSE/EAR/LIP	$9.30	$8.10	$9.30	$8.10	N	5
13160			SEC CLSR SURG WND/DEHSN XTN	$396.87	$337.34	$619.78	$526.81	N	
13160	AA		EXT/COMP SECONDARY CLOSE/DEHIS	$9.30	$8.10	$9.30	$8.10	N	3
14000			TIS TRNFR TRUNK 10 SQ CM/<	$321.06	$272.90	$470.34	$399.79	N	
14000	AA		TISSUE TRANSFER: DEFECT TO 10	$9.30	$8.10	$9.30	$8.10	N	4
14001			TIS TRNFR TRUNK 10.1-30SQCM	$407.96	$346.76	$611.97	$520.17	N	
14001	AA		TISSUE TRANSFER- 10.1 TO 30 SQ	$9.30	$8.10	$9.30	$8.10	N	3
14020			TIS TRNFR S/A/L 10 SQ CM/<	$354.27	$301.13	$519.73	$441.77	N	
14020	AA		TISSUE TRANSFER- TO 10 SQ CM	$9.30	$8.10	$9.30	$8.10	N	4
14021			TIS TRNFR S/A/L 10.1-30 SQCM	$436.76	$371.24	$680.98	$578.83	N	
14021	AA		TISSUE TRANSFER- 10.1 TO 30 SQ	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
14040			TIS TRNFR F/C/C/M/N/A/G/H/F	$382.10	$324.78	$566.40	$481.44	N	
14040	AA		TISSUE TRANSFER- TO 10 SQ CM	$9.30	$8.10	$9.30	$8.10	N	4
14041			TIS TRNFR F/C/C/M/N/A/G/H/F	$464.06	$394.45	$744.53	$632.85	N	
14041	AA		TISSUE TRANSFER- 10.1 TO 30 SQ	$9.30	$8.10	$9.30	$8.10	N	4
14060			TIS TRNFR E/N/E/L 10 SQ CM/<	$385.21	$327.43	$587.42	$499.30	N	
14060	AA		TISSUE TRANSFER- TO 10 SQ CM	$9.30	$8.10	$9.30	$8.10	N	4
14061			TIS TRNFR E/N/E/L10.1-30SQCM	$500.59	$425.50	$804.98	$684.23	N	
14061	AA		TISSUE TRANSFER- 10.1 TO 30 SQ	$9.30	$8.10	$9.30	$8.10	N	4
14301			TIS TRNFR ANY 30.1-60 SQ CM	$541.22	$460.04	$541.22	$460.04	N	
14301	AA		ADJACENT TISSUE TRANSFER OR RE	$9.30	$8.10	$9.30	$8.10	N	5
14301	26		ADJACENT TISSUE TRANSFER OR RE	$432.47	$367.60	$432.47	$367.60	N	
14302			TISSUE TRANSFER REPAIR OF WO	$105.22	$89.44	$105.22	$89.44	N	
14302	AA		ADJACENT TISSUE TRANSFER OR RE	$9.30	$8.10	$9.30	$8.10	N	5
14350			FILLETED FINGER/TOE FLAP	$330.45	$280.88	$586.01	$498.11	N	
14350	AA		FILLETED FINGER OR TOE FLAP	$9.30	$8.10	$9.30	$8.10	N	3
15002			WND PREP, CH/INF, TRK/ARM/LG	$170.05	$144.54	$257.98	$219.28	N	
15002	AA		WND PREP, CH/INF, TRK/ARM/LG	$9.30	$8.10	$9.30	$8.10	N	3
15002	26		WND PREP, CH/INF, TRK/ARM/LG	$108.20	$91.97	$174.03	$147.93	N	
15003			WND PREP, CH/INF ADDL 100 CM	$34.13	$29.01	$57.23	$48.65	N	
15003	AA		WND PREP, CH/INF ADDL 100 CM	$9.30	$8.10	$9.30	$8.10	N	3
15003	26		WND PREP, CH/INF ADDL 100 CM	$21.72	$18.46	$35.48	$30.16	N	
15004			WND PREP CH/INF, F/N/HF/G	$194.81	$165.58	$310.41	$263.85	N	
15004	AA		WND PREP CH/INF, F/N/HF/G	$9.30	$8.10	$9.30	$8.10	N	3
15004	26		WND PREP CH/INF, F/N/HF/G	$127.86	$108.68	$215.24	$182.95	N	
15005			WND PREP, F/N/HF/G, ADDL CM	$57.71	$49.05	$95.42	$81.11	N	
15005	AA		WND PREP, F/N/HF/G, ADDL CM	$9.30	$8.10	$9.30	$8.10	N	3
15005	26		WND PREP, F/N/HF/G, ADDL CM	$43.78	$37.21	$70.96	$60.32	N	
15040			HARVEST CULTURED SKIN GRAFT	$130.71	$111.10	$225.37	$191.56	N	
15040	AA		HARVEST CULTURED SKIN GRAFT	$9.30	$8.10	$9.30	$8.10	N	3
15040	26		HARVEST CULTURED SKIN GRAFT	$62.39	$53.03	$108.66	$92.36	N	
15050			PINCH GRAFT UP TO 2 CM DIAM	$58.81	$49.99	$387.58	$329.44	N	
15050	AA		PINCH GRAFT: DEFECT UP TO 2 CM	$9.30	$8.10	$9.30	$8.10	N	4
15100			SPLT AGRFT T/A/L 1ST 100SQCM	$433.72	$368.66	$751.76	$639.00	N	
15100	AA		SPLIT GRAFT: UP TO 100 SQ. CM.	$9.30	$8.10	$9.30	$8.10	N	3
15101			SPLT AGRFT T/A/L EA ADDL 100	$91.89	$78.11	$188.35	$160.10	N	
15101	AA		SPLIT GRFT,@ ADD 100 SQ CM/1%	$9.30	$8.10	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
15110			EPIDRM AGRFT T/A/L 1ST 100	$412.83	$350.91	$702.06	$596.75	N	
15110	AA		EPIDRM AUTOGRFT TRNK/ARM/LEG	$9.30	$8.10	$9.30	$8.10	N	3
15110	26		EPIDRM AUTOGRFT TRNK/ARM/LEG	$354.72	$301.51	$577.21	$490.63	N	
15111			EPIDRM AGRFT T/A/L EA ADDL	$56.23	$47.80	$109.94	$93.45	N	
15111	26		EPIDRM AUTOGRFT T/A/L ADD ON	$49.77	$42.30	$92.97	$79.02	N	
15115			EPDRM AGRFT F/S/N/H/F/G/M 1	$404.26	$343.62	$657.94	$559.25	N	
15115	AA		EPIDRM A-GRFT FACE/NCK/HF/G	NA	NA	$9.30	$8.10	N	3
15115	26		EPIDRM A GRFT FACE/NCK/HF/G	$347.67	$295.52	$594.17	$505.04	N	
15116			EPDRM AGRFT F/S/N/H/F/G/M EA	$75.74	$64.37	$142.39	$121.03	N	
15116	26		EPIDRM A GFRT F/N/HF/G ADDL	$67.41	$57.29	$126.78	$107.77	N	
15120			SPLT AGRFT F/S/N/H/F/G/M 1ST	$422.08	$358.76	$709.45	$603.03	N	
15120	AA		SPLIT GRAFT: UP TO 100 SQ. CM.	$9.30	$8.10	$9.30	$8.10	N	4
15121			SPLT AGRFT F/S/N/H/F/G/M EA	$102.30	$86.96	$137.92	$117.23	N	
15121	AA		SPLIT GRFT,@ ADD 100 SQ CM/1%	$9.30	$8.10	$9.30	$8.10	N	4
15130			DRM AGRFT T/A/L 1ST 100 SQCM	$360.39	$306.33	$585.50	$497.67	N	
15130	AA		DERM AUTOGRAFT, TRNK/ARM/LEG	NA	NA	$9.30	$8.10	N	3
15130	26		DERM AUTOGRAFT, TRNK/ARM/LEG	$300.24	$255.20	$465.74	$395.88	N	
15131			DRM AGRFT T/A/L EA ADDL	$48.50	$41.23	$89.93	$76.44	N	
15131	26		DERM AUTOGRAFT T/A/L ADD ON	$44.08	$37.46	$75.34	$64.04	N	
15135			DRM AGRFT F/S/N/H/F/G/M 1ST	$434.18	$369.05	$704.18	$598.55	N	
15135	AA		DERM AUTOGRAFT FACE/NCK/HF/G	NA	NA	$9.30	$8.10	N	5
15135	26		DERM AUTOGRAFT FACE/NCK/HF/G	$377.25	$320.66	$644.81	$548.09	N	
15136			DRM AGRFT F/S/N/H/F/G/M EA	$47.82	$40.65	$83.53	$71.00	N	
15136	26		DERM AUTOGRAFT, F/N/HF/G ADD	$44.08	$37.46	$76.06	$64.65	N	
15150			TIS CLTR SKN AGRFT T/A/L 1ST	$350.69	$298.08	$582.20	$494.87	N	
15150	AA		CULT EPIDERM GRFT T/ARM/LEG	$9.30	$8.10	$9.30	$8.10	N	3
15150	26		CULT EPIDERM GRFT T/ARM/LEG	$318.57	$270.78	$513.67	$436.62	N	
15151			TIS CLTR SKN AGRFT T/A/L ADD	$58.41	$49.65	$115.94	$98.55	N	
15151	26		CULT EPIDERM GRFT T/A/L ADDL	$53.15	$45.17	$100.34	$85.29	N	
15152			TIS CLTR SKN AGRFT T/A/L EA	$75.76	$64.39	$142.30	$120.96	N	
15152	26		CULT EPIDERM GRAFT T/A/L ADDL	$70.83	$60.20	$125.34	$106.54	N	
15155			TIS CLTR AGRFT F/S/N/H/F/G 1	$397.31	$337.71	$581.55	$494.32	N	
15155	AA		CULT EPIDERM GRAFT, F/N/HF/G	$9.30	$8.10	$9.30	$8.10	N	5
15155	26		CULT EPIDERM GRAFT, F/N/HF/G	$364.51	$309.83	$552.37	$469.51	N	
15156			TIS CLT AGRFT F/S/N/H/F/G AD	$78.46	$66.69	$150.50	$127.93	N	
15156	26		CULT EPIDERM GRFT F/N/HFG ADD	$73.37	$62.36	$139.65	$118.70	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
15157			TIS CLT AGRFT F/S/N/H/F/G EA	$87.36	$74.25	$166.76	$141.75	N	
15157	26		CULT EPIDERM GRFT F/N/HFG ADDL	$79.88	$67.90	$152.17	$129.34	N	
15200			FTH/GFT FR TRNK 20 SQ CM/<	$420.54	$357.46	$602.43	$512.07	N	
15200	AA		FULL THICK GRAFT TO 20 SQ CM	$9.30	$8.10	$9.30	$8.10	N	4
15201			FTH/GFT FR TRNK EACH ADDL	$69.09	$58.72	$134.54	$114.36	N	
15201	AA		FULL THICK GRAFT EACH ADD 20 S	$9.30	$8.10	$9.30	$8.10	N	3
15220			FTH/GFT FR S/A/L 20 SQ CM/<	$385.98	$328.08	$585.78	$497.92	N	
15220	AA		FULL THICK GRAFT TO 20 SQ CM	$9.30	$8.10	$9.30	$8.10	N	4
15221			FTH/GFT FR S/A/L EACH ADDL	$63.46	$53.94	$121.40	$103.19	N	
15221	AA		FULL THICK GRAFT EACH ADD 20 S	$9.30	$8.10	$9.30	$8.10	N	3
15240			FTH/GFT F/C/C/M/N/AX/G/H/F20	$465.96	$396.07	$659.74	$560.78	N	
15240	AA		FULL THICK GRAFT TO 20 SQ CM	$9.30	$8.10	$9.30	$8.10	N	4
15241			FTH/GFT F/C/C/M/N/A/G/H/F EA	$86.03	$73.13	$148.72	$126.41	N	
15241	AA		FULL THICK GRAFT EACH ADD 20 S	$9.30	$8.10	$9.30	$8.10	N	3
15260			FTH/GFT FR N/E/E/L 20 SQCM/<	$501.48	$426.25	$685.24	$582.45	N	
15260	AA		FULL THICK GRAFT TO 20 SQ CM	$9.30	$8.10	$9.30	$8.10	N	4
15261			FTH/GFT FR N/E/E/L EACH ADDL	$101.45	$86.23	$168.31	$143.07	N	
15261	AA		FULL THICK GRAFT EACH ADD 20 S	$9.30	$8.10	$9.30	$8.10	N	3
15271			SKIN SUB GRAFT TRNK/ARM/LEG	$76.41	$64.94	$76.41	$64.94	N	
15271	26		SKIN SUB GRAFT TRNK/ARM/LEG	$41.23	$35.05	$41.23	$35.05	N	
15272			SKIN SUB GRAFT T/A/L ADD-ON	$12.06	$10.25	$12.06	$10.25	N	
15272	26		SKIN SUB GRAFT T/A/L ADD-ON	$8.15	$6.93	$8.15	$6.93	N	
15273			SKIN SUB GRFT T/ARM/LG CHILD	$151.18	$128.50	$151.18	$128.50	N	
15273	26		SKIN SUB GRFT T/ARM/LG CHILD	$94.59	$80.40	$94.59	$80.40	N	
15274			SKN SUB GRFT T/A/L CHILD ADD	$39.57	$33.63	$39.57	$33.63	N	
15274	26		SKIN SUB GRFT T/A/L CHILD ADD	$21.39	$18.18	$21.39	$18.18	N	
15275			SKIN SUB GRAFT FACE/NK/HF/G	$78.99	$67.14	$78.99	$67.14	N	
15275	26		SKIN SUB GRAFT FACE/NK/HF/G	$45.68	$38.83	$45.68	$38.83	N	
15276			SKIN SUB GRAFT F/N/HF/G ADDL	$16.13	$13.71	$16.13	$13.71	N	
15276	26		SKIN SUB GRAFT F/N/HF/G ADDL	$12.05	$10.24	$12.05	$10.24	N	
15277			SKN SUB GRFT F/N/HF/G CHILD	$169.00	$143.65	$169.00	$143.65	N	
15277	26		SKN SUB GRFT F/N/HF/G CHILD	$109.01	$92.66	$109.01	$92.66	N	
15278			SKN SUB GRFT F/N/HF/G CH ADD	$46.82	$39.79	$46.82	$39.79	N	
15278	26		SKN SUB GRFT F/N/HF/G CHILD	$27.28	$23.18	$27.28	$23.18	N	
15570			SKIN PEDICLE FLAP TRUNK	$453.78	$385.71	$714.83	$607.61	N	
15570	AA		FORM DIRECT/TUBE PEDICLE TRUNK	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
15572			SKIN PEDICLE FLAP ARMS/LEGS	$442.75	$376.33	$651.19	$553.51	N	
15572	AA		FORM DIRECT/TUBE PEDICLE SCALP	$9.30	$8.10	$9.30	$8.10	N	3
15574			PEDCLE FH/CH/CH/M/N/AX/G/H/F	$429.74	$365.27	$710.85	$604.22	N	
15574	AA		FORM DIRECT/TUBE PEDICLE FOREH	$9.30	$8.10	$9.30	$8.10	N	5
15576			PEDICLE E/N/E/L/NTRORAL	$392.02	$333.22	$631.94	$537.15	N	
15576	AA		FORM DIRECT/TUBE PEDICLE EYELI	$9.30	$8.10	$9.30	$8.10	N	5
15600			DELAY FLAP TRUNK	$169.27	$143.88	$326.88	$277.85	N	
15600	AA		INTERM DELAY FLAP TRUNK	$9.30	$8.10	$9.30	$8.10	N	4
15610			DELAY FLAP ARMS/LEGS	$186.39	$158.43	$246.30	$209.36	N	
15610	AA		INTERM DELAY FLAP SCALP/LIMBS	$9.30	$8.10	$9.30	$8.10	N	4
15620			DELAY FLAP F/C/C/N/AX/G/H/F	$225.38	$191.57	$367.91	$312.73	N	
15620	AA		INTERM DELAY FLAP CHIN/NECK/FE	$9.30	$8.10	$9.30	$8.10	N	4
15630			DELAY FLAP EYE/NOS/EAR/LIP	$233.24	$198.25	$352.95	$300.01	N	
15630	AA		INTER DELAY FLAP EYELIDS/LIP/E	$9.30	$8.10	$9.30	$8.10	N	4
15650			TRANS INTERM ANY PEDICLE FLAP	$273.68	$232.62	$380.52	$323.44	N	
15650	AA		TRANS INTERM ANY PEDICLE FLAP	$9.30	$8.10	$9.30	$8.10	N	3
15730			MDFC FLAP W/PRSRV VASC PEDCL	$699.92	$594.93	$699.92	$594.93	N	
15730	AA		MDFC FLAP W/PRSRV VASC PEDCL	$9.30	$8.10	$9.30	$8.10	N	5
15730	26		MDFC FLAP W/PRSRV VASC PEDCL	$452.32	$384.47	$452.32	$384.47	N	
15731			FOREHEAD FLAP W/VASC PEDICLE	$559.86	$475.88	$851.03	$723.38	N	
15731	AA		FOREHEAD FLAP W/VASC PEDICLE	$9.30	$8.10	$9.30	$8.10	N	5
15731	26		FOREHEAD FLAP W/VASC PEDICLE	$495.96	$421.57	$763.68	$649.13	N	
15733			MUSC MYOQ/FSCQ FLP H & N PEDCL	$510.43	$433.86	$510.43	$433.86	N	
15733	AA		MUSC MYOQ/FSCQ FLP H&N PEDCL	$9.30	$8.10	$9.30	$8.10	N	5
15734			MUSCLE FLAP: TRUNK	$744.88	$633.14	$1,254.69	$1,066.48	N	
15734	AA		MUSCLE FLAP: TRUNK	$9.30	$8.10	$9.30	$8.10	N	3
15736			MUSCLE FLAP: UPPER EXTREMITY	$606.38	$515.42	$1,206.29	$1,025.34	N	
15736	AA		MUSCLE FLAP:UPPER EXTREMITY	$9.30	$8.10	$9.30	$8.10	N	3
15738			MUSCLE FLAP: LOWER EXTREMITY	$626.99	$532.94	$1,255.23	$1,066.95	N	
15738	AA		MUSCLE FLAP:LOWER EXTREMITY	$9.30	$8.10	$9.30	$8.10	N	3
15740			ISLAND PEDICLE FLAP GRAFT	$509.37	$432.96	$686.76	$583.75	N	
15740	AA		ISLAND PEDICLE FLAP GRAFT	$9.30	$8.10	$9.30	$8.10	N	4
15750			NEUROVASCULAR PEDICLE FLAP	$466.35	$396.40	$709.77	$603.30	N	
15750	AA		NEUROVASCULAR PEDICLE GRAFT	$9.30	$8.10	$9.30	$8.10	N	4
15756			FREE FLAP W/WO GRAFT MICROVASC	$1,123.62	$955.08	$1,947.99	$1,655.79	N	
15756	AA		FREE FLAP W/WO GRAFT MICROVASC	$9.30	$8.10	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
15757			FREE SKIN FLAP W/MICROVAS ANAS	$1,115.90	$948.51	$1,961.70	$1,667.44	N	
15757	AA		FREE SKIN FLAP W/MICROVAS ANAS	$9.30	$8.10	$9.30	$8.10	N	4
15758			FREE FASCIAL FLAP W/MICROVASC	$1,111.59	$944.85	$1,966.94	$1,671.90	N	
15758	AA		FREE FASCIAL FLAP W/MICROVASC	$9.30	$8.10	$9.30	$8.10	N	4
15760			COMPOSITE SKIN GRAFT	$423.54	$360.00	$642.09	$545.77	N	
15760	AA		COMPOSITE SKIN GRAFT	$9.30	$8.10	$9.30	$8.10	N	4
15769			GRFG AUTOL SOFT TISS DIR EXC	$240.66	$204.56	$240.66	$204.56	N	
15769	AA		GRFG AUTOL SOFT TISS DIR EXC	$9.30	$8.10	$9.30	$8.10	N	3
15770			DERMA-FAT-FASCIA GRAFT	$338.04	$287.33	$495.76	$421.40	N	
15770	AA		DERMA-FAT-FASCIA GRAFT	$9.30	$8.10	$9.30	$8.10	N	4
15771			GRFG AUTOL FAT LIPO 50 CC/<	$307.90	$261.71	$307.90	$261.71	N	
15771	AA		GRFG AUTOL FAT LIPO 50 CC/<	$9.30	$8.10	$9.30	$8.10	N	3
15771	26		GRFG AUTOL FAT LIPO 50 CC/<	$257.94	$219.24	$257.94	$219.24	N	
15772			GRFG AUTOL FAT LIPO EA ADDL	$96.00	$81.60	$96.00	$81.60	N	
15772	AA		GRFG AUTOL FAT LIPO EA ADDL	$9.30	$8.10	$9.30	$8.10	N	
15772	26		GRFG AUTOL FAT LIPO EA ADDL	$73.23	$62.25	$73.23	$62.25	N	
15773			GRFG AUTOL FAT LIPO 25 CC/<	$300.21	$255.18	$300.21	$255.18	N	
15773	AA		GRFG AUTOL FAT LIPO 25 CC/<	$9.30	$8.10	$9.30	$8.10	N	5
15774			GFRG AUTOL FAT LIPO EA ADDL	$93.72	$79.66	$93.72	$79.66	N	
15774	AA		GFRG AUTOL FAT LIPO EA ADDL	$9.30	$8.10	$9.30	$8.10	N	
15774	26		GFRG AUTOL FAT LIPO EA ADDL	$70.95	$60.30	$70.95	$60.30	N	
15777			ACELLULAR DERM MATRIX IMPLT	$105.12	$89.35	$105.12	$89.35	N	
15777	50		ACELLULAR DERM MATRIX IMPLT	$169.34	$143.94	$169.34	$143.94	N	
15778			IMPL ABSRB MSH/PRSTH DLY CLS	$191.93	$163.14	$191.93	$163.14	N	
15778	AA		IMPL ABSRB MSH/PRSTH DLY CLS	$9.30	$8.10	$9.30	$8.10	N	4
15780			DERMABRASION TOTAL FACE	$423.73	$360.17	$641.82	$545.54	A	
15780	AA		SKIN ABRASION TOTAL FACE	$9.30	$8.10	$9.30	$8.10	A	4
15781			DERMABRASION SEGMENTAL FACE	$52.60	$44.71	$398.18	$338.46	A	
15781	AA		ABRASION OF SKIN FOR REMOVAL O	$9.30	$8.10	$9.30	$8.10	A	4
15782			DERMABRASION OTHER THAN FACE	$48.86	$41.53	$481.50	$409.28	A	
15782	AA		ABRASION OF SKIN FOR REMOVAL O	$9.30	$8.10	$9.30	$8.10	A	4
15783			DERMABRASION SUPRFL ANY SITE	$45.40	$38.59	$377.35	$320.75	A	
15783	AA		DERMABRASION SUPERFICIAL ANY S	$9.30	$8.10	$9.30	$8.10	A	4
15786			ABRASION SINGLE LESION	$22.78	$19.36	$181.42	$154.21	A	
15786	AA		ABRASION SINGLE LESION	$9.30	$8.10	$9.30	$8.10	N	5
15787			ABRASION EA ADD 4 LESION OR LE	$14.96	$12.71	$47.59	$40.45	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
15787	AA		ABRASION EA ADD 4 LESION OR LE	$9.30	$8.10	$9.30	$8.10	N	5
15788			CHEMICAL PEEL FACIAL EPIDRM	$194.60	$165.41	$297.66	$253.01	A	
15788	AA		CHEMICAL PEEL, FACIAL: EPIDERM	$9.30	$8.10	$9.30	$8.10	N	5
15789			CHEMICAL PEEL FACIAL DERMAL	$268.43	$228.17	$436.30	$370.86	A	
15789	AA		CHEMICAL PEEL,DERMAL, FACIAL	$9.30	$8.10	$9.30	$8.10	N	5
15792			CHEM PEEL NONFACIAL EPIDRM	$33.63	$28.59	$303.86	$258.28	A	
15792	AA		CHEMICAL PEEL, NONFACIAL,EPIDM	$9.30	$8.10	$9.30	$8.10	N	5
15793			CHEMICAL PEEL NONFACIAL DRM	$47.90	$40.72	$337.29	$286.69	A	
15793	AA		CHEMICAL PEEL, NONFACIAL: DERM	$9.30	$8.10	$9.30	$8.10	N	5
15820			BLEPHAROPLASTY LOWER EYELID	$288.05	$244.84	$411.48	$349.76	A	
15820	AA		BLEPHAROPLASTY,LOWER EYELIDS	$9.30	$8.10	$9.30	$8.10	N	5
15821			BLEPHARP LWR EYELID FAT PAD	$308.48	$262.21	$443.86	$377.28	A	
15821	AA		BLEPHAROPLASTY HERNIATED FAT P	$9.30	$8.10	$9.30	$8.10	N	5
15822			BLEPHAROPLASTY UPPER EYELID	$229.67	$195.22	$349.78	$297.32	A	
15822	AA		BLEPHAROPLASTY,UPPER EYELID	$9.30	$8.10	$9.30	$8.10	N	5
15823			BLEPHARP UPR EYELID XCSV SKN	$308.87	$262.54	$504.36	$428.71	A	
15823	AA		BLEPHAROPLASTY,UPPER:EXCESSIVE	$9.30	$8.10	$9.30	$8.10	N	5
15830			EXC EXCESSIVE SKIN ABDOMEN	$586.06	$498.15	$910.71	$774.11	N	
15830	AA		EXC SKIN ABD	$9.30	$8.10	$9.30	$8.10	N	5
15840			NERVE PALSY FASCIAL GRAFT	$500.40	$425.34	$796.87	$677.34	N	
15840	AA		GRAFT FACIAL NERVE PARALYSIS	$9.30	$8.10	$9.30	$8.10	N	5
15841			NERVE PALSY MUSCLE GRAFT	$885.30	$752.51	$1,319.41	$1,121.50	N	
15841	AA		FACIAL NERVE PALSY MUSCLE GRAF	$9.30	$8.10	$9.30	$8.10	N	5
15842			NERVE PALSY MICROSURG GRAFT	$1,336.45	$1,135.98	$2,123.51	$1,804.99	N	
15842	AA		MICROSUR MUSCLE GRAFT FACE PAL	$9.30	$8.10	$9.30	$8.10	N	5
15845			REANIMATION MUSCLE TRANS FACE	$532.46	$452.59	$737.27	$626.68	N	
15845	AA		REANIMATION MUSCLE TRANS FACE	$9.30	$8.10	$9.30	$8.10	N	5
15847			EXC SKIN ABD ADD-ON	$212.00	$180.20	$212.00	$180.20	N	
15851			REMOVE SUTURES DIFF SURGEON	$27.90	$23.72	$85.96	$73.07	N	
15851	AA		REMOVAL OF SUTURES UNDER ANEST	$9.30	$8.10	$9.30	$8.10	N	3
15852			DRESSING CHANGE..UNDER ANESTHE	$21.69	$18.43	$47.40	$40.29	N	
15852	AA		DRESSING CHANGE UNDER ANESTHES	$9.30	$8.10	$9.30	$8.10	N	3
15853			REMOVAL SUTR/STAPL XREQ ANES	$5.77	$4.90	$5.77	$4.90	N	
15854			REMOVAL SUTR&STAPL XREQ ANES	$7.30	$6.21	$7.30	$6.21	N	
15920			EXC COCCYGL PR ULC PRIM SUTR	$319.46	$271.54	$470.72	$400.11	N	
15920	AA		COCCYGECTOMY PRIMARY SUTURE	$9.30	$8.10	$9.30	$8.10	N	5

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
15922			EXC COCCYGL PR ULC FLAP CLSR	$400.63	$340.54	$599.91	$509.93	N	
15922	AA		COCCYGECTOMY FLAP CLOSURE	$9.30	$8.10	$9.30	$8.10	N	5
15931			EXC SACRAL PR ULC PRIM SUTR	$352.74	$299.83	$522.12	$443.80	N	
15931	AA		EXCISE SACRAL PRESSURE ULCER	$9.30	$8.10	$9.30	$8.10	N	5
15933			EXC SAC PR ULC PRIM STR OSTC	$436.75	$371.24	$654.30	$556.15	N	
15933	AA		REMOVAL OF PRESSURE SORE	$9.30	$8.10	$9.30	$8.10	N	5
15934			EXC SACRAL PR ULC SKN FLAP	$492.55	$418.67	$726.60	$617.61	N	
15934	AA		EXCISE,WITH SKIN FLAP CLOSURE	$9.30	$8.10	$9.30	$8.10	N	5
15935			EXC SAC PR ULC SKN FLP OSTC	$578.29	$491.54	$872.88	$741.95	N	
15935	AA		EXC SAC ULCER/FLAP/OSTECTOMY	$9.30	$8.10	$9.30	$8.10	N	5
15936			EXC SAC PR ULC PREP MUS FLAP	$442.94	$376.49	$722.31	$613.97	N	
15936	AA		EXCISE ULCER W/ OTHER FLAP CLO	$9.30	$8.10	$9.30	$8.10	N	5
15937			EXC SAC PR ULC PREP MUS OSTC	$488.52	$415.24	$843.65	$717.10	N	
15937	AA		EXC SAC ULCER/FLAP/OSTECTOMY	$9.30	$8.10	$9.30	$8.10	N	5
15940			EXC ISCHIAL PR ULC PRIM SUTR	$355.43	$302.12	$543.67	$462.12	N	
15940	AA		EXC ISCHIAL ULCER DIRECT SUTUR	$9.30	$8.10	$9.30	$8.10	N	5
15941			EXC ISCH PR ULC PRM SUT OSTC	$475.24	$403.95	$731.39	$621.68	N	
15941	AA		EXC ISCHIAL ULCER OSTECTOMY	$9.30	$8.10	$9.30	$8.10	N	5
15944			EXC ISCH PR ULC SKN FLP CLSR	$468.57	$398.28	$702.86	$597.43	N	
15944	AA		EXC ISCHIAL ULC/SKIN FLAP CLOS	$9.30	$8.10	$9.30	$8.10	N	5
15945			EXC ISCH PR ULC SKN FLP OSTC	$511.00	$434.35	$782.99	$665.54	N	
15945	AA		EXC ISCHAL ULC/OSTECTOMY/FLAP	$9.30	$8.10	$9.30	$8.10	N	5
15946			EXC ISCH PR ULC PREP MUS FLP	$796.06	$676.65	$1,263.22	$1,073.74	N	
15946	AA		EXC ISCHIAL ULC/OSTECTOMY/FLAP	$9.30	$8.10	$9.30	$8.10	N	5
15950			EXC TRCHNTR PR ULC PRIM SUTR	$320.43	$272.36	$453.01	$385.06	N	
15950	AA		EXC TROCHANTERIC ULCER DIR SUT	$9.30	$8.10	$9.30	$8.10	N	5
15951			EXC TRCHNTR PR ULC OSTC	$450.98	$383.33	$649.64	$552.19	N	
15951	AA		EXC TROCHAN ULCER OSTECTOMY	$9.30	$8.10	$9.30	$8.10	N	5
15952			EXC TRCHNTR PR ULC FLP CLSR	$459.55	$390.61	$670.34	$569.79	N	
15952	AA		EXC TROCHAN ULCER SKIN FLAP CL	$9.30	$8.10	$9.30	$8.10	N	5
15953			EXC TRCHNTR PR ULC FLP OSTC	$505.76	$429.89	$757.57	$643.93	N	
15953	AA		EXC TROCH ULC SKIN FL CLO/OSTE	$9.30	$8.10	$9.30	$8.10	N	5
15956			EXC TRCHNTR PR ULC PREP FLAP	$580.41	$493.35	$921.73	$783.47	N	
15956	AA		EXC TROCH/ULC FLAP CLOSURE	$9.30	$8.10	$9.30	$8.10	N	5
15958			EXC TRCHNTR PR ULC PREP OSTC	$579.85	$492.87	$930.80	$791.18	N	
15958	AA		TROCH ULC/EXC-FLAP-OSTECTOMY	$9.30	$8.10	$9.30	$8.10	N	5

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
15999			UNLISTED PX EXC PRESSURE ULC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
16000			INIT TREAT 1ST DEGREE BURN	$40.16	$34.14	$59.68	$50.73	N	
16000	AA		INITIAL TREATMENT,1ST DEGREE	$9.30	$8.10	$9.30	$8.10	N	5
16000	SA		INIT TREAT 1ST DEGREE BURN	$34.14	$34.14	$48.19	$48.19	N	
16020			DRESS/DEBRID BURN SMALL NO ANE	$43.07	$36.61	$71.42	$60.71	N	
16020	SA		DRESS/DEBRID BURN SMALL NO ANE	$36.61	$36.61	$57.67	$57.67	N	
16025			DRESS/DEBRID BURM MED NO ANEST	$77.99	$66.29	$124.15	$105.53	N	
16030			DRESS/DEBRID BURN LG NO ANESTH	$99.48	$84.56	$146.81	$124.79	N	
16035			ESCHAROTOMY B	$19.08	$16.22	$185.44	$157.62	N	
16035	AA		ESCHAROTOMY	$9.30	$8.10	$9.30	$8.10	N	3
16036			ESCHAROTOMY: EACH ADDIT INCIS	$40.31	$34.26	$73.69	$62.63	N	
17000			DESTROY BENIGN/PREMALIG LESION	$34.21	$29.08	$52.77	$44.85	N	
17000	AA		DESTROY FACE LESION (1 LESION)	$9.30	$8.10	$9.30	$8.10	N	3
17000	SA		DESTROY BENIGN/PREMALIG LESION	$29.08	$29.08	$29.08	$29.08	N	
17003			DESTROY BENIGN/PREMALIG LESION	$3.36	$2.86	$5.56	$4.73	N	
17003	AA		DESTROY BENIGN/PREMALIG LESION	$9.30	$8.10	$9.30	$8.10	N	3
17003	SA		DESTROY BENIGN PREMALIG LESION	$2.85	$2.85	$2.85	$2.85	N	
17004			DESTROY BENIGN/PREMALIG LESION	$83.53	$71.00	$152.01	$129.21	N	
17004	AA		DESTROY BENIGN/PREMALIG LESION	$9.30	$8.10	$9.30	$8.10	N	3
17106			DESTR SKIN LESION LIOSQ CM	$173.53	$147.50	$311.55	$264.82	N	
17106	AA		DESTR SKIN LESION LIO SQ CM	$9.30	$8.10	$9.30	$8.10	N	3
17107			DESTRUCTION SKIN LESION	$225.59	$191.75	$460.20	$391.17	N	
17107	AA		DESTRTUCTION OF SKIN LESION	$9.30	$8.10	$9.30	$8.10	N	3
17108			DESTRUCTION SKIN LESION	$319.19	$271.31	$673.05	$572.09	N	
17108	AA		DESTRUCTION SKIN LESION	$9.30	$8.10	$9.30	$8.10	N	3
17110			DESTROY-ANY METHOD-UP TO 15 LE	$57.05	$48.49	$76.99	$65.44	N	
17110	AA		DESTROY ANY METHOD UP TO 15 LE	$9.30	$8.10	$9.30	$8.10	N	3
17110	SA		DESTROY ANY METHOD UP TO 15 LE	$48.49	$48.49	$48.49	$48.49	N	
17111			DESTROY FLAT WARTS 15 OR MORE	$66.80	$56.78	$87.22	$74.14	N	
17111	AA		DESTROY FLAT WARTS 15 OR MORE	$9.30	$8.10	$9.30	$8.10	N	3
17111	SA		DESTROY FLAT WARTS 15 OR MORE	$56.78	$56.78	$56.78	$56.78	N	
17250			APPLICATION OF CHEMICAL AGEN	$42.63	$36.24	$58.97	$50.12	N	
17250	AA		CHEMICAL CAUT.GRANUL.TISSUE	$9.30	$8.10	$9.30	$8.10	N	3
17260			DSTRJ MAL LES T/A/L 0.5 CM/<	$49.98	$42.48	$73.38	$62.38	N	
17260	AA		DESTR,MALIG LESION..0.5CM OR L	$9.30	$8.10	$9.30	$8.10	N	3
17261			DSTRJ MAL LES T/A/L .6-1.0CM	$74.52	$63.34	$93.10	$79.13	N	

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
17261	AA		DESTRUCT,MALIG LESION 0.6-1.0	$9.30	$8.10	$9.30	$8.10	N	3
17261	SA		DESTRUCT MALIG LESION 0.6 TO1C	$63.34	$63.34	$63.34	$63.34	N	
17262			DSTRJ MAL LES T/A/L 1.1-2.0	$89.22	$75.84	$115.86	$98.48	N	
17262	AA		DESTRUCT,MALIG LESION..1.1-2.0	$9.30	$8.10	$9.30	$8.10	N	3
17262	SA		DESTRUCT MALIG LESION 1.1-2.0C	$75.84	$75.84	$75.84	$75.84	N	
17263			DSTRJ MAL LES T/A/L 2.1-3.0	$96.65	$82.15	$128.55	$109.27	N	
17263	AA		DESTRUCT,MALIG LESION 2.1-3.0	$9.30	$8.10	$9.30	$8.10	N	3
17264			DSTRJ MAL LES T/A/L 3.1-4.0	$103.79	$88.22	$139.36	$118.46	N	
17264	AA		DESTRUCT MALIG LESION 3.1-4.0	$9.30	$8.10	$9.30	$8.10	N	3
17266			DSTRJ MAL LES T/A/L >4.0 CM	$117.82	$100.15	$161.80	$137.53	N	
17266	AA		DESTR MALIG LESION DIAM >4.0CM	$9.30	$8.10	$9.30	$8.10	N	3
17270			DSTR MAL LES S/N/H/F/G .5 /<	$75.38	$64.07	$100.89	$85.75	N	
17270	AA		DESTR MALIG LESION,DIA 0.5OR L	$9.30	$8.10	$9.30	$8.10	N	3
17271			DSTR MAL LES S/N/H/F/G 0.6-1	$83.53	$71.00	$109.27	$92.88	N	
17271	AA		DESTR MALIG LESION 0.6-1.0 CM	$9.30	$8.10	$9.30	$8.10	N	3
17271	SA		DESTR MALIG LESION 0.6-1.0 CM	$71.00	$71.00	$71.00	$71.00	N	
17272			DSTR MAL LES S/N/H/F/G 1.1-2	$94.29	$80.15	$125.89	$107.00	N	
17272	AA		DESTR MALIG LESION 1.1-2.0 CM	$9.30	$8.10	$9.30	$8.10	N	3
17272	SA		DESTR MALIG LESION 1.1-2.0 CM	$80.15	$80.15	$80.15	$80.15	N	
17273			DSTR MAL LES S/N/H/F/G 2.1-3	$104.71	$89.00	$142.16	$120.84	N	
17273	AA		DESTR MALIG LESION 2.1-3.0 CM	$9.30	$8.10	$9.30	$8.10	N	3
17273	SA		DESTR MALIG LESION 2.1-3.0 CM	$89.00	$89.00	$89.00	$89.00	N	
17274			DSTR MAL LES S/N/H/F/G 3.1-4	$122.49	$104.11	$172.04	$146.23	N	
17274	AA		DESTR MALIG LESION 3.1-4.0 CM	$9.30	$8.10	$9.30	$8.10	N	3
17276			DSTR MAL LES S/N/H/F/G >4.0	$141.72	$120.46	$205.99	$175.09	N	
17276	AA		DESTR MALIG LESION OVER 4.0 CM	$9.30	$8.10	$9.30	$8.10	N	3
17280			DSTR MAL LS F/E/E/N/L/M .5/<	$70.78	$60.16	$93.10	$79.13	N	
17280	AA		DESTR MALIG LESION 0.5CM OR L	$9.30	$8.10	$9.30	$8.10	N	3
17280	SA		DESTR MALIG LESION UP TO 0.5CM	$60.16	$60.16	$60.16	$60.16	N	
17281			DSTR MAL LS F/E/E/N/L/M .6-1	$90.09	$76.58	$121.26	$103.07	N	
17281	AA		DESTR MALIG LESION 0.6-1.0 CM	$9.30	$8.10	$9.30	$8.10	N	3
17281	SA		DESTR MALIG LESION 0.6-1.0 CM	$76.58	$76.58	$76.58	$76.58	N	
17282			DSTR MAL LS F/E/E/N/L/M1.1-2	$102.84	$87.41	$140.14	$119.12	N	
17282	AA		DESTR MALIG LESION 1.1-2.0 CM	$9.30	$8.10	$9.30	$8.10	N	3
17283			DSTR MAL LS F/E/E/N/L/M2.1-3	$121.59	$103.35	$173.24	$147.25	N	
17283	AA		DESTR,MALIG LESION 2.1-3.0 CM	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
17284			DSTR MAL LS F/E/E/N/L/M3.1-4	$138.05	$117.34	$204.74	$174.03	N	
17284	AA		DESTR MALIG LESION 3.1-4.0 CM	$9.30	$8.10	$9.30	$8.10	N	3
17286			DSTR MAL LS F/E/E/N/L/M>4.0	$177.99	$151.29	$271.71	$230.96	N	
17286	AA		DESTR MALIG LESION OVER 4.0 CM	$9.30	$8.10	$9.30	$8.10	N	3
17311			MOHS, 1 STAGE, H/N/HF/G	$340.88	$289.75	$550.74	$467.62	N	
17311	AA		MOHS, 1 STAGE, H/N/HF/G	$9.30	$8.10	$9.30	$8.10	N	5
17311	26		MOHS, 1 STAGE, H/N/HF/G	$173.67	$147.62	$290.82	$247.19	N	
17312			MOHS ADDL STAGE	$206.42	$175.46	$332.88	$282.95	N	
17312	AA		MOHS ADDL STAGE	$9.30	$8.10	$9.30	$8.10	N	5
17312	26		MOHS ADDL STAGE	$92.57	$78.68	$154.79	$131.57	N	
17313			MOHS, 1 STAGE, T/A/L	$320.64	$272.54	$502.66	$427.26	N	
17313	AA		MOHS, 1 STAGE, T/A/L	$9.30	$8.10	$9.30	$8.10	N	5
17313	26		MOHS, 1 STAGE, T/A/L	$155.97	$132.57	$260.68	$221.58	N	
17314			MOHS, ADDL STAGE, T/A/L	$197.68	$168.03	$308.30	$262.05	N	
17314	AA		MOHS, ADDL STAGE, T/A/L	$9.30	$8.10	$9.30	$8.10	N	5
17314	26		MOHS, ADDL STAGE, T/A/L	$85.36	$72.56	$143.13	$121.66	N	
17315			MOHS SURG, ADDL BLOCK	$40.23	$34.19	$64.62	$54.93	N	
17315	AA		MOHS SURG, ADDL BLOCK	$9.30	$8.10	$9.30	$8.10	N	5
17315	26		MOHS SURG, ADDL BLOCK	$24.25	$20.61	$40.49	$34.41	N	
17340			CRYOTHERAPY FOR ACNE	$26.22	$22.28	$38.06	$32.35	N	
17340	AA		CRYOTHERAPY OF SKIN	$9.30	$8.10	$9.30	$8.10	N	3
17360			CHEMICAL EXFOLIATION ACNE	$61.52	$52.29	$95.84	$81.46	N	
17360	AA		CHEMICAL EXFOLIATION FOR ACNE	$9.30	$8.10	$9.30	$8.10	N	3
17380			ELECTROLYSIS EPILATION EA 30	$8.00	$6.00	$8.00	$6.00	N	
17380	AA		ELECTROLYSIS EPILATION EA 1/2	$9.30	$8.10	$9.30	$8.10	N	3
17999			UNLISTD PX SKN MUC MEMB SUBQ	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
17999	AA		UNLISTED PROCEDURE,SKIN,MUCOUS	$9.30	$8.10	$9.30	$8.10	N	3
19000			PUNCTURE ASPIR CYST BREAST	$48.56	$41.27	$96.43	$81.97	N	
19000	AA		PUNCTURE ASPIRATION BREAST CYS	$9.30	$8.10	$9.30	$8.10	N	3
19001			PUNCTURE ASPIR CYST BRST EA	$12.82	$10.90	$22.94	$19.50	N	
19001	AA		PUNCTURE ASPIRATION OF CYST	$9.30	$8.10	$9.30	$8.10	N	3
19020			MASTOTOMY EXPL DRG ABSC DP	$230.75	$196.13	$341.28	$290.09	N	
19020	AA		MASTOTOMY/DRAIN ABSCESS DEEP	$9.30	$8.10	$9.30	$8.10	N	3
19030			NJX PX ONLY MAM DUCTO/GLCTO	$16.17	$13.74	$148.40	$126.14	N	
19030	AA		INJ.PROC.ONLY MAMMARY DUCTOGR.	$9.30	$8.10	$9.30	$8.10	N	3
19081			BX BREAST 1ST LESION STRTCTC	$244.00	$207.40	$244.00	$207.40	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
19081	AA		BX BREAST 1ST LESION STRTCTC	$9.30	$8.10	$9.30	$8.10	N	3
19081	26		BX BREAST 1ST LESION STRTCTC	$78.49	$66.71	$78.49	$66.71	N	
19082			BX BREAST ADD LESION STRTCTC	$186.57	$158.58	$186.57	$158.58	N	
19082	AA		BX BREAST ADD LESION STRTCTC	$9.30	$8.10	$9.30	$8.10	N	3
19082	26		BX BREAST ADD LESION STRTCTC	$39.24	$33.35	$39.24	$33.35	N	
19083			BX BREAST 1ST LESION US IMAG	$241.49	$205.26	$241.49	$205.26	N	
19083	AA		BX BREAST 1ST LESION US IMAG	$9.30	$8.10	$9.30	$8.10	N	3
19083	26		BX BREAST 1ST LESION US IMAG	$73.77	$62.70	$73.77	$62.70	N	
19084			BX BREAST ADD LESION US IMAG	$183.11	$155.64	$183.11	$155.64	N	
19084	AA		BX BREAST ADD LESION US IMAG	$9.30	$8.10	$9.30	$8.10	N	3
19084	26		BX BREAST ADD LESION US IMAG	$37.13	$31.56	$37.13	$31.56	N	
19085			BX BREAST 1ST LESION MR IMAG	$370.26	$314.72	$370.26	$314.72	N	
19085	AA		BX BREAST 1ST LESION MR IMAG	$9.30	$8.10	$9.30	$8.10	N	3
19085	26		BX BREAST 1ST LESION MR IMAG	$86.30	$73.36	$86.30	$73.36	N	
19086			BX BREAST ADD LESION MR IMAG	$285.82	$242.94	$285.82	$242.94	N	
19086	AA		BX BREAST ADD LESION MR IMAG	$9.30	$8.10	$9.30	$8.10	N	3
19086	26		BX BREAST ADD LESION MR IMAG	$42.99	$36.54	$42.99	$36.54	N	
19100			BREAST BIOPSY NEEDLE	$73.02	$62.06	$115.78	$98.42	N	
19100	AA		BIOPSY OF BREAST: NEEDLE	$9.30	$8.10	$9.30	$8.10	N	3
19101			BREAST BIOPSY INCISIONAL	$159.34	$135.43	$265.06	$225.30	N	
19101	AA		BREAST BIOPSY INCISIONAL	$9.30	$8.10	$9.30	$8.10	N	3
19105			CRYOSURG ABLATE FA, EACH	$1,107.37	$941.26	$1,674.70	$1,423.49	N	
19105	AA		CRYOSURG ABLATE FA, EACH	$9.30	$8.10	$9.30	$8.10	N	3
19105	26		CRYOSURG ABLATE FA, EACH	$103.07	$87.61	$147.68	$125.53	N	
19110			NIPPLE EXP. W/ORW/OUT EXCISION	$240.72	$204.61	$349.58	$297.15	N	
19110	AA		NIPPLE EXP. W/ORW/OUT EXCISION	$9.30	$8.10	$9.30	$8.10	N	3
19112			EXCISION OF LACTIFEROUS DUCT F	$227.83	$193.65	$336.17	$285.74	N	
19112	AA		EXCISION OF LACTIFEROUS DUCT F	$9.30	$8.10	$9.30	$8.10	N	3
19120			EXCISE ONE/MORE BREAST LESIONS	$261.50	$222.28	$351.40	$298.69	N	
19120	AA		EXCISE ONE/MORE BREAST LESIONS	$9.30	$8.10	$9.30	$8.10	N	3
19120	AA	50	EXCISE ONE/MORE BREAST LESIONS	$9.30	$8.10	$9.30	$8.10	N	3
19120	50		EXCISE ONE/MORE BREAST LESIONS	$155.00	$132.00	$702.80	$597.38	N	
19125			EXCISION OF BREAST LESION	$288.15	$244.92	$377.42	$320.80	N	
19125	AA		EXCISION OF BREAST LESION	$9.30	$8.10	$9.30	$8.10	N	3
19126			EXCISION OF BREAST LESION	$77.94	$66.25	$137.78	$117.12	N	
19126	AA		EXCISION OF BREST LESION	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
19281			PERQ DEVICE BREAST 1ST IMAG	$119.78	$101.81	$119.78	$101.81	N	
19281	AA		PERQ DEVICE BREAST 1ST IMAG	$9.30	$8.10	$9.30	$8.10	N	3
19281	26		PERQ DEVICE BREAST 1ST IMAG	$47.22	$40.13	$47.22	$40.13	N	
19282			PERQ DEVICE BREAST EA IMAG	$84.45	$71.78	$84.45	$71.78	N	
19282	AA		PERQ DEVICE BREAST EA IMAG	$9.30	$8.10	$9.30	$8.10	N	3
19282	26		PERQ DEVICE BREAST EA ADD IMAG	$23.61	$20.07	$23.61	$20.07	N	
19283			PERQ DEV BREAST 1ST STRTCTC	$127.75	$108.58	$127.75	$108.58	N	
19283	AA		PERQ DEV BREAST 1ST STRTCTC	$9.30	$8.10	$9.30	$8.10	N	3
19283	26		PERQ DEV BREAST 1ST STRTCTC	$47.71	$40.55	$47.71	$40.55	N	
19284			PERQ DEV BREAST ADD STRTCTC	$92.42	$78.56	$92.42	$78.56	N	
19284	AA		PERQ DEV BREAST ADD STRTCTC	$9.30	$8.10	$9.30	$8.10	N	3
19284	26		PERQ DEV BREAST AND STRTCTC	$23.77	$20.20	$23.77	$20.20	N	
19285			PERQ DEV BREAST 1ST US IMAG	$178.37	$151.61	$178.37	$151.61	N	
19285	AA		PERQ DEV BREAST 1ST US IMAG	$9.30	$8.10	$9.30	$8.10	N	3
19285	26		PERQ DEV BREAST 1ST US IMAG	$40.38	$34.32	$40.38	$34.32	N	
19286			PERQ DEV BREAST ADD US IMAG	$145.26	$123.47	$145.26	$123.47	N	
19286	AA		PERQ DEV BREAST ADD US IMAG	$9.30	$8.10	$9.30	$8.10	N	3
19286	26		PERQ DEV BREAST ADD US IMAG	$20.19	$17.16	$20.19	$17.16	N	
19287			PERQ DEV BREAST 1ST MR GUIDE	$307.50	$261.37	$307.50	$261.37	N	
19287	AA		PERQ DEV BREAST 1ST MR GUIDE	$9.30	$8.10	$9.30	$8.10	N	3
19287	26		PERQ DEV BREAST 1ST MR GUIDE	$62.65	$53.26	$62.65	$53.26	N	
19288			PERQ DEV BREAST ADD MR GUIDE	$236.41	$200.95	$236.41	$200.95	N	
19288	AA		PERQ DEV BREAST ADD MR GUIDE	$9.30	$8.10	$9.30	$8.10	N	3
19288	26		PERQ DEV BREAST ADD MR GUIDE	$31.67	$26.92	$31.67	$26.92	N	
19294			PREPJ TUM CAV IORT PRTL MAST	$80.23	$68.19	$80.23	$68.19	N	
19294	AA		PREP TUM CAVIORT PRT/MASTTY	$9.30	$9.30	$9.30	$9.30	N	
19296			PLACE PO BREAST CATH FOR RAD	$1,754.22	$1,491.08	$4,328.50	$3,679.23	N	
19296	AA		PLACE PO BREAST CATH FOR RAD	$9.30	$8.10	$9.30	$8.10	N	3
19296	26		PLACE PO BREAST CATH FOR RAD	$103.32	$87.82	$177.31	$150.72	N	
19297			PLACE BREAST CATH FOR RAD	$45.65	$38.80	$81.12	$68.95	N	
19298			PLACE BREAST RAD TUBE/CATHS	$430.80	$366.18	$1,061.23	$902.05	N	
19298	AA		PLACE BREAST RAD TUBE/CATHS	$9.30	$8.10	$9.30	$8.10	N	3
19298	26		PLACE BREAST RAD TUBE/CATHS	$158.06	$134.35	$284.51	$241.84	N	
19300			MASTECTOMY FOR GYNECOMASTIA	$290.45	$246.88	$417.49	$354.86	N	
19300	AA		REMOVAL OF BREAST TISSUE	$9.30	$8.10	$9.30	$8.10	N	3
19300	26		REMOVAL OF BREAST TISSUE	$218.73	$185.92	$286.50	$243.53	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
19301			PARTIAL MASTECTOMY	$328.65	$279.35	$312.26	$265.42	N	
19301	AA		PARTICAL MASTECTOMY	$9.30	$8.10	$9.30	$8.10	N	3
19302			P-MASTECTOMY W/LN REMOVAL	$451.40	$383.69	$660.70	$561.59	N	
19302	AA		P-MASTECTOMY W/LN REMOVAL	$9.30	$8.10	$9.30	$8.10	N	5
19303			MAST, SIMPLE, COMPLETE	$477.12	$405.55	$667.42	$567.31	N	
19303	AA		MAST, SIMPLE, COMPLETE	$9.30	$8.10	$9.30	$8.10	N	3
19305			MAST, RADICAL	$569.84	$484.36	$818.42	$695.66	N	
19305	AA		MAST, RADICAL	$9.30	$8.10	$9.30	$8.10	N	5
19306			MAST, RAD, URBAN TYPE	$608.30	$517.06	$851.05	$723.39	N	
19306	AA		MAST, RAD, URBAN TYPE	$9.30	$8.10	$9.30	$8.10	N	13
19307			MAST, MOD RAD	$586.58	$498.59	$855.69	$727.33	N	
19307	AA		MAST, MOD RAD	$9.30	$8.10	$9.30	$8.10	N	5
19316			MASTOPEXY	$396.73	$337.22	$641.24	$545.05	N	
19316	AA		MASTOPEXY	$9.30	$8.10	$9.30	$8.10	N	5
19318			REDUCTION MAMMAPLASTY	$545.87	$463.99	$959.41	$815.50	A	
19318	AA		REDUCTION MAMMAPLASTY	$9.30	$8.10	$9.30	$8.10	N	5
19318	AA	50	REDUCTION MAMMAPLASTY	$9.30	$8.10	$9.30	$8.10	N	5
19318	50		REDUCTION MAMMAPLASTY	$312.00	$265.00	$1,918.82	$1,630.99	A	
19325			MAMMAPLASTY WITH PROSTHETIC	$309.79	$263.32	$528.00	$448.80	A	
19325	AA		MAMMAPLASTY WITH PROSTHETIC	$9.30	$8.10	$9.30	$8.10	N	5
19325	AA	50	MAMMAPLASTY WITH PROSTHETIC	$9.30	$8.10	$9.30	$8.10	N	4
19325	50		MAMMAPLASTY WITH PROSTHETIC	$182.00	$155.00	$1,056.00	$897.60	A	
19328			RMVL INTACT BREAST IMPLANT	$279.07	$237.21	$376.78	$320.27	N	
19328	AA		REMOVE INTACT MAMMARY IMPLANT	$9.30	$8.10	$9.30	$8.10	N	5
19330			REMOVE IMPLANT MATERIAL	$324.10	$275.49	$482.11	$409.80	N	
19330	AA		REMOVE IMPLANT MATERIAL	$9.30	$8.10	$9.30	$8.10	N	5
19340			IMMEDIATE INSERT BREAST PROSTH	$76.18	$64.75	$336.97	$286.42	N	
19340	AA		IMMEDIATE INSERT BREAST PROSTH	$9.30	$8.10	$9.30	$8.10	N	5
19342			DELAY-INSERT BREAST PROSTHETIC	$382.00	$324.70	$711.15	$604.48	N	
19342	AA		DELAY-INSERT BREAST PROSTHETIC	$9.30	$8.10	$9.30	$8.10	N	5
19350			NIPPLE/AREOLA RECONSTRUCTION	$417.97	$355.27	$794.23	$675.10	N	
19350	AA		NIPPLE/AREOLA RECONSTRUCTION	$9.30	$8.10	$9.30	$8.10	N	5
19357			BREAST RECONSTRUCTION	$583.03	$495.57	$1,191.02	$1,012.36	N	
19357	AA		BREAST RECONSTRUCTION,IMMEDIAT	$9.30	$8.10	$9.30	$8.10	N	5
19357	AA	50	BREAST REC.IMMED.OR DELAYED	$9.30	$8.10	$9.30	$8.10	N	5
19357	50		BREAST RECONSTRUCTION-BILATERA	$710.00	$620.00	$2,382.03	$2,024.73	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
19361			BREAST RECONSTRUCTION...	$775.11	$658.84	$1,117.28	$949.69	N	
19361	AA		BREAST REC.W.LATISSIMUS DORSI	$9.30	$8.10	$9.30	$8.10	N	5
19361	AA	50	BREAST REC.W.LATISSIMUS DORSI	$9.30	$8.10	$9.30	$8.10	N	5
19361	50		BREAST RECONSTRUCTION...BILATE	$998.00	$848.00	$2,234.56	$1,899.38	N	
19364			RECONSTRUCT BREAST-FREE FLAP	$1,344.83	$1,143.11	$2,279.06	$1,937.20	N	
19364	AA		RECONST BREAST-FREE FLAP	$9.30	$8.10	$9.30	$8.10	N	5
19367			BREAST RECONSTR W/TRAM SINGLE	$879.66	$747.71	$1,499.16	$1,274.29	N	
19367	AA		BREAST RECONSTR W/TRAM SINGLE	$9.30	$8.10	$9.30	$8.10	N	5
19368			BRST RECONST/TRAM/MICROVAS ANA	$1,073.48	$912.45	$1,830.00	$1,555.50	N	
19368	AA		BRST RECONST/TRAM/MICROVAS ANA	$9.30	$8.10	$9.30	$8.10	N	5
19369			BREAST RECONST/TRAM DOUBLE PED	$997.79	$848.12	$1,700.38	$1,445.32	N	
19369	AA		BREAST RECONST/TRAM DOUBLE PED	$9.30	$8.10	$9.30	$8.10	N	5
19370			PERIPROSTHETIC CAPSULECTOMY	$337.53	$286.90	$527.06	$448.00	N	
19370	AA		PERIPROSTHETIC CAPSULECTOMY	$9.30	$8.10	$9.30	$8.10	N	5
19371			PERIPROSTHETIC CAPSULECTOMY, B	$357.70	$304.05	$609.11	$517.75	N	
19371	AA		PERIPROSTHETIC CAPSULECTOMY, B	$9.30	$8.10	$9.30	$8.10	N	5
19380			REVISE RECONSTRUCTED BREAST	$405.03	$344.27	$593.10	$504.13	N	
19380	AA		REVISE RECONSTRUCTED BREAST	$9.30	$8.10	$9.30	$8.10	N	5
19396			PREP MOULAGE FOR CUSTOM IMPLAN	$26.96	$22.91	$114.11	$97.00	N	
19396	AA		PREPARATION MOULAGE CUST.BREAS	$9.30	$8.10	$9.30	$8.10	N	5
19499			UNLISTED PROCEDURE BREAST	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
20100			EXPL PENTRG WOUND NECK	$295.64	$251.29	$505.46	$429.64	N	
20100	AA		EXPLORE PENETRATING WOUND/NECK	$9.30	$8.10	$9.30	$8.10	N	5
20101			EXPL PENTRG WOUND CHEST	$55.76	$47.39	$316.32	$268.87	N	
20101	AA		EXPLORE WOUND, CHEST	$9.30	$8.10	$9.30	$8.10	N	6
20102			EXPL PENTRG WND ABD/FLNK/BK	$298.54	$253.76	$392.50	$333.62	N	
20102	AA		EXPLORE WOUND,ABD/FLANK/BACK	$9.30	$8.10	$9.30	$8.10	N	7
20103			EXPL PENTRG WOUND EXTREMITY	$280.01	$238.01	$481.17	$408.99	N	
20103	AA		EXPLORE WOUND, EXTREMITY	$9.30	$8.10	$9.30	$8.10	N	5
20150			EXCISION EPIPHYSEAL BAR	$502.76	$427.35	$731.33	$621.63	N	
20150	AA		EXCIS EPIPYS BAR W/WO AUTO GRT	$9.30	$8.10	$9.30	$8.10	N	7
20200			MUSCLE BIOPSY SUPERFICIAL	$107.45	$91.33	$156.09	$132.67	N	
20200	AA		MUSCLE BIOPSY: SUPERFICIAL	$9.30	$8.10	$9.30	$8.10	N	3
20205			MUSCLE BIOPSY: DEEP/SUPERFIC	$150.95	$128.30	$216.36	$183.91	N	
20205	AA		MUSCLE BIOPSY: DEEP	$9.30	$8.10	$9.30	$8.10	N	3
20206			BIOPSY MUSCLE PERQ NEEDLE	$107.39	$91.28	$253.34	$215.34	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
20206	AA		BIOPSY,MUSCLE,PERCUTANEOUS NEE	$9.30	$8.10	$9.30	$8.10	N	3
20220			BONE BIOPSY TROCAR/NDL SUPFC	$113.84	$96.76	$178.20	$151.47	N	
20220	AA		SUPERFICIAL BIOPSY OF BONE: NE	$9.30	$8.10	$9.30	$8.10	N	3
20225			BONE BIOPSY TROCAR/NDL DEEP	$37.15	$31.58	$558.10	$474.39	N	
20225	AA		DEEP BONE BIOPSY: TROCAR/ NEED	$9.30	$8.10	$9.30	$8.10	N	3
20240			BONE BIOPSY OPEN SUPERFICIAL	$68.64	$58.34	$154.65	$131.45	N	
20240	AA		EXCISIONAL BIOPSY: SUPERFICIAL	$9.30	$8.10	$9.30	$8.10	N	3
20245			BONE BIOPSY OPEN DEEP	$168.22	$142.99	$362.81	$308.81	N	
20245	AA		EXCISIONAL BIOPSY OF BONE: DEE	$9.30	$8.10	$9.30	$8.10	N	6
20250			BIOPSY VRT BDY OPEN THORACIC	$197.14	$167.57	$307.91	$261.73	N	
20250	AA		OPEN BIOPSY OF VERTEBRAL BODY	$9.30	$8.10	$9.30	$8.10	N	6
20251			BIOPSY VRT BDY OPEN LMBR/CRV	$216.72	$184.21	$350.90	$298.26	N	
20251	AA		OPEN BIOPSY OF VERTEBRAL BODY	$9.30	$8.10	$9.30	$8.10	N	6
20500			INJECT SINUS TRACT: THERAPEUTI	$63.06	$53.60	$110.06	$93.55	N	
20500	AA		INJECT SINUS TRACT:THERAPEUTIC	$9.30	$8.10	$9.30	$8.10	N	3
20501			INJECT SINUS TRACT: DIAGNOSTIC	$69.57	$59.13	$124.27	$105.63	N	
20501	AA		INJECT SINUS TRACT:DIAGNOSTIC	$9.30	$8.10	$9.30	$8.10	N	3
20520			REMOVE FOREIGN BODY: SIMPLE	$109.45	$93.03	$163.76	$139.20	N	
20520	AA		REMOVE FOREIGN BODY: SIMPLE	$9.30	$8.10	$9.30	$8.10	N	3
20525			REMOVE FOREIGN BODY: COMPLICAT	$233.72	$198.66	$436.50	$371.03	N	
20525	AA		REMOVE FOREIGN BODY: COMPLICAT	$9.30	$8.10	$9.30	$8.10	N	4
20526			THERAPEUTIC INJECTION CARPAL T	$41.47	$35.25	$66.46	$56.49	N	
20526	AA		THERAPEUTIC INJECTION CARPAL T	$9.30	$8.10	$9.30	$8.10	N	3
20527			INJ DUPUYTREN CORD W/ENZYME	$44.12	$37.50	$44.12	$37.50	N	
20527	AA		INJ DUPUYTREN CORD W/ENZYME	$9.30	$8.10	$9.30	$8.10	N	3
20550			INJECT TENDON SHEATH/LIGAMENT	$28.94	$24.60	$50.46	$42.89	N	
20550	AA		INJECT TENDON SHEATH/LIGAMENT	$9.30	$8.10	$9.30	$8.10	N	5
20551			INJECTION: TENDON ORIGIN/INSER	$28.62	$24.32	$49.14	$41.77	N	
20551	AA		INJECTION: TENDON ORIGIN/INSER	$9.30	$8.10	$9.30	$8.10	N	3
20552			TRIGGER POINT INJECTION	$25.99	$22.09	$46.77	$39.75	N	
20552	AA		TRIGGER POINT INJECTION	$9.30	$8.10	$9.30	$8.10	N	3
20553			INJECT TRIGGER POINTS 3/>	$29.98	$25.48	$52.71	$44.81	N	
20553	AA		INJ TRIGGER POINTS 3 OR < MUSC	$9.30	$8.10	$9.30	$8.10	N	3
20555			PLACEMENT OF NEEDLES OR CATHET	$167.16	$142.08	$255.90	$217.52	N	
20555	AA		PLACEMENT OF NEEDLES OR CATHET	$9.30	$8.10	$9.30	$8.10	N	3
20560			NDL INSJ W/O NJX 1 OR 2 MUSC	$12.59	$10.70	$12.59	$10.70	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
20561			NDL INSJ W/O NJX 3+ MUSC	$18.38	$15.62	$18.38	$15.62	N	
20600			DRAIN/INJ JOINT/BURSA W/O US	$26.84	$22.81	$45.28	$38.49	N	
20600	AA		ARTHROCENTESIS:SMALL JOINT/ B	$9.30	$8.10	$9.30	$8.10	N	3
20604			DRAIN/INJ JOINT/BURSA W/US	$41.54	$35.31	$41.54	$35.31	N	
20604	AA		DRAIN/INJ JOINT/BURSA W/US	$9.30	$8.10	$9.30	$8.10	N	3
20604	26		ASPIR/INJ SMALL JOINTW/US GUID	$22.68	$19.27	$22.68	$19.27	N	
20605			DRAIN/INJ JOINT/BURSA W/O US	$27.33	$23.23	$49.65	$42.20	N	
20605	AA		ARTHROCENTESIS:MED JOINT/BURSA	$9.30	$8.10	$9.30	$8.10	N	3
20606			DRAIN/INJ JOINT/BURSA W/US	$44.83	$38.10	$44.83	$38.10	N	
20606	AA		DRAIN/INJ JOINT/BURSA W/US	$9.30	$8.10	$9.30	$8.10	N	3
20606	26		ASPIR/INJ INTERM JOINTW/US GUI	$25.45	$25.45	$25.45	$25.45	N	
20610			DRAIN/INJ JOINT/BURSA W/O US	$32.46	$27.59	$60.46	$51.39	N	
20610	AA		ARTHROCENTESIS: MAJOR JOINT/ B	$9.30	$8.10	$9.30	$8.10	N	3
20611			DRAIN/INJ JOINT/BURSA W/US	$49.47	$42.05	$49.47	$42.05	N	
20611	AA		DRAIN/INJ JOINT/BURSA W/US	$9.30	$8.10	$9.30	$8.10	N	3
20611	26		ASPIR/INJ MAJ JOINT W/US	$28.91	$24.57	$28.91	$24.57	N	
20612			ASPIR/INJECT GANLION CYST(S)	$32.73	$27.82	$49.18	$41.80	N	
20612	AA		ASPIR/INJECT GANGLION CYST(S)	$9.30	$8.10	$9.30	$8.10	N	3
20612	26		ASPIR/INJECT GANGLION CYST(S)	$20.33	$17.28	$37.30	$31.70	N	
20615			ASPIRATE/INJECTION-BONE CYST	$124.31	$105.66	$197.42	$167.80	N	
20615	AA		ASPIRATE/INJECTION-BONE CYST	$9.30	$8.10	$9.30	$8.10	N	3
20650			SKELETAL TRACTION: WIRE OR PIN	$117.85	$100.17	$160.06	$136.05	N	
20650	AA		SKELETAL TRACTION: WIRE OR PIN	$9.30	$8.10	$9.30	$8.10	N	4
20660			APPLY TONGS OR CALIPER AND REM	$23.77	$20.21	$200.59	$170.50	N	
20660	AA		APPLY TONGS OR CALIPER AND REM	$9.30	$8.10	$9.30	$8.10	N	3
20661			APPLICATION HALO CRANIAL	$264.34	$224.69	$354.86	$301.63	N	
20661	AA		APPLY HALO: CRANIAL	$9.30	$8.10	$9.30	$8.10	N	3
20662			APPLICATION HALO PELVIC	$266.41	$226.45	$396.10	$336.68	N	
20662	AA		APPLY HALO: PELVIC	$9.30	$8.10	$9.30	$8.10	N	3
20663			APPLICATION HALO FEMORAL	$245.71	$208.85	$363.32	$308.82	N	
20663	AA		APPLY HALO: FEMORAL	$9.30	$8.10	$9.30	$8.10	N	3
20664			APPL HALO CRANIAL 6+PINS	$454.22	$386.09	$545.40	$463.59	N	
20664	AA		APPLY/REMOVE CRANIAL HALO	$9.30	$8.10	$9.30	$8.10	N	21
20665			RMVL TONGS/HALO ANTHR INDIV	$59.94	$50.95	$112.50	$95.63	N	
20665	AA		REMOVE HALO OR TONGS BY OTHER	$9.30	$8.10	$9.30	$8.10	N	3
20670			REMOVAL IMPLANT SUPERFICIAL	$35.27	$29.98	$402.47	$342.10	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
20670	AA		REMOVE IMPLANT: SUPERFICIAL	$9.30	$8.10	$9.30	$8.10	N	3
20680			REMOVAL OF IMPLANT DEEP	$299.78	$254.81	$421.02	$357.87	N	
20680	AA		REMOVE IMPLANT: DEEP	$9.30	$8.10	$9.30	$8.10	N	4
20680	AA	52	REMOVE IMPLANT: DEEP	$9.30	$8.10	$9.30	$8.10	N	4
20680	52		REMOVE IMPLANT: DEEP	$61.00	$53.00	$61.00	$53.00	N	
20690			APPL UNIPLN UNI EXT FIXJ SYS	$59.97	$50.97	$213.89	$181.80	N	
20690	AA		APPLY EXTERNAL FIXATION SYS,ST	$9.30	$8.10	$9.30	$8.10	N	5
20692			APPL MLTPLN UNI EXT FIXJ SYS	$567.78	$482.61	$361.59	$307.35	N	
20692	AA		APPLIC MULTIPLANE UNILATERAL	$9.30	$8.10	$9.30	$8.10	N	3
20693			ADJMT/REVJ EXT FIXJ SYS ANES	$228.14	$193.92	$399.13	$339.26	N	
20693	AA		ADJUST REVISE EXT.FIXATION SYS	$9.30	$8.10	$9.30	$8.10	N	3
20694			RMVL EXT FIXJ SYS UNDER ANES	$218.98	$186.13	$395.08	$335.82	N	
20694	AA		REMOVAL EXT FIX SYS W ANES	$9.30	$8.10	$9.30	$8.10	N	3
20696			APP MLTPLN UNI XTRNL FIX 1ST	$579.89	$492.90	$579.89	$492.90	N	
20696	AA		APPLICATION OF MULTIPLANE (PIN	$9.30	$8.10	$9.30	$8.10	N	3
20697			APP MLTPLN UNI XTRNL FIX XCH	$862.56	$733.17	$862.56	$733.17	N	
20697	AA		APPLICATION OF MULTIPLANE (PIN	$9.30	$8.10	$9.30	$8.10	N	3
20700			MNL PREP&INSJ DP RX DLVR DEV	$41.02	$34.87	$41.02	$34.87	N	
20700	AA		MNL PREP&INSJ DP RX DLVR DEV	$9.30	$8.10	$9.30	$8.10	N	
20701			RMVL DEEP RX DELIVERY DEVICE	$31.23	$26.54	$31.23	$26.54	N	
20701	AA		RMVL DEEP RX DELIVERY DEVICE	$9.30	$8.10	$9.30	$8.10	N	
20702			MNL PREP&INSJ IMED RX DEV	$69.99	$59.49	$69.99	$59.49	N	
20702	AA		MNL PREP&INSJ IMED RX DEV	$9.30	$8.10	$9.30	$8.10	N	
20703			RMVL IMED RX DELIVERY DEVICE	$51.37	$43.66	$51.37	$43.66	N	
20703	AA		RMVL IMED RX DELIVERY DEVICE	$9.30	$8.10	$9.30	$8.10	N	
20704			MNL PREP&INSJ I-ARTIC RX DEV	$73.62	$62.57	$73.62	$62.57	N	
20704	AA		MNL PREP&INSJ I-ARTIC RX DEV	$9.30	$8.10	$9.30	$8.10	N	
20705			RMVL I-ARTIC RX DELIVERY DEV	$60.85	$51.72	$60.85	$51.72	N	
20705	AA		RMVL I-ARTIC RX DELIVERY DEV	$9.30	$8.10	$9.30	$8.10	N	
20802			REPLANT ARM: COMPLETE AMPUTATI	$1,359.68	$1,155.73	$2,124.51	$1,805.84	N	
20802	AA		REPLANT ARM: COMPLETE AMPUTATI	$9.30	$8.10	$9.30	$8.10	N	4
20805			REPLANT FOREARM-COMPLETE AMPUT	$1,613.00	$1,371.05	$2,889.03	$2,455.68	N	
20805	AA		REPLANT FOREARM-COMPLETE AMPUT	$9.30	$8.10	$9.30	$8.10	N	4
20808			REPLANT HAND: COMPLETE AMPUTAT	$1,943.13	$1,651.66	$3,585.42	$3,047.60	N	
20808	AA		REPLANT HAND: COMPLETE AMPUTAT	$9.30	$8.10	$9.30	$8.10	N	4
20816			REPLANT DIGIT, TOTAL AMPUTATIO	$203.59	$173.05	$2,144.00	$1,822.40	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
20816	AA		REPLANT DIGIT, TOTAL AMPUTATIO	$9.30	$8.10	$9.30	$8.10	N	4
20822			REPLANT DIGIT,EXCLUDE THUMB,CO	$176.38	$149.92	$1,845.11	$1,568.34	N	
20822	AA		REPLANT DIGIT,EXCLUDE THUMB,CO	$9.30	$8.10	$9.30	$8.10	N	4
20824			REPLANT THUMB,COMPLETE AMPUTAT	$204.03	$173.43	$2,139.06	$1,818.20	N	
20824	AA		REPLANT THUMB,COMPLETE AMPUTAT	$9.30	$8.10	$9.30	$8.10	N	4
20827			REPLANT THUMB-DISTAL TIP-COMPL	$181.12	$153.95	$1,886.63	$1,603.64	N	
20827	AA		REPLANT THUMB-DISTAL TIP-COMPL	$9.30	$8.10	$9.30	$8.10	N	4
20838			REPLANT FOOT: TOTAL AMPUTATION	$1,380.12	$1,173.10	$2,098.50	$1,783.72	N	
20838	AA		REPLANT FOOT: TOTAL AMPUTATION	$9.30	$8.10	$9.30	$8.10	N	4
20900			BONE GRAFT: ANY DONOR AREA, SM	$190.49	$161.92	$437.22	$371.64	N	
20900	AA		BONE GRAFT: ANY DONOR AREA, SM	$9.30	$8.10	$9.30	$8.10	N	3
20902			BONE GRAFT, ANY DONOR AREA: LA	$134.89	$114.65	$294.24	$250.10	N	
20902	AA		BONE GRAFT, ANY DONOR AREA: LA	$9.30	$8.10	$9.30	$8.10	N	6
20910			CARTILAGE GRAFT: COSTOCHONDRAL	$243.54	$207.00	$365.90	$311.02	N	
20910	AA		CARTILAGE GRAFT: COSTOCHONDRAL	$9.30	$8.10	$9.30	$8.10	N	3
20912			CARTILAGE GRAFT: NASAL SEPTUM	$242.12	$205.80	$417.94	$355.25	N	
20912	AA		CARTILAGE GRAFT: NASAL SEPTUM	$9.30	$8.10	$9.30	$8.10	N	5
20920			FASCIA LATA GRAFT: BY STRIPPER	$201.11	$170.94	$330.57	$280.98	N	
20920	AA		FASCIA LATA GRAFT: BY STRIPPER	$9.30	$8.10	$9.30	$8.10	N	3
20922			FASCIA LATA GRAFT: BY INCISION	$308.71	$262.40	$485.83	$412.96	N	
20922	AA		FASCIA LATA GRAFT: BY INCISION	$9.30	$8.10	$9.30	$8.10	N	3
20924			TENDON GRAFT: DISTANT	$255.79	$217.42	$255.79	$217.42	N	
20924	AA		TENDON GRAFT: DISTANT	$9.30	$8.10	$9.30	$8.10	N	4
20930			ALLOGRAFT SPINE SURGERY ONLY	$94.00	$80.00	$94.00	$80.00	N	
20930	AA		ALLOGRAFT SPINE SURGERY ONLY	$9.30	$8.10	$9.30	$8.10	N	4
20931			ALLOGRAFT SPINE SURGERY/STRUCT	$54.47	$46.30	$54.47	$46.30	N	
20931	AA		ALLOGRAFT SPINE SURGERY/STRUCT	$9.30	$8.10	$9.30	$8.10	N	4
20932			OSTEOART ALGRFT W/SURF & B1	$369.06	$313.70	$369.06	$313.70	N	
20932	AA		OSTEOART ALGRFT W/SURF & B1	$9.30	$8.10	$9.30	$8.10	N	
20933			HEMICRT INTRCLRY ALGRFT PRTL	$338.47	$287.70	$338.47	$287.70	N	
20933	AA		HEMICRT INTRCLRY ALGRFT PRTL	$9.30	$8.10	$9.30	$8.10	N	
20934			INTERCALARY ALGRFT COMPL	$368.74	$313.43	$368.74	$313.43	N	
20934	AA		INTERCALARY ALGRFT COMPL	$9.30	$8.10	$9.30	$8.10	N	
20936			AUTOGRAFT SPINE SURGERY LOCAL	$142.00	$121.00	$142.00	$121.00	N	
20936	AA		AUTOGRAFT SPINE SURGERY LOCAL	$9.30	$8.10	$9.30	$8.10	N	4
20937			AUTOGRAFT SPINE SURG/LOCAL/MOR	$82.11	$69.79	$82.11	$69.79	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
20937	AA		AUTOGRAFT SPINE SURG/LOCAL/MOR	$9.30	$8.10	$9.30	$8.10	N	4
20938			AUTOGRAFT SPINE SURG/STRUCTUR	$89.79	$76.32	$89.79	$76.32	N	
20938	AA		AUTOGRAFT SPINE SURG/STRUCTUR	$9.30	$8.10	$9.30	$8.10	N	4
20939			BONE MARROW ASPIR BONE GRFGS	$34.35	$29.20	$34.35	$29.20	N	
20939	AA		BONE MARROW ASPIR BONE GRFG	$9.30	$9.30	$9.30	$9.30	N	
20950			MONITOR INTERSTITIAL FLUID	$129.48	$110.06	$267.73	$227.57	N	
20950	AA		MONITOR INTERSTITIAL FLUID	$9.30	$8.10	$9.30	$8.10	N	3
20955			FIBULA GRAFT W MICROVASCULAR A	$1,202.60	$1,022.21	$2,207.99	$1,876.79	N	
20955	AA		FIBULA GRAFT W MICROVASCULAR A	$9.30	$8.10	$9.30	$8.10	N	4
20956			BONE GRFT/ILIAC CREST W/MICROV	$1,307.22	$1,111.14	$2,288.38	$1,945.12	N	
20956	AA		BONE GRFT/ILIAC CREST W/MICROV	$9.30	$8.10	$9.30	$8.10	N	6
20957			BONE GFT METATARSAL W/MICROVAS	$1,362.07	$1,157.76	$2,135.74	$1,815.38	N	
20957	AA		BONE GFT METATARSAL W/MICROVAS	$9.30	$8.10	$9.30	$8.10	N	6
20962			BONE GRAFT/MICROVAS ANSA.-OTHE	$1,330.11	$1,130.59	$2,205.92	$1,875.03	N	
20962	AA		BONE GRAFT/MICROVAS ANSA.-OTHE	$9.30	$8.10	$9.30	$8.10	N	4
20969			FREE OSTEOCUTAN FLAP/MICROVAS	$1,333.55	$1,133.52	$2,434.07	$2,068.96	N	
20969	AA		FREE OSTEOCUTAN FLAP/MICROVAS	$9.30	$8.10	$9.30	$8.10	N	4
20970			FREE OSTEOCUTAN FLAP...:ILIAC	$1,410.53	$1,198.95	$2,417.84	$2,055.16	N	
20970	AA		FREE OSTEOCUTAN FLAP...:ILIAC	$9.30	$8.10	$9.30	$8.10	N	4
20972			FREE OSTEOCUTAN FLAP..:METATAR	$1,406.02	$1,195.11	$2,214.10	$1,881.98	N	
20972	AA		FREE OSTEOCUTAN FLAP..:METATAR	$9.30	$8.10	$9.30	$8.10	N	4
20973			FREE OSTEOCUTAN FLAP..:GREAT T	$1,483.88	$1,261.30	$2,464.17	$2,094.54	N	
20973	AA		FREE OSTEOCUTAN FLAP..:GREAT T	$9.30	$8.10	$9.30	$8.10	N	4
20974			ELECTR STIM/BONE HEALING-NONIN	$43.48	$36.96	$46.26	$39.32	N	
20974	26		ELECTR STIM/BONE HEALING NONIN	$25.98	$22.08	$41.17	$34.99	N	
20975			BONES INVASIVE(OPERATIVE)	$88.80	$75.48	$155.27	$131.98	N	
20982			ABLATION, BONE TUMOR(S)	$1,687.73	$1,434.57	$1,923.61	$1,635.07	N	
20982	26		ABLATION, BONE TUMOR(S)	$178.05	$151.34	$351.34	$298.64	N	
20983			ABLATE BONE TUMOR(S) PERQ	$2,463.09	$2,093.62	$2,463.09	$2,093.62	N	
20983	AA		ABLATE BONE TUMOR(S) PERQ	$9.30	$8.10	$9.30	$8.10	N	
20983	26		ABLATE BONE TUMER(S) PERQ.	$165.94	$141.05	$165.94	$141.05	N	
20985			COMPUTER-ASSISTED SURGICAL NAV	$70.83	$60.21	$118.94	$101.10	N	
20985	AA		COMPUTER-ASSISTED SURGICAL NAV	$9.30	$8.10	$9.30	$8.10	N	3
20999			UNLISTED PX MUSCSKEL GENERAL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
21010			ARTHROTOMY: UNILATERAL	$369.32	$313.92	$593.97	$504.87	N	
21010	AA		ARTHROTOMY: UNILATERAL	$9.30	$8.10	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
21010	AA	50	ARTHROTOMY: BILATERAL	$9.30	$8.10	$9.30	$8.10	N	4
21010	50		ARTHROTOMY: BILATERAL	$272.00	$231.00	$1,187.94	$1,009.75	N	
21011			EXC FACE LES SC <2 CM	$188.79	$160.47	$188.79	$160.47	N	
21011	AA		EXCIS TUMOR SUBCU: <2 CM	$9.30	$8.10	$9.30	$8.10	N	5
21011	26		EXCIS TUMOR SUBCU:<2 CM	$133.05	$113.09	$133.05	$113.09	N	
21012			EXC FACE LES SBQ 2 CM/>	$171.34	$145.63	$171.34	$145.63	N	
21012	AA		EXCISION, TUMOR, SOFT TISSUE O	$9.30	$8.10	$9.30	$8.10	N	5
21013			EXCISION, TUMOR, SOFT TISSUE O	$267.38	$227.27	$267.38	$227.27	N	
21013	AA		EXCISION, TUMOR, SOFT TISSUE O	$9.30	$8.10	$9.30	$8.10	N	5
21013	26		EXCISION, TUMOR, SOFT TISSUE	$201.96	$171.66	$201.96	$171.66	N	
21014			EXCISION, TUMOR, SOFT TISSUE O	$262.25	$222.91	$262.25	$222.91	N	
21014	AA		EXCISION, TUMOR, SOFT TISSUE O	$9.30	$8.10	$9.30	$8.10	N	5
21015			RAD RESECTION TUMOR,FACE/SCALP	$350.75	$298.14	$357.92	$304.23	N	
21015	AA		RAD RESECTION TUMOR,FACE/SCALP	$9.30	$8.10	$9.30	$8.10	N	7
21016			RADICAL RESECTION OF TUMOR (EG	$500.14	$425.11	$500.14	$425.11	N	
21016	AA		RADICAL RESECTION OF TUMOR (EG	$9.30	$8.10	$9.30	$8.10	N	5
21025			EXCISE BONE, MANDIBLE	$402.13	$341.81	$773.03	$657.08	N	
21025	AA		EXCISE BONE, MANDIBLE	$9.30	$8.10	$9.30	$8.10	N	5
21026			EXCISE BONE, FACIAL BONE(S)	$275.63	$234.29	$438.09	$372.37	N	
21026	AA		EXCISE BONE, FACIAL BONE(S)	$9.30	$8.10	$9.30	$8.10	N	4
21029			REMOV BENIGN TUMOR/FACIAL BONE	$389.97	$331.47	$590.12	$501.60	N	
21029	AA		REMOVE BENIGN TUMOR/FACIAL BON	$9.30	$8.10	$9.30	$8.10	N	5
21030			EXCISE BENIGN TUMOR OF FACIAL	$230.92	$196.28	$373.34	$317.34	N	
21030	AA		EXCISE BENIGN TUMOR OF FACIAL	$9.30	$8.10	$9.30	$8.10	N	4
21031			EXCISION TORUS MANDIBULARIS	$191.65	$162.90	$292.35	$248.50	N	
21031	AA		EXCISION TORUS MANDIBULARIS	$9.30	$8.10	$9.30	$8.10	N	5
21032			EXCISE MAXILLARY TORUS PALATIN	$188.37	$160.11	$298.16	$253.44	N	
21032	AA		EXCISE MAXILLARY TORUS PALATIN	$9.30	$8.10	$9.30	$8.10	N	5
21034			EXCISE MALIGNANCY OF FACIAL BO	$644.78	$548.06	$1,102.93	$937.49	N	
21034	AA		EXCISE MALIGNANCY OF FACIAL BO	$9.30	$8.10	$9.30	$8.10	N	4
21040			EXCISE BENIGN CYST: MANDIBLE	$233.14	$198.16	$375.38	$319.07	N	
21040	AA		EXCISE BENIGN CYST: MANDIBLE	$9.30	$8.10	$9.30	$8.10	N	4
21044			EXCISE MALIGNANT TUMOR: MANDIB	$429.58	$365.14	$726.34	$617.39	N	
21044	AA		EXCISE MALIGNANT TUMOR: MANDIB	$9.30	$8.10	$9.30	$8.10	N	4
21045			RADICAL RESECTION OF MANDIBLE	$594.78	$505.56	$975.87	$829.49	N	
21045	AA		RADICAL RESECTION OF MANDIBLE	$9.30	$8.10	$9.30	$8.10	N	6

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
21046			EXCISE BENIGN TUMOR/CYST MAND	$491.25	$417.56	$869.76	$739.30	N	
21046	AA		EXCISE BENIGN TUMOR/CYST MAND	$9.30	$8.10	$9.30	$8.10	N	5
21047			EXC BENIGN TUM/CYST MANDIBLE	$601.12	$510.95	$1,111.82	$945.04	N	
21047	AA		EXC BENIGN TUM/CYST MANDIBLE	$9.30	$8.10	$9.30	$8.10	N	5
21048			EXC BENIGN TUM/CYST MAXILLA	$497.37	$422.76	$891.06	$757.40	N	
21048	AA		EXC BENIGN TUM/CYST MAXILLA	$9.30	$8.10	$9.30	$8.10	N	5
21049			EXC BENIGN TUM/CYST MAXILLA	$570.29	$484.74	$1,058.22	$899.48	N	
21049	AA		EXC BENIGN TUM/CYST MAXILLA	$9.30	$8.10	$9.30	$8.10	N	5
21050			TEMPOROMANDIBULAR ARTHRECTOMY	$430.25	$365.71	$704.58	$598.89	N	
21050	AA		TEMPOROMANDIBULAR ARTHRECTOMY	$9.30	$8.10	$9.30	$8.10	N	5
21060			TEMPOROMANDIBULAR MENISCECTOMY	$389.84	$331.36	$656.34	$557.89	N	
21060	AA		TEMPOROMANDIBULAR MENISCECTOMY	$9.30	$8.10	$9.30	$8.10	N	5
21070			CORONOIDECTOMY: UNILATERAL	$305.01	$259.26	$538.00	$457.30	N	
21070	AA		CORONOIDECTOMY: UNILATERAL	$9.30	$8.10	$9.30	$8.10	N	5
21070	AA	50	CORONOIDECTOMY: BILATERAL	$9.30	$8.10	$9.30	$8.10	N	5
21070	50		CORONOIDECTOMY: BILATERAL	$543.00	$472.00	$1,076.00	$914.60	N	
21073			MANIPULATION OF TEMPOROMANDIBU	$204.91	$174.17	$232.18	$197.35	N	
21073	AA		MANIPULATION OF TEMPOROMANDIBU	$9.30	$8.10	$9.30	$8.10	N	5
21073	26		MANIPULATION-OF-TEMPOROMANDIBU	$123.52	$104.99	$123.52	$104.99	N	
21076			IMPRES&PREP SURG OBT PROSTH	$440.29	$374.24	$440.29	$374.24	N	
21079			IMPRES&PREP INTRM OBT PROSTH	$736.45	$625.98	$736.45	$625.98	N	
21080			IMPRES&PREP DEF OBT PROSTH	$837.76	$712.09	$837.76	$712.09	N	
21081			IMPRES&PREP MNDBL RES PROSTH	$772.06	$656.25	$772.06	$656.25	N	
21082			IMPRES&PREP PALTL AUG PROSTH	$727.42	$618.31	$727.42	$618.31	N	
21083			IMPRES&PREP PALTL LFT PROSTH	$689.30	$585.91	$689.30	$585.91	N	
21084			IMPRES&PREP SP AID PROSTH	$785.56	$667.72	$785.56	$667.72	N	
21085			IMPRES&PREP ORAL SURG SPLINT	$343.27	$291.78	$343.27	$291.78	N	
21086			IMPRES&PREP AURICULAR PROSTH	$791.22	$672.53	$791.22	$672.53	N	
21086	TR		I&P AURICULAR PROSTHESIS	$20.00	$20.00	$20.00	$20.00	N	
21086	U9		I&P AURICULAR PROSTHESIS	$20.00	$20.00	$20.00	$20.00	N	
21087			IMPRES&PREP NASAL PROSTH	$791.22	$672.53	$791.22	$672.53	N	
21088			IMPRES&PREP FACIAL PROSTH	$871.54	$740.80	$871.54	$740.80	N	
21089			UNLISTED MAXLFCL PROSTH PX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
21100			MAXILLOFACIAL FIXATION	$62.60	$53.21	$535.34	$455.04	N	
21100	AA		MAXILLOFACIAL FIXATION	$9.30	$8.10	$9.30	$8.10	N	3
21110			INTERDENTAL FIXATION	$427.61	$363.46	$511.02	$434.37	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
21110	AA		INTERDENTAL FIXATION	$9.30	$8.10	$9.30	$8.10	N	3
21116			INJ.FOR TEMPOROMANDIBULAR ARTH	$104.36	$88.70	$160.27	$136.23	N	
21116	AA		INJ.FOR TEMPOROMANDIBULAR ARTH	$9.30	$8.10	$9.30	$8.10	N	3
21120			GENIOPLASTY AUGMENTATION	$331.78	$282.01	$533.23	$453.25	A	
21120	AA		GENIOPLASTY:AUGMENTATION	$9.30	$8.10	$9.30	$8.10	N	5
21121			GENIOP SLDG OSTEOT 1	$318.85	$271.02	$598.94	$509.10	A	
21121	AA		GENIOPLASTY:SLIDING OSTEOTOMY	$9.30	$8.10	$9.30	$8.10	N	5
21122			GENIOP SLDG OSTEOT 2/>	$374.24	$318.10	$593.78	$504.72	A	
21122	AA		GENIOPLASTY: 2/MORE OSTEOTOMIE	$9.30	$8.10	$9.30	$8.10	N	5
21123			GENIOP SLDG AUGMENTATION	$418.81	$355.98	$760.98	$646.84	A	
21123	AA		GENIOPLASTY:..W BONE GRAFTS	$9.30	$8.10	$9.30	$8.10	N	5
21125			AUGMENTATION MNDBLR PROSTC	$256.67	$218.17	$2,237.30	$1,901.71	A	
21125	AA		AUGMENTATION...PROSTHETIC MATE	$9.30	$8.10	$9.30	$8.10	N	5
21127			AUGMENTATION MNDBLR B1 GRF	$396.08	$336.67	$1,851.94	$1,574.15	A	
21127	AA		AUGMENTATION:...W BONE GRAFT	$9.30	$8.10	$9.30	$8.10	N	5
21137			RDCTJ FOREHEAD CNTRG ONLY	$377.15	$320.58	$612.07	$520.26	A	
21137	AA		REDUCTION FOREHEAD:CONTOURING	$9.30	$8.10	$9.30	$8.10	N	5
21138			RDCTJ FOREHEAD CNTRG&PROSTC	$457.74	$389.07	$760.50	$646.42	A	
21138	AA		REDUCTION FOREHEAD:CONT.&APPL.	$9.30	$8.10	$9.30	$8.10	N	5
21139			RDCTJ FOREHEAD CNTRG&SETBACK	$543.25	$461.76	$872.41	$741.55	A	
21139	AA		REDUCTION FOREHEAD:CONT.&SETBA	$9.30	$8.10	$9.30	$8.10	N	5
21141			LEFORT I-1 PIECE W/O GRAFT	$660.38	$561.32	$1,105.18	$939.40	N	
21141	AA		RECONSTRUCT MIDFACE, LEFORT	$9.30	$8.10	$9.30	$8.10	N	5
21142			LEFORT I-2 PIECE W/O GRAFT	$677.48	$575.85	$1,100.35	$935.30	N	
21142	AA		RECONSTRUCT MIDFACE/LEFORT	$9.30	$8.10	$9.30	$8.10	N	5
21143			LEFORT I-3/> PIECE W/O GRAFT	$698.09	$593.38	$1,154.01	$980.91	N	
21143	AA		RECONSTRUCT MIDFACE/LEFORT	$9.30	$8.10	$9.30	$8.10	N	5
21145			LEFORT I-1 PIECE W/ GRAFT	$765.94	$651.05	$1,186.30	$1,008.35	A	
21145	AA		LEFORT1:SINGLE PIECE W BONE GF	$9.30	$8.10	$9.30	$8.10	N	5
21146			LEFORT I-2 PIECE W/ GRAFT	$800.15	$680.12	$1,266.53	$1,076.55	A	
21146	AA		LEFORT1:TWO PIECES W BONE GFT	$9.30	$8.10	$9.30	$8.10	N	5
21147			LEFORT I-3/> PIECE W/ GRAFT	$840.98	$714.83	$1,253.67	$1,065.62	A	
21147	AA		LEFORT1:3OR> PIECES	$9.30	$8.10	$9.30	$8.10	N	5
21150			LEFORT II ANTERIOR INTRUSION	$161.82	$137.55	$1,442.38	$1,226.03	A	
21150	AA		LEFORT11:ANTERIOR INTRUSION	$9.30	$8.10	$9.30	$8.10	N	5
21151			LEFORT II W/BONE GRAFTS	$889.95	$756.46	$1,742.45	$1,481.08	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
21151	AA		LEFORT11:W BONE GRAFTS	$9.30	$8.10	$9.30	$8.10	N	5
21154			LEFORT III W/O LEFORT I	$958.39	$814.63	$1,823.41	$1,549.90	A	
21154	AA		LEFORT3 W BONE GFTS	$9.30	$8.10	$9.30	$8.10	N	5
21155			LEFORT III W/ LEFORT I	$1,062.28	$902.93	$2,096.53	$1,782.05	A	
21155	AA		LEFORT3: W BONE GFTS&LEFORT1	$9.30	$8.10	$9.30	$8.10	N	5
21159			LEFORT III W/FHDW/O LEFORT I	$1,271.68	$1,080.93	$2,568.82	$2,183.49	A	
21159	AA		LEFORT3 W BONE GFTS&WO LEFORT1	$9.30	$8.10	$9.30	$8.10	N	5
21160			LEFORT III W/FHD W/ LEFORT I	$1,378.34	$1,171.59	$2,522.78	$2,144.37	A	
21160	AA		LEFORT3 W BONE GFTS&LEFORT 1	$9.30	$8.10	$9.30	$8.10	N	5
21172			RECONSTRUCT FOREHEAD	$1,059.19	$900.31	$1,450.38	$1,232.82	A	
21172	AA		RECONSTRUCT FOREHEAD	$9.30	$8.10	$9.30	$8.10	N	5
21175			RECONSTRUCT FOREHEAD-BIFRONTAL	$1,092.37	$928.51	$1,795.03	$1,525.78	A	
21175	AA		RECONSTRUCT FOREHEAD-BIFRONTAL	$9.30	$8.10	$9.30	$8.10	N	5
21179			RECONSTRUCT FOREHEAD W GRAFTS	$754.17	$641.04	$1,265.96	$1,076.07	A	
21179	AA		RECONSTRUCT FOREHEAD W GRAFTS	$9.30	$8.10	$9.30	$8.10	N	5
21180			RECONSTRUCT FOREHEAD/AUTOGRAFT	$841.74	$715.47	$1,421.08	$1,207.92	A	
21180	AA		RECONSTRUCT FOREHEAD/AUTOGRAFT	$9.30	$8.10	$9.30	$8.10	N	5
21181			REMOVE BENIGN TUMOR:CRANIAL BO	$371.68	$315.92	$605.44	$514.62	A	
21181	AA		REMOVE BENIGN TUMOR:CRANIAL BO	$9.30	$8.10	$9.30	$8.10	N	5
21182			RECONSTRUCT W BONE GFTS <40 CM	$1,047.21	$890.13	$1,749.28	$1,486.89	A	
21182	AA		RECON W BONE GFTS <40 CM	$9.30	$8.10	$9.30	$8.10	N	5
21183			RECON W MULT GFTS>40<80 CM	$1,138.31	$967.56	$1,955.55	$1,662.22	A	
21183	AA		RECON W MULT GFTS >40 >80CM	$9.30	$8.10	$9.30	$8.10	N	5
21184			RECON W MULT GFTS >80CM	$1,223.50	$1,039.98	$2,121.83	$1,803.56	A	
21184	AA		RECON W MULT GFTS >80 CM	$9.30	$8.10	$9.30	$8.10	N	5
21188			RECONSTRUCT MIDFACE&BONE GRAFT	$780.36	$663.30	$1,401.01	$1,190.86	A	
21188	AA		RECONSTRUCT MIDFACE&BONE GFTS	$9.30	$8.10	$9.30	$8.10	N	5
21193			RECONSTRUCT MANDI RAMOS WO BG	$609.41	$518.00	$1,037.66	$882.01	A	
21193	AA		RECONSTRUCT MANDI RAMOS WO BG	$9.30	$8.10	$9.30	$8.10	N	7
21194			RECONSTRUCT MANDI RAMOS:W B GF	$704.25	$598.61	$1,153.85	$980.77	A	
21194	AA		RECONSTRUCT MANDI RAMOS W B GF	$9.30	$8.10	$9.30	$8.10	N	7
21195			RECONSTRUCT MANDI RAMOS,SAGITT	$662.49	$563.12	$1,096.73	$932.22	A	
21195	AA		RECONSTRUCT MANDI RAMUS,SAGITT	$9.30	$8.10	$9.30	$8.10	N	7
21196			RECON MANDI RAMOS W INT FIXATI	$707.32	$601.22	$1,192.07	$1,013.26	A	
21196	AA		RECON MANDI RAMOS W INT FIXAT	$9.30	$8.10	$9.30	$8.10	N	7
21198			OSTEOTOMY,MANDIBLE,SEGMENTAL	$500.82	$425.69	$921.82	$783.55	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
21198	AA		OSTEOTOMY,MANDIBLE,SEGMENTAL	$9.30	$8.10	$9.30	$8.10	N	7
21199			OSTEOTOMY MAND SEGMENTAL	$502.74	$427.33	$856.40	$727.94	N	
21199	AA		OSTEOTOMY MAND SEGMENTAL	$9.30	$8.10	$9.30	$8.10	N	7
21206			OSTEOPLASTY: MAXILLA, SEGMENTA	$484.60	$411.91	$914.30	$777.16	N	
21206	AA		OSTEOPLASTY: MAXILLA, SEGMENTA	$9.30	$8.10	$9.30	$8.10	N	7
21208			OSTEOPLASTY,FACIAL:AUGMENTATIO	$813.34	$691.33	$1,114.61	$947.42	N	
21208	AA		OSTEOPLASTY,FACIAL:AUGMENTATIO	$9.30	$8.10	$9.30	$8.10	N	5
21209			OSTEOPLASTY,FACIAL BONES:REDUC	$394.09	$334.97	$606.14	$515.22	N	
21209	AA		OSTEOPLASTY,FACIAL BONES:REDUC	$9.30	$8.10	$9.30	$8.10	N	7
21210			BONE GRAFT: NASAL, MAXILLARY,	$175.63	$149.28	$1,207.32	$1,026.22	N	
21210	AA		BONE GRAFT: NASAL, MAXILLARY,	$9.30	$8.10	$9.30	$8.10	N	7
21215			BONE GRAFT: MANDIBLE	$404.58	$343.90	$1,809.95	$1,538.46	N	
21215	AA		BONE GRAFT: MANDIBLE	$9.30	$8.10	$9.30	$8.10	N	7
21230			RIB CARTILAGE GRAFT: AUTOGENOU	$371.70	$315.95	$651.43	$553.72	N	
21230	AA		RIB CARTILAGE GRAFT: AUTOGENOU	$9.30	$8.10	$9.30	$8.10	N	7
21235			EAR CARTILAGE GRAFT: AUTOGENOU	$369.46	$314.04	$565.02	$480.27	N	
21235	AA		EAR CARTILAGE GRAFT: AUTOGENOU	$9.30	$8.10	$9.30	$8.10	N	5
21240			TEMPOROMANDIBULAR ARTHROPLASTY	$521.78	$443.51	$919.55	$781.62	N	
21240	AA		TEMPOROMANDIBULAR ARTHROPLASTY	$9.30	$8.10	$9.30	$8.10	N	5
21242			ARTHROPLASTY,TEMPOROMANDEBULAR	$503.11	$427.64	$852.88	$724.95	N	
21242	AA		ARTHROPLASTY,TEMPOROMANDEBULAR	$9.30	$8.10	$9.30	$8.10	N	5
21243			ARTHROPLASTY,TEMPOROMAND,PROST	$802.18	$681.85	$1,345.36	$1,143.56	N	
21243	AA		ARTHROPLASTY,TEMPOROMAND,PROST	$9.30	$8.10	$9.30	$8.10	N	5
21244			RECONSTRUCT MANDIBLE,EXTRAORAL	$499.63	$424.69	$822.79	$699.37	N	
21244	AA		RECONSTRUCT MANDIBLE,EXTRAORAL	$9.30	$8.10	$9.30	$8.10	N	7
21245			RECON MAND/MAX,SUBPERI IMPLANT	$606.42	$515.45	$899.39	$764.48	N	
21245	AA		RECON MAND/MAX,SUBPERI IMPLANT	$9.30	$8.10	$9.30	$8.10	N	7
21246			RECON MAND/MAX,SUBPERI IMPLANT	$421.24	$358.05	$741.22	$630.04	N	
21246	AA		RECON MAND/MAX,SUBPERI IMPLANT	$9.30	$8.10	$9.30	$8.10	N	7
21247			RECONSTRUCT MANDIBLAR CONDYLE	$781.48	$664.25	$1,388.44	$1,180.17	N	
21247	AA		RECONSTRUCT MANDIBULAR CONDYLE	$9.30	$8.10	$9.30	$8.10	N	5
21248			RECON MAND/MAX,ENDO IMPLANT:PA	$491.63	$417.88	$820.98	$697.84	N	
21248	AA		RECON MAND/MAX,ENDO IMPLANT:PA	$9.30	$8.10	$9.30	$8.10	N	7
21249			RECON MAND/MAX,ENDO IMPLANT,CO	$666.71	$566.70	$1,195.16	$1,015.89	N	
21249	AA		RECON MAND/MAX,ENDO IMPLANT,CO	$9.30	$8.10	$9.30	$8.10	N	7
21255			RECONSTRUCT ZYGOMATIC ARCH...	$661.86	$562.58	$1,146.90	$974.86	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
21255	AA		RECONSTRUCT ZYGOMATIC ARCH...	$9.30	$8.10	$9.30	$8.10	N	5
21256			RECONSTRUCT ORBIT W BONE GRAFT	$619.58	$526.64	$957.59	$813.95	N	
21256	AA		RECONSTRUCT ORBIT W BONE GRAFT	$9.30	$8.10	$9.30	$8.10	N	5
21260			ORBITAL REVISION: EXTRACRANIAL	$681.68	$579.43	$984.62	$836.93	N	
21260	AA		ORBITAL REVISION: EXTRACRANIAL	$9.30	$8.10	$9.30	$8.10	N	7
21261			REVISE ORBIT: INTRA/EXTRACRANI	$1,204.64	$1,023.94	$1,919.47	$1,631.55	N	
21261	AA		REVISE ORBIT: INTRA/EXTRACRANI	$9.30	$8.10	$9.30	$8.10	N	7
21263			REVISE ORBIT: ADVANCE FOREHEAD	$1,114.69	$947.49	$1,623.71	$1,380.16	N	
21263	AA		REVISE ORBIT: ADVANCE FOREHEAD	$9.30	$8.10	$9.30	$8.10	N	7
21267			REPOSITION ORBIT: EXTRACRANIAL	$797.43	$677.82	$1,319.60	$1,121.66	N	
21267	AA		REPOSITION ORBIT: EXTRACRANIAL	$9.30	$8.10	$9.30	$8.10	N	7
21268			REPOSITION ORBIT: INTRA/EXTRAC	$999.67	$849.72	$1,568.18	$1,332.96	N	
21268	AA		REPOSITION ORBIT: INTRA/EXTRAC	$9.30	$8.10	$9.30	$8.10	N	7
21270			RECONSTRUCT ORBITOFACIAL BONES	$513.53	$436.50	$740.35	$629.30	N	
21270	AA		RECONSTRUCT ORBITOFACIAL BONES	$9.30	$8.10	$9.30	$8.10	N	7
21275			ORBITOCRANIOFACIAL RECONSTRUCT	$421.57	$358.33	$670.36	$569.81	N	
21275	AA		ORBITOCRANIOFACIAL RECONSTRUCT	$9.30	$8.10	$9.30	$8.10	N	7
21280			MEDIAL CANTHOPEXY	$294.03	$249.93	$404.27	$343.63	N	
21280	AA		MEDIAL CANTHOPLASTY	$9.30	$8.10	$9.30	$8.10	N	4
21282			LATERAL CANTHOPEXY	$201.29	$171.09	$270.04	$229.53	N	
21282	AA		LATERAL CANTHOPEXY	$9.30	$8.10	$9.30	$8.10	N	4
21295			REDUCTION OF MASSETER MUSCLE (	$100.78	$85.66	$100.78	$85.66	N	
21295	AA		REDUCTION OF MASSETER MUSCLE (	$9.30	$8.10	$9.30	$8.10	N	3
21296			REDUCTION OF MASSETER MUSCLE (	$204.61	$173.91	$311.02	$264.37	N	
21296	AA		REDUCTION OF MASSETER MUSCLE (	$9.30	$8.10	$9.30	$8.10	N	4
21299			UNLISTED CRANFCL&MAXLFCL PX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
21299	AA		UNLISTED CRANIOFACIAL PROC	$9.30	$8.10	$9.30	$8.10	N	5
21315			CLOSED TX NOSE FX W/O STABLJ	$77.65	$66.00	$195.73	$166.37	N	
21315	AA		DIGITAL MANIPULATION OF NASAL	$9.30	$8.10	$9.30	$8.10	N	3
21320			CLOSED TX NOSE FX W/ STABLJ	$108.59	$92.30	$196.80	$167.28	N	
21320	AA		MANIPULATE NASAL FX: INSTRUMEN	$9.30	$8.10	$9.30	$8.10	N	4
21325			OPEN TX NOSE FX UNCOMPLICATD	$223.60	$190.06	$421.16	$357.99	N	
21325	AA		OPEN TREATMENT NASAL FX: SIMPL	$9.30	$8.10	$9.30	$8.10	N	5
21330			OPEN TX NOSE FX W/SKELE FIXJ	$267.94	$227.74	$516.42	$438.96	N	
21330	AA		TREATMENT NASAL FX: COMPLICATE	$9.30	$8.10	$9.30	$8.10	N	5
21335			OPEN TX NOSE & SEPTAL FX	$357.58	$303.94	$621.16	$527.99	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
21335	AA		OPEN TREATMENT FX NASAL SEPTUM	$9.30	$8.10	$9.30	$8.10	N	5
21336			OPEN TX SEPTAL FX W/WO STABJ	$319.40	$271.49	$523.83	$445.26	N	
21336	AA		OPEN TREATMENT NASAL FX: STAB	$9.30	$8.10	$9.30	$8.10	N	5
21337			CLOSED TX SEPTAL&NOSE FX	$41.96	$35.67	$301.94	$256.65	N	
21337	AA		CLOSED NASAL SEPTAL FRACTURE T	$9.30	$8.10	$9.30	$8.10	N	3
21338			OPEN NASOETHMOID FX W/O FIXJ	$337.64	$286.99	$691.42	$587.71	N	
21338	AA		OPEN TREATMENT NASOETHMOID FRA	$9.30	$8.10	$9.30	$8.10	N	4
21339			OPEN NASOETHMOID FX W/ FIXJ	$380.76	$323.65	$756.75	$643.24	N	
21339	AA		OPEN RX. NASOETHMOID FRACT. W	$9.30	$8.10	$9.30	$8.10	N	4
21340			PERQ TX NASOETHMOID FX	$375.88	$319.49	$659.51	$560.59	N	
21340	AA		TREAT NASOETHMOID COMPLEX FX	$9.30	$8.10	$9.30	$8.10	N	4
21343			OPEN TX DPRSD FRONT SINUS FX	$108.46	$92.19	$978.42	$831.66	N	
21343	AA		OPEN TX FRONTAL SINUS FX	$9.30	$8.10	$9.30	$8.10	N	5
21344			OPEN TX COMPL FRONT SINUS FX	$137.91	$117.22	$1,255.78	$1,067.42	N	
21344	AA		OPEN TX FRONTAL SINUS FX	$9.30	$8.10	$9.30	$8.10	N	5
21345			CLOSED TX NOSE/JAW FX	$402.78	$342.36	$619.70	$526.75	N	
21345	AA		TREAT NASOMAXILLARY COMPLEX FX	$9.30	$8.10	$9.30	$8.10	N	4
21346			OPN TX NASOMAX FX W/FIXJ	$503.55	$428.02	$785.82	$667.95	N	
21346	AA		OPEN TREATMENT NASOMAXILLARY F	$9.30	$8.10	$9.30	$8.10	N	5
21347			OPN TX NASOMAX FX MULTPLE	$518.49	$440.72	$994.97	$845.72	N	
21347	AA		OPEN TREATMENT NASOMAXILLARY F	$9.30	$8.10	$9.30	$8.10	N	5
21348			OPN TX NASOMAX FX W/GRAFT	$541.78	$460.51	$977.91	$831.23	N	
21348	AA		OPEN TREATMENT NASOMAXILLARY F	$9.30	$8.10	$9.30	$8.10	N	5
21355			PERQ TX MALAR FRACTURE	$45.04	$38.28	$340.96	$289.82	N	
21355	AA		MANIPULATE FX OF MALAR AREA	$9.30	$8.10	$9.30	$8.10	N	3
21356			OPN TX DPRSD ZYGOMATIC ARCH	$275.65	$234.30	$386.71	$328.71	N	
21356	AA		TREAT DEPRESSED ZYGOM FRACTURE	$9.30	$8.10	$9.30	$8.10	N	5
21360			OPN TX DPRSD MALAR FRACTURE	$263.72	$224.16	$427.65	$363.50	N	
21360	AA		TREAT DEPRESSED MALAR FRACTURE	$9.30	$8.10	$9.30	$8.10	N	5
21365			OPN TX COMPLX MALAR FX	$539.33	$458.43	$890.40	$756.84	N	
21365	AA		TREAT COMPLICATED FX MALAR ARE	$9.30	$8.10	$9.30	$8.10	N	5
21366			OPN TX COMPLX MALAR W/GRFT	$635.89	$540.50	$1,019.82	$866.84	N	
21366	AA		TREAT COMPLICATED FX MALAR ARE	$9.30	$8.10	$9.30	$8.10	N	5
21385			OPN TX ORBIT FX TRANSANTRAL	$367.19	$312.11	$599.54	$509.61	N	
21385	AA		TREAT ORBITAL FX: TRANSANTRAL	$9.30	$8.10	$9.30	$8.10	N	5
21386			OPN TX ORBIT FX PERIORBITAL	$347.47	$295.35	$558.49	$474.71	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
21386	AA		TREAT ORBITAL FX: PERIORBITAL	$9.30	$8.10	$9.30	$8.10	N	5
21387			OPN TX ORBIT FX COMBINED	$383.41	$325.90	$642.93	$546.49	N	
21387	AA		TREAT ORBITAL FX: COMBINATION	$9.30	$8.10	$9.30	$8.10	N	5
21390			OPN TX ORBIT PERIORBTL IMPLT	$398.18	$338.45	$611.54	$519.81	N	
21390	AA		TREAT ORBITAL FX WITH IMPLANT	$9.30	$8.10	$9.30	$8.10	N	5
21395			OPN TX ORBIT PERIORBT W/GRFT	$500.79	$425.67	$749.84	$637.36	N	
21395	AA		TREAT ORBITAL FX WITH BONE GRA	$9.30	$8.10	$9.30	$8.10	N	11
21400			CLOSED TX ORBIT W/O MANIPULJ	$112.06	$95.25	$137.58	$116.95	N	
21400	AA		TREAT FRACTUR ORBIT EXCEPT "BL	$9.30	$8.10	$9.30	$8.10	N	4
21401			CLOSED TX ORBIT W/MANIPULJ	$257.36	$218.75	$386.04	$328.13	N	
21401	AA		TREAT FX OF ORBIT WITH MANIPUL	$9.30	$8.10	$9.30	$8.10	N	4
21406			OPN TX ORBIT FX W/O IMPLANT	$294.41	$250.24	$449.83	$382.36	N	
21406	AA		TREAT OPEN FX OF ORBIT W/O IMP	$9.30	$8.10	$9.30	$8.10	N	4
21407			OPN TX ORBIT FX W/IMPLANT	$324.69	$275.98	$533.09	$453.12	N	
21407	AA		TREAT OPEN FX OF ORBIT WITH IM	$9.30	$8.10	$9.30	$8.10	N	4
21408			OPN TX ORBIT FX W/BONE GRFT	$450.88	$383.24	$735.60	$625.26	N	
21408	AA		OPEN FX OF ORBIT W/BONE GRAFT	$9.30	$8.10	$9.30	$8.10	N	4
21421			CLTX PALATAL/MAX FX WIRE FIX	$326.13	$277.21	$501.30	$426.10	N	
21421	AA		TREAT PALATAL/ ALVEOLAR RIDGE	$9.30	$8.10	$9.30	$8.10	N	5
21422			OPTX PALATAL/MAX FRACTURE	$316.46	$268.99	$566.78	$481.76	N	
21422	AA		OPEN TREATMENT OF PALATE/ ALVE	$9.30	$8.10	$9.30	$8.10	N	4
21423			OPTX PALATAL/MAX FX COMP	$397.41	$337.79	$682.90	$580.47	N	
21423	AA		OPEN TREATMENT OF PALATE/MAXI	$9.30	$8.10	$9.30	$8.10	N	4
21431			CLTX CRANIOFACIAL SEPARATION	$347.64	$295.49	$567.26	$482.17	N	
21431	AA		TREAT CRANIOFACIAL SEPARATION	$9.30	$8.10	$9.30	$8.10	N	4
21432			OPTX CRANFCL SEP W/WIRING	$358.15	$304.42	$569.96	$484.47	N	
21432	AA		OPEN TX CRANIOFACIAL SEPARATIO	$9.30	$8.10	$9.30	$8.10	N	5
21433			OPTX CRANFCL SEP COMP MLT	$860.66	$731.56	$1,440.43	$1,224.37	N	
21433	AA		COMPLICATED TX CRANIOFACIAL FX	$9.30	$8.10	$9.30	$8.10	N	4
21435			OPTX CRNFC SEP COMP INT&/XTR	$702.05	$596.74	$1,035.15	$879.88	N	
21435	AA		COMPLICATED TX CRANIOFACIAL FX	$9.30	$8.10	$9.30	$8.10	N	5
21436			OPTX CRNFCL SEP COMP MLT INT	$1,012.64	$860.74	$1,596.38	$1,356.93	N	
21436	AA		OPEN TX CRANIOFACIAL FX	$9.30	$8.10	$9.30	$8.10	N	5
21440			CLTX MNDBLR/MAX ALV RIDGE FX	$75.52	$64.19	$338.14	$287.42	N	
21440	AA		MANIPULATE ALVEOLAR RIDGE FX	$9.30	$8.10	$9.30	$8.10	N	3
21445			OPTX MNDBLR/MAX ALV RIDGE FX	$77.24	$65.65	$524.62	$445.92	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
21445	AA		OPEN TREATMENT ALVEOLAR RIDGE	$9.30	$8.10	$9.30	$8.10	N	3
21450			CLTX MNDBLR FX W/O MNPJ	$59.42	$50.51	$354.70	$301.50	N	
21450	AA		TREAT CLOSED OR OPEN MANDIBULA	$9.30	$8.10	$9.30	$8.10	N	3
21451			CLTX MNDBLR FX W/MNPJ	$77.30	$65.71	$490.49	$416.91	N	
21451	AA		MANDIBULAR W MANIPULATION FRAC	$9.30	$8.10	$9.30	$8.10	N	3
21452			PERQ TX MNDBLR FX XTRNL FIXJ	$72.40	$61.54	$513.65	$436.60	N	
21452	AA		TREAT OPEN MANDIBULAR FX:W/O M	$9.30	$8.10	$9.30	$8.10	N	3
21453			CLTX MNDBLR FX NTRDNTL FIXJ	$108.58	$92.29	$562.08	$477.77	N	
21453	AA		TREAT OPEN MANDIBULAR FX,W/MA	$9.30	$8.10	$9.30	$8.10	N	3
21454			OPTX MNDBLR FX XTRNL FIXJ	$248.11	$210.89	$441.20	$375.02	N	
21454	AA		OPEN TREAT/CLOSED-OPEN MAND FX	$9.30	$8.10	$9.30	$8.10	N	5
21461			OPTX MNDBLR FX WO NTRDNTL	$178.29	$151.54	$1,116.62	$949.12	N	
21461	AA		TREAT MANDIBULAR FX W/O FIXATI	$9.30	$8.10	$9.30	$8.10	N	5
21462			OPTX MNDBLR FX W/NTRDNTL	$194.45	$165.28	$1,286.13	$1,093.21	N	
21462	AA		TREAT MANDIBULAR FX WITH FIXAT	$9.30	$8.10	$9.30	$8.10	N	5
21465			OPTX MNDBLR CNDYLR FX	$401.87	$341.59	$754.06	$640.95	N	
21465	AA		OPEN TREAT.MANDIBULAR CONDYLAR	$9.30	$8.10	$9.30	$8.10	N	5
21470			OPTX COMPLICATED MNDBLR FX	$579.74	$492.78	$951.07	$808.41	N	
21470	AA		TREAT COMPLICATED MANDIBULAR F	$9.30	$8.10	$9.30	$8.10	N	5
21480			CLTX TMPRMAND DISLC 1ST/SBSQ	$70.36	$59.80	$81.45	$69.23	N	
21480	AA		TX TEMPOROMANDIBULAR DISLOCATI	$9.30	$8.10	$9.30	$8.10	N	3
21485			CLTX TMPRMAND DISLC COMP	$95.12	$80.85	$420.45	$357.38	N	
21485	AA		TEMPOROMANDIBULAR MANIPULATION	$9.30	$8.10	$9.30	$8.10	N	5
21490			OPTX TMPRMAND DISLOCATION	$396.43	$336.97	$761.98	$647.68	N	
21490	AA		OPEN TX TEMPOROMANDIIBULAR DIS	$9.30	$8.10	$9.30	$8.10	N	5
21499			UNLISTED MUSCSKEL PX HEAD	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
21501			I&D DP ABSC/HMTMA SFT TS NCK	$246.10	$209.19	$351.33	$298.63	N	
21501	AA		I & D DEEP ABSCESS OR HEMATOM	$9.30	$8.10	$9.30	$8.10	N	3
21502			I&D DP ABS/HMTM NCK RIB OSTC	$253.38	$215.37	$445.13	$378.36	N	
21502	AA		I & D WITH PARTIAL RIB REMOVAL	$9.30	$8.10	$9.30	$8.10	N	3
21510			INC DEEP OPNG B1 CRTX THORAX	$226.53	$192.55	$397.49	$337.86	N	
21510	AA		INCISION WITH OPENING OF BONE	$9.30	$8.10	$9.30	$8.10	N	4
21550			EXCISIONAL BIOPSY SOFT TISSUES	$26.54	$22.56	$191.66	$162.91	N	
21550	AA		EXCISIONAL BIOPSY SOFT TISSUES	$9.30	$8.10	$9.30	$8.10	N	4
21552			BIOPSY, SOFT TISSUE OF NECK OR	$224.90	$191.16	$224.90	$191.16	N	
21552	AA		BIOPSY, SOFT TISSUE OF NECK OR	$9.30	$8.10	$9.30	$8.10	N	5

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
21554			BIOPSY, SOFT TISSUE OF NECK OR	$365.63	$310.79	$365.63	$310.79	N	
21554	AA		BIOPSY, SOFT TISSUE OF NECK OR	$9.30	$8.10	$9.30	$8.10	N	5
21555			EXCISE BENIGN TUMOR: SUBCUTANE	$43.55	$37.02	$341.37	$290.16	N	
21555	AA		EXCISE BENIGN TUMOR: SUBCUTANE	$9.30	$8.10	$9.30	$8.10	N	3
21556			EXCISE BENIGN TUMOR: DEEP	$265.74	$225.87	$334.42	$284.26	N	
21556	AA		EXCISE BENIGN TUMOR: DEEP	$9.30	$8.10	$9.30	$8.10	N	3
21557			RAD RESECT TUMOR,SFT TISS NECK	$474.19	$403.06	$494.53	$420.35	N	
21557	AA		RAD RESECT TUMOR,SFT TISS NECK	$9.30	$8.10	$9.30	$8.10	N	6
21558			RADICAL RESECTION OF TUMOR (EG	$663.57	$564.03	$663.57	$564.03	N	
21558	AA		RADICAL RESECTION OF TUMOR (EG	$9.30	$8.10	$9.30	$8.10	N	5
21600			EXCISION OF RIB: PARTIAL	$289.11	$245.74	$441.83	$375.56	N	
21600	AA		EXCISION OF RIB: PARTIAL	$9.30	$8.10	$9.30	$8.10	N	4
21601			EXC CHEST WALL TUMOR W/RIBS	$565.79	$480.92	$565.79	$480.92	N	
21601	AA		EXC CHEST WALL TUMOR W/RIBS	$9.30	$8.10	$9.30	$8.10	N	6
21602			EXC CH WAL TUM W/O LYMPHADEC	$764.65	$649.95	$764.65	$649.95	N	
21602	AA		EXC CH WAL TUM W/O LYMPHADEC	$9.30	$8.10	$9.30	$8.10	N	6
21603			EXC CH WAL TUM W/LYMPHADEC	$827.88	$703.69	$827.88	$703.69	N	
21603	AA		EXC CH WAL TUM W/LYMPHADEC	$9.30	$8.10	$9.30	$8.10	N	6
21610			COSTOTRANSVERSECTOMY	$610.92	$519.28	$853.53	$725.50	N	
21610	AA		COSTOTRANSVERSECTOMY	$9.30	$8.10	$9.30	$8.10	N	5
21615			EXCISION CERVICAL RIB	$307.59	$261.45	$581.86	$494.58	N	
21615	AA		EXCISION CERVICAL RIB	$9.30	$8.10	$9.30	$8.10	N	5
21616			EXCISE RIB WITH SYMPATHECTOMY	$349.57	$297.13	$707.73	$601.57	N	
21616	AA		EXCISE RIB WITH SYMPATHECTOMY	$9.30	$8.10	$9.30	$8.10	N	5
21620			OSTECTOMY OF STERNUM: PARTIAL	$250.85	$213.22	$446.52	$379.54	N	
21620	AA		OSTECTOMY OF STERNUM: PARTIAL	$9.30	$8.10	$9.30	$8.10	N	4
21627			STERNAL DEBRIDEMENT	$275.15	$233.87	$459.53	$390.60	N	
21627	AA		STERNAL DEBRIDEMENT	$9.30	$8.10	$9.30	$8.10	N	4
21630			RADICAL RESECTION STERNUM	$655.14	$556.87	$1,027.45	$873.33	N	
21630	AA		RADICAL RESECTION OF STERNUM	$9.30	$8.10	$9.30	$8.10	N	6
21685			HYOID MYOTOMY & SUSPENSION	$487.25	$414.16	$780.98	$663.83	N	
21685	AA		HYOID MYOTOMY & SUSPENSION	$9.30	$8.10	$9.30	$8.10	N	12
21700			DIVISION OF SCALENUS ANTICUS	$174.23	$148.09	$355.83	$302.46	N	
21700	AA		DIVISION OF SCALENUS ANTICUS	$9.30	$8.10	$9.30	$8.10	N	5
21705			DIVIDE SCALENUS AND RESECTION	$259.22	$220.34	$535.42	$455.11	N	
21705	AA		DIVIDE SCALENUS AND RESECTION	$9.30	$8.10	$9.30	$8.10	N	6

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
21720			DIVISION STERNOCLEIDOMASTOID	$273.33	$232.33	$289.94	$246.45	N	
21720	AA		DIVISION STERNOCLEIDOMASTOID	$9.30	$8.10	$9.30	$8.10	N	5
21725			DIVIDE STERNOCLEIDOMASTOID: CA	$275.71	$234.35	$441.65	$375.40	N	
21725	AA		DIVIDE STERNOCLEIDOMASTOID: CA	$9.30	$8.10	$9.30	$8.10	N	5
21740			RECONSTRUCT PECTUS EXCAVATUM	$502.48	$427.10	$880.47	$748.40	N	
21740	AA		RECONSTRUCT PECTUS EXCAVATUM	$9.30	$8.10	$9.30	$8.10	N	11
21742			RECON/REP PECTUS EXCAVATUM/CAR	$434.30	$0.00	$434.30	$0.00	N	
21742	AA		RECON/REP PECTUS EXCAVATUM/CAR	$9.30	$8.10	$9.30	$8.10	N	13
21743			REC REP PECTUS EXCAV W/THORACO	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
21743	AA		REC REP PECTUS EXCAV W/THORACO	$9.30	$8.10	$9.30	$8.10	N	13
21750			CLOSURE STERNOTOMY SEP.W/WO DE	$332.23	$282.40	$595.98	$506.59	N	
21750	AA		CLOSURE STERNOTOMY SEP.W/WO DE	$9.30	$8.10	$9.30	$8.10	N	6
21811			OPTX OF RIB FX W/FIXJ SCOPE	$288.72	$245.41	$288.72	$245.41	N	
21811	AA		OPTX OF RIB FX W/FIXJ SCOPE	$9.30	$8.10	$9.30	$8.10	N	10
21811	26		OPTX OF RIB W/FIXJ SCOPE	$336.01	$285.60	$336.01	$285.60	N	
21812			TREATMENT OF RIB FRACTURE	$349.66	$349.66	$349.66	$349.66	N	
21812	AA		TREATMENT OF RIB FRACTURE	$9.30	$8.10	$9.30	$8.10	N	10
21812	26		TREATMENT OF RIB FRACTURE	$343.68	$292.13	$343.68	$292.13	N	
21813			TREATMENT OF RIB FRACTURE	$479.05	$407.19	$479.05	$407.19	N	
21813	AA		TREATMENT OF RIB FRACTURE	$9.30	$8.10	$9.30	$8.10	N	10
21813	26		TREATMENT OF RIB FRACTURE	$470.16	$399.63	$470.16	$399.63	N	
21820			TREAT STERNUM FRACTURE: CLOSED	$79.22	$67.34	$107.28	$91.19	N	
21820	AA		TREAT STERNUM FRACTURE: CLOSED	$9.30	$8.10	$9.30	$8.10	N	3
21825			TREAT STERNUM FRACTURE: OPEN	$277.00	$235.45	$484.21	$411.58	N	
21825	AA		TREAT STERNUM FRACTURE: OPEN	$9.30	$8.10	$9.30	$8.10	N	4
21899			UNLISTED PX NECK/THORAX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
21920			BX,SFT TISS-BACK/FLANK:SUPERFI	$25.51	$21.69	$180.89	$153.75	N	
21920	AA		BX,SFT TISS-BACK/FLANK:SUPERFI	$9.30	$8.10	$9.30	$8.10	N	4
21925			BX,SFT TISS-BACK/FLANK:DEEP	$249.61	$212.17	$335.10	$284.84	N	
21925	AA		BX,SFT TISS-BACK/FLANK:DEEP	$9.30	$8.10	$9.30	$8.10	N	3
21930			EXCISE TUMOR,SOFT TISS-BACK OR	$252.34	$214.49	$371.66	$315.91	N	
21930	AA		EXCISE TUMOR,SOFT TISS-BACK OR	$9.30	$8.10	$9.30	$8.10	N	3
21931			EXCISION, TUMOR, SOFT TISSUE O	$236.50	$201.02	$236.50	$201.02	N	
21931	AA		EXCISION, TUMOR, SOFT TISSUE O	$9.30	$8.10	$9.30	$8.10	N	5
21932			EXCISION, TUMOR, SOFT TISSUE O	$333.52	$283.49	$333.52	$283.49	N	
21932	AA		EXCISION, TUMOR, SOFT TISSUE O	$9.30	$8.10	$9.30	$8.10	N	5

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
21933			EXCISION, TUMOR, SOFT TISSUE O	$368.92	$313.58	$368.92	$313.58	N	
21933	AA		EXCISION, TUMOR, SOFT TISSUE O	$9.30	$8.10	$9.30	$8.10	N	5
21935			RAD RESECT TUMOR,SFT TISS BACK	$506.37	$430.41	$967.22	$822.14	N	
21935	AA		RAD RESECT TUMOR,SFT TISS BACK	$9.30	$8.10	$9.30	$8.10	N	3
21936			RADICAL RESECTION OF TUMOR (EG	$699.88	$594.90	$699.88	$594.90	N	
21936	AA		RADICAL RESECTION OF TUMOR (EG	$9.30	$8.10	$9.30	$8.10	N	5
22010			I&D, P-SPINE, C/T/CERV-THOR	$492.45	$418.58	$702.74	$597.33	N	
22010	AA		I&D, P-SPINE, C/T/CERV-THOR	$9.30	$8.10	$9.30	$8.10	N	5
22015			I&D ABSCESS P-SPINE L/S/LS	$479.72	$407.76	$696.63	$592.14	N	
22015	AA		I&D, P-SPINE, L/S/LS	$9.30	$8.10	$9.30	$8.10	N	5
22100			RESECT VERTEBRA: CERVICAL	$482.82	$410.40	$626.34	$532.39	N	
22100	AA		RESECT VERTEBRA: CERVICAL	$9.30	$8.10	$9.30	$8.10	N	3
22101			RESECT VERTEBRA: THORACIC	$451.63	$383.88	$629.54	$535.11	N	
22101	AA		RESECT VERTEBRA: THORACIC	$9.30	$8.10	$9.30	$8.10	N	3
22102			RESECT VERTEBRA: LUMBAR	$382.14	$324.82	$640.87	$544.74	N	
22102	AA		RESECT VERTEBRA: LUMBAR	$9.30	$8.10	$9.30	$8.10	N	3
22103			REMOVE EXTRA SPINE SEGMENT	$65.19	$55.41	$128.02	$108.82	N	
22103	AA		REMOVE EXTRA SPINE SEGMENT	$9.30	$8.10	$9.30	$8.10	N	10
22110			EXCISE CERVICAL VERTEBRA	$533.68	$453.63	$795.42	$676.11	N	
22110	AA		EXCISE CERVICAL VERTEBRA	$9.30	$8.10	$9.30	$8.10	N	8
22112			EXCISE THORACIC VERTEBRA	$578.32	$491.57	$794.29	$675.14	N	
22112	AA		EXCISE THORACIC VERTEBRA	$9.30	$8.10	$9.30	$8.10	N	8
22114			EXCISE LUMBAR VERTEBRAE FOR OS	$578.32	$491.57	$796.86	$677.33	N	
22114	AA		EXCISE LUMBAR VERTEBRAE FOR OS	$9.30	$8.10	$9.30	$8.10	N	8
22116			REMOVE EXTRA SPINE SEGMENT	$70.00	$59.50	$127.81	$108.64	N	
22116	AA		REMOVE EXTRA SPINE SEGMENT	$9.30	$8.10	$9.30	$8.10	N	10
22206			INCIS SPINE 3 COLUMN THORAC	$1,224.09	$1,040.47	$1,838.66	$1,562.86	N	
22206	AA		OSTEOTOMY OF SPINE, POSTERIOR	$9.30	$8.10	$9.30	$8.10	N	13
22207			INCIS SPINE 3 COLUMN LUMBAR	$1,192.31	$1,013.46	$1,815.50	$1,543.18	N	
22207	AA		OSTEOTOMY OF SPINE, POSTERIOR	$9.30	$8.10	$9.30	$8.10	N	13
22208			INCIS SPINE 3 COLUMN ADL SEG	$290.31	$246.76	$463.41	$393.90	N	
22208	AA		OSTEOTOMY OF SPINE, POSTERIOR	$9.30	$8.10	$9.30	$8.10	N	13
22210			INCIS 1 VERTEBRAL SEG CERV	$896.57	$762.08	$1,436.59	$1,221.10	N	
22210	AA		OSTEOTOMY-SPINE,CORR DEFORM:CE	$9.30	$8.10	$9.30	$8.10	N	11
22212			INCIS 1 VERTEBRAL SEG THORAC	$763.12	$648.65	$1,179.74	$1,002.78	N	
22212	AA		OSTEOTOMY SPINE,CORR DEFORM:TH	$9.30	$8.10	$9.30	$8.10	N	11

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
22214			INCIS 1 VERTEBRAL SEG LUMBAR	$761.93	$647.64	$1,199.31	$1,019.42	N	
22214	AA		OSTEOTOMY SPINE,CORR DEFORM:TH	$9.30	$8.10	$9.30	$8.10	N	11
22216			INCIS ADDL SPINE SEGMENT	$178.29	$151.54	$335.26	$284.97	N	
22216	AA		REVISE, EXTRA SPINE SEGMENT	$9.30	$8.10	$9.30	$8.10	N	10
22220			INCIS W/DISCECTOMY CERVICAL	$817.86	$695.18	$1,287.50	$1,094.38	N	
22220	AA		OSTEOTOMY SPINE,CORR DEFORM:CE	$9.30	$8.10	$9.30	$8.10	N	11
22222			INCIS W/DISCECTOMY THORACIC	$891.24	$757.55	$1,179.70	$1,002.74	N	
22222	AA		OSTEOTOMY SPINE,CORR DEFORM:TH	$9.30	$8.10	$9.30	$8.10	N	11
22224			INCIS W/DISCECTOMY LUMBAR	$794.57	$675.38	$1,286.64	$1,093.64	N	
22224	AA		OSTEOTOMY SPINE,CORR DEFORM:LU	$9.30	$8.10	$9.30	$8.10	N	11
22226			REVISE, EXTRA SPINE SEGMENT	$176.79	$150.27	$333.90	$283.82	N	
22226	AA		REVISE, EXTRA SPINE SEGMENT	$9.30	$8.10	$9.30	$8.10	N	10
22310			CLOSED TX VERT FX W/O MANJ	$159.31	$135.41	$192.62	$163.72	N	
22310	AA		TR VERT BODY FX/DISLOCATED/EAC	$9.30	$8.10	$9.30	$8.10	N	3
22315			CLOSED TX VERT FX W/MANJ	$460.38	$391.32	$663.22	$563.73	N	
22315	AA		CLSD TX VRT FX/DISLOCATE...EAC	$9.30	$8.10	$9.30	$8.10	N	5
22315	52		CLSD TX VRT FX/DISLOCATE...	$75.00	$64.00	$75.00	$64.00	N	
22318			OPEN RX/REDUCE ODONTOID FX/DIS	$831.60	$706.86	$1,289.96	$1,096.47	N	
22318	AA		OPEN RX/REDUCE ODONTOID FX/DIS	$9.30	$8.10	$9.30	$8.10	N	10
22319			OPEN RX/RED ODONT FX/DISLOC	$923.51	$784.98	$1,435.94	$1,220.55	N	
22319	AA		OPEN RX/RED ODOONT FX/DISLOC	$9.30	$8.10	$9.30	$8.10	N	10
22325			OPEN TX VRT FX/DISLOCATE,LUMBA	$747.56	$635.42	$1,102.74	$937.33	N	
22325	AA		OPEN TX VRT FX/DISLOCATE,LUMBA	$9.30	$8.10	$9.30	$8.10	N	8
22326			OPEN TX VRT FX/DISLOC.:CERVICA	$760.93	$646.79	$1,181.12	$1,003.95	N	
22326	AA		OPEN TX VRT FX/DISLOC.:CERVICA	$9.30	$8.10	$9.30	$8.10	N	8
22327			OPEN TX VRT FX/DISLOC.:THORACI	$776.21	$659.78	$1,144.27	$972.63	N	
22327	AA		OPEN TX VRT FX/DISLOC.:THORACI	$9.30	$8.10	$9.30	$8.10	N	8
22328			REPAIR EACH ADD SPINE FX	$138.85	$118.02	$250.20	$212.67	N	
22328	AA		REPAIR EACH ADD SPINE FX	$9.30	$8.10	$9.30	$8.10	N	10
22505			MANIPULATION SPINE W/ANESTHESI	$75.56	$64.22	$101.64	$86.39	N	
22505	AA		MANIPULATION SPINE W/ANESTHESI	$9.30	$8.10	$9.30	$8.10	N	5
22510			PERQ CERVICOTHORACIC INJECT	$873.20	$742.22	$873.20	$742.22	N	
22510	AA		PERQ CERVICOTHORACIC INJECT	$9.30	$8.10	$9.30	$8.10	N	5
22510	26		PERQ CERVICOTHORACIC INJECT	$211.14	$179.47	$211.14	$179.47	N	
22511			PERQ LUMBOSACRAL INJECTION	$872.96	$742.02	$872.96	$742.02	N	
22511	AA		PERQ LUMBOSACRAL INJECTION	$9.30	$8.10	$9.30	$8.10	N	5

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
22511	26		PERQ LUMBOSACRAL INJECTION	$199.01	$169.16	$199.01	$169.16	N	
22512			VERTEBROPLASTY ADDL INJECT	$353.88	$300.80	$353.88	$300.80	N	
22512	AA		VERTEBROPLASTY ADDL INJECT	$9.30	$8.10	$9.30	$8.10	N	
22512	26		VERTEBROPLASTY ADDL INJECT	$100.34	$85.29	$100.34	$85.29	N	
22513			PERQ VERTEBRAL AUGMENTATION	$2,725.83	$2,316.95	$2,725.83	$2,316.95	N	
22513	AA		PERQ VERTEBRAL AUGMENTATION	$9.30	$8.10	$9.30	$8.10	N	5
22513	26		PERQ VERTEBRAL AUGMENTATION	$249.74	$212.28	$249.74	$212.28	N	
22514			PERQ VERTEBRAL AUGMENTATION	$2,713.80	$2,306.73	$2,713.80	$2,306.73	N	
22514	AA		PERQ VERTEBRAL AUGMENTATION	$9.30	$8.10	$9.30	$8.10	N	5
22514	26		PERQ VERTEBRAL AUGMENTATION	$233.47	$198.45	$233.47	$198.45	N	
22515			PERQ VERTEBRAL AUGMENTATION	$1,391.27	$1,182.58	$1,391.27	$1,182.58	N	
22515	AA		PERQ VERTEBRAL AUGMENTATION	$9.30	$8.10	$9.30	$8.10	N	5
22515	26		PERQ VERTEBRAL AUGMENTATION	$105.73	$89.87	$105.73	$89.87	N	
22526			IDET, SINGLE LEVEL	$981.51	$834.28	$1,787.06	$1,519.00	N	
22526	AA		IDET, SINGLE LEVEL	$9.30	$8.10	$9.30	$8.10	N	5
22526	26		IDET, SINGLE LEVEL	$176.19	$149.76	$277.04	$235.48	N	
22527			IDET, 1 OR MORE LEVELS	$762.65	$648.25	$1,458.90	$1,240.06	N	
22527	26		IDET, 1 OR MORE LEVELS	$80.19	$68.16	$126.96	$107.92	N	
22532			ARTHRODESIS LAT EXTRACAV TECH	$896.61	$762.11	$1,389.82	$1,181.35	N	
22532	AA		ARTHRODESIS LAT EXTRACAV TECH	$9.30	$8.10	$9.30	$8.10	N	10
22533			ARTHRODESIS LAT EXTRACAV TECH	$830.47	$705.90	$1,285.48	$1,092.66	N	
22533	AA		ARTHRODESIS LAT EXTRACAV TECH	$9.30	$8.10	$9.30	$8.10	N	8
22534			ARTHRODESIS LAT EXTRACAV TECH	$177.30	$150.70	$329.42	$280.01	N	
22548			ARTHRD ANT TORAL/XORAL C1-C2	$990.73	$842.12	$1,517.83	$1,290.16	N	
22548	AA		ARTHRODESIS,W/BONE GRAFT	$9.30	$8.10	$9.30	$8.10	N	8
22551			NECK SPINE FUSE&REMOVE ADDL	$849.99	$722.49	$849.99	$722.49	N	
22551	AA		NECK SPINE FUSE&REMOVE ADDL	$9.30	$8.10	$9.30	$8.10	N	13
22552			ADDL NECK SPINE FUSION	$194.80	$165.58	$194.80	$165.58	N	
22552	AA		ADDL NECK SPINE FUSION	$9.30	$8.10	$9.30	$8.10	N	13
22554			ARTHRODESIS,W/BONE ALLOGRAFT	$634.60	$539.41	$1,139.12	$968.25	N	
22554	AA		ARTHRODESIS,W/BONE ALLOGRAFT	$9.30	$8.10	$9.30	$8.10	N	8
22556			ARTHRODESIS,THORACIC,BONE/BONE	$843.30	$716.81	$1,369.69	$1,164.23	N	
22556	AA		ARTHRODESIS,THORACIC,BONE/BONE	$9.30	$8.10	$9.30	$8.10	N	11
22558			ARTHRODESIS,LUMBAR,W/BONE ALLO	$759.99	$645.99	$1,248.74	$1,061.43	N	
22558	AA		ARTHRODESIS,LUMBAR,W/BONE ALLO	$9.30	$8.10	$9.30	$8.10	N	7
22585			ARTHRODESIS-EACH ADD INTERSPAC	$158.84	$135.01	$158.84	$135.01	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
22585	AA		ARTHRODESIS-EACH ADD INTERSPAC	$9.30	$8.10	$9.30	$8.10	N	7
22586			PRESCRL FUSE W/ INSTR L5-S1	$1,024.28	$870.64	$1,024.28	$870.64	N	
22586	AA		PRESCRL FUSE W/ INSTR L5/S1	$9.30	$8.10	$9.30	$8.10	N	8
22590			ARTHRODESIS, W/BONE ALLO/INT F	$802.95	$682.50	$1,241.87	$1,055.59	N	
22590	AA		ARTHRODESIS, W/BONE ALLO/INT F	$9.30	$8.10	$9.30	$8.10	N	8
22595			ARTHRODESIS,W/BONE ALLO/INT FI	$767.27	$652.18	$1,178.62	$1,001.82	N	
22595	AA		ARTHRODESIS,W/BONE ALLO/INT FI	$9.30	$8.10	$9.30	$8.10	N	8
22600			CERVICAL FUSE POST APP BELOW C	$658.67	$559.87	$1,000.13	$850.11	N	
22600	AA		CERVICAL FUSE POST APP BELOW C	$9.30	$8.10	$9.30	$8.10	N	8
22610			ARTHRODESIS,LOC/BONE ALLO..:TH	$648.26	$551.02	$997.90	$848.21	N	
22610	AA		ARTHRODESIS,LOC/BONE ALLO..:TH	$9.30	$8.10	$9.30	$8.10	N	8
22612			ARTHRODESIS,LOC/BONE ALLO..:LU	$789.28	$670.88	$1,277.78	$1,086.11	N	
22612	AA		ARTHRODESIS,LOC/BONE ALLO..:LU	$9.30	$8.10	$9.30	$8.10	N	8
22614			SPINE FUSION, EXTRA SEGMENT	$192.34	$163.49	$358.02	$304.32	N	
22614	AA		SPINE FUSION, EXTRA SEGMENT	$9.30	$8.10	$9.30	$8.10	N	10
22630			ARTHRODESIS,LOC/BONE ALLO...:L	$785.07	$667.31	$1,260.03	$1,071.03	N	
22630	AA		ARTHRODESIS,LOC/BONE ALLO...:L	$9.30	$8.10	$9.30	$8.10	N	8
22632			SPINE FUSION, EXTRA SEGMENT	$157.66	$134.01	$289.86	$246.38	N	
22632	AA		SPINE FUSION, EXTRA SEGMENT	$9.30	$8.10	$9.30	$8.10	N	8
22633			LUMBAR SPINE FUSION COMBINED	$904.53	$768.85	$904.53	$768.85	N	
22633	AA		LUMBAR SPINE FUSION COMBINED	$9.30	$8.10	$9.30	$8.10	N	13
22634			SPINE FUSION EXTRA SEGMENT	$238.14	$202.41	$238.14	$202.41	N	
22800			POST FUSION </6 VERT SEG	$686.97	$583.92	$1,121.36	$953.16	N	
22800	AA		FUSE PRIMARY 6/LESS VERT SCOLI	$9.30	$8.10	$9.30	$8.10	N	7
22802			ARTHRD PST DFRM 7-12 VRT SGM	$1,049.20	$891.82	$1,822.96	$1,549.52	N	
22802	AA		FUSE PRIMARY 7/MORE VERTEBRAE	$9.30	$8.10	$9.30	$8.10	N	8
22804			POST FUSION 13/> VERT SEG	$1,203.40	$1,022.89	$2,123.39	$1,804.88	N	
22804	AA		FUSION OF SPINE	$9.30	$8.10	$9.30	$8.10	N	13
22808			ARTHRD ANT DFRM 2-3 VRT SGM	$906.35	$770.39	$1,529.26	$1,299.87	N	
22808	AA		FUSION OF SPINE	$9.30	$8.10	$9.30	$8.10	N	13
22810			ARTHRD ANT DFRM 4-7 VRT SGM	$996.51	$847.03	$1,731.51	$1,471.79	N	
22810	AA		ARTHRODESIS,ANT.,WITH BN. GRF.	$9.30	$8.10	$9.30	$8.10	N	13
22812			ARTHRD ANT DFRM 8+ VRT SGM	$1,092.39	$928.53	$1,870.79	$1,590.17	N	
22812	AA		ARTHRODESIS,ANT.,BN.GR. 8 MORE	$9.30	$8.10	$9.30	$8.10	N	13
22818			KYPHECTOMY 1-2 SEGMENTS	$1,064.78	$905.06	$1,837.09	$1,561.52	N	
22818	AA		KYPHECTOMY 1-2 SEGMENTS	$9.30	$8.10	$9.30	$8.10	N	13

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
22819			KYPHECTOMY 3 OR MORE SEGMENTS	$1,225.59	$1,041.75	$2,058.63	$1,749.84	N	
22819	AA		KYPHECTOMY 3 OR MORE SEGMENTS	$9.30	$8.10	$9.30	$8.10	N	13
22830			EXPLORE SPINAL FUSION	$415.47	$353.15	$680.74	$578.63	N	
22830	AA		EXPLORE SPINAL FUSION	$9.30	$8.10	$9.30	$8.10	N	9
22836			ANT THRC VRT BODY TETHRG <7	$841.68	$715.43	$841.68	$715.43	N	
22836	AA		ANT THRC VRT BODY TETHRG <7	$9.30	$8.10	$9.30	$8.10	N	
22837			ANT THRC VRT BODY TETHRG 8+	$927.24	$788.15	$927.24	$788.15	N	
22837	AA		ANT THRC VRT BODY TETHRG 8+	$9.30	$8.10	$9.30	$8.10	N	
22838			REV RPLC/RMV THRC VRT TETHRG	$939.30	$798.41	$939.30	$798.41	N	
22838	AA		REV RPLC/RMV THRC VRT TETHRG	$9.30	$8.10	$9.30	$8.10	N	
22840			POSTERIOR INSTRU(NO SEG FIX)	$370.28	$314.73	$698.77	$593.95	N	
22840	AA		POSTERIOR INSTRU(NO SEG FIX)	$9.30	$8.10	$9.30	$8.10	N	10
22841			INSERT SPINE FIXATION DEVICE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
22841	AA		INSERT SPINE FIXATION DEVICES	$9.30	$8.10	$9.30	$8.10	N	10
22842			POST.INSTRUMENTATION:SEGMENTAL	$374.87	$318.64	$699.19	$594.31	N	
22842	AA		POST.INSTRUMENTATION:SEGMENTAL	$9.30	$8.10	$9.30	$8.10	N	10
22843			INSERT SPINE FIXATION DEVICE	$401.70	$341.45	$733.66	$623.61	N	
22843	AA		INSERT SPINE FIXATION DEVICE	$9.30	$8.10	$9.30	$8.10	N	10
22844			INSERT SPINE FIXATION DEVICE	$484.15	$411.53	$910.90	$774.27	N	
22844	AA		INSERT SPINE FIXATION DEVICE	$9.30	$8.10	$9.30	$8.10	N	10
22845			DWYER INSTRUM TECH SPINE FUSE	$356.54	$303.05	$668.25	$568.01	N	
22845	AA		DWYER INSTRUM TECH SPINE FUSE	$9.30	$8.10	$9.30	$8.10	N	10
22846			INSERT SPINE FIXATION DEVICE	$371.43	$315.72	$694.56	$590.38	N	
22846	AA		INSERT SPINE FIXATION DEVICE	$9.30	$8.10	$9.30	$8.10	N	10
22847			INSERT SPINE FIXATION DEVICE	$390.49	$331.92	$762.78	$648.37	N	
22847	AA		INSERT SPINE FIXATION DEVICE	$9.30	$8.10	$9.30	$8.10	N	10
22848			INSERT PELVIC FIXATION DEVICE	$176.49	$150.02	$331.56	$281.83	N	
22848	AA		INSERT PELVIC FIXATION DEVICE	$9.30	$8.10	$9.30	$8.10	N	10
22849			REINSERT SPINAL FIXATION DEVIC	$653.89	$555.80	$1,098.09	$933.37	N	
22849	AA		REINSERT SPINAL FIXATION DEVIC	$9.30	$8.10	$9.30	$8.10	N	10
22850			HARRINGTON ROD REMOVAL	$372.69	$316.79	$598.72	$508.91	N	
22850	AA		HARRINGTON ROD REMOVAL	$9.30	$8.10	$9.30	$8.10	N	8
22852			REMOVE POSTERIOR SEGMENTAL INS	$358.79	$304.97	$358.79	$304.97	N	
22852	AA		REMOVE POSTERIOR SEGMENTAL INS	$9.30	$8.10	$9.30	$8.10	N	8
22853			INSJ BIOMECHANICAL DEVICE	$126.59	$107.60	$126.59	$107.60	N	
22853	AA		INSJ BIOMECHANICAL DEVICE	$9.30	$8.10	$9.30	$8.10	N	13

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
22854			INSJ BIOMECHANICAL DEVICE	$164.86	$140.13	$164.86	$140.13	N	
22854	AA		INSJ BIOMECHANICAL DEVICE	$9.30	$8.10	$9.30	$8.10	N	13
22855			REMOVAL ANTERIOR INSTRMJ	$555.80	$472.43	$910.09	$773.57	N	
22855	AA		DWYER INSTRUMENT REMOVAL	$9.30	$8.10	$9.30	$8.10	N	10
22856			TOT DISC ARTHRP 1NTRSPC CRV	$811.13	$689.46	$811.13	$689.46	N	
22856	AA		TOTAL DISC ARTHROPLASTY (ARTIF	$9.30	$8.10	$9.30	$8.10	N	13
22857			TOT DISC ARTHRP ANT LUMBAR	$868.08	$737.87	$1,168.36	$993.11	N	
22857	AA		LUMBAR ARTIF DISKECTOMY	$9.30	$8.10	$9.30	$8.10	N	13
22858			TOT DISC ARTHRP 2ND LVL CRV	$249.09	$211.73	$249.09	$211.73	N	
22858	AA		SECOND LEVEL CER DISKECTOMY	$9.30	$8.10	$9.30	$8.10	N	13
22859			INSJ BIOMECHANICAL DEVICE	$164.69	$139.99	$164.69	$139.99	N	
22859	AA		INSJ BIOMECHANICAL DEVICE	$9.30	$8.10	$9.30	$8.10	N	13
22860			TOT DISC ARTHRP 2NTRSPC LMBR	$202.48	$172.11	$202.48	$172.11	N	
22860	AA		TOT DISC ARTHRP 2NTRSPC LMBR	$9.30	$8.10	$9.30	$8.10	N	8
22861			REV RPLCM ARTHRP 1NTRSPC CRV	$1,162.85	$988.42	$1,162.85	$988.42	N	
22861	AA		REVISION INCLUDING REPLACEMENT	$9.30	$8.10	$9.30	$8.10	N	13
22862			REV RPLCM RTHRP 1NTRSPC LMBR	$1,164.27	$989.63	$1,420.33	$1,207.28	N	
22862	AA		REVISE LUMBAR ARTIF DISC	$9.30	$8.10	$9.30	$8.10	N	13
22864			RMVL TOT ARTHRP 1NTRSPC CRV	$1,039.22	$883.33	$1,039.22	$883.33	N	
22864	AA		REMOVAL OF TOTAL DISC ARTHROPL	$9.30	$8.10	$9.30	$8.10	N	13
22865			RMVL TOT ARTHRP 1NTRSPC LMBR	$1,137.12	$966.55	$1,383.32	$1,175.82	N	
22865	AA		REMOVE LUMB ARTIF DISC	$9.30	$8.10	$9.30	$8.10	N	13
22867			INSJ STABLJ DEV W/DCMPRN	$531.98	$452.18	$531.98	$452.18	N	
22867	AA		INSJ STABLJ DEV W/DCMPRN	$9.30	$8.10	$9.30	$8.10	N	13
22868			INSJ STABLJ DEV W/DCMPRN	$118.72	$100.91	$118.72	$100.91	N	
22868	AA		INSJ STABLJ DEV W/DCMPRN	$9.30	$8.10	$9.30	$8.10	N	13
22869			INSJ STABLJ DEV W/O DCMPRN	$213.79	$181.72	$213.79	$181.72	N	
22869	AA		INSJ STABLJ DEV W/O DCMPRN	$9.30	$8.10	$9.30	$8.10	N	13
22870			INSJ STABLJ DEV W/O DCMPRN	$56.88	$48.35	$56.88	$48.35	N	
22870	AA		INSJ STABLJ DEV W/O DCMPRN	$9.30	$8.10	$9.30	$8.10	N	13
22899			UNLISTED PROCEDURE SPINE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
22899	AA		UNLISTED PROCEDURE OF SPINE	$9.30	$8.10	$9.30	$8.10	N	3
22900			EXC TUMOR ABDOMEN WALL SUBFASC	$284.72	$242.01	$315.09	$267.82	N	
22900	AA		EXC TUMOR ABDOMEN WALL SUBFASC	$9.30	$8.10	$9.30	$8.10	N	4
22901			EXCISION, TUMOR, SOFT TISSUE O	$333.83	$283.75	$333.83	$283.75	N	
22901	AA		EXCISION, TUMOR, SOFT TISSUE O	$9.30	$8.10	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
22902			EXCISION, TUMOR, SOFT TISSUE O	$236.89	$201.35	$236.89	$201.35	N	
22902	AA		EXCISION, TUMOR, SOFT TISSUE O	$9.30	$8.10	$9.30	$8.10	N	4
22902	26		EXCISION, TUMOR, SOFT TISSUE	$169.08	$143.72	$169.08	$143.72	N	
22903			EXCISION, TUMOR, SOFT TISSUE O	$221.57	$188.33	$221.57	$188.33	N	
22903	AA		EXCISION, TUMOR, SOFT TISSUE O	$9.30	$8.10	$9.30	$8.10	N	4
22904			RADICAL RESECTION OF TUMOR (EG	$518.31	$440.56	$518.31	$440.56	N	
22904	AA		RADICAL RESECTION OF TUMOR (EG	$9.30	$8.10	$9.30	$8.10	N	4
22905			RADICAL RESECTION OF TUMOR (EG	$660.96	$561.82	$660.96	$561.82	N	
22905	AA		RADICAL RESECTION OF TUMOR (EG	$9.30	$8.10	$9.30	$8.10	N	4
22999			UNLISTED PX ABDOMEN MUSCSKEL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
23000			REMOVE SUBDELTOID CAL DEPOSITS	$279.29	$237.40	$447.68	$380.53	N	
23000	AA		REMOVE SUBDELTOID CAL DEPOSITS	$9.30	$8.10	$9.30	$8.10	N	4
23020			RELEASE SHOULDER MUSCLE ERBS P	$350.32	$297.77	$584.66	$496.96	N	
23020	AA		RELEASE SHOULDER MUSCLE ERBS P	$9.30	$8.10	$9.30	$8.10	N	8
23030			I&D SHOULDER DEEP ABSC HEMATOM	$220.17	$187.14	$376.35	$319.90	N	
23030	AA		I&D SHOULDER DEEP ABSC HEMATOM	$9.30	$8.10	$9.30	$8.10	N	3
23031			I&D INFECTED SHOULDER BURSA	$43.33	$36.83	$367.55	$312.42	N	
23031	AA		I&D INFECTED SHOULDER BURSA	$9.30	$8.10	$9.30	$8.10	N	3
23035			I&D DEEP CORTEX/BONE ABSC SHOU	$344.74	$293.02	$596.55	$507.07	N	
23035	AA		I&D DEEP CORTEX/BONE ABSC SHOU	$9.30	$8.10	$9.30	$8.10	N	4
23040			ARTHROTOMY REMOVE FOREIGN BODY	$362.84	$308.41	$605.14	$514.37	N	
23040	AA		ARTHROTOMY REMOVE FOREIGN BODY	$9.30	$8.10	$9.30	$8.10	N	5
23044			ARTHROTOMY DRAIN/REMOVE FOR BO	$284.08	$241.46	$480.23	$408.20	N	
23044	AA		ARTHROTOMY DRAIN/REMOVE FOR BO	$9.30	$8.10	$9.30	$8.10	N	5
23065			BIOPSY SHOULDER SUPERFICIAL	$22.52	$19.14	$162.16	$137.84	N	
23065	AA		BIOPSY SHOULDER SUPERFICIAL	$9.30	$8.10	$9.30	$8.10	N	4
23066			BIOPSY OF SHOULDER DEEP	$58.19	$49.46	$410.70	$349.10	N	
23066	AA		BIOPSY OF SHOULDER DEEP	$9.30	$8.10	$9.30	$8.10	N	3
23071			BIOPSY, SOFT TISSUE OF SHOULDE	$212.28	$180.44	$212.28	$180.44	N	
23071	AA		BIOPSY, SOFT TISSUE OF SHOULDE	$9.30	$8.10	$9.30	$8.10	N	5
23073			BIOPSY, SOFT TISSUE OF SHOULDE	$350.22	$297.68	$350.22	$297.68	N	
23073	AA		BIOPSY, SOFT TISSUE OF SHOULDE	$9.30	$8.10	$9.30	$8.10	N	5
23075			EXC BENIGN SHOULDER TUMOR SUBC	$257.90	$219.22	$210.11	$178.60	N	
23075	AA		EXC BENIGN SHOULDER TUMOR SUBC	$9.30	$8.10	$9.30	$8.10	N	3
23076			EXC BENIGN SHOULDER TUMOR DEEP	$275.93	$234.54	$463.26	$393.77	N	
23076	AA		EXC BENIGN SHOULDER TUMOR DEEP	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
23077			RAD.TUMOR RESECT,SOFT TISS/SHO	$563.02	$478.57	$924.30	$785.65	N	
23077	AA		RAD.TUMOR RESECT,SOFT TISS/SHO	$9.30	$8.10	$9.30	$8.10	N	3
23078			RADICAL RESECTION OF TUMOR (EG	$716.37	$608.91	$716.37	$608.91	N	
23078	AA		RADICAL RESECTION OF TUMOR (EG	$9.30	$8.10	$9.30	$8.10	N	5
23100			BIOPSY SHOULDER JOINT	$259.64	$220.69	$413.40	$351.39	N	
23100	AA		BIOPSY SHOULDER JOINT	$9.30	$8.10	$9.30	$8.10	N	5
23101			EXCISION TORN CARTILAGE SHOULD	$234.17	$199.04	$385.95	$328.06	N	
23101	AA		EXCISION TORN CARTILAGE SHOULD	$9.30	$8.10	$9.30	$8.10	N	5
23105			ARTHROTOMY:GLENOHUMERAL JOINT	$325.96	$277.07	$544.05	$462.44	N	
23105	AA		ARTHROTOMY:GLENOHUMERAL JOINT	$9.30	$8.10	$9.30	$8.10	N	5
23106			ARTHROTOMY:STERNOCLAVICULAR JT	$257.67	$219.02	$411.41	$349.70	N	
23106	AA		ARTHROTOMY:STERNOCLAVICULAR JT	$9.30	$8.10	$9.30	$8.10	N	5
23107			ARTHROTOMY,GLENOHUMERAL JOINT,	$337.43	$286.82	$567.61	$482.47	N	
23107	AA		ARTHROTOMY,GLENOHUMERAL JOINT	$9.30	$8.10	$9.30	$8.10	N	5
23120			CLAVICULECTOMY PARTIAL	$299.82	$254.84	$480.64	$408.54	N	
23120	AA		CLAVICULECTOMY PARTIAL	$9.30	$8.10	$9.30	$8.10	N	4
23125			CLAVICULECTOMY TOTAL	$360.02	$306.02	$601.56	$511.33	N	
23125	AA		CLAVICULECTOMY TOTAL	$9.30	$8.10	$9.30	$8.10	N	4
23130			ACROMP/ACROMIONECTOMY PRTL	$315.36	$268.05	$519.34	$441.44	N	
23130	AA		ACROMIONECTOMY PARTIAL/TOTAL	$9.30	$8.10	$9.30	$8.10	N	3
23140			EXCISION CYST/TUMOR CLAVICLE/S	$283.60	$241.06	$427.18	$363.11	N	
23140	AA		EXCISION CYST/TUMOR CLAVICLE/S	$9.30	$8.10	$9.30	$8.10	N	4
23145			EXC TUMOR CLAVICLE/SCAPULA GRA	$352.99	$300.04	$584.17	$496.54	N	
23145	AA		EXC TUMOR CLAVICLE/SCAPULA GRA	$9.30	$8.10	$9.30	$8.10	N	3
23146			EXCISION TUMOR CLAVICLE/SCAPUL	$318.24	$270.50	$529.00	$449.65	N	
23146	AA		EXCISION TUMOR CLAVICLE/SCAPUL	$9.30	$8.10	$9.30	$8.10	N	3
23150			EXCISION TUMOR PROXIMAL HUMERO	$339.09	$288.23	$542.22	$460.89	N	
23150	AA		EXCISION TUMOR PROXIMAL HUMERO	$9.30	$8.10	$9.30	$8.10	N	4
23155			EXCISION TUMOR PROX HUMEROUS A	$404.05	$343.44	$663.03	$563.58	N	
23155	AA		EXCISION TUMOR PROX HUMEROUS A	$9.30	$8.10	$9.30	$8.10	N	3
23156			EXCISION TUMOR PROX HUMEROUS H	$345.47	$293.65	$569.46	$484.04	N	
23156	AA		EXCISION TUMOR PROX HUMEROUS H	$9.30	$8.10	$9.30	$8.10	N	3
23170			SEQUESTRECTOMY CLAVICLE	$288.27	$245.03	$454.56	$386.38	N	
23170	AA		SEQUESTRECTOMY CLAVICLE	$9.30	$8.10	$9.30	$8.10	N	4
23172			SEQUESTRECTOMY SCAPULA	$291.21	$247.53	$461.40	$392.19	N	
23172	AA		SEQUESTRECTOMY SCAPULA	$9.30	$8.10	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
23174			SEQUESTRECTOMY HUMERAL HEAD/NE	$388.46	$330.19	$633.38	$538.37	N	
23174	AA		SEQUESTRECTOMY HUMERAL HEAD/NE	$9.30	$8.10	$9.30	$8.10	N	4
23180			PARTIAL EXCISION CLAVICLE FOR	$350.89	$298.25	$618.79	$525.97	N	
23180	AA		PARTIAL EXCISION CLAVICLE FOR	$9.30	$8.10	$9.30	$8.10	N	4
23182			PARTIAL EXCISION SCAPULA FOR O	$342.46	$291.09	$588.56	$500.28	N	
23182	AA		PARTIAL EXCISION SCAPULA FOR O	$9.30	$8.10	$9.30	$8.10	N	4
23184			PARTIAL EXCISION PROXIMAL HUME	$374.88	$318.64	$661.25	$562.06	N	
23184	AA		PARTIAL EXCISION PROXIMAL HUME	$9.30	$8.10	$9.30	$8.10	N	4
23190			OSTECTOMY OF SCAPULA PARTIAL	$293.41	$249.40	$473.14	$402.17	N	
23190	AA		OSTECTOMY OF SCAPULA PARTIAL	$9.30	$8.10	$9.30	$8.10	N	4
23195			RESECTION HUMERAL HEAD	$378.82	$321.99	$622.97	$529.52	N	
23195	AA		RESECTION HUMERAL HEAD	$9.30	$8.10	$9.30	$8.10	N	4
23200			RADICAL RESECTION FOR TUMOR CL	$750.44	$637.87	$735.14	$624.87	N	
23200	AA		RADICAL RESECTION FOR TUMOR CL	$9.30	$8.10	$9.30	$8.10	N	5
23210			RADICAL RESECTION FOR TUMOR SC	$878.53	$746.75	$759.92	$645.93	N	
23210	AA		RADICAL RESECTION FOR TUMOR SC	$9.30	$8.10	$9.30	$8.10	N	6
23220			RADICAL RESECTION FOR TUMOR PR	$961.24	$817.05	$901.03	$765.88	N	
23220	AA		RADICAL RESECTION FOR TUMOR PR	$9.30	$8.10	$9.30	$8.10	N	6
23330			REMOVE SHOULDER FOREIGN BODY	$30.27	$25.73	$190.77	$162.15	N	
23330	AA		REMOVE SHOULDER FOREIGN BODY	$9.30	$8.10	$9.30	$8.10	N	3
23333			REMOVE SHOULDER FB DEEP	$242.69	$206.28	$242.69	$206.28	N	
23333	AA		REMOVE SHOULDER FB DEEP	$9.30	$8.10	$9.30	$8.10	N	6
23334			SHOULDER PROSTHESIS REMOVAL	$532.94	$452.99	$532.94	$452.99	N	
23334	AA		SHOULDER PROSTHESIS REMOVAL	$9.30	$8.10	$9.30	$8.10	N	6
23335			SHOULDER PROSTHESIS REMOVAL	$632.09	$537.27	$632.09	$537.27	N	
23335	AA		SHOULDER PROSTHESIS REMOVAL	$9.30	$8.10	$9.30	$8.10	N	10
23350			INJECTION FOR SHOULDER X-RAY	$79.17	$67.29	$138.15	$117.43	N	
23350	AA		INJECTION FOR SHOULDER X-RAY	$9.30	$8.10	$9.30	$8.10	N	3
23395			MUSCLE TRANSFER,SHOULDER/ARM	$643.77	$547.20	$1,055.95	$897.56	N	
23395	AA		MUSCLE TRANSFER,SHOULDER/ARM	$9.30	$8.10	$9.30	$8.10	N	3
23397			MUSCLE TRANSFER MULTIPLE	$569.39	$483.98	$976.71	$830.21	N	
23397	AA		MUSCLE TRANSFER MULTIPLE	$9.30	$8.10	$9.30	$8.10	N	3
23400			FIXATION OF SHOULDERBLADE	$488.95	$415.60	$837.73	$712.07	N	
23400	AA		FIXATION OF SHOULDERBLADE	$9.30	$8.10	$9.30	$8.10	N	6
23405			INCISION OF TENDON & MUSCLE	$310.38	$263.82	$542.58	$461.19	N	
23405	AA		INCISION OF TENDON & MUSCLE	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
23406			INCISE TENDON(S) & MUSCLE(S)	$370.81	$315.18	$679.35	$577.45	N	
23406	AA		INCISE TENDON(S) & MUSCLE(S)	$9.30	$8.10	$9.30	$8.10	N	3
23410			REPAIR OF TENDON(S)	$413.54	$351.51	$776.70	$660.19	N	
23410	AA		REPAIR OF TENDON(S)	$9.30	$8.10	$9.30	$8.10	N	5
23412			REPAIR OF TENDON S CHRONIC	$429.59	$365.15	$824.94	$701.20	N	
23412	AA		REPAIR OF TENDON S CHRONIC	$9.30	$8.10	$9.30	$8.10	N	5
23415			CORACOACROMIAL LIGAMENT RELEAS	$355.72	$302.36	$637.73	$542.07	N	
23415	AA		CORACOACROMIAL LIGAMENT RELEAS	$9.30	$8.10	$9.30	$8.10	N	3
23420			REPAIR COMPLETE SHOULDER	$491.69	$417.94	$856.86	$728.33	N	
23420	AA		REPAIR COMPLETE SHOULDER	$9.30	$8.10	$9.30	$8.10	N	5
23430			REPAIR BICEPS TENDON RUPTURE	$376.15	$319.73	$641.78	$545.51	N	
23430	AA		REPAIR BICEPS TENDON RUPTURE	$9.30	$8.10	$9.30	$8.10	N	5
23440			REMOVAL/TRANSPLANT TENDON	$381.72	$324.46	$665.36	$565.56	N	
23440	AA		REMOVAL/TRANSPLANT TENDON	$9.30	$8.10	$9.30	$8.10	N	5
23450			CAPSULORRHAPHY, ANTERIOR	$475.03	$403.78	$826.38	$702.43	N	
23450	AA		CAPSULORRHAPHY, ANTERIOR	$9.30	$8.10	$9.30	$8.10	N	5
23455			CAPSULORRHAPHY:BANKART TYPE	$486.67	$413.67	$882.43	$750.07	N	
23455	AA		CAPSULORRHAPHY:BANKART TYPE	$9.30	$8.10	$9.30	$8.10	N	5
23460			REPAIR SHOULDER CAPSULE WITH B	$546.78	$464.76	$950.62	$808.02	N	
23460	AA		REPAIR SHOULDER CAPSULE WITH B	$9.30	$8.10	$9.30	$8.10	N	5
23462			REPAIR SHOULDER CAPSULE CORACO	$534.67	$454.47	$925.30	$786.51	N	
23462	AA		REPAIR SHOULDER CAPSULE CORACO	$9.30	$8.10	$9.30	$8.10	N	5
23465			REPAIR SHOULDER CAPSULE W/WO B	$560.36	$476.31	$962.30	$817.95	N	
23465	AA		REPAIR SHOULDER CAPSULE W/WO B	$9.30	$8.10	$9.30	$8.10	N	5
23466			CAPSULORRHAPHY/RECURRENT DISLO	$562.32	$477.97	$908.35	$772.10	N	
23466	AA		CAPSULORRHAPHY/RECURRENT DISLO	$9.30	$8.10	$9.30	$8.10	N	5
23470			ARTHROPLASTY WITH PROXIMAL HUM	$598.13	$508.41	$1,046.22	$889.28	N	
23470	AA		ARTHROPLASTY WITH PROXIMAL HUM	$9.30	$8.10	$9.30	$8.10	N	5
23472			ARTHROPLASTY W/GLENOID PROXIMA	$719.06	$611.20	$1,264.46	$1,074.79	N	
23472	AA		ARTHROPLASTY W/GLENOID PROXIMA	$9.30	$8.10	$9.30	$8.10	N	10
23473			REVIS RECONST SHOULDER JOINT	$798.86	$679.03	$798.86	$679.03	N	
23473	AA		REVIS RECONST SHOULDER JOINT	$9.30	$8.10	$9.30	$8.10	N	10
23474			REVIS RECONST SHOULDER JOINT	$861.86	$732.58	$861.86	$732.58	N	
23474	AA		REVIS RECONST SHOULDER JOINT	$9.30	$8.10	$9.30	$8.10	N	10
23480			OSTEOTOMY CLAVICLE W/WO INTERN	$414.01	$351.91	$708.67	$602.37	N	
23480	AA		OSTEOTOMY CLAVICLE W/WO INTERN	$9.30	$8.10	$9.30	$8.10	N	5

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
23485			OSTEOTOMY CLAVICLE: BONE GRAFT	$478.40	$406.64	$829.33	$704.93	N	
23485	AA		OSTEOTOMY CLAVICLE: BONE GRAFT	$9.30	$8.10	$9.30	$8.10	N	5
23490			PROPHYLACTIC TREATMENT:CLAVICL	$433.73	$368.67	$713.60	$606.56	N	
23490	AA		PROPHYLACTIC TREATMENT:CLAVICL	$9.30	$8.10	$9.30	$8.10	N	3
23491			PROPHYLACTIC TREAT.PROX HUMER.	$510.63	$434.04	$885.64	$752.79	N	
23491	AA		PROPHYLACTIC TREAT.PROX HUMER.	$9.30	$8.10	$9.30	$8.10	N	4
23500			CLTX CLAVICULAR FX W/O MNPJ	$118.72	$100.91	$172.33	$146.48	N	
23500	AA		TREAT CLOSED CLAVICULAR FRACTU	$9.30	$8.10	$9.30	$8.10	N	3
23505			CLTX CLAVICULAR FX W/MNPJ	$189.17	$160.79	$284.31	$241.67	N	
23505	AA		TREAT CLOSED CLAVICULAR FRACTU	$9.30	$8.10	$9.30	$8.10	N	4
23515			OPTX CLAVICULAR FX W/INT FIX	$365.11	$310.34	$494.66	$420.46	N	
23515	AA		OPEN TREAT CLSD/OPEN CLAVIC FR	$9.30	$8.10	$9.30	$8.10	N	5
23520			CLTX STRNCLAV DISLC W/O MNPJ	$127.81	$108.64	$175.36	$149.06	N	
23520	AA		TREAT STERNOCLAVICULAR DISLOCA	$9.30	$8.10	$9.30	$8.10	N	3
23525			CLTX STRNCLAV DISLC W/MNPJ	$209.43	$178.02	$281.46	$239.24	N	
23525	AA		TREAT CLSD STERNOCLAVICULAR DI	$9.30	$8.10	$9.30	$8.10	N	4
23530			OPTX STRNCLAV DISLC AQT/CHRN	$293.74	$249.68	$468.10	$397.88	N	
23530	AA		OPEN TREAT CLSD/OPEN CLAVICLE	$9.30	$8.10	$9.30	$8.10	N	4
23532			OPTX STRCLV DSLC AQ/CHRN GRF	$319.46	$271.54	$530.82	$451.20	N	
23532	AA		OPEN TREAT CLSD/OPEN CLAVICLE	$9.30	$8.10	$9.30	$8.10	N	5
23540			CLTX ACROMCLAV DISLC WO MNPJ	$125.53	$106.70	$176.44	$149.97	N	
23540	AA		TREAT CLOSED ACROMIOCLAV DISLO	$9.30	$8.10	$9.30	$8.10	N	3
23545			CLTX ACROMCLAV DISLC W/MNPJ	$190.45	$161.88	$255.58	$217.25	N	
23545	AA		TREAT CLSD ACROMIOCLAVICULAR D	$9.30	$8.10	$9.30	$8.10	N	4
23550			OPTX ACROMCLV DISLC AQT/CHRN	$290.61	$247.02	$482.29	$409.94	N	
23550	AA		OPEN TREAT CLSD/OPEN ACROMIOCL	$9.30	$8.10	$9.30	$8.10	N	5
23552			OPTX ACRCLV DSLC AQ/CHRN GRF	$327.54	$278.41	$558.97	$475.12	N	
23552	AA		OPEN TREAT CLSD/OPEN ACROMIOCL	$9.30	$8.10	$9.30	$8.10	N	5
23570			CLTX SCAPULAR FX W/O MNPJ	$124.51	$105.83	$183.59	$156.05	N	
23570	AA		TREAT CLSD SCAP FX W/O MANIPUL	$9.30	$8.10	$9.30	$8.10	N	3
23575			CLTX SCAP FX W/MNPJ +-TRACTJ	$215.25	$182.96	$311.37	$264.66	N	
23575	AA		TREAT CLSD SCAPULAR W/MANIPULA	$9.30	$8.10	$9.30	$8.10	N	3
23585			OPTX SCAPULAR FX W/INT FIXJ	$489.64	$416.19	$588.31	$500.07	N	
23585	AA		OPEN TREAT CLSD/OPEN SCAPULAR	$9.30	$8.10	$9.30	$8.10	N	4
23600			CLTX PROX HUMRL FX W/O MNPJ	$176.67	$150.17	$261.51	$222.29	N	
23600	AA		TREAT CLSD HUMERAL FX W/O MANI	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
23605			CLTX PRX HMRL FX MNPJ+-TRACT	$244.58	$207.89	$387.78	$329.62	N	
23605	AA		TREAT CLSD HUMERAL FRAC WITH M	$9.30	$8.10	$9.30	$8.10	N	3
23615			OPTX PROX HUMRL FX W/INT FIX	$445.68	$378.82	$643.72	$547.16	N	
23615	AA		OPEN TREAT CLSD/OPEN HUMERAL F	$9.30	$8.10	$9.30	$8.10	N	4
23616			OPTX PRX HMRL FX FIX RPR RPL	$616.94	$524.40	$1,261.57	$1,072.33	N	
23616	AA		TREAT HUMERAL FRACTURE PROSTHE	$9.30	$8.10	$9.30	$8.10	N	5
23620			CLTX GR HMRL TBRS FX WO MNPJ	$143.69	$122.14	$210.50	$178.93	N	
23620	AA		TREAT CLSD GTR TUBEROSITY FX	$9.30	$8.10	$9.30	$8.10	N	3
23625			CLTX GR HMRL TBRS FX W/MNPJ	$199.60	$169.66	$311.66	$264.91	N	
23625	AA		TREAT CLSD GREATER TUBEROSITY	$9.30	$8.10	$9.30	$8.10	N	3
23630			OPTX GR HMRL TBRS FX INT FIX	$395.91	$336.52	$495.18	$420.90	N	
23630	AA		OPEN TREAT CLSD/OPEN GREATER T	$9.30	$8.10	$9.30	$8.10	N	3
23650			CLTX SHO DSLC W/MNPJ WO ANES	$35.08	$29.82	$243.97	$207.37	N	
23655			CLTX SHO DSLC W/MNPJ W/ANES	$210.41	$178.85	$306.36	$260.41	N	
23655	AA		TREAT CLSD SHOULDER DISLOC W/M	$9.30	$8.10	$9.30	$8.10	N	4
23660			OPTX ACUTE SHOULDER DISLC	$297.99	$253.29	$491.71	$417.96	N	
23660	AA		OPEN TREAT CLSD/OPEN SHOULDER	$9.30	$8.10	$9.30	$8.10	N	5
23665			CLTX SHO DSLC FX GR HMRL TBR	$227.52	$193.39	$343.48	$291.96	N	
23665	AA		TREAT SHOULDER DISLOC FRAC W/M	$9.30	$8.10	$9.30	$8.10	N	3
23670			OPTX SHO DISLC FX	$440.60	$374.51	$522.01	$443.71	N	
23670	AA		OPEN TREAT CLSD/OPEN W/FRAC OF	$9.30	$8.10	$9.30	$8.10	N	5
23675			CLTX SHO DISLC NECK FX MNPJ	$286.26	$243.32	$453.18	$385.21	N	
23675	AA		TREAT CLSD SHOULDER DISLOC/SUR	$9.30	$8.10	$9.30	$8.10	N	3
23680			OPTX SHO DISLC NECK FX FIXJ	$469.01	$398.66	$644.92	$548.18	N	
23680	AA		OPEN TREAT SHOULDER DISLO/SURG	$9.30	$8.10	$9.30	$8.10	N	5
23700			MNPJ ANES SHO JT FIXJ APRATS	$99.49	$84.57	$166.62	$141.63	N	
23700	AA		FIXATION OF SHOULDER MANIPULAT	$9.30	$8.10	$9.30	$8.10	N	4
23800			ARTHRODESIS GLENOHUMERAL JT	$515.70	$438.35	$870.64	$740.04	N	
23800	AA		ARTHRODESIS SHOULDER JOINT W/W	$9.30	$8.10	$9.30	$8.10	N	5
23802			ARTHRD GLENOHUMERAL JT W/GRF	$643.68	$547.12	$949.98	$807.48	N	
23802	AA		ARTHRODESIS SHOULDER JOINT W/P	$9.30	$8.10	$9.30	$8.10	N	5
23900			INTERTHORACOSCPLR AMPUTATION	$691.27	$587.58	$1,114.73	$947.52	N	
23900	AA		AMPUTATION OF ARM & GIRDLE	$9.30	$8.10	$9.30	$8.10	N	10
23920			DISARTICULATION SHOULDER	$563.67	$479.12	$871.49	$740.76	N	
23920	AA		AMPUTATION AT SHOULDER JOINT	$9.30	$8.10	$9.30	$8.10	N	8
23921			DISARTICULATION SHO SEC CLSR	$241.48	$205.25	$368.98	$313.63	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
23921	AA		AMPUTATION FOLLOW-UP SURGERY	$9.30	$8.10	$9.30	$8.10	N	3
23929			UNLISTED PROCEDURE SHOULDER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
23930			I&D UPR A/E DP ABSC/HMTMA	$179.89	$152.90	$320.74	$272.63	N	
23930	AA		DRAINAGE OF ARM LESION	$9.30	$8.10	$9.30	$8.10	N	3
23931			I&D UPR A/E BURSA	$30.22	$25.69	$266.04	$226.13	N	
23931	AA		DRAINAGE OF ARM BURSA	$9.30	$8.10	$9.30	$8.10	N	3
23935			INC DP OPN B1 CRTX HUM/ELBW	$262.69	$223.29	$424.42	$360.75	N	
23935	AA		DRAIN ARM/ELBOW BONE LESION	$9.30	$8.10	$9.30	$8.10	N	3
24000			ARTHRT ELBW EXPL DRG/RMVL FB	$245.34	$208.53	$396.55	$337.07	N	
24000	AA		EXPLORATORY ELBOW SURGERY	$9.30	$8.10	$9.30	$8.10	N	3
24006			ARTHRT ELBW CAPSL EXC RLS	$362.68	$308.27	$601.94	$511.65	N	
24006	AA		ARTHROTOMY,ELBOW W.CAP.EXCIS.	$9.30	$8.10	$9.30	$8.10	N	3
24065			BIOPSY ARM/ELBOW SOFT TISSUE	$25.89	$22.00	$180.03	$153.03	N	
24065	AA		BIOPSY ARM/ELBOW SOFT TISSUE	$9.30	$8.10	$9.30	$8.10	N	4
24066			BIOPSY ARM/ELBOW SOFT TISSUE:	$63.63	$54.08	$492.01	$418.21	N	
24066	AA		BIOPSY ARM/ELBOW SOFT TISSUE:	$9.30	$8.10	$9.30	$8.10	N	3
24071			BIOPSY, SOFT TISSUE OF UPPER A	$204.89	$174.15	$204.89	$174.15	N	
24071	AA		BIOPSY, SOFT TISSUE OF UPPER A	$9.30	$8.10	$9.30	$8.10	N	3
24073			BIOPSY, SOFT TISSUE OF UPPER A	$348.69	$296.38	$348.69	$296.38	N	
24073	AA		BIOPSY, SOFT TISSUE OF UPPER A	$9.30	$8.10	$9.30	$8.10	N	3
24075			REMOVE ARM/ELBOW LESION	$265.36	$225.55	$390.19	$331.66	N	
24075	AA		REMOVE ARM/ELBOW LESION	$9.30	$8.10	$9.30	$8.10	N	3
24076			REMOVE ARM/ELBOW LESION:DEEP S	$277.33	$235.73	$392.14	$333.32	N	
24076	AA		REMOVE ARM/ELBOW LESION:DEEP S	$9.30	$8.10	$9.30	$8.10	N	3
24077			RAD RESCJ TUM TISS A/E <5CM	$511.36	$434.66	$685.24	$582.45	N	
24077	AA		RAD TUMOR RESECT,SFT TISS/ARM-	$9.30	$8.10	$9.30	$8.10	N	3
24079			RAD RESCJ TUM TISS A/E 5 CM+	$660.36	$561.30	$660.36	$561.30	N	
24079	AA		RADICAL RESECTION OF TUMOR (EG	$9.30	$8.10	$9.30	$8.10	N	3
24100			ARTHRT ELBW SYNOVIAL BX ONLY	$216.02	$183.62	$334.34	$284.19	N	
24100	AA		ARTHROTOMY,ELBOW:FOR SYNOVIAL	$9.30	$8.10	$9.30	$8.10	N	3
24101			ARTHRT ELBW JT EXPL BX RMVL	$257.86	$219.18	$425.77	$361.90	N	
24101	AA		EXPLORE/TREAT ELBOW JOINT	$9.30	$8.10	$9.30	$8.10	N	3
24102			ARTHRT ELBOW W/SYNOVECTOMY	$313.85	$266.77	$526.25	$447.31	N	
24102	AA		REMOVE ELBOW JOINT LINING	$9.30	$8.10	$9.30	$8.10	N	3
24105			EXCISION OLECRANON BURSA	$186.70	$158.69	$281.10	$238.94	N	
24105	AA		REMOVAL OF ELBOW BURSA	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
24110			EXC/CURTG B1 CST/B9 TUM HUM	$301.79	$256.52	$497.75	$423.09	N	
24110	AA		REMOVE HUMERUS LESION	$9.30	$8.10	$9.30	$8.10	N	4
24115			EXC/CRTG B1 CST/TUM HUM AGRF	$373.60	$317.56	$598.75	$508.94	N	
24115	AA		REMOVE HUMERUS LESI ON W/PRIMA	$9.30	$8.10	$9.30	$8.10	N	4
24116			EXC/CRTG B1 CST/TUM HUM ALGR	$433.15	$368.18	$742.02	$630.71	N	
24116	AA		REMOVE HUMERUS LESION W/HOMOGE	$9.30	$8.10	$9.30	$8.10	N	4
24120			EXC/CRTG B1 CST/B9 TUM RDS	$273.08	$232.12	$443.94	$377.35	N	
24120	AA		REMOVE ELBOW LESION	$9.30	$8.10	$9.30	$8.10	N	4
24125			EXC/CRTG B1 CST/TUM RDS AGRF	$317.66	$270.01	$490.11	$416.60	N	
24125	AA		EXCISION BONE CYST HEAD/NECK R	$9.30	$8.10	$9.30	$8.10	N	4
24126			EXC/CRTG B1 CST/TUM RDS ALGR	$331.41	$281.69	$535.52	$455.19	N	
24126	AA		EXCISION BONE CYST HEAD/NECK R	$9.30	$8.10	$9.30	$8.10	N	4
24130			EXCISION RADIAL HEAD	$262.82	$223.40	$432.91	$367.98	N	
24130	AA		REMOVAL OF HEAD OF RADIUS	$9.30	$8.10	$9.30	$8.10	N	3
24134			SEQUESTRECTOMY SHFT/DSTL HUM	$379.09	$322.22	$657.00	$558.45	N	
24134	AA		REMOVAL OF BONE LEI SON SHAFT	$9.30	$8.10	$9.30	$8.10	N	4
24136			SEQUESTRECTOMY RADIAL H/N	$322.13	$273.81	$538.67	$457.87	N	
24136	AA		REMOVAL LESION/RADIAL HEAD OR	$9.30	$8.10	$9.30	$8.10	N	4
24138			SEQUESTRECTOMY OLECRN PROCES	$351.42	$298.71	$558.39	$474.63	N	
24138	AA		REMOVE ELBOW BONE LESION/OLECR	$9.30	$8.10	$9.30	$8.10	N	4
24140			PARTIAL EXC BONE HUMERUS	$356.74	$303.23	$644.26	$547.62	N	
24140	AA		PARTIAL EXCISION OF BONE/HUME	$9.30	$8.10	$9.30	$8.10	N	4
24145			PRTL EXC BONE RADIAL H/N	$302.91	$257.47	$550.37	$467.81	N	
24145	AA		PARTIAL EXCISION OF RADIAL HEA	$9.30	$8.10	$9.30	$8.10	N	4
24147			PRTL EXC BONE OLECRN PROCESS	$320.92	$272.78	$568.90	$483.57	N	
24147	AA		PARTIAL EXCISION OF BONE/OLECR	$9.30	$8.10	$9.30	$8.10	N	4
24149			RAD RESECTION ELBOW W/CONTRAC	$595.22	$505.93	$912.66	$775.76	N	
24149	AA		RAD RESECTION ELBOW W/CONTRAC	$9.30	$8.10	$9.30	$8.10	N	3
24150			RAD RESCJ TUM DSTL/SHFT HUM	$769.32	$653.92	$827.36	$703.26	N	
24150	AA		EXTENSIVE SURGERY SHAFT OR DIS	$9.30	$8.10	$9.30	$8.10	N	4
24152			RAD RESECTION TUM RADIAL H/N	$671.17	$570.49	$624.06	$530.45	N	
24152	AA		EXTENSIVE SURGERY RADICAL HEAD	$9.30	$8.10	$9.30	$8.10	N	6
24155			RESECTION OF ELBOW JOINT	$429.06	$364.70	$712.58	$605.70	N	
24155	AA		RESECTION OF ELBOW JOINT	$9.30	$8.10	$9.30	$8.10	N	6
24160			RMVL PROSTHHUMRL&ULNAR CMPNT	$125.70	$106.84	$520.06	$442.05	N	
24160	AA		REMOVE ELBOW JOINT IMPLANT	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
24164			REMOVAL PROSTH RADIAL HEAD	$367.27	$312.18	$423.50	$359.98	N	
24164	AA		REMOVE RADIUS HEAD IMPLANT	$9.30	$8.10	$9.30	$8.10	N	3
24200			RMVL FB UPPER ARM/ELBW SUBQ	$112.23	$95.40	$177.58	$150.95	N	
24200	AA		REMOVAL OF ARM FOREIGN BODY	$9.30	$8.10	$9.30	$8.10	N	3
24201			RMVL FB UPPER ARM/ELBW DEEP	$311.24	$264.55	$498.95	$424.11	N	
24201	AA		REMOVAL OF ARM FOREIGN BODY DE	$9.30	$8.10	$9.30	$8.10	N	3
24220			INJECTION PX FOR ELBOW ARTHG	$93.63	$79.59	$166.42	$141.46	N	
24220	AA		INJECTION FOR ELBOW X-RAY	$9.30	$8.10	$9.30	$8.10	N	3
24300			MNPJ ELBOW UNDER ANES	$229.44	$195.02	$331.83	$282.06	N	
24300	AA		MANIPULATE ELBOW UNDER ANESTH	$9.30	$8.10	$9.30	$8.10	N	3
24301			MUSC/TDN TRANSFER UPR A/E 1	$379.62	$322.68	$649.07	$551.71	N	
24301	AA		MUSCLE/TENDON TRANSFER	$9.30	$8.10	$9.30	$8.10	N	4
24305			TENDON LNGTH UPR A/E EA TDN	$295.88	$251.49	$497.51	$422.89	N	
24305	AA		LENGTHEN TENDON,UPPER ARM/ELBO	$9.30	$8.10	$9.30	$8.10	N	4
24310			TNOT OPN ELBW TO SHO EA TDN	$240.41	$204.35	$407.09	$346.02	N	
24310	AA		TENOTOMY,OPEN SINGLE,EACH	$9.30	$8.10	$9.30	$8.10	N	3
24320			TENOPLASTY ELBOW TO SHO 1	$394.70	$335.50	$640.46	$544.39	N	
24320	AA		TENOPLASTY W/MUSCLE TRANSFER/E	$9.30	$8.10	$9.30	$8.10	N	4
24330			FLEXOR-PLASTY ELBOW	$364.11	$309.49	$618.46	$525.69	N	
24330	AA		FLEXOR-PLASTY ELBOW	$9.30	$8.10	$9.30	$8.10	N	3
24331			FLEXOR-PLASTY ELBW W/ADVMNT	$397.16	$337.58	$683.50	$580.98	N	
24331	AA		FLESOR-PLASTY ELBOW/EXTENSOR A	$9.30	$8.10	$9.30	$8.10	N	3
24332			TENOLYSIS, TRICEPS	$314.68	$267.48	$501.90	$426.62	N	
24332	AA		TENOLYSIS, TRICEPS	$9.30	$8.10	$9.30	$8.10	N	3
24340			TENODESIS BICEPS TDN AT ELBW	$308.26	$262.02	$526.78	$447.76	N	
24340	AA		TENODESIS FOR RUPTURE OF BICEP	$9.30	$8.10	$9.30	$8.10	N	3
24341			RPR TDN/MUSC UPR A/E EACH	$381.47	$324.25	$558.98	$475.14	N	
24341	AA		REP TEND/MUS UPPERARM OR ELBOW	$9.30	$8.10	$9.30	$8.10	N	5
24342			REINSERTION RUPTURED BICEPS TE	$391.03	$332.38	$679.49	$577.56	N	
24342	AA		REINSERTION RUPTURED BICEPS TE	$9.30	$8.10	$9.30	$8.10	N	3
24343			REP LAT COLLATERAL LIGAMENT	$365.18	$310.40	$592.57	$503.68	N	
24343	AA		REP LAT COLLATERAL LIGAMENT	$9.30	$8.10	$9.30	$8.10	N	3
24344			RECONSTRUCT LAT COLL LIG ELBOW	$557.31	$473.71	$903.54	$768.01	N	
24344	AA		RECONSTRUCT LAT COLL LIG ELBOW	$9.30	$8.10	$9.30	$8.10	N	3
24345			REP MED COLLAT LIG ELBOW	$361.62	$307.37	$588.46	$500.19	N	
24345	AA		REP MED COLLAT LIG ELBOW	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
24346			RECONSTUCT MED COLLAT LIG ELBO	$557.31	$473.71	$896.54	$762.06	N	
24346	AA		RECONSTUCT MED COLLAT LIG ELBO	$9.30	$8.10	$9.30	$8.10	N	3
24357			TENOTOMY, ELBOW, LATERAL OR ME	$210.76	$179.15	$352.48	$299.61	N	
24357	AA		TENOTOMY, ELBOW, LATERAL OR ME	$9.30	$8.10	$9.30	$8.10	N	4
24358			TENOTOMY, ELBOW, LATERAL OR ME	$271.75	$230.99	$412.96	$351.02	N	
24358	AA		TENOTOMY, ELBOW, LATERAL OR ME	$9.30	$8.10	$9.30	$8.10	N	4
24359			TENOTOMY, ELBOW, LATERAL OR ME	$337.02	$286.46	$504.58	$428.89	N	
24359	AA		TENOTOMY, ELBOW, LATERAL OR ME	$9.30	$8.10	$9.30	$8.10	N	4
24360			ARTHROPLASTY ELBOW WITH MEMBRA	$454.91	$386.67	$772.35	$656.50	N	
24360	AA		ARTHROPLASTY ELBOW WITH MEMBRA	$9.30	$8.10	$9.30	$8.10	N	3
24361			ARTHROPALSTY W/DIST AL HUMERAL	$506.86	$430.83	$868.86	$738.53	N	
24361	AA		ARTHROPALSTY W/DIST AL HUMERAL	$9.30	$8.10	$9.30	$8.10	N	3
24362			ARTHROPLASTY /IMPLANT/FASCIA L	$532.54	$452.66	$891.71	$757.96	N	
24362	AA		ARTHROPLASTY /IMPLANT/FASCIA L	$9.30	$8.10	$9.30	$8.10	N	3
24363			ARTHROPLASTY W/DISTAL HUMERUS/	$722.78	$614.36	$1,139.01	$968.16	N	
24363	AA		ARTHROPLASTY W/DISTAL HUMERUS/	$9.30	$8.10	$9.30	$8.10	N	3
24365			ARTHROPLASTY RADIAL HEAD	$325.97	$277.07	$551.53	$468.80	N	
24365	AA		ARTHROPLASTY RADIAL HEAD	$9.30	$8.10	$9.30	$8.10	N	3
24366			ARTHROPLASTY RADIAL HEAD WITH	$345.61	$293.76	$589.71	$501.26	N	
24366	AA		ARTHROPLASTY RADIAL HEAD WITH	$9.30	$8.10	$9.30	$8.10	N	3
24370			REVISE RECONST ELBOW JOINT	$766.16	$651.23	$766.16	$651.23	N	
24370	AA		REVISE RECONST ELBOW JOINT	$9.30	$8.10	$9.30	$8.10	N	4
24371			REVISE RECONST ELBOW JOINT	$877.68	$746.02	$877.68	$746.02	N	
24371	AA		REVISE RECONST ELBOW JOINT	$9.30	$8.10	$9.30	$8.10	N	4
24400			OSTEOTOMY HUMERUS W/WO INTERNA	$418.50	$355.72	$707.00	$600.95	N	
24400	AA		OSTEOTOMY HUMERUS W/WO INTERNA	$9.30	$8.10	$9.30	$8.10	N	5
24410			MULT OSTEOTOMIES W/REALIGN ON	$531.76	$452.00	$894.61	$760.42	N	
24410	AA		MULT OSTEOTOMIES W/REALIGN ON	$9.30	$8.10	$9.30	$8.10	N	3
24420			OSTEOPLASTY HUMERUS/SHORTENING	$534.64	$454.44	$846.98	$719.93	N	
24420	AA		OSTEOPLASTY HUMERUS/SHORTENING	$9.30	$8.10	$9.30	$8.10	N	5
24430			REPAIR NONUNION OR MALUNION HU	$530.45	$450.88	$801.09	$680.92	N	
24430	AA		REPAIR NONUNION OR MALUNION HU	$9.30	$8.10	$9.30	$8.10	N	5
24435			REPAIR HUMERUS W/ILIAC OR OTHE	$544.17	$462.54	$852.92	$724.98	N	
24435	AA		REPAIR HUMERUS W/ILIAC OR OTHE	$9.30	$8.10	$9.30	$8.10	N	4
24470			HEMIEPIPHYSEAL ARREST	$341.78	$290.51	$582.30	$494.96	N	
24470	AA		HEMIEPIPHYSEAL ARREST	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
24495			DECOMPRESSION FASCIOTOMY FOREA	$461.47	$392.25	$579.72	$492.76	N	
24495	AA		DECOMPRESSION FASCIOTOMY FOREA	$9.30	$8.10	$9.30	$8.10	N	3
24498			PROPHYLACTIC TREAT...HUMERUS	$434.97	$369.72	$752.24	$639.40	N	
24498	AA		PROPHYLACTIC TREAT...HUMERUS	$9.30	$8.10	$9.30	$8.10	N	5
24500			TREAT CLSD HUM SHFT FX W/MANIP	$191.35	$162.65	$281.14	$238.97	N	
24500	AA		TREAT CLSD HUM SHFT FX W/MANIP	$9.30	$8.10	$9.30	$8.10	N	3
24505			TREAT CLSD HUMERAL SHAFT FRAC	$262.40	$223.04	$414.01	$351.91	N	
24505	AA		TREAT CLSD HUMERAL SHAFT FRAC	$9.30	$8.10	$9.30	$8.10	N	3
24515			OPEN TREAT CLSD/OPEN HUMERAL S	$444.51	$377.83	$746.59	$634.60	N	
24515	AA		OPEN TREAT CLSD/OPEN HUMERAL S	$9.30	$8.10	$9.30	$8.10	N	4
24516			OPEN TREAT CLSD/OPEN HUMERAL S	$432.36	$367.51	$737.43	$626.82	N	
24516	AA		OPEN TREAT CLSD/OPEN HUMERAL S	$9.30	$8.10	$9.30	$8.10	N	4
24530			TRT CLSD SUPRACOND/TRANSCON FX	$201.75	$171.49	$304.26	$258.62	N	
24530	AA		TRT CLSD SUPRACOND/TRANSCON FX	$9.30	$8.10	$9.30	$8.10	N	3
24535			TREAT CLSD SUPRECONDYLAR/TRANS	$322.36	$274.01	$518.39	$440.63	N	
24535	AA		TREAT CLSD SUPRECONDYLAR/TRANS	$9.30	$8.10	$9.30	$8.10	N	3
24538			TREAT SUPRA/TRANSCONDYLAR FRAC	$399.82	$339.84	$642.42	$546.06	N	
24538	AA		TREAT SUPRA/TRANSCONDYLAR FRAC	$9.30	$8.10	$9.30	$8.10	N	3
24545			OPEN TREAT SUPRA/TRANSCONDYLAR	$468.19	$397.96	$671.17	$570.49	N	
24545	AA		OPEN TREAT SUPRA/TRANSCONDYLAR	$9.30	$8.10	$9.30	$8.10	N	4
24546			OPEN TREAT SUPRA/TRANSCONDYLAR	$521.99	$443.69	$961.10	$816.94	N	
24546	AA		OPEN TREAT SUPRA/TRANSCONDYLAR	$9.30	$8.10	$9.30	$8.10	N	4
24560			TREAT CLSD EPICON FX,W/O MANIP	$175.84	$149.46	$253.85	$215.77	N	
24560	AA		TREAT CLSD EPICON FX,W/O MANIP	$9.30	$8.10	$9.30	$8.10	N	3
24565			TREAT CLSD EPICONDYLAR FRAC,ME	$281.86	$239.58	$427.86	$363.68	N	
24565	AA		TREAT CLSD EPICONDYLAR FRAC,ME	$9.30	$8.10	$9.30	$8.10	N	3
24566			TREATMT FOR EPICONDYLAR FRACTR	$368.13	$312.91	$561.88	$477.60	N	
24566	AA		TREATMT FOR EPICONDYLAR FRACTR	$9.30	$8.10	$9.30	$8.10	N	3
24575			OPEN TREAT CLSD/OPEN EPICONDYL	$373.08	$317.11	$676.98	$575.43	N	
24575	AA		OPEN TREAT CLSD/OPEN EPICONDYL	$9.30	$8.10	$9.30	$8.10	N	4
24576			TRT CLSD CONDYLAR FX W/O MANIP	$186.12	$158.20	$265.83	$225.96	N	
24576	AA		TRT CLSD CONDYLAR FX W/O MANIP	$9.30	$8.10	$9.30	$8.10	N	3
24577			TREAT CLSD CONDYLAR FRAC WITH	$289.92	$246.43	$446.58	$379.60	N	
24577	AA		TREAT CLSD CONDYLAR FRAC WITH	$9.30	$8.10	$9.30	$8.10	N	3
24579			OPEN TREAT CLSD/OPEN CONDYLAR	$423.01	$359.55	$726.35	$617.40	N	
24579	AA		OPEN TREAT CLSD/OPEN CONDYLAR	$9.30	$8.10	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
24582			TREATMT FOR HUMER CONDYL FRCTR	$416.56	$354.08	$623.79	$530.22	N	
24582	AA		TREATMT FOR HUMER CONDYL FRCTR	$9.30	$8.10	$9.30	$8.10	N	3
24586			OPEN TREAT CLSD/OPEN ELBOW FRA	$543.34	$461.84	$940.22	$799.18	N	
24586	AA		OPEN TREAT CLSD/OPEN ELBOW FRA	$9.30	$8.10	$9.30	$8.10	N	4
24587			OPEN TREAT CLSD/OPEN ELBOW FRA	$545.64	$463.79	$927.97	$788.77	N	
24587	AA		OPEN TREAT CLSD/OPEN ELBOW FRA	$9.30	$8.10	$9.30	$8.10	N	4
24600			TREAT CLSD/ELBOW DISLOCATION W	$197.42	$167.80	$313.42	$266.40	N	
24605			TREAT CLSD ELBOW DISLOCATION R	$245.47	$208.65	$379.85	$322.87	N	
24605	AA		TREAT CLSD ELBOW DISLOCATION R	$9.30	$8.10	$9.30	$8.10	N	3
24615			OPEN TREATMENT OF CLOSED/OPEN	$361.38	$307.17	$610.74	$519.13	N	
24615	AA		OPEN TREATMENT OF CLOSED/OPEN	$9.30	$8.10	$9.30	$8.10	N	3
24620			TREAT CLSD MONTEGGIA TYPE FRAC	$302.36	$257.01	$464.68	$394.98	N	
24620	AA		TREAT CLSD MONTEGGIA TYPE FRAC	$9.30	$8.10	$9.30	$8.10	N	3
24635			OPEN TREAT CLSD/OPEN FRAC DISL	$345.34	$293.54	$703.76	$598.20	N	
24635	AA		OPEN TREAT CLSD/OPEN FRAC DISL	$9.30	$8.10	$9.30	$8.10	N	4
24640			TREAT HEAD SUBLUXATION IN CHIL	NA	NA	$103.44	$87.92	N	
24640	AA		TREAT HEAD SUBLUXATION IN CHIL	NA	NA	$9.30	$8.10	N	3
24650			TRT CLSD HEAD/NECK FX W/O MANI	$140.88	$119.75	$207.21	$176.13	N	
24650	AA		TRT CLSD HEAD/NECK FX W/O MANI	$9.30	$8.10	$9.30	$8.10	N	3
24655			TREAT CLSD RADIAL HEAD/NECK FR	$235.05	$199.79	$362.01	$307.71	N	
24655	AA		TREAT CLSD RADIAL HEAD/NECK FR	$9.30	$8.10	$9.30	$8.10	N	3
24665			OPEN TREAT CLSD/OPEN RADIAL HE	$335.81	$285.44	$554.14	$471.02	N	
24665	AA		OPEN TREAT CLSD/OPEN RADIAL HE	$9.30	$8.10	$9.30	$8.10	N	3
24666			OPEN TREAT RADIAL HEAD/NECK FR	$371.55	$315.81	$622.02	$528.72	N	
24666	AA		OPEN TREAT RADIAL HEAD/NECK FR	$9.30	$8.10	$9.30	$8.10	N	4
24670			TRT ULNAR FX,PROX END W/0 MANI	$155.09	$131.83	$232.19	$197.36	N	
24670	AA		TRT ULNAR FX,PROX END W/0 MANI	$9.30	$8.10	$9.30	$8.10	N	3
24675			TREAT ULNAR FRAC,PROXIMAL END	$239.32	$203.42	$377.06	$320.50	N	
24675	AA		TREAT ULNAR FRAC,PROXIMAL END	$9.30	$8.10	$9.30	$8.10	N	3
24685			OPEN TREAT ULNAR FRAC,PROXIMAL	$333.08	$283.11	$578.59	$491.80	N	
24685	AA		OPEN TREAT ULNAR FRAC,PROXIMAL	$9.30	$8.10	$9.30	$8.10	N	3
24800			FUSION OF ELBOW JOINT	$421.64	$358.39	$699.14	$594.27	N	
24800	AA		FUSION OF ELBOW JOINT	$9.30	$8.10	$9.30	$8.10	N	3
24802			FUSION/GRAFT OF ELBOW JOINT	$504.25	$428.61	$855.35	$727.05	N	
24802	AA		FUSION/GRAFT OF ELBOW JOINT	$9.30	$8.10	$9.30	$8.10	N	3
24900			AMPUTATION OF UPPER ARM W/PRIM	$387.12	$329.05	$588.58	$500.30	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
24900	AA		AMPUTATION OF UPPER ARM W/PRIM	$9.30	$8.10	$9.30	$8.10	N	4
24920			AMPUTATION UPPER ARM:OPEN,FLAP	$371.20	$315.52	$584.98	$497.23	N	
24920	AA		AMPUTATION UPPER ARM:OPEN,FLAP	$9.30	$8.10	$9.30	$8.10	N	4
24925			AMPUTATION UPPER ARM SECONDARY	$58.18	$49.45	$463.82	$394.25	N	
24925	AA		AMPUTATION UPPER ARM SECONDARY	$9.30	$8.10	$9.30	$8.10	N	3
24930			REAMPUTATION UPPER ARM	$390.83	$332.21	$619.06	$526.20	N	
24930	AA		REAMPUTATION UPPER ARM	$9.30	$8.10	$9.30	$8.10	N	4
24931			AMPUTATE UPPER ARM & IMPLANT	$468.00	$397.80	$652.08	$554.27	N	
24931	AA		AMPUTATE UPPER ARM & IMPLANT	$9.30	$8.10	$9.30	$8.10	N	4
24935			STUMP ELONGATION/REVISION UPPE	$612.03	$520.22	$827.00	$702.95	N	
24935	AA		STUMP ELONGATION/REVISION UPPE	$9.30	$8.10	$9.30	$8.10	N	3
24940			CINEPLASTY UPPER EXTREMITY,COM	$431.00	$367.00	$1,251.97	$1,064.17	N	
24940	AA		CINEPLASTY UPPER EXTREMITY,COM	$9.30	$8.10	$9.30	$8.10	N	4
24999			UNLISTED PX HUMERUS/ELBOW	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
25000			TENDON SHEATH INCISION: AT RAD	$179.50	$152.57	$355.13	$301.86	N	
25000	AA		TENDON SHEATH INCISION: AT RAD	$9.30	$8.10	$9.30	$8.10	N	3
25001			INCIS FLEX TENDON SHEATH WRIST	$181.10	$153.93	$266.63	$226.64	N	
25001	AA		INCIS FLEX TENDON SHEATH WRIST	$9.30	$8.10	$9.30	$8.10	N	3
25020			DECOMPRESSION FASCIOTOMY FLEXO	$370.98	$315.33	$539.66	$458.71	N	
25020	AA		DECOMPRESSION FASCIOTOMY FLEXO	$9.30	$8.10	$9.30	$8.10	N	3
25023			DECOMPRESSION FASCIOTOMY FOREA	$656.08	$557.66	$977.28	$830.69	N	
25023	AA		DECOMPRESSION FASCIOTOMY FOREA	$9.30	$8.10	$9.30	$8.10	N	3
25024			DECOMP FASCIOTOMY FOREARM/WRIS	$392.78	$333.86	$594.31	$505.17	N	
25024	AA		DECOMP FASCIOTOMY FOREARM/WRIS	$9.30	$8.10	$9.30	$8.10	N	3
25025			DECOMP FASCIOTOMY FOREARM/WRIS	$614.81	$522.58	$915.34	$778.04	N	
25025	AA		DECOMP FASCIOTOMY FOREARM/WRIS	$9.30	$8.10	$9.30	$8.10	N	3
25028			INCISION/DRAINAGE:DEEP ABSCESS	$347.21	$295.13	$467.10	$397.04	N	
25028	AA		INCISION/DRAINAGE:DEEP ABSCESS	$9.30	$8.10	$9.30	$8.10	N	3
25031			INCISION/DRAINAGE INFECTED BUR	$38.05	$32.34	$365.29	$310.50	N	
25031	AA		INCISION/DRAINAGE INFECTED BUR	$9.30	$8.10	$9.30	$8.10	N	3
25035			INCISION:DEEP W/OPENING OF COR	$300.70	$255.60	$610.47	$518.90	N	
25035	AA		INCISION:DEEP W/OPENING OF COR	$9.30	$8.10	$9.30	$8.10	N	3
25040			EXPLORE/TREAT WRIST JOINT	$284.93	$242.19	$508.99	$432.64	N	
25040	AA		EXPLORE/TREAT WRIST JOINT	$9.30	$8.10	$9.30	$8.10	N	3
25065			BIOPSY SOFT TISSUES: SUPERFICI	$25.53	$21.70	$176.94	$150.40	N	
25065	AA		BIOPSY SOFT TISSUES: SUPERFICI	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
25066			BIOPSY FOREARM SOFT TISSUES: D	$191.10	$162.43	$375.93	$319.54	N	
25066	AA		BIOPSY FOREARM SOFT TISSUES: D	$9.30	$8.10	$9.30	$8.10	N	3
25071			BIOPSY, SOFT TISSUE OF FOREARM	$214.72	$182.51	$214.72	$182.51	N	
25071	AA		BIOPSY, SOFT TISSUE OF FOREARM	$9.30	$8.10	$9.30	$8.10	N	3
25073			BIOPSY, SOFT TISSUE OF FOREARM	$272.71	$231.80	$272.71	$231.80	N	
25073	AA		BIOPSY, SOFT TISSUE OF FOREARM	$9.30	$8.10	$9.30	$8.10	N	3
25075			EXCISE SUBCUTANEOUS TUMOR	$259.22	$220.33	$334.67	$284.47	N	
25075	AA		EXCISE SUBCUTANEOUS TUMOR	$9.30	$8.10	$9.30	$8.10	N	3
25076			EXCISE TUMOR,DEEP	$264.70	$224.99	$501.76	$426.50	N	
25076	AA		EXCISE TUMOR,DEEP	$9.30	$8.10	$9.30	$8.10	N	3
25077			RAD RESECT TUMOR/SFT TISS FORE	$429.62	$365.18	$761.38	$647.18	N	
25077	AA		RAD RESECT TUMOR/SFT TISS FORE	$9.30	$8.10	$9.30	$8.10	N	3
25078			RADICAL RESECTION OF TUMOR (EG	$582.62	$495.23	$582.62	$495.23	N	
25078	AA		RADICAL RESECTION OF TUMOR (EG	$9.30	$8.10	$9.30	$8.10	N	3
25085			INCISION OF WRIST CAPSULE	$230.24	$195.70	$440.91	$374.78	N	
25085	AA		INCISION OF WRIST CAPSULE	$9.30	$8.10	$9.30	$8.10	N	3
25100			BIOPSY OF WRIST JOINT	$180.81	$153.69	$319.88	$271.90	N	
25100	AA		BIOPSY OF WRIST JOINT	$9.30	$8.10	$9.30	$8.10	N	3
25101			EXPLORE/TREAT WRIST JOINT W/WO	$209.36	$177.95	$370.62	$315.02	N	
25101	AA		EXPLORE/TREAT WRIST JOINT W/WO	$9.30	$8.10	$9.30	$8.10	N	3
25105			REMOVE WRIST JOINT LINING	$250.37	$212.81	$460.14	$391.12	N	
25105	AA		REMOVE WRIST JOINT LINING	$9.30	$8.10	$9.30	$8.10	N	3
25107			ARTHROTOMY, COMPLEX	$317.54	$269.90	$515.83	$438.46	N	
25107	AA		ARTHROTOMY, COMPLEX	$9.30	$8.10	$9.30	$8.10	N	3
25109			EXCISE TENDON FOREARM/WRIST	$274.54	$233.35	$402.22	$341.88	N	
25109	AA		EXCISE TENDON FOREARM/WRIST	$9.30	$8.10	$9.30	$8.10	N	3
25110			EXCISION,LESION OF TENDON SHEA	$178.61	$151.81	$357.06	$303.50	N	
25110	AA		EXCISION,LESION OF TENDON SHEA	$9.30	$8.10	$9.30	$8.10	N	3
25111			EXCISION GANGLION:WRIST,PRIMAR	$168.81	$143.48	$282.30	$239.96	N	
25111	AA		EXCISION GANGLION:WRIST,PRIMAR	$9.30	$8.10	$9.30	$8.10	N	3
25112			EXCISION, GANGLION: WRIST/REC	$201.72	$171.46	$342.37	$291.01	N	
25112	AA		EXCISION, GANGLION: WRIST/REC	$9.30	$8.10	$9.30	$8.10	N	3
25115			RADICAL EXCISE BURSA,WRIST/FOR	$385.63	$327.78	$792.44	$673.57	N	
25115	AA		RADICAL EXCISE BURSA,WRIST/FOR	$9.30	$8.10	$9.30	$8.10	N	3
25116			RADICAL EXCISE BURSA,WRIST/FOR	$309.71	$263.25	$628.81	$534.49	N	
25116	AA		RADICAL EXCISE BURSA,WRIST/FOR	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
25118			SYNOVECTOMY TENDON WRIST,SINGL	$197.83	$168.15	$353.34	$300.34	N	
25118	AA		SYNOVECTOMY TENDON WRIST,SINGL	$9.30	$8.10	$9.30	$8.10	N	3
25119			SYNOVECTOMY TENDON,WRIST W/RES	$257.59	$218.95	$477.51	$405.89	N	
25119	AA		SYNOVECTOMY TENDON,WRIST W/RES	$9.30	$8.10	$9.30	$8.10	N	3
25120			EXCISION BONE CYST/BENIGN TUMO	$257.22	$218.64	$519.75	$441.79	N	
25120	AA		EXCISION BONE CYST/BENIGN TUMO	$9.30	$8.10	$9.30	$8.10	N	3
25125			EXCISE BONE CYST OF RADIUS/ULN	$304.24	$258.60	$616.32	$523.87	N	
25125	AA		EXCISE BONE CYST OF RADIUS/ULN	$9.30	$8.10	$9.30	$8.10	N	4
25126			EXCISE BONE CYST OF RADIUS/ULN	$306.21	$260.27	$622.17	$528.84	N	
25126	AA		EXCISE BONE CYST OF RADIUS/ULN	$9.30	$8.10	$9.30	$8.10	N	4
25130			EXCISE BONE CYST/BENIGN TUMOR	$232.84	$197.91	$408.10	$346.88	N	
25130	AA		EXCISE BONE CYST/BENIGN TUMOR	$9.30	$8.10	$9.30	$8.10	N	4
25135			EXCISE BONE CYST OF CARPAL BON	$287.55	$244.42	$503.11	$427.65	N	
25135	AA		EXCISE BONE CYST OF CARPAL BON	$9.30	$8.10	$9.30	$8.10	N	4
25136			EXCISE BONE CYST OF CARPAL BON	$255.45	$217.13	$443.10	$376.63	N	
25136	AA		EXCISE BONE CYST OF CARPAL BON	$9.30	$8.10	$9.30	$8.10	N	4
25145			SEQUESTRECTOMY: FOREARM BONE A	$267.08	$227.01	$540.36	$459.31	N	
25145	AA		SEQUESTRECTOMY: FOREARM BONE A	$9.30	$8.10	$9.30	$8.10	N	4
25150			PARTIAL REMOVAL,RADIUS/ULNA W/	$290.15	$246.63	$536.72	$456.21	N	
25150	AA		PARTIAL REMOVAL,RADIUS/ULNA W/	$9.30	$8.10	$9.30	$8.10	N	4
25151			PARTIAL REMOVAL OF RADIUS	$298.51	$253.73	$607.76	$516.60	N	
25151	AA		PARTIAL REMOVAL OF RADIUS	$9.30	$8.10	$9.30	$8.10	N	4
25170			RADICAL RESECTION FOR TUMOR, R	$731.62	$621.87	$917.60	$779.96	N	
25170	AA		RADICAL RESECTION FOR TUMOR, R	$9.30	$8.10	$9.30	$8.10	N	6
25210			CARPECTOMY: ONE BONE	$253.16	$215.18	$444.82	$378.10	N	
25210	AA		CARPECTOMY: ONE BONE	$9.30	$8.10	$9.30	$8.10	N	3
25215			CARPECTOMY: ALL BONES OR PRIXI	$316.21	$268.78	$582.15	$494.83	N	
25215	AA		CARPECTOMY: ALL BONES OR PRIXI	$9.30	$8.10	$9.30	$8.10	N	3
25230			RADIAL STYLOIDECTOMY	$223.03	$189.57	$397.35	$337.75	N	
25230	AA		RADIAL STYLOIDECTOMY	$9.30	$8.10	$9.30	$8.10	N	3
25240			EXCISION DISTAL ULNA	$221.41	$188.20	$423.53	$360.00	N	
25240	AA		EXCISION DISTAL ULNA	$9.30	$8.10	$9.30	$8.10	N	3
25246			INJECTION FOR WRIST X-RAY	$95.18	$80.90	$165.55	$140.72	N	
25246	AA		INJECTION FOR WRIST X-RAY	$9.30	$8.10	$9.30	$8.10	N	3
25248			REMOVE FOREARM FOREIGN BODY	$213.38	$181.37	$430.10	$365.59	N	
25248	AA		REMOVE FOREARM FOREIGN BODY	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
25250			REMOVAL OF WRIST PROSTHESIS	$273.28	$232.29	$273.28	$232.29	N	
25250	AA		REMOVAL OF WRIST PROSTHESIS	$9.30	$8.10	$9.30	$8.10	N	3
25251			COMPLICATED,"TOTAL WRIST"	$364.76	$310.04	$608.84	$517.51	N	
25251	AA		COMPLICATED,"TOTAL WRIST"	$9.30	$8.10	$9.30	$8.10	N	3
25259			WRIST MANIPULATION UNDER ANEST	$217.92	$185.23	$331.29	$281.59	N	
25259	AA		WRIST MANIPULATION UNDER ANEST	$9.30	$8.10	$9.30	$8.10	N	3
25260			REP,TEND/MUSC:PRIM,SING:EACH T	$324.80	$276.08	$658.57	$559.78	N	
25260	AA		REP,TEND/MUSC:PRIM,SING:EACH T	$9.30	$8.10	$9.30	$8.10	N	3
25263			REP TEND/MUSC.:SECONDARY..EACH	$64.78	$55.06	$655.25	$556.96	N	
25263	AA		REP TEND/MUSC.:SECONDARY..EACH	$9.30	$8.10	$9.30	$8.10	N	3
25265			REP TEND/MUSC,SECON..W/GRAFT:	$76.49	$65.02	$779.98	$662.98	N	
25265	AA		REP TEND/MUSC,SECON..W/GRAFT:	$9.30	$8.10	$9.30	$8.10	N	3
25270			REPAIR,EXTENSOR:PRIM,SING, EAC	$253.61	$215.57	$512.76	$435.85	N	
25270	AA		REPAIR,EXTENSOR:PRIM,SING, EAC	$9.30	$8.10	$9.30	$8.10	N	3
25272			REPAIR TENDON/MUSCLE,EXTENSOR:	$285.89	$243.01	$579.49	$492.57	N	
25272	AA		REPAIR TENDON/MUSCLE,EXTENSOR:	$9.30	$8.10	$9.30	$8.10	N	3
25274			REP TEN/MUS,EXT...W/GRAFT,EACH	$338.98	$288.13	$696.05	$591.64	N	
25274	AA		REP TEN/MUS,EXT...W/GRAFT,EACH	$9.30	$8.10	$9.30	$8.10	N	3
25275			REP TEND SHEATH EXTEN W/GRAFT	$342.51	$291.13	$564.95	$480.21	N	
25275	AA		REP TEND SHEATH EXTEN W/GRAFT	$9.30	$8.10	$9.30	$8.10	N	3
25280			LENGTHEN/SHORTEN FLEX,SING..EA	$289.16	$245.78	$588.93	$500.59	N	
25280	AA		LENGTHEN/SHORTEN FLEX,SING..EA	$9.30	$8.10	$9.30	$8.10	N	4
25290			TENOTOMY,OPEN,SINGLE...EACH TE	$224.35	$190.69	$457.03	$388.48	N	
25290	AA		TENOTOMY,OPEN,SINGLE...EACH TE	$9.30	$8.10	$9.30	$8.10	N	3
25295			TENOLYSIS,FLEX/EXT,SING,EACH T	$269.83	$229.36	$548.63	$466.34	N	
25295	AA		TENOLYSIS,FLEX/EXT,SING,EACH T	$9.30	$8.10	$9.30	$8.10	N	3
25300			TENODESIS AT WRIST:FLEXORS OF	$351.85	$299.07	$602.47	$512.10	N	
25300	AA		TENODESIS AT WRIST:FLEXORS OF	$9.30	$8.10	$9.30	$8.10	N	3
25301			TENODESIS AT WRIST: EXTENSORS	$327.45	$278.33	$577.48	$490.86	N	
25301	AA		TENODESIS AT WRIST: EXTENSORS	$9.30	$8.10	$9.30	$8.10	N	3
25310			TENDON TRANSPLANT...SING:EACH	$363.19	$308.71	$647.62	$550.48	N	
25310	AA		TENDON TRANSPLANT...SING:EACH	$9.30	$8.10	$9.30	$8.10	N	3
25312			TENDON TRANSPLANT,W/GRAFT..EAC	$364.48	$309.81	$748.26	$636.02	N	
25312	AA		TENDON TRANSPLANT,W/GRAFT..EAC	$9.30	$8.10	$9.30	$8.10	N	4
25315			REVISE PALSY HAND TENDON(S)	$389.14	$330.76	$801.36	$681.16	N	
25315	AA		REVISE PALSY HAND TENDON(S)	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
25316			REVISE PALSY HAND TENDON W/TEN	$461.80	$392.53	$950.67	$808.07	N	
25316	AA		REVISE PALSY HAND TENDON W/TEN	$9.30	$8.10	$9.30	$8.10	N	3
25320			REPAIR/REVISE/RECONSTRUCT WRIS	$503.72	$428.16	$774.86	$658.63	N	
25320	AA		REPAIR/REVISE/RECONSTRUCT WRIS	$9.30	$8.10	$9.30	$8.10	N	3
25332			ARTHROPLASTY WRIST:W/INTERNAL	$427.65	$363.50	$726.27	$617.33	N	
25332	AA		ARTHROPLASTY WRIST:W/INTERNAL	$9.30	$8.10	$9.30	$8.10	N	3
25335			CENTRALIZATION WRIST ON ULNA	$475.70	$404.35	$857.51	$728.89	N	
25335	AA		CENTRALIZATION-WRIST ON ULNA	$9.30	$8.10	$9.30	$8.10	N	5
25337			RECONSTR UNSTAB ULNA/JOINT	$451.65	$383.90	$745.37	$633.56	N	
25337	AA		RECONSTR UNSTAB ULNA/JOINT	$9.30	$8.10	$9.30	$8.10	N	3
25350			REVISION OF RADIUS:DISTAL THIR	$342.72	$291.31	$703.93	$598.34	N	
25350	AA		REVISION OF RADIUS:DISTAL THIR	$9.30	$8.10	$9.30	$8.10	N	3
25355			REVISION OF RADIUS:MIDDLE OR P	$387.43	$329.32	$790.57	$671.98	N	
25355	AA		REVISION OF RADIUS:MIDDLE OR P	$9.30	$8.10	$9.30	$8.10	N	3
25360			REVISION OF ULNA	$333.88	$283.79	$682.13	$579.81	N	
25360	AA		REVISION OF ULNA	$9.30	$8.10	$9.30	$8.10	N	3
25365			REVISE RADIUS & ULNA	$462.13	$392.81	$949.80	$807.33	N	
25365	AA		REVISE RADIUS & ULNA	$9.30	$8.10	$9.30	$8.10	N	3
25370			REVISION,MULTIPLE,RADIUS OR UL	$510.27	$433.73	$980.97	$833.82	N	
25370	AA		REVISION,MULTIPLE,RADIUS OR UL	$9.30	$8.10	$9.30	$8.10	N	3
25375			REVISION,MULTIPLE,RADIUS AND U	$480.28	$408.23	$843.11	$716.64	N	
25375	AA		REVISION,MULTIPLE,RADIUS AND U	$9.30	$8.10	$9.30	$8.10	N	3
25390			SHORTEN RADIUS/ULNA	$389.21	$330.83	$802.07	$681.76	N	
25390	AA		SHORTEN RADIUS/ULNA	$9.30	$8.10	$9.30	$8.10	N	3
25391			LENGTHENING RADIUS/ULNA W/AUTO	$500.89	$425.76	$1,035.24	$879.95	N	
25391	AA		LENGTHENING RADIUS/ULNA W/AUTO	$9.30	$8.10	$9.30	$8.10	N	4
25392			SHORTEN RADIUS & ULNA	$509.57	$433.13	$951.49	$808.77	N	
25392	AA		SHORTEN RADIUS & ULNA	$9.30	$8.10	$9.30	$8.10	N	4
25393			LENGTHENING RADIUS & ULNA W/AU	$565.68	$480.83	$1,165.79	$990.92	N	
25393	AA		LENGTHENING RADIUS & ULNA W/AU	$9.30	$8.10	$9.30	$8.10	N	4
25394			OSTEOPLASTY CARPAL BONE SHORT	$397.43	$337.82	$649.26	$551.87	N	
25394	AA		OSTEOPLASTY CARPAL BONE SHORT	$9.30	$8.10	$9.30	$8.10	N	3
25400			REPAIR RADIUS OR ULNA	$405.22	$344.43	$836.92	$711.38	N	
25400	AA		REPAIR RADIUS OR ULNA	$9.30	$8.10	$9.30	$8.10	N	3
25405			REPAIR/GRAFT RADIUS OR ULNA	$521.79	$443.52	$1,077.76	$916.10	N	
25405	AA		REPAIR/GRAFT RADIUS OR ULNA	$9.30	$8.10	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
25415			REPAIR RADIUS & ULNA	$486.82	$413.80	$1,005.31	$854.51	N	
25415	AA		REPAIR RADIUS & ULNA	$9.30	$8.10	$9.30	$8.10	N	3
25420			REPAIR/GRAFT RADIUS & ULNA	$584.36	$496.70	$1,212.11	$1,030.29	N	
25420	AA		REPAIR/GRAFT RADIUS & ULNA	$9.30	$8.10	$9.30	$8.10	N	3
25425			REPAIR OF DEFECT W/GRAFT:RADIU	$484.70	$411.99	$1,000.32	$850.27	N	
25425	AA		REPAIR OF DEFECT W/GRAFT:RADIU	$9.30	$8.10	$9.30	$8.10	N	3
25426			REPAIR OF DEFECT W/GRAFT:RADIU	$562.41	$478.04	$1,137.72	$967.06	N	
25426	AA		REPAIR OF DEFECT W/GRAFT:RADIU	$9.30	$8.10	$9.30	$8.10	N	3
25430			INSERT VASC PED TO CARPAL BONE	$372.18	$316.35	$579.34	$492.44	N	
25430	AA		INSERT VASC PED TO CARPAL BONE	$9.30	$8.10	$9.30	$8.10	N	3
25431			REP NONUNION CARPAL BONE EACH	$398.92	$339.08	$671.20	$570.52	N	
25431	AA		REP NONUNION CARPAL BONE EACH	$9.30	$8.10	$9.30	$8.10	N	3
25440			REPAIR NONU SCPHD CARPL B1	$389.39	$330.98	$697.50	$592.88	N	
25440	AA		REPAIR/GRAFT WRIST BONE	$9.30	$8.10	$9.30	$8.10	N	3
25441			ARTHRP W/PROSTC DSTL RDS	$472.75	$401.83	$808.62	$687.33	N	
25441	AA		RECONSTRUCT WRIST JOINT: DISTA	$9.30	$8.10	$9.30	$8.10	N	3
25442			ARTHRP W/PROSTC DSTL ULNA	$410.33	$348.78	$689.88	$586.40	N	
25442	AA		RECONSTRUCT WRIST JOINT: DISTA	$9.30	$8.10	$9.30	$8.10	N	3
25443			ARTHRP PROSTC DSTL SCPH CRPL	$397.82	$338.15	$666.88	$566.85	N	
25443	AA		RECONSTRUCT WRIST JOINT: SCAPH	$9.30	$8.10	$9.30	$8.10	N	3
25444			ARTHRP W/PROSTC LUNATE	$419.18	$356.30	$709.76	$603.30	N	
25444	AA		RECONSTRUCT WRIST JOINT: LUNAT	$9.30	$8.10	$9.30	$8.10	N	3
25445			ARTHRP W/PROSTC TRAPEZIUM	$365.78	$310.91	$623.57	$530.03	N	
25445	AA		RECONSTRUCT WRIST JOINT: TRAPE	$9.30	$8.10	$9.30	$8.10	N	3
25446			ARTHRP W/PROSTC DST RDS&CRPS	$587.62	$499.47	$1,000.98	$850.84	N	
25446	AA		RECONSTRUCT WRIST JOINT: DISTA	$9.30	$8.10	$9.30	$8.10	N	10
25447			INTERPOS.ARTHROPLASTY,INTER-CA	$406.25	$345.31	$669.26	$568.87	N	
25447	AA		INTERPOS.ARTHROPLASTY,INTER-CA	$9.30	$8.10	$9.30	$8.10	N	3
25449			REVJ ARTHRP WRIST JOINT	$519.33	$441.43	$885.77	$752.90	N	
25449	AA		REVISE ARTHROPLASTY,REVDVE	$9.30	$8.10	$9.30	$8.10	N	4
25450			EPIPHYSL ARRST DSTL RDS/ULNA	$315.20	$267.92	$546.42	$464.46	N	
25450	AA		EPIPHYSEAL ARREST: DISTAL RADI	$9.30	$8.10	$9.30	$8.10	N	3
25455			EPIPHYSL ARRST DSTL RDS&ULNA	$371.00	$315.35	$645.51	$548.68	N	
25455	AA		EPIPHYSEAL ARREST: DISTAL RADI	$9.30	$8.10	$9.30	$8.10	N	3
25490			PROPHYLACTIC TX RADIUS	$364.69	$309.98	$724.86	$616.13	N	
25490	AA		PROPHYLACTIC TREATMENT,RADIUS	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
25491			PROPHYLACTIC TX ULNA	$374.75	$318.53	$770.34	$654.79	N	
25491	AA		PROPHYLACTIC TREATMENT: ULNA	$9.30	$8.10	$9.30	$8.10	N	3
25492			PROPHYLACTIC TX RADIUS&ULNA	$457.30	$388.71	$941.30	$800.11	N	
25492	AA		PROPHYLACTIC TREATMENT:RADIUS	$9.30	$8.10	$9.30	$8.10	N	4
25500			CLTX RDL SHFT FX W/O MNPJ	$151.29	$128.60	$209.26	$177.87	N	
25500	AA		TREAT FX-RADIUS W/O MANIPULATI	$9.30	$8.10	$9.30	$8.10	N	3
25505			CLTX RDL SHFT FX W/MNPJ	$264.72	$225.01	$413.54	$351.51	N	
25505	AA		TREAT FRACTURE OF RADIUS W/MAN	$9.30	$8.10	$9.30	$8.10	N	3
25515			OPTX RADIAL SHAFT FRACTURE	$341.62	$290.38	$590.64	$502.04	N	
25515	AA		OPEN TREAT CLSD/OPEN RADIAL SH	$9.30	$8.10	$9.30	$8.10	N	3
25520			CLTX RDL SHFT FX&DISLC	$299.58	$254.64	$462.90	$393.47	N	
25520	AA		CLOSED TREAT.RAD.FRACT.W.DISL.	$9.30	$8.10	$9.30	$8.10	N	3
25525			OPTX RDL SHFT FX&CLTX RAD/UL	$401.36	$341.16	$788.90	$670.56	N	
25525	AA		OPEN TREAT.RAD.FRACT.W.INT.FIX	$9.30	$8.10	$9.30	$8.10	N	4
25526			OPTX RDL SHFT FX&DSTL RAD/UL	$483.29	$410.79	$933.78	$793.71	N	
25526	AA		TREAT.RAD.FRACT.W INT.FIX.	$9.30	$8.10	$9.30	$8.10	N	4
25530			CLTX ULNAR SHFT FX W/O MNPJ	$141.31	$120.11	$204.02	$173.41	N	
25530	AA		TRT CLSD ULNAR FX W/O MANIPULA	$9.30	$8.10	$9.30	$8.10	N	3
25535			CLTX ULNAR SHFT FX W/MNPJ	$257.37	$218.76	$393.05	$334.09	N	
25535	AA		TREAT CLOSED ULNAR SHAFT FRAC	$9.30	$8.10	$9.30	$8.10	N	3
25545			OPTX ULNAR SHFT FX INT FIXJ	$319.63	$271.68	$586.80	$498.78	N	
25545	AA		OPEN TREAT CLSD/OPEN ULNAR FRA	$9.30	$8.10	$9.30	$8.10	N	3
25560			CLTX RDL&ULN SHFT FX WO MNPJ	$154.19	$131.06	$213.01	$181.06	N	
25560	AA		TRT CLSD RADULNAR SHAFT FX	$9.30	$8.10	$9.30	$8.10	N	3
25565			CLTX RDL&ULN SHFT FX W/MNPJ	$269.89	$229.41	$433.13	$368.16	N	
25565	AA		TREAT CLSD RADIAL & ULNAR SHAF	$9.30	$8.10	$9.30	$8.10	N	3
25574			OPTX RDL&ULN SHFT FX RDS/ULN	$344.66	$292.96	$501.99	$426.69	N	
25574	AA		OPEN TREAT CLSD/OPEN RADIAL &	$9.30	$8.10	$9.30	$8.10	N	3
25575			OPTX RDL&ULN SHFT FX RDS&ULN	$457.92	$389.23	$706.86	$600.83	N	
25575	AA		OPEN TREAT CLSD/OPEN RADIAL &	$9.30	$8.10	$9.30	$8.10	N	3
25600			CLTX DST RDL FX/EPHYS SEP WO	$179.98	$152.98	$234.65	$199.45	N	
25600	AA		TRT CLSD DIST RAD FX W/O MANIP	$9.30	$8.10	$9.30	$8.10	N	3
25605			CLTX DST RDL FX/EPHYS SEP W/	$280.15	$238.13	$458.86	$390.03	N	
25605	AA		TREAT CLOSED DISTAL RADIAL FRA	$9.30	$8.10	$9.30	$8.10	N	3
25606			PERQ SKEL FIXJ DSTL RDL FX	$342.48	$291.11	$552.94	$470.00	N	
25606	AA		TREAT FX DISTAL RADIAL	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
25607			OPTX DST RD XARTC FX/EPI SEP	$378.16	$321.44	$552.18	$469.36	N	
25607	AA		TREAT FX RAD EXTRA-ARTICUL	$9.30	$8.10	$9.30	$8.10	N	3
25608			OPTX DST RD XART FX/EPI SEP2	$420.72	$357.61	$630.20	$535.67	N	
25608	AA		TREAT FX RAD INTRA-ARTICUL	$9.30	$8.10	$9.30	$8.10	N	3
25609			OPTX DST RD XART FX/EP SEP3+	$532.83	$452.91	$802.77	$682.35	N	
25609	AA		TREAT FX RADIAL 3+ FRAG	$9.30	$8.10	$9.30	$8.10	N	3
25622			CLTX CARPL SCPHD FX W/O MNPJ	$163.32	$138.82	$239.83	$203.86	N	
25622	AA		TREAT CLOSED CARPAL SCAPHOID F	$9.30	$8.10	$9.30	$8.10	N	3
25624			CLTX CARPL SCPHD FX W/MNPJ	$257.81	$219.13	$379.76	$322.80	N	
25624	AA		TREAT CLOSED CARPAL SCAPHOID F	$9.30	$8.10	$9.30	$8.10	N	3
25628			OPTX CARPL SCPHD FX INT FIXJ	$365.87	$310.99	$572.65	$486.75	N	
25628	AA		OPEN TREAT CLSD/OPEN CARPAL SC	$9.30	$8.10	$9.30	$8.10	N	3
25630			CLTX CARPL FX W/O MNPJ EA B1	$161.86	$137.58	$246.50	$209.52	N	
25630	AA		TREAT CLSD FX:W/O MANIP,EACH B	$9.30	$8.10	$9.30	$8.10	N	3
25635			CLTX CARPL FX W/MNPJ EA B1	$244.39	$207.73	$362.53	$308.15	N	
25635	AA		TREAT CLSD FX:W/ MANIP,EACH BO	$9.30	$8.10	$9.30	$8.10	N	3
25645			OPTX CRPL FX OTH/THN SCPH EA	$291.77	$248.00	$489.94	$416.45	N	
25645	AA		OPEN TX,CLSD/OPEN FX...EACH BO	$9.30	$8.10	$9.30	$8.10	N	3
25650			CLTX ULNAR STYLOID FRACTURE	$173.71	$147.65	$256.28	$217.84	N	
25650	AA		TRT CLSD ULNAR STYLOID FX	$9.30	$8.10	$9.30	$8.10	N	3
25651			PERQ SKEL FIX ULNAR STYLD FX	$252.45	$214.58	$381.14	$323.97	N	
25651	AA		PERC SKEL FIX ULNAR STYLOID FX	$9.30	$8.10	$9.30	$8.10	N	3
25652			OPTX ULNAR STYLOID FRACTURE	$318.99	$271.14	$513.86	$436.78	N	
25652	AA		OPEN TX ULNAR STYLOID FX	$9.30	$8.10	$9.30	$8.10	N	3
25660			CLTX RDCRPL/NTRCRPL DISLC 1+	$233.78	$198.71	$327.44	$278.32	N	
25660	AA		TREAT CLOSED RADIO/INTERCARPAL	$9.30	$8.10	$9.30	$8.10	N	3
25670			OPTX RDCRPL/NTRCRPL DISLC 1+	$308.60	$262.31	$525.70	$446.85	N	
25670	AA		OPEN TREAT CLSD/OPEN RADIO/INT	$9.30	$8.10	$9.30	$8.10	N	3
25671			PERQ SKEL FIX RAD/ULN DISLC	$275.33	$234.03	$428.23	$364.00	N	
25671	AA		PERC SKEL FIX DIST RAD DISLOC	$9.30	$8.10	$9.30	$8.10	N	3
25675			CLTX DSTL RAD/ULN DISLC MNPJ	$239.83	$203.85	$358.01	$304.31	N	
25675	AA		TREAT CLOSED DISTAL RADIOULNAR	$9.30	$8.10	$9.30	$8.10	N	3
25676			OPTX RAD/ULN DISLC AQT/CHRNC	$321.14	$272.97	$541.79	$460.52	N	
25676	AA		OPEN TREAT CLSD/OPEN DISTAL RA	$9.30	$8.10	$9.30	$8.10	N	3
25680			CLTX TRNS-SCPHPRLNR FX MNPJ	$274.39	$233.23	$373.26	$317.27	N	
25680	AA		TREAT CLSD TRANS/SCAPHOPERILUN	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
25685			OPTX TRNS-SCPHPRLNR FX DISLC	$372.78	$316.86	$621.44	$528.22	N	
25685	AA		OPEN TREAT CLSD/OPEN TRANS/SCA	$9.30	$8.10	$9.30	$8.10	N	3
25690			CLTX LUNATE DISLC W/MNPJ	$254.39	$216.23	$386.83	$328.81	N	
25690	AA		TREAT LUNATE DISLOCATION W/MAN	$9.30	$8.10	$9.30	$8.10	N	3
25695			OPTX LUNATE DISLOCATION	$322.69	$274.29	$543.56	$462.03	N	
25695	AA		OPEN TREATMENT LUNATE DISLOCAT	$9.30	$8.10	$9.30	$8.10	N	3
25800			ARTHRD WRIST COMPLETE WO GRF	$370.86	$315.23	$664.03	$564.43	N	
25800	AA		FUSION WRIST JOINT:W/O BONE GR	$9.30	$8.10	$9.30	$8.10	N	3
25805			ARTHRD WRIST W/SLIDING GRAFT	$428.25	$364.01	$757.92	$644.23	N	
25805	AA		FUSION WRIST JOINT:W/SLIDING G	$9.30	$8.10	$9.30	$8.10	N	3
25810			ARTHRD WRST ILIAC/OTH AGRFT	$439.51	$373.58	$719.76	$611.80	N	
25810	AA		FUSION WRIST JOINT: W/DISTANT	$9.30	$8.10	$9.30	$8.10	N	3
25820			ARTHRD WRIST LMTD W/O B1 GRF	$330.33	$280.78	$538.25	$457.51	N	
25820	AA		INTERCARPAL FUSION:W/OUT BONE	$9.30	$8.10	$9.30	$8.10	N	3
25825			ARTHRD WRIST WITH AUTOGRAFT	$402.56	$342.17	$648.57	$551.28	N	
25825	AA		INTERCARPAL FUSION:W/ BONE GRA	$9.30	$8.10	$9.30	$8.10	N	3
25830			ARTHRD DST RAD/UL JT SGM RSC	$517.71	$440.05	$853.43	$725.42	N	
25830	AA		DIST RADIOULN JT ARTHRODESIS	$9.30	$8.10	$9.30	$8.10	N	3
25900			AMPUTATION,FOREARM THROUGH RAD	$365.54	$310.70	$735.97	$625.57	N	
25900	AA		AMPUTATION,FOREARM THROUGH RAD	$9.30	$8.10	$9.30	$8.10	N	3
25905			AMPUTATION,FOREARM OPEN FLAP O	$355.66	$302.31	$690.14	$586.62	N	
25905	AA		AMPUTATION,FOREARM OPEN FLAP O	$9.30	$8.10	$9.30	$8.10	N	4
25907			AMPUTATION,FOREARM,SECONDARY C	$313.13	$266.16	$618.25	$525.51	N	
25907	AA		AMPUTATION,FOREARM,SECONDARY C	$9.30	$8.10	$9.30	$8.10	N	3
25909			REAMPUTATION FOREARM SURGERY	$347.98	$295.78	$712.81	$605.89	N	
25909	AA		REAMPUTATION FOREARM SURGERY	$9.30	$8.10	$9.30	$8.10	N	4
25915			AMPUTATION,FOREARM, KRUKENBER	$583.50	$495.97	$1,061.55	$902.32	N	
25915	AA		AMPUTATION,FOREARM, KRUKENBER	$9.30	$8.10	$9.30	$8.10	N	6
25920			DISARTICULATION THROUGH WRIST	$369.69	$314.24	$580.98	$493.84	N	
25920	AA		DISARTICULATION THROUGH WRIST	$9.30	$8.10	$9.30	$8.10	N	3
25922			DISARTICULATION WRIST:SECOND C	$327.72	$278.56	$507.21	$431.13	N	
25922	AA		DISARTICULATION WRIST:SECOND C	$9.30	$8.10	$9.30	$8.10	N	3
25924			REAMPUTATION WRIST SURGERY	$360.77	$306.65	$581.28	$494.09	N	
25924	AA		REAMPUTATION WRIST SURGERY	$9.30	$8.10	$9.30	$8.10	N	3
25927			TRANSMETACARPAL AMPUTATION	$434.20	$369.07	$712.69	$605.78	N	
25927	AA		TRANSMETACARPAL AMPUTATION	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
25929			TRANSMETACARPAL AMPUTATION: SE	$305.44	$259.62	$473.14	$402.17	N	
25929	AA		TRANSMETACARPAL AMPUTATION: SE	$9.30	$8.10	$9.30	$8.10	N	3
25931			TRANSMETACARPAL REAMPUTATION	$401.55	$341.31	$670.38	$569.83	N	
25931	AA		TRANSMETACARPAL REAMPUTATION	$9.30	$8.10	$9.30	$8.10	N	3
25999			UNLISTED PX FOREARM/WRIST	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
26010			DRAINAGE OF FINGER ABSCESS	$33.78	$28.71	$243.31	$206.82	N	
26010	AA		DRAINAGE OF FINGER ABSCESS	$9.30	$8.10	$9.30	$8.10	N	3
26011			DRAIN FINGER ABSCESS: COMPLICA	$236.14	$200.72	$378.89	$322.05	N	
26011	AA		DRAIN FINGER ABSCESS: COMPLICA	$9.30	$8.10	$9.30	$8.10	N	3
26020			DRAIN HAND TENDON SHEATH	$56.93	$48.39	$351.07	$298.41	N	
26020	AA		DRAIN HAND TENDON SHEATH	$9.30	$8.10	$9.30	$8.10	N	3
26025			DRAINAGE OF PALM BURSA	$214.17	$182.04	$348.56	$296.28	N	
26025	AA		DRAINAGE OF PALM BURSA	$9.30	$8.10	$9.30	$8.10	N	3
26030			DRAINAGE OF PALM BURSA MULTIPL	$251.48	$213.76	$409.07	$347.71	N	
26030	AA		DRAINAGE OF PALM BURSA MULTIPL	$9.30	$8.10	$9.30	$8.10	N	3
26034			TREAT HAND BONE LESION	$283.01	$240.56	$442.59	$376.20	N	
26034	AA		TREAT HAND BONE LESION	$9.30	$8.10	$9.30	$8.10	N	3
26035			DECOMPRESS FINGER/HAND-INJECTI	$436.64	$371.14	$611.45	$519.73	N	
26035	AA		DECOMPRESS FINGER/HAND-INJECTI	$9.30	$8.10	$9.30	$8.10	N	3
26037			DEPRESSION FASCIOTOMY, HAND	$286.39	$243.43	$477.37	$405.76	N	
26037	AA		DEPRESSION FASCIOTOMY, HAND	$9.30	$8.10	$9.30	$8.10	N	3
26040			RELEASE PALM CONTRACTURE: CLOS	$163.96	$139.37	$258.67	$219.87	N	
26040	AA		RELEASE PALM CONTRACTURE: CLOS	$9.30	$8.10	$9.30	$8.10	N	3
26045			RELEASE PALM CONTRACTURE: OPEN	$243.03	$206.57	$394.95	$335.71	N	
26045	AA		RELEASE PALM CONTRACTURE: OPEN	$9.30	$8.10	$9.30	$8.10	N	3
26055			INCISE FINGER TENDON SHEATH	$295.86	$251.48	$585.94	$498.05	N	
26055	AA		INCISE FINGER TENDON SHEATH	$9.30	$8.10	$9.30	$8.10	N	3
26060			TENOTOMY,SUBCUTAN,SING,EACH DI	$26.19	$22.26	$221.55	$188.32	N	
26060	AA		TENOTOMY,SUBCUTAN,SING,EACH DI	$9.30	$8.10	$9.30	$8.10	N	3
26070			EXPLORE/TREAT HAND JOINT	$166.63	$141.64	$244.86	$208.13	N	
26070	AA		EXPLORE/TREAT HAND JOINT	$9.30	$8.10	$9.30	$8.10	N	3
26075			EXPLORE/TREAT METACAPPOPHALANG	$174.85	$148.62	$263.74	$224.18	N	
26075	AA		EXPLORE/TREAT METACAPPOPHALANG	$9.30	$8.10	$9.30	$8.10	N	3
26080			ARTHROTOMY,INTERPHALANGEAL,EAC	$206.19	$175.26	$318.11	$270.40	N	
26080	AA		ARTHROTOMY,INTERPHALANGEAL,EAC	$9.30	$8.10	$9.30	$8.10	N	3
26100			BIOPSY HAND JOINT LINING	$175.96	$149.56	$272.12	$231.30	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
26100	AA		BIOPSY HAND JOINT LINING	$9.30	$8.10	$9.30	$8.10	N	3
26105			BIOPSY METACARPOPHALANGEAL JOI	$177.10	$150.54	$278.25	$236.51	N	
26105	AA		BIOPSY METACARPOPHALANGEAL JOI	$9.30	$8.10	$9.30	$8.10	N	3
26110			ARTHROTOMY,INTERPHALANGEAL JNT	$168.33	$143.08	$264.34	$224.69	N	
26110	AA		ARTHROTOMY,INTERPHALANGEAL JNT	$9.30	$8.10	$9.30	$8.10	N	3
26111			ARTHROTOMY WITH BIOPSY: 1.5 CM	$212.45	$180.58	$212.45	$180.58	N	
26111	AA		ARTHROTOMY WITH BIOPSY: 1.5 CM	$9.30	$8.10	$9.30	$8.10	N	3
26113			ARTHROTOMY WITH BIOPSY: 1.5 CM	$279.58	$237.64	$279.58	$237.64	N	
26113	AA		ARTHROTOMY WITH BIOPSY: 1.5 CM	$9.30	$8.10	$9.30	$8.10	N	3
26115			EXCISION BENIGN TUMOR,HAND,SUB	$55.39	$47.08	$536.17	$455.74	N	
26115	AA		EXCISION BENIGN TUMOR,HAND,SUB	$9.30	$8.10	$9.30	$8.10	N	3
26116			EXCISION BENIGN TUMOR,HAND: DE	$268.80	$228.48	$403.57	$343.03	N	
26116	AA		EXCISION BENIGN TUMOR,HAND: DE	$9.30	$8.10	$9.30	$8.10	N	3
26117			RAD TUMOR RESECT,SFT TISS/HAND	$378.40	$321.64	$547.42	$465.30	N	
26117	AA		RAD TUMOR RESECT,SFT TISS/HAND	$9.30	$8.10	$9.30	$8.10	N	3
26118			RADICAL RESECTION OF TUMOR (EG	$530.61	$451.02	$530.61	$451.02	N	
26118	AA		RADICAL RESECTION OF TUMOR (EG	$9.30	$8.10	$9.30	$8.10	N	3
26121			FASCIECTOMY,PALMAR /INCL OB GT	$306.29	$260.34	$509.42	$433.01	N	
26121	AA		FASCIECTOMY,PALMAR /INCL OB GT	$9.30	$8.10	$9.30	$8.10	N	3
26123			FASCIECTOMY,PARTIAL PALMAR EXC	$426.75	$362.74	$636.90	$541.36	N	
26123	AA		FASCIECTOMY,PARTIAL PALMAR EXC	$9.30	$8.10	$9.30	$8.10	N	3
26125			FASCIECTOMY,RELEASE EA ADDIT D	$131.96	$112.17	$249.22	$211.84	N	
26125	AA		FASCIECTOMY,RELEASE	$9.30	$8.10	$9.30	$8.10	N	3
26130			REMOVE WRIST JOINT LINING	$241.27	$205.08	$380.65	$323.55	N	
26130	AA		REMOVE WRIST JOINT LINING	$9.30	$8.10	$9.30	$8.10	N	3
26135			SYNOVECTOMY,REL/RECON, EACH DI	$283.66	$241.11	$471.18	$400.50	N	
26135	AA		SYNOVECTOMY,REL/RECON, EACH DI	$9.30	$8.10	$9.30	$8.10	N	3
26140			SYNOVECTOMY,..EXT.RECON,EACH J	$260.41	$221.35	$427.52	$363.39	N	
26140	AA		SYNOVECTOMY,..EXT.RECON,EACH J	$9.30	$8.10	$9.30	$8.10	N	3
26145			SYNOVECTOMY..RADIAL,..EACH DIG	$264.82	$225.09	$434.08	$368.97	N	
26145	AA		SYNOVECTOMY..RADIAL,..EACH DIG	$9.30	$8.10	$9.30	$8.10	N	3
26160			REMOVE TENDON SHEATH LESION	$61.76	$52.49	$535.08	$454.82	N	
26160	AA		REMOVE TENDON SHEATH LESION	$9.30	$8.10	$9.30	$8.10	N	3
26170			EXCISE TENDON,PALM...EACH	$209.80	$178.33	$338.81	$287.99	N	
26170	AA		EXCISE TENDON,PALM...EACH	$9.30	$8.10	$9.30	$8.10	N	3
26180			EXCISION OF TENDON,FINGER,FLEX	$232.25	$197.41	$370.71	$315.11	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
26180	AA		EXCISION OF TENDON,FINGER,FLEX	$9.30	$8.10	$9.30	$8.10	N	3
26185			SESAMOIDECTOMY THUMB/FINGER	$287.32	$244.22	$394.84	$335.61	N	
26185	AA		SESAMOIDECTOMY THUMB/FINGER	$9.30	$8.10	$9.30	$8.10	N	3
26200			REMOVE BONE CYST/BENIGN TUMOR	$231.25	$196.56	$382.06	$324.75	N	
26200	AA		REMOVE BONE CYST/BENIGN TUMOR	$9.30	$8.10	$9.30	$8.10	N	4
26205			REMOVE BONE CYST/BENIGN TUMOR	$308.37	$262.11	$513.00	$436.05	N	
26205	AA		REMOVE BONE CYST/BENIGN TUMOR	$9.30	$8.10	$9.30	$8.10	N	4
26210			REMOVE BONE CYST PROXIMAL MIDD	$230.75	$196.14	$370.40	$314.84	N	
26210	AA		REMOVE BONE CYST PROXIMAL MIDD	$9.30	$8.10	$9.30	$8.10	N	4
26215			REMOVE BONE CYST PROXIMAL W/AU	$289.23	$245.85	$467.86	$397.68	N	
26215	AA		REMOVE BONE CYST PROXIMAL W/AU	$9.30	$8.10	$9.30	$8.10	N	4
26230			PARTIAL REMOVAL OF HAND BONE	$255.99	$217.59	$430.82	$366.20	N	
26230	AA		PARTIAL REMOVAL OF HAND BONE	$9.30	$8.10	$9.30	$8.10	N	4
26235			PARTIAL REMOVAL PROXIMAL/MIDDL	$252.26	$214.42	$421.23	$358.05	N	
26235	AA		PARTIAL REMOVAL PROXIMAL/MIDDL	$9.30	$8.10	$9.30	$8.10	N	4
26236			PARTIAL REMOVAL DISTAL PHALANX	$227.02	$192.97	$372.97	$317.02	N	
26236	AA		PARTIAL REMOVAL DISTAL PHALANX	$9.30	$8.10	$9.30	$8.10	N	4
26250			RADICAL RESECTION FOR TUMOR, H	$535.56	$455.23	$488.82	$415.49	N	
26250	AA		RADICAL RESECTION FOR TUMOR, H	$9.30	$8.10	$9.30	$8.10	N	6
26260			RADICAL RESECT FOR TUMOR,PROX	$402.54	$342.15	$462.12	$392.80	N	
26260	AA		RADICAL RESECT FOR TUMOR,PROX	$9.30	$8.10	$9.30	$8.10	N	6
26262			RADICAL RESECTION FOR TUMOR,DI	$321.40	$273.19	$386.44	$328.47	N	
26262	AA		RADICAL RESECTION FOR TUMOR,DI	$9.30	$8.10	$9.30	$8.10	N	6
26320			REMOVAL OF IMPLANT FROM FINGER	$180.24	$153.20	$289.50	$246.08	N	
26320	AA		REMOVAL OF IMPLANT FROM FINGER	$9.30	$8.10	$9.30	$8.10	N	3
26340			MANIP FINGER JT UNDER ANESTHES	$187.79	$159.62	$256.46	$217.99	N	
26340	AA		MANIP FINGER JT UNDER ANESTHES	$9.30	$8.10	$9.30	$8.10	N	3
26341			MANIPULAT PALM CORD POST INJ	$59.51	$50.58	$59.51	$50.58	N	
26341	AA		MANIPULAT PALM CORD POST INJ	$9.30	$8.10	$9.30	$8.10	N	3
26341	26		MANIPULAT PALM CORD POST INJ	$39.63	$33.69	$39.63	$33.69	N	
26350			FLEX TENDON REP,SING,EACH TEND	$377.11	$320.54	$713.54	$606.51	N	
26350	AA		FLEX TENDON REP,SING,EACH TEND	$9.30	$8.10	$9.30	$8.10	N	3
26352			FLEX TEND REP,SECONDARY..EACH	$418.81	$355.99	$798.33	$678.58	N	
26352	AA		FLEX TEND REP,SECONDARY..EACH	$9.30	$8.10	$9.30	$8.10	N	3
26356			FLEX TEND REP/ADV,SING,PRIM,EA	$405.40	$344.59	$832.09	$707.28	N	
26356	AA		FLEX TEND REP/ADV,SING,PRIM,EA	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
26357			FLEXOR REP...:SECONDARY,EACH TE	$452.34	$384.48	$842.19	$715.86	N	
26357	AA		FLEXOR REP...:SECONDARY,EACH TE	$9.30	$8.10	$9.30	$8.10	N	3
26358			FLEX TEND REP/ADV,SNG:...EACH	$497.82	$423.14	$895.64	$761.29	N	
26358	AA		FLEX TEND REP/ADV,SNG:...EACH	$9.30	$8.10	$9.30	$8.10	N	3
26370			PROFUNDUS TENDON REPAIR W/INTA	$395.15	$335.87	$771.53	$655.80	N	
26370	AA		PROFUNDUS TENDON REPAIR W/INTA	$9.30	$8.10	$9.30	$8.10	N	3
26372			PROFUNDUS TENDON REPAIR:SECOND	$459.79	$390.82	$880.48	$748.41	N	
26372	AA		PROFUNDUS TENDON REPAIR:SECOND	$9.30	$8.10	$9.30	$8.10	N	3
26373			PROFUNDUS TENDON REPAIR:SECOND	$442.77	$376.35	$839.86	$713.88	N	
26373	AA		PROFUNDUS TENDON REPAIR:SECOND	$9.30	$8.10	$9.30	$8.10	N	3
26390			FLEXOR TENDON EXCISE,IMPLANT P	$440.98	$374.83	$783.48	$665.96	N	
26390	AA		FLEXOR TENDON EXCISE,IMPLANT P	$9.30	$8.10	$9.30	$8.10	N	3
26392			REMOVAL ROD AND INSERTION OF T	$502.00	$426.70	$939.06	$798.20	N	
26392	AA		REMOVAL ROD AND INSERTION OF T	$9.30	$8.10	$9.30	$8.10	N	3
26410			EXT TEND REP,SING:.W/O GRAFT,E	$303.58	$258.04	$573.72	$487.66	N	
26410	AA		EXT TEND REP,SING:.W/O GRAFT,E	$9.30	$8.10	$9.30	$8.10	N	3
26412			EXT TEND REP,SING.:W/O GRAFT,E	$360.16	$306.13	$679.38	$577.48	N	
26412	AA		EXT TEND REP,SING.:W/O GRAFT,E	$9.30	$8.10	$9.30	$8.10	N	3
26415			EXTENSOR TENDON EXCISION..HAND	$427.71	$363.55	$692.98	$589.04	N	
26415	AA		EXTENSOR TENDON EXCISION,IMP	$9.30	$8.10	$9.30	$8.10	N	3
26416			REMOVE TUBE/ROD...HAND/FINGER	$462.75	$393.33	$787.51	$699.38	N	
26416	AA		REMOVAL TUBE/ROD...HAND/FINGER	$9.30	$8.10	$9.30	$8.10	N	3
26418			EXT TEND REP...:W/O GRAFT,EACH	$316.13	$268.71	$573.16	$487.19	N	
26418	AA		EXT TEND REP...:W/O GRAFT,EACH	$9.30	$8.10	$9.30	$8.10	N	3
26420			EXT TEND REP...:W/GRAFT,EACH T	$372.92	$316.98	$709.10	$602.73	N	
26420	AA		EXT TEND REP...:W/GRAFT,EACH T	$9.30	$8.10	$9.30	$8.10	N	3
26426			EXTENSOR TENDON,CENTRAL SLIP R	$258.38	$219.62	$523.61	$445.07	N	
26426	AA		EXTENSOR TENDON,CENTRAL SLIP R	$9.30	$8.10	$9.30	$8.10	N	3
26428			EXTENSOR TENDON,CENTRAL SLIP R	$401.57	$341.33	$731.40	$621.69	N	
26428	AA		EXTENSOR TENDON,CENTRAL SLIP R	$9.30	$8.10	$9.30	$8.10	N	3
26432			TENDON REPAIR,DISTAL INSERT,CL	$276.19	$234.76	$494.78	$420.56	N	
26432	AA		TENDON REPAIR,DISTAL INSERT,CL	$9.30	$8.10	$9.30	$8.10	N	3
26433			TENDON REPAIR,OPEN,PRIMARY /SE	$288.52	$245.24	$532.19	$452.36	N	
26433	AA		TENDON REPAIR,OPEN,PRIMARY /SE	$9.30	$8.10	$9.30	$8.10	N	3
26434			TENDON REPAIR,OPEN,PRIMARY/SEC	$351.17	$298.49	$612.22	$520.38	N	
26434	AA		TENDON REPAIR,OPEN,PRIMARY/SEC	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
26437			REALIGN EXTENSOR TENDON-FOR AR	$337.24	$286.65	$603.52	$512.99	N	
26437	AA		REALIGN EXTENSOR TENDON-FOR AR	$9.30	$8.10	$9.30	$8.10	N	3
26440			TENOLYSIS,SIMP,FLEX TEND..:EAC	$328.12	$278.90	$637.53	$541.90	N	
26440	AA		TENOLYSIS,SIMP,FLEX TEND..:EAC	$9.30	$8.10	$9.30	$8.10	N	3
26442			TENOLYSIS,SIMP..:PALM/FING,EAC	$500.35	$425.30	$835.59	$710.25	N	
26442	AA		TENOLYSIS,SIMP..:PALM/FING,EAC	$9.30	$8.10	$9.30	$8.10	N	3
26445			TENOLYSIS,EXT TEND...:EACH TEN	$305.45	$259.63	$600.79	$510.67	N	
26445	AA		TENOLYSIS,EXT TEND...:EACH TEN	$9.30	$8.10	$9.30	$8.10	N	3
26449			TENOLYSIS,COMP,EXT TENDON...	$358.21	$304.47	$720.77	$612.65	N	
26449	AA		TENOLYSIS,COMP,EXT TENDON...	$9.30	$8.10	$9.30	$8.10	N	3
26450			TENOTOMY,FLEX,SING,PALM,OPEN	$235.99	$200.59	$382.50	$325.12	N	
26450	AA		TENOTOMY,FLEX,SING,PALM,OPEN	$9.30	$8.10	$9.30	$8.10	N	3
26455			TENOTOMY,FLEX,SING,FING,OPEN,E	$234.32	$199.17	$379.55	$322.62	N	
26455	AA		TENOTOMY,FLEX,SING,FING,OPEN,E	$9.30	$8.10	$9.30	$8.10	N	3
26460			TENOTOMY,EXT,HAND/FING,SIN,OPE	$229.43	$195.01	$368.23	$313.00	N	
26460	AA		TENOTOMY,EXT,HAND/FING,SIN,OPE	$9.30	$8.10	$9.30	$8.10	N	3
26471			TENODESIS:FOR PROXIMAL FINGER	$334.28	$284.14	$589.18	$500.80	N	
26471	AA		TENODESIS:FOR PROXIMAL FINGER	$9.30	$8.10	$9.30	$8.10	N	3
26474			TENODESIS:FOR DISTAL JOINT STA	$329.41	$280.00	$512.05	$435.24	N	
26474	AA		TENODESIS:FOR DISTAL JOINT STA	$9.30	$8.10	$9.30	$8.10	N	3
26476			TEND LENGTNEN,EXT...SINGLE,EAC	$325.32	$276.52	$558.62	$474.82	N	
26476	AA		TEND LENGTNEN,EXT...SINGLE,EAC	$9.30	$8.10	$9.30	$8.10	N	3
26477			TEND SHORTEN,EXT...SINGLE,EACH	$317.93	$270.24	$562.66	$478.26	N	
26477	AA		TEND SHORTEN,EXT...SINGLE,EACH	$9.30	$8.10	$9.30	$8.10	N	3
26478			LENGTHEN FLEXOR,HAND/FINGER-EA	$333.20	$283.22	$612.34	$520.49	N	
26478	AA		LENGTHEN FLEXOR,HAND/FINGER-EA	$9.30	$8.10	$9.30	$8.10	N	3
26479			SHORTEN FLEXOR,HAND/FINGER-EAC	$341.51	$290.28	$601.54	$511.31	N	
26479	AA		SHORTEN FLEXOR,HAND/FINGER-EAC	$9.30	$8.10	$9.30	$8.10	N	3
26480			TEND TRANSFER/PLANT,SING,W/GFT	$363.53	$309.00	$752.92	$639.98	N	
26480	AA		TEND TRANSFER/PLANT,SING,W/GFT	$9.30	$8.10	$9.30	$8.10	N	3
26483			TEND TRANSFER/PLANT..W/GRFT,EA	$438.20	$372.47	$826.21	$702.28	N	
26483	AA		TEND TRANSFER/PLANT..W/GRFT,EA	$9.30	$8.10	$9.30	$8.10	N	3
26485			TEND TRANSFER/PLNT,EACH TEND:W	$421.34	$358.13	$799.55	$679.62	N	
26485	AA		TEND TRANSFER/PLNT,EACH TEND:W	$9.30	$8.10	$9.30	$8.10	N	3
26489			TENDON TRANSFER/PLANT..:W/GRAF	$484.00	$411.40	$749.00	$636.65	N	
26489	AA		TENDON TRANSFER/PLANT..:W/GRAF	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
26490			REVISE THUMB TENDON	$423.02	$359.56	$737.60	$626.96	N	
26490	AA		REVISE THUMB TENDON	$9.30	$8.10	$9.30	$8.10	N	3
26492			REVISE THUMB TENDON W/GRAFT	$467.20	$397.12	$807.93	$686.74	N	
26492	AA		REVISE THUMB TENDON W/GRAFT	$9.30	$8.10	$9.30	$8.10	N	3
26494			REVISE THUMB TENDON:HYPOTHENAR	$424.65	$360.95	$746.66	$634.66	N	
26494	AA		REVISE THUMB TENDON:HYPOTHENAR	$9.30	$8.10	$9.30	$8.10	N	3
26496			REVISE THUMB TENDON: OTHER MET	$455.89	$387.50	$795.90	$676.52	N	
26496	AA		REVISE THUMB TENDON:OTHER METH	$9.30	$8.10	$9.30	$8.10	N	3
26497			SUBLIMIS TRANSFER TO CORRECT C	$455.40	$387.09	$805.63	$684.79	N	
26497	AA		SUBLIMIS TRANSFER TO CORRECT C	$9.30	$8.10	$9.30	$8.10	N	3
26498			SUBLIMIS TRANSFER TO CORRECT C	$590.87	$502.24	$1,053.96	$895.87	N	
26498	AA		SUBLIMIS TRANSFER TO CORRECT C	$9.30	$8.10	$9.30	$8.10	N	3
26499			CORRECTION CLAW FINGER,OTHER M	$439.21	$373.33	$767.22	$652.14	N	
26499	AA		CORRECTION CLAW FINGER,OTHER M	$9.30	$8.10	$9.30	$8.10	N	3
26500			HAND TENDON RECONSTRUCTION: W/	$347.57	$295.43	$603.82	$513.25	N	
26500	AA		HAND TENDON RECONSTRUCTION: W/	$9.30	$8.10	$9.30	$8.10	N	3
26502			HAND TENDON RECONSTRUCTION: W/	$380.94	$323.79	$667.60	$567.46	N	
26502	AA		HAND TENDON RECONSTRUCTION: W/	$9.30	$8.10	$9.30	$8.10	N	3
26508			RELEASE THUMB CONTRACTURE	$341.01	$289.86	$615.91	$523.53	N	
26508	AA		RELEASE THUMB CONTRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
26510			CROSS INTRINSIC TRANSFER	$324.09	$275.47	$580.43	$493.37	N	
26510	AA		CROSS INTRINSIC TRANSFER	$9.30	$8.10	$9.30	$8.10	N	3
26516			FUSION OF KNUCKLE JOINT	$375.73	$319.37	$674.50	$573.32	N	
26516	AA		FUSION OF KNUCKLE JOINT	$9.30	$8.10	$9.30	$8.10	N	3
26517			FUSION KNUCKLE JOINT,TWO DIGIT	$436.76	$371.24	$779.86	$662.88	N	
26517	AA		FUSION KNUCKLE JOINT,TWO DIGIT	$9.30	$8.10	$9.30	$8.10	N	3
26518			FUSION KNUCKLE JOINT THREE OR	$441.83	$375.55	$780.36	$663.31	N	
26518	AA		FUSION KNUCKLE JOINT THREE OR	$9.30	$8.10	$9.30	$8.10	N	3
26520			CAPSULECTOMY/OTOMY EACH	$343.09	$291.62	$663.46	$563.94	N	
26520	AA		CAPSULECTOMY/OTOMY EACH	$9.30	$8.10	$9.30	$8.10	N	3
26525			CAPSULECTOMY/OTOMY...:EACH	$345.60	$293.76	$667.42	$567.31	N	
26525	AA		CAPSULECTOMY/OTOMY...:EACH	$9.30	$8.10	$9.30	$8.10	N	3
26530			ARTHROPLASTY,META...:SINGLE,EA	$277.99	$236.29	$450.90	$383.26	N	
26530	AA		ARTHROPLASTY,META...:SINGLE,EA	$9.30	$8.10	$9.30	$8.10	N	3
26531			ARTHROPLASTY,META...:PROSTH...	$323.19	$274.71	$526.56	$447.58	N	
26531	AA		ARTHROPLASTY,META...:PROSTH...	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
26535			ARTHROPLASTY,INTER..:SINGLE,EA	$226.76	$192.75	$313.54	$266.51	N	
26535	AA		ARTHROPLASTY,INTER..:SINGLE,EA	$9.30	$8.10	$9.30	$8.10	N	3
26536			ARTHROPLASTY...:W/PROSTH,SING,	$378.59	$321.80	$557.83	$474.16	N	
26536	AA		ARTHROPLASTY...:W/PROSTH,SING,	$9.30	$8.10	$9.30	$8.10	N	3
26540			REPAIR COLLATERAL LIGAMENT	$353.57	$300.53	$635.94	$540.55	N	
26540	AA		REPAIR COLLATERAL LIGAMENT	$9.30	$8.10	$9.30	$8.10	N	3
26541			RECONSTRUCT/GRAFT HAND JOINT	$421.86	$358.58	$765.65	$650.80	N	
26541	AA		RECONSTRUCT/GRAFT HAND JOINT	$9.30	$8.10	$9.30	$8.10	N	3
26542			PRIM REP COLLATERAL LIGAMENT/L	$364.92	$310.18	$653.31	$555.32	N	
26542	AA		PRIM REP COLLATERAL LIGAMENT/L	$9.30	$8.10	$9.30	$8.10	N	3
26545			RECONSTRUCTION,SING,GRAFT,EACH	$370.03	$314.52	$662.36	$563.01	N	
26545	AA		RECONSTRUCTION,SING,GRAFT,EACH	$9.30	$8.10	$9.30	$8.10	N	3
26546			REP METACARPAL/PHALANX	$527.39	$448.28	$835.49	$710.16	N	
26546	AA		REP METACARPAL/PHALANX	$9.30	$8.10	$9.30	$8.10	N	3
26548			REPAIR/RECON,FINGER,INTERPHAL.	$403.80	$343.23	$726.31	$617.37	N	
26548	AA		REPAIR/RECON,FINGER,INTERPHAL.	$9.30	$8.10	$9.30	$8.10	N	3
26550			POLLICIZATION DIGIT	$822.44	$699.07	$1,341.08	$1,139.92	N	
26550	AA		CONSTRUCT THUMB REPLACEMENT	$9.30	$8.10	$9.30	$8.10	N	5
26551			TOE/HAND TRANSF W/MICROVASC	$1,631.40	$1,386.69	$1,631.40	$1,386.69	N	
26551	AA		TOE/HAND TRANSF W/MICROVASC	$9.30	$8.10	$9.30	$8.10	N	3
26553			TOE/HAND TRANS W/MICRO ANAST	$1,620.52	$1,377.44	$1,620.52	$1,377.44	N	
26553	AA		TOE/HAND TRANS W/MICRO ANAST	$9.30	$8.10	$9.30	$8.10	N	3
26554			TOE/HAND TRANS DBLE W/MICROVAS	$1,885.25	$1,602.46	$1,885.25	$1,602.46	N	
26554	AA		TOE/HAND TRANS DBLE W/MICROVAS	$9.30	$8.10	$9.30	$8.10	N	3
26555			POSITIONAL CHANGE OF FINGER	$692.39	$588.53	$1,216.86	$1,034.33	N	
26555	AA		POSITIONAL CHANGE OF FINGER	$9.30	$8.10	$9.30	$8.10	N	5
26556			FREE TOE JT TRANS W/MICROVASC	$1,686.59	$1,433.60	$1,686.59	$1,433.60	N	
26556	AA		FREE TOE JT TRANS W/MICROVASC	$9.30	$8.10	$9.30	$8.10	N	3
26560			REPAIR WEB FINGER:WITH SKIN FL	$321.38	$273.17	$528.38	$449.12	N	
26560	AA		REPAIR WEB FINGER:WITH SKIN FL	$9.30	$8.10	$9.30	$8.10	N	3
26561			REPAIR WEB FINGER:W/SKIN FLAPS	$493.52	$419.49	$807.46	$686.34	N	
26561	AA		REPAIR WEB FINGER:W/SKIN FLAPS	$9.30	$8.10	$9.30	$8.10	N	3
26562			REPAIR WEB FINGER,COMPLEX,INVO	$691.29	$587.60	$1,122.66	$954.26	N	
26562	AA		REPAIR WEB FINGER,COMPLEX,INVO	$9.30	$8.10	$9.30	$8.10	N	3
26565			CORRECT METACARPAL FLAW	$360.21	$306.18	$650.78	$553.17	N	
26565	AA		CORRECT METACARPAL FLAW	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
26567			CORRECT FINGER DEFORMITY	$363.34	$308.84	$652.46	$554.59	N	
26567	AA		CORRECT FINGER DEFORMITY	$9.30	$8.10	$9.30	$8.10	N	3
26568			OSTEOPLASTY,LENGTHEN METACARP/	$467.15	$397.07	$855.59	$727.25	N	
26568	AA		OSTEOPLASTY,LENGTHEN METACARP/	$9.30	$8.10	$9.30	$8.10	N	7
26580			REPAIR CLEFT HAND	$771.69	$655.94	$1,105.30	$939.50	N	
26580	AA		REPAIR HAND DEFORMITY	$9.30	$8.10	$9.30	$8.10	N	5
26587			RECONSTRUCT SUPERNUMERARY DIGI	$105.33	$89.53	$802.26	$681.92	N	
26587	AA		RECONSTRUCT SUPERNUMERARY DIGI	$9.30	$8.10	$9.30	$8.10	N	3
26590			REPAIR FINGER DEFORMITY:MACROD	$715.46	$608.14	$1,122.98	$954.53	N	
26590	AA		REPAIR FINGER DEFORMITY:MACROD	$9.30	$8.10	$9.30	$8.10	N	5
26591			REPAIR, INTRINSIC MUSCLES OF H	$248.16	$210.94	$444.31	$377.67	N	
26591	AA		REPAIR, INTRINSIC MUSCLES OF H	$9.30	$8.10	$9.30	$8.10	N	3
26593			RELEASE, INTRINSIC MUSCLES OF	$326.23	$277.29	$569.22	$483.83	N	
26593	AA		RELEASE, INTRINSIC MUSCLES OF	$9.30	$8.10	$9.30	$8.10	N	3
26596			EXCISE CONSTRUCTING RING, Z-PL	$412.90	$350.97	$625.13	$531.36	N	
26596	AA		EXCISE CONSTRUCTING RING, Z-PL	$9.30	$8.10	$9.30	$8.10	N	4
26600			TREAT CLSD FX..:W/O MANIP:EACH	$32.01	$27.21	$193.64	$164.59	N	
26600	AA		TREAT CLSD FX..:W/O MANIP:EACH	$9.30	$8.10	$9.30	$8.10	N	3
26605			TREAT CLSD FX...:W/MANIP,EACH	$173.92	$147.83	$259.62	$220.67	N	
26605	AA		TREAT CLSD FX...:W/MANIP,EACH	$9.30	$8.10	$9.30	$8.10	N	3
26607			TREAT CLSD FX..:W/MANIP&FIX,EA	$258.90	$220.06	$408.23	$347.00	N	
26607	AA		TREAT CLSD FX..:W/MANIP&FIX,EA	$9.30	$8.10	$9.30	$8.10	N	3
26608			PERCUT.SKEL.FIX.MC.FRACT.E.BN.	$247.83	$210.66	$407.85	$346.67	N	
26608	AA		PERCUT.SKEL.FIX.MC.FRACT.	$9.30	$8.10	$9.30	$8.10	N	3
26615			OPEN TX,CLSD/OPEN FX EACH B	$295.27	$250.98	$374.08	$317.97	N	
26615	AA		OPEN TX,CLSD/OPEN FX EACH B	$9.30	$8.10	$9.30	$8.10	N	3
26641			TREAT THUMB DISLOCATION W/MANI	$44.02	$37.42	$291.16	$247.49	N	
26641	AA		TREAT THUMB DISLOCATION W/MANI	$9.30	$8.10	$9.30	$8.10	N	3
26645			TREAT CLSD THUMB FRAC DISLOCAT	$226.43	$192.46	$334.63	$284.44	N	
26645	AA		TREAT CLSD THUMB FRAC DISLOCAT	$9.30	$8.10	$9.30	$8.10	N	3
26650			TREAT CLSD THUMB FRAC DISLOCAT	$249.23	$211.85	$435.93	$370.54	N	
26650	AA		TREAT CLSD THUMB FRAC DISLOCAT	$9.30	$8.10	$9.30	$8.10	N	3
26665			OPEN TREAT CLSD/OPEN THUMB FRA	$321.08	$272.92	$491.49	$417.76	N	
26665	AA		OPEN TREAT CLSD/OPEN THUMB FRA	$9.30	$8.10	$9.30	$8.10	N	3
26670			TREAT CLSD HAND DISLOCATION W/	$37.12	$31.55	$272.74	$231.83	N	
26675			TREAT HAND DISLOCATION W/ANEST	$241.77	$205.50	$355.38	$302.07	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
26675	AA		TREAT HAND DISLOCATION W/ANEST	$9.30	$8.10	$9.30	$8.10	N	3
26676			PERC.PINNING,CLOSED CARPOMETAC	$263.25	$223.76	$428.72	$364.41	N	
26676	AA		PERC.PINNING,CLOSED CARPOMETAC	$9.30	$8.10	$9.30	$8.10	N	3
26685			OPEN TREAT CLSD/OPEN HAND DISL	$296.19	$251.76	$461.54	$392.31	N	
26685	AA		OPEN TREAT CLSD/OPEN HAND DISL	$9.30	$8.10	$9.30	$8.10	N	3
26686			OPEN TREAT OPEN/CLSD HAND DISL	$316.94	$269.40	$522.10	$443.79	N	
26686	AA		OPEN TREAT OPEN/CLSD HAND DISL	$9.30	$8.10	$9.30	$8.10	N	3
26700			TREAT KNUCKLE DISLOCATION	$35.76	$30.39	$254.59	$216.40	N	
26705			TREAT KNUCKLE DISLOCATION W/AN	$229.02	$194.67	$333.15	$283.18	N	
26705	AA		TREAT KNUCKLE DISLOCATION W/AN	$9.30	$8.10	$9.30	$8.10	N	3
26706			PERC.PINNING,CLOSED METACARPOP	$231.16	$196.49	$358.50	$304.73	N	
26706	AA		PERC.PINNING,CLOSED METACARPOP	$9.30	$8.10	$9.30	$8.10	N	3
26715			OPEN TREAT CLSD/OPEN KNUCKLE D	$294.12	$250.00	$395.65	$336.30	N	
26715	AA		OPEN TREAT CLSD/OPEN KNUCKLE D	$9.30	$8.10	$9.30	$8.10	N	3
26720			TREAT CLSD FX:W/O MANIP, EACH	$107.51	$91.38	$154.22	$131.09	N	
26720	AA		TREAT CLSD FX:W/O MANIP, EACH	$9.30	$8.10	$9.30	$8.10	N	3
26725			TREAT CLSD FX:W/ MANIP, EACH	$179.89	$152.91	$283.10	$240.64	N	
26725	AA		TREAT CLSD FX:W/ MANIP, EACH	$9.30	$8.10	$9.30	$8.10	N	3
26727			TREAT FX,MANIP,TRACT/FIX, EACH	$244.74	$208.02	$401.88	$341.60	N	
26727	AA		TREAT FX,MANIP,TRACT/FIX, EACH	$9.30	$8.10	$9.30	$8.10	N	3
26735			OPEN TREAT W/W/O FIX,EACH	$304.58	$258.89	$405.78	$344.91	N	
26735	AA		OPEN TREAT W/W/O FIX,EACH	$9.30	$8.10	$9.30	$8.10	N	3
26740			TREAT CLSD ART FX...W/O MANIP,	$124.34	$105.69	$177.02	$150.46	N	
26740	AA		TREAT CLSD ART FX...W/O MANIP,	$9.30	$8.10	$9.30	$8.10	N	3
26742			TREAT CLSD ART FX W/ MANIP,	$195.49	$166.16	$308.17	$261.94	N	
26742	AA		TREAT CLSD ART FX W/ MANIP,	$9.30	$8.10	$9.30	$8.10	N	3
26746			OPEN TX,CLSD/OPEN FX...EACH	$377.28	$320.68	$399.56	$339.63	N	
26746	AA		OPEN TX,CLSD/OPEN FX...EACH	$9.30	$8.10	$9.30	$8.10	N	3
26750			TREAT CLSD FX...W/O MANIP, EAC	$100.50	$85.42	$144.72	$123.01	N	
26750	AA		TREAT CLSD FX...W/O MANIP, EAC	$9.30	$8.10	$9.30	$8.10	N	3
26755			TREAT CLSD FX...W/ MANIP, EACH	$169.79	$144.32	$260.71	$221.61	N	
26755	AA		TREAT CLSD FX...W/ MANIP, EACH	$9.30	$8.10	$9.30	$8.10	N	3
26756			TREAT CLSD FX..:W/ PERC PIN, E	$219.15	$186.27	$354.18	$301.06	N	
26756	AA		TREAT CLSD FX..:W/ PERC PIN, E	$9.30	$8.10	$9.30	$8.10	N	3
26765			OPEN TX,CLSD/OPEN FX..:EACH	$259.04	$220.18	$300.29	$255.24	N	
26765	AA		OPEN TX,CLSD/OPEN FX..:EACH	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
26770			TRMT OF CLOS INTERPHAL JOINT D	$30.54	$25.96	$220.17	$187.14	N	
26775			CLOSED RX INTERPHAL JT DISLOC	$207.49	$176.36	$309.68	$263.23	N	
26775	AA		TRMT OF SAME W/ ANESTION	$9.30	$8.10	$9.30	$8.10	N	3
26776			PERC.PINNING,CLOSED INTERPHALA	$232.46	$197.59	$378.42	$321.65	N	
26776	AA		PERC.PINNING,CLOSED INTERPHALA	$9.30	$8.10	$9.30	$8.10	N	3
26785			OPEN TRMT OF CLOS OR OPEN INTE	$282.02	$239.71	$306.90	$260.86	N	
26785	AA		OPEN TRMT OF CLOS OR OPEN INTE	$9.30	$8.10	$9.30	$8.10	N	3
26820			THUMB FUSION WITH GRAFT	$418.60	$355.81	$750.10	$637.59	N	
26820	AA		THUMB FUSION WITH GRAFT	$9.30	$8.10	$9.30	$8.10	N	3
26841			ARTHRODESIS, THUMB W/ OR W/O I	$390.28	$331.74	$710.15	$603.63	N	
26841	AA		ARTHRODESIS, THUMB W/ OR W/O I	$9.30	$8.10	$9.30	$8.10	N	3
26842			ARTHRODESIS OF THUMB W/ GRAFT	$419.75	$356.78	$754.13	$641.01	N	
26842	AA		ARTHRODESIS OF THUMB W/ GRAFT	$9.30	$8.10	$9.30	$8.10	N	3
26843			ARTHRODESIS DIGITS OTHER THAN	$394.19	$335.06	$694.59	$590.40	N	
26843	AA		ARTHRODESIS DIGITS OTHER THAN	$9.30	$8.10	$9.30	$8.10	N	3
26844			ARTHRODESIS OF DIGITS W/ GRAFT	$433.65	$368.60	$769.58	$654.15	N	
26844	AA		ARTHRODESIS OF DIGITS W/ GRAFT	$9.30	$8.10	$9.30	$8.10	N	3
26850			ARTHRODESIS KNUCKLE W/ OR W/O	$370.99	$315.34	$666.61	$566.62	N	
26850	AA		ARTHRODESIS KNUCKLE W/ OR W/O	$9.30	$8.10	$9.30	$8.10	N	3
26852			ARTHRODESIS KNUCKLE W/ GRAFT	$421.12	$357.95	$741.86	$630.58	N	
26852	AA		ARTHRODESIS KNUCKLE W/ GRAFT	$9.30	$8.10	$9.30	$8.10	N	3
26860			ARTHRODESIS FINGER JOINT W/ OR	$310.09	$263.57	$550.17	$467.64	N	
26860	AA		ARTHRODESIS FINGER JOINT W/ OR	$9.30	$8.10	$9.30	$8.10	N	3
26861			ARTHRODESIS...EACH ADD JOINT	$49.93	$42.44	$94.54	$80.36	N	
26861	AA		ARTHRODESIS...EACH ADD JOINT	$9.30	$8.10	$9.30	$8.10	N	3
26862			FUSION/GRAFT OF FINGER JOINT	$387.03	$328.97	$685.18	$582.41	N	
26862	AA		FUSION/GRAFT OF FINGER JOINT	$9.30	$8.10	$9.30	$8.10	N	3
26863			ARTHRODESIS:W/ GRAFT,EACH ADD	$111.15	$94.48	$211.45	$179.73	N	
26863	AA		ARTHRODESIS:W/ GRAFT,EACH ADD	$9.30	$8.10	$9.30	$8.10	N	3
26910			AMPUTATE METACARPAL BONE	$384.88	$327.14	$655.90	$557.51	N	
26910	AA		AMPUTATE METACARPAL BONE	$9.30	$8.10	$9.30	$8.10	N	3
26951			AMPUTATION OF FINGER/THUMB	$71.38	$60.67	$511.14	$434.47	N	
26951	AA		AMPUTATION OF FINGER/THUMB	$9.30	$8.10	$9.30	$8.10	N	3
26952			AMPUTATE FINGER/THUMB W/ANES	$69.21	$58.83	$623.83	$530.26	N	
26952	AA		WITH LOCAL ADVANCEMENT FLAPS	$9.30	$8.10	$9.30	$8.10	N	3
26989			UNLISTED PX HANDS/FINGERS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
26990			DRAINAGE OF PELVIS LESION	$343.17	$291.69	$517.49	$439.86	N	
26990	AA		DRAINAGE OF PELVIS LESION	$9.30	$8.10	$9.30	$8.10	N	3
26991			DRAINAGE OF PELVIS BURSA	$70.37	$59.81	$623.29	$529.79	N	
26991	AA		DRAINAGE OF PELVIS BURSA	$9.30	$8.10	$9.30	$8.10	N	3
26992			DRAINAGE OF BONE LESION	$504.17	$428.54	$827.97	$703.77	N	
26992	AA		DRAINAGE OF BONE LESION	$9.30	$8.10	$9.30	$8.10	N	3
27000			TENOTOMY, SUBCUTANEOUS CLOSED-	$196.58	$167.09	$386.11	$328.20	N	
27000	AA		TENOTOMY, SUBCUTANEOUS CLOSED-	$9.30	$8.10	$9.30	$8.10	N	3
27001			TENOTOMY, SUBCUTANEOUS OPEN, U	$273.73	$232.67	$463.01	$393.56	N	
27001	AA		TENOTOMY, SUBCUTANEOUS OPEN, U	$9.30	$8.10	$9.30	$8.10	N	3
27001	AA	50	TENOTOMY,SUBCUTANEOUS OPEN,BIL	$9.30	$8.10	$9.30	$8.10	N	3
27001	50		TENOTOMY,SUBCUTANEOUS OPEN,BIL	$182.00	$158.00	$926.02	$787.11	N	
27003			OPEN UNILATERAL TENOTOMY W/ NE	$305.11	$259.34	$485.34	$412.54	N	
27003	AA		OPEN UNILATERAL TENOTOMY W/ NE	$9.30	$8.10	$9.30	$8.10	N	3
27003	AA	50	OPEN BILATERAL TENOTOMY W/NEVR	$9.30	$8.10	$9.30	$8.10	N	3
27003	50		OPEN BILATERAL TENOTOMY W/NEVR	$273.00	$237.00	$970.69	$825.08	N	
27005			TENOTOMY, ILIOPSOAS, OPEN	$365.21	$310.43	$621.86	$528.58	N	
27005	AA		TENOTOMY, ILIOPSOAS, OPEN	$9.30	$8.10	$9.30	$8.10	N	3
27006			TENOTOMY, ABDUCTORS, OPEN	$360.33	$306.28	$627.04	$532.98	N	
27006	AA		TENOTOMY, ABDUCTORS, OPEN	$9.30	$8.10	$9.30	$8.10	N	3
27025			OBER-YOUNT FASCIOTOMY, UNILATE	$472.19	$401.36	$697.29	$592.69	N	
27025	AA		OBER-YOUNT FASCIOTOMY, UNILATE	$9.30	$8.10	$9.30	$8.10	N	3
27025	AA	50	OBER-YOUNT FASCIOTOMY,BILATERA	$9.30	$8.10	$9.30	$8.10	N	3
27025	50		OBER-YOUNT FASCIOTOMY,BILATERA	$328.00	$285.00	$1,394.58	$1,185.39	N	
27027			DECOMPRESSION FASCIOTOMY(IES)	$443.13	$376.66	$443.13	$376.66	N	
27027	AA		DECOMPRESSION FASCIOTOMY(IES)	$9.30	$8.10	$9.30	$8.10	N	4
27027	50		DECOMPRESSION FASCIOTOMY (IES)	$705.98	$600.09	$705.98	$600.09	N	
27030			ARTHROTOMY OF HIP FOR DRAINAGE	$469.65	$399.20	$805.50	$684.67	N	
27030	AA		ARTHROTOMY OF HIP FOR DRAINAGE	$9.30	$8.10	$9.30	$8.10	N	6
27033			HIP ARTHROTOMY FOR EXPLORATION	$488.35	$415.10	$828.78	$704.47	N	
27033	AA		HIP ARTHROTOMY FOR EXPLORATION	$9.30	$8.10	$9.30	$8.10	N	6
27035			DENERVATION OF HIP JOINT	$562.21	$477.88	$972.25	$826.41	N	
27035	AA		DENERVATION OF HIP JOINT	$9.30	$8.10	$9.30	$8.10	N	3
27036			CAPSULECTOMY OF HIP	$512.20	$435.37	$813.60	$691.56	N	
27036	AA		CAPSULECTOMY OF HIP	$9.30	$8.10	$9.30	$8.10	N	6
27040			SUPERFICIAL BIOPSY OF SOFT TIS	$33.83	$28.76	$276.83	$235.31	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
27040	AA		SUPERFICIAL BIOPSY OF SOFT TIS	$9.30	$8.10	$9.30	$8.10	N	3
27041			DEEP BIOPSY OF SOFT TISSUES	$71.12	$60.45	$578.19	$491.46	N	
27041	AA		DEEP BIOPSY OF SOFT TISSUES	$9.30	$8.10	$9.30	$8.10	N	3
27043			BIOPSY, SOFT TISSUE OF PELVIS	$235.99	$200.59	$235.99	$200.59	N	
27043	AA		BIOPSY, SOFT TISSUE OF PELVIS	$9.30	$8.10	$9.30	$8.10	N	3
27045			BIOPSY, SOFT TISSUE OF PELVIS	$367.51	$312.38	$367.51	$312.38	N	
27045	AA		BIOPSY, SOFT TISSUE OF PELVIS	$9.30	$8.10	$9.30	$8.10	N	3
27047			EXCISION,TUMOR,PELVIS/HIP SUBC	$247.38	$210.27	$488.84	$415.51	N	
27047	AA		EXCISION TUMOR PELVIS/HIP:SUBC	$9.30	$8.10	$9.30	$8.10	N	4
27048			DEEP TUMOR EXCISION,HIP-PELVIS	$309.16	$262.78	$387.64	$329.49	N	
27048	AA		DEEP TUMOR EXCISION,HIP-PELVIS	$9.30	$8.10	$9.30	$8.10	N	3
27049			RAD RESECT TUMOR,SFT TISS,PELV	$710.76	$604.14	$777.74	$661.08	N	
27049	AA		RAD RESECT TUMOR,SFT TISS,PELV	$9.30	$8.10	$9.30	$8.10	N	3
27050			BIOPSY OF SACROILLIAC JOINT	$209.24	$177.85	$305.54	$259.71	N	
27050	AA		BIOPSY OF SACROILLIAC JOINT	$9.30	$8.10	$9.30	$8.10	N	3
27052			BIOPSY OF HIP JOINT	$295.85	$251.47	$428.71	$364.41	N	
27052	AA		BIOPSY OF HIP JOINT	$9.30	$8.10	$9.30	$8.10	N	3
27054			ARTHROTOMY FOR SYNOVECTOMY, HI	$349.28	$296.88	$562.79	$478.37	N	
27054	AA		ARTHROTOMY FOR SYNOVECTOMY, HI	$9.30	$8.10	$9.30	$8.10	N	5
27057			DECOMPRESSION FASCIOTOMY(IES)	$504.46	$428.79	$504.46	$428.79	N	
27057	AA		DECOMPRESSION FASCIOTOMY(IES)	$9.30	$8.10	$9.30	$8.10	N	6
27057	50		DECOMPRESSION FASCIOTOMY(IES)	$799.25	$679.36	$799.25	$679.36	N	
27059			DECOMPRESSION FASCIOTOMY(IES),	$900.12	$765.10	$900.12	$765.10	N	
27059	AA		DECOMPRESSION FASCIOTOMY(IES),	$9.30	$8.10	$9.30	$8.10	N	3
27060			REMOVAL OF ISCHIAL BURSA	$238.76	$202.94	$343.58	$292.05	N	
27060	AA		REMOVAL OF ISCHIAL BURSA	$9.30	$8.10	$9.30	$8.10	N	3
27062			EXCISION TROCHANTERIC BURSA	$231.27	$196.58	$373.68	$317.63	N	
27062	AA		EXCISION TROCHANTERIC BURSA	$9.30	$8.10	$9.30	$8.10	N	3
27065			EXC BONE CYST OR TUMOR, SUPERF	$267.26	$227.17	$401.28	$341.09	N	
27065	AA		EXC BONE CYST OR TUMOR, SUPERF	$9.30	$8.10	$9.30	$8.10	N	4
27066			DEEP W/ OR W/O BONE GRAFT	$413.89	$351.80	$665.84	$565.96	N	
27066	AA		DEEP W/ OR W/O BONE GRAFT	$9.30	$8.10	$9.30	$8.10	N	4
27067			EXC BONE CYST W/AUTOGRAFT	$520.64	$442.54	$853.64	$725.59	N	
27067	AA		W/ BONE GRAFT REQUIRING SEPARA	$9.30	$8.10	$9.30	$8.10	N	4
27070			PARTIAL REMOVAL OF HIP BONE	$439.89	$373.90	$700.44	$595.37	N	
27070	AA		PARTIAL REMOVAL OF HIP BONE	$9.30	$8.10	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
27071			PART EXC SUPERFICIAL DEEP	$486.01	$413.10	$762.74	$648.33	N	
27071	AA		DEEP IP BONE	$9.30	$8.10	$9.30	$8.10	N	4
27075			RADICAL RESECTION FOR TUMOR-WI	$1,032.06	$877.25	$1,924.97	$1,636.22	N	
27075	AA		RADICAL RESECTION FOR TUMOR-WI	$9.30	$8.10	$9.30	$8.10	N	5
27076			RADICAL RESECTION FOR TUMOR-IL	$1,244.39	$1,057.73	$1,301.29	$1,106.09	N	
27076	AA		RADICAL RESECTION FOR TUMOR-IL	$9.30	$8.10	$9.30	$8.10	N	5
27077			INNOMINATE BONE-TOTAL	$1,386.56	$1,178.57	$2,214.64	$1,882.44	N	
27077	AA		INNOMINATE BONE-TOTAL	$9.30	$8.10	$9.30	$8.10	N	5
27078			ISCHIAL TUBEROSITY & TROCANER	$1,017.99	$865.29	$828.10	$703.88	N	
27078	AA		ISCHIAL TUBEROSITY & TROCANER	$9.30	$8.10	$9.30	$8.10	N	5
27080			COCCYGECTOMY	$257.05	$218.49	$393.38	$334.38	N	
27080	AA		COCCYGECTOMY	$9.30	$8.10	$9.30	$8.10	N	4
27086			REMOVE HIP FOREIGN BODY	$31.29	$26.59	$221.21	$188.03	N	
27086	AA		REMOVE HIP FOREIGN BODY	$9.30	$8.10	$9.30	$8.10	N	3
27087			REMOVE FOREIGN BODY,PELVIS/HIP	$62.10	$52.78	$536.18	$455.76	N	
27087	AA		REMOVAL FOREIGN BODY,PELVIS/HI	$9.30	$8.10	$9.30	$8.10	N	3
27090			REMOVAL OF HIP PROSTHESIS	$417.09	$354.53	$708.06	$601.85	N	
27090	AA		REMOVAL OF HIP PROSTHESIS	$9.30	$8.10	$9.30	$8.10	N	6
27091			COMPLIC REMOVEL HIP PROSTHESIS	$792.82	$673.89	$1,288.42	$1,095.15	N	
27091	AA		COMPLICATED HESIS	$9.30	$8.10	$9.30	$8.10	N	6
27093			INJECTION FOR HIP ARTHROGRAPHY	$22.50	$19.12	$196.59	$167.10	N	
27095			INJ PROC HIP ARTHROGRAPHY W/AN	$30.23	$25.70	$246.30	$209.35	N	
27095	AA		INJ PROC HIP ARTHROGRAPHY W/AN	$9.30	$8.10	$9.30	$8.10	N	3
27096			INJECT PROC SACRO JT ARTHROG	$82.07	$69.76	$168.21	$142.98	N	
27096	AA		INJECT PROC SACRO JT ARTHROG	$9.30	$8.10	$9.30	$8.10	N	5
27097			HAMSTRING RECESSION, PROXIMAL	$346.67	$294.67	$542.41	$461.05	N	
27097	AA		HAMSTRING RECESSION, PROXIMAL	$9.30	$8.10	$9.30	$8.10	N	3
27098			ADDUCTOR TRANSFER TO ISCHIUM	$353.24	$300.25	$545.77	$463.90	N	
27098	AA		ADDUCTOR TRANSFER TO ISCHIUM	$9.30	$8.10	$9.30	$8.10	N	3
27100			TRAN EXTERNAL OBLIQUE MUSCLE T	$419.84	$356.86	$699.13	$594.26	N	
27100	AA		TRAN EXTERNAL OBLIQUE MUSCLE T	$9.30	$8.10	$9.30	$8.10	N	5
27105			TRANSFER PARASPINAL MUSCLE TO	$439.31	$373.41	$734.07	$623.96	N	
27105	AA		TRANSFER PARASPINAL MUSCLE TO	$9.30	$8.10	$9.30	$8.10	N	5
27110			TRANSFER ILIOPSOAS MUSCLE TO G	$488.21	$414.97	$793.06	$674.10	N	
27110	AA		TRANSFER ILIOPSOAS MUSCLE TO G	$9.30	$8.10	$9.30	$8.10	N	5
27111			TRANS ILIOPSOAS TO FEM NECK	$455.33	$387.03	$751.56	$638.83	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
27111	AA		TO FEMORAL NECK S MUSCLE	$9.30	$8.10	$9.30	$8.10	N	5
27120			ACETABULOPLASTY	$648.72	$551.41	$1,062.11	$902.80	N	
27120	AA		ACETABULOPLASTY P SOCKET	$9.30	$8.10	$9.30	$8.10	N	5
27122			RESECTION FEMORAL HEAD	$552.27	$469.43	$925.62	$786.77	N	
27122	AA		RESECTION FEMORAL HEAD	$9.30	$8.10	$9.30	$8.10	N	5
27125			PARTIAL HIP REPLACEMENT	$566.45	$481.48	$900.13	$765.11	N	
27125	AA		HEMIARTHROPLASTY: PROSTHESIS	$9.30	$8.10	$9.30	$8.10	N	6
27130			ARTHROPLASTY(TOTAL HIP REPLACE	$640.01	$544.00	$1,191.10	$1,012.43	N	
27130	AA		ARTHROPLASTY(TOTAL HIP REPLACE	$9.30	$8.10	$9.30	$8.10	N	6
27132			CONVERT PREV.HIP SURG TO TOT.H	$830.77	$706.15	$1,386.97	$1,178.92	N	
27132	AA		CONVERT PREV.HIP SURG TO TOT.H	$9.30	$8.10	$9.30	$8.10	N	10
27134			REVISE TOT.HIP ARTHROPLASTY:BO	$943.15	$801.68	$1,651.55	$1,403.82	N	
27134	AA		REVISE TOT.HIP ARTHROPLASTY:BO	$9.30	$8.10	$9.30	$8.10	N	10
27137			REVISE HIP ARTHROPLASTY:ACETAB	$728.53	$619.25	$1,250.69	$1,063.08	N	
27137	AA		REVISE HIP ARTHROPLASTY:ACETAB	$9.30	$8.10	$9.30	$8.10	N	10
27138			REVISE HIP ARTHROPLASTY:FEMORA	$756.49	$643.02	$1,302.93	$1,107.49	N	
27138	AA		REVISE HIP ARTHROPLASTY:FEMORA	$9.30	$8.10	$9.30	$8.10	N	10
27140			OSTEOTOMY & TRANSFER OF GREATE	$451.56	$383.83	$768.92	$653.58	N	
27140	AA		OSTEOTOMY & TRANSFER OF GREATE	$9.30	$8.10	$9.30	$8.10	N	6
27146			OSTEOTOMY, ILIAC	$639.73	$543.77	$1,050.42	$892.85	N	
27146	AA		OSTEOTOMY, ILIAC	$9.30	$8.10	$9.30	$8.10	N	5
27147			WITH OPEN REDUCTION OF HIP	$729.22	$619.83	$1,206.02	$1,025.11	N	
27147	AA		WITH OPEN REDUCTION OF HIP	$9.30	$8.10	$9.30	$8.10	N	6
27151			WITH FEMORAL OSTEOTOMY	$787.29	$669.19	$1,096.58	$932.10	N	
27151	AA		WITH FEMORAL OSTEOTOMY	$9.30	$8.10	$9.30	$8.10	N	6
27156			WITH FEMORAL OSTEOTOMY & OPEN	$847.49	$720.37	$1,448.31	$1,231.07	N	
27156	AA		WITH FEMORAL OSTEOTOMY & OPEN	$9.30	$8.10	$9.30	$8.10	N	6
27158			OSTEOTOMY, PELVIS, BILATERAL	$697.89	$593.20	$1,089.66	$926.21	N	
27158	AA		OSTEOTOMY, PELVIS, BILATERAL	$9.30	$8.10	$9.30	$8.10	N	6
27161			INCISION OF NECK OF FEMUR	$610.62	$519.02	$1,026.04	$872.13	N	
27161	AA		INCISION OF NECK OF FEMUR	$9.30	$8.10	$9.30	$8.10	N	5
27165			INCISION/FIXATION OF FEMUR	$683.96	$581.37	$1,096.18	$931.76	N	
27165	AA		INCISION/FIXATION OF FEMUR	$9.30	$8.10	$9.30	$8.10	N	6
27170			BONE GRAFT FOR NONUNION, FEMOR	$584.75	$497.04	$974.80	$828.58	N	
27170	AA		BONE GRAFT FOR NONUNION, FEMOR	$9.30	$8.10	$9.30	$8.10	N	4
27175			TREAT SLIPPED EPIPHYSIS	$337.03	$286.48	$537.24	$456.65	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
27175	AA		TREAT SLIPPED EPIPHYSIS	$9.30	$8.10	$9.30	$8.10	N	3
27176			BY SINGLE OR MULTIPLE PINNING,	$464.66	$394.96	$752.58	$639.70	N	
27176	AA		BY SINGLE OR MULTIPLE PINNING,	$9.30	$8.10	$9.30	$8.10	N	6
27177			REPAIR SLIPPED EPIPHYSIS	$559.74	$475.78	$923.69	$785.13	N	
27177	AA		REPAIR SLIPPED EPIPHYSIS	$9.30	$8.10	$9.30	$8.10	N	6
27178			OSTEOTOMY & INTERNAL FIXATION	$464.66	$394.96	$726.21	$617.28	N	
27178	AA		OSTEOTOMY & INTERNAL FIXATION	$9.30	$8.10	$9.30	$8.10	N	6
27179			OSTEOPLASTY OF FEMORAL NECK	$491.89	$418.10	$816.13	$693.71	N	
27179	AA		OSTEOPLASTY OF FEMORAL NECK	$9.30	$8.10	$9.30	$8.10	N	6
27181			REPAIR SLIPPED EPIPHYSIS	$562.03	$477.72	$856.95	$728.41	N	
27181	AA		REPAIR SLIPPED EPIPHYSIS	$9.30	$8.10	$9.30	$8.10	N	6
27185			EPIPHYSEAL ARREST, GREATER TRO	$364.11	$309.49	$616.27	$523.83	N	
27185	AA		EPIPHYSEAL ARREST, GREATER TRO	$9.30	$8.10	$9.30	$8.10	N	6
27187			PROPHYLACTIC TREAT,FEM.NECK&PR	$500.62	$425.52	$848.57	$721.28	N	
27187	AA		PROPHYLACTIC TREAT,FEM.NECK&PR	$9.30	$8.10	$9.30	$8.10	N	6
27197			CLSD TX PELVIC RING FX	$66.82	$56.79	$66.82	$56.79	N	
27197	AA		CLSD TX PELVIC RING FX	$9.30	$8.10	$9.30	$8.10	N	4
27198			CLSD TX PELVIC RING FX	$157.92	$134.23	$157.92	$134.23	N	
27198	AA		CLSD TX PELVIC RING FX	$9.30	$8.10	$9.30	$8.10	N	4
27200			TRMT OF CLOSED COCCYGEAL FX	$99.51	$84.58	$142.10	$120.78	N	
27200	AA		TRMT OF CLOSED COCCYGEAL FX	$9.30	$8.10	$9.30	$8.10	N	3
27202			OPEN TRMT OF CLOSED OR OPEN CO	$267.42	$227.31	$548.97	$466.62	N	
27202	AA		OPEN TRMT OF CLOSED OR OPEN CO	$9.30	$8.10	$9.30	$8.10	N	3
27215			OPEN TRMT OF ILIAC SPINE (S)	$428.00	$364.00	$616.15	$523.73	N	
27215	AA		OPEN TRMT OF ILIAC SPINE(S)	$9.30	$8.10	$9.30	$8.10	N	4
27216			PERC SKEL FIX POST PELVIC	$81.00	$58.00	$883.65	$751.10	N	
27216	AA		PERC SKEL FIX POST PELVIC	$9.30	$8.10	$9.30	$8.10	N	3
27217			OPEN TRMT OF ANTERIOR RING	$428.00	$364.00	$861.67	$732.42	N	
27217	AA		OPEN TRMT OF ANTERIOR RING FRA	$9.30	$8.10	$9.30	$8.10	N	4
27218			OPEN TRMT OF POSTERIOR RING	$428.00	$364.00	$1,126.66	$957.66	N	
27218	AA		OPEN TRMT OF POSTERIOR RING	$9.30	$8.10	$9.30	$8.10	N	4
27220			TREAT (HIP SOCKET) FRACTURE AC	$42.60	$36.21	$421.41	$358.20	N	
27220	AA		TREAT (HIP SOCKET) FRACTURE AC	$9.30	$8.10	$9.30	$8.10	N	3
27222			CLOSED RX ACETABULUM W/MANIP	$492.78	$418.86	$804.82	$684.10	N	
27222	AA		WITH MANIPULATION CTURE	$9.30	$8.10	$9.30	$8.10	N	3
27226			OPEN TRMT POST OR ANT ACETAB	$527.02	$447.96	$809.65	$688.20	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
27226	AA		OPEN TRMT.POST.OR ANT.ACETABUL	$9.30	$8.10	$9.30	$8.10	N	4
27227			OPEN TRMT ACETABULAR FRACT	$821.57	$698.33	$1,383.55	$1,176.02	N	
27227	AA		OPEN TRMT.ACETABULAR FRACTURE	$9.30	$8.10	$9.30	$8.10	N	6
27228			OPEN TRMT ACET. FRACT (2)	$931.78	$792.01	$1,594.52	$1,355.34	N	
27228	AA		OPEN TRMT.ACET.FRACT.(2)	$9.30	$8.10	$9.30	$8.10	N	6
27230			TREAT PROXIMAL,NECK,FEMORAL FR	$249.88	$212.40	$389.24	$330.85	N	
27230	AA		TREAT PROXIMAL,NECK,FEMORAL FR	$9.30	$8.10	$9.30	$8.10	N	4
27232			CLOSED RX FEMORAL FX	$364.87	$310.14	$635.58	$540.25	N	
27232	AA		WITH MANIPULATION MUR	$9.30	$8.10	$9.30	$8.10	N	4
27235			PERC SKEL FIXATION FEM FRACT	$455.59	$387.25	$767.74	$652.58	N	
27235	AA		TRMT OF CLOSED OR OPEN FEMORAL	$9.30	$8.10	$9.30	$8.10	N	6
27236			OPEN TRMT OF FEMORAL FX W/ INT	$596.68	$507.17	$948.50	$806.23	N	
27236	AA		OPEN TRMT OF FEMORAL FX W/ INT	$9.30	$8.10	$9.30	$8.10	N	6
27238			TREAT INTE /PER CHANTERIC FRAC	$240.26	$204.22	$375.21	$318.93	N	
27238	AA		TREAT INTE /PER CHANTERIC FRAC	$9.30	$8.10	$9.30	$8.10	N	4
27240			CLOSED RX INTERTROCHANTERIC	$480.16	$408.13	$780.66	$663.56	N	
27240	AA		WITH MANIPULATION RACTURE	$9.30	$8.10	$9.30	$8.10	N	4
27244			OPEN TRMT OF CLOSED OR OPEN IN	$613.88	$521.80	$969.51	$824.09	N	
27244	AA		OPEN TRMT OF CLOSED OR OPEN IN	$9.30	$8.10	$9.30	$8.10	N	6
27245			OPEN TRMT OF INT. PERTR.	$613.04	$521.08	$1,212.62	$1,030.73	N	
27245	AA		OPEN TRMT OF INT., PERTR.	$9.30	$8.10	$9.30	$8.10	N	6
27246			TRMT OF CLOSED GREATER TROCHAN	$200.99	$170.84	$324.17	$275.54	N	
27246	AA		TRMT OF CLOSED GREATER TROCHAN	$9.30	$8.10	$9.30	$8.10	N	4
27248			OPEN TRMT OF CLSD OR OPEN GREA	$374.25	$318.11	$662.42	$563.05	N	
27248	AA		OPEN TRMT OF CLSD OR OPEN GREA	$9.30	$8.10	$9.30	$8.10	N	6
27250			TREAT HIP DISLOCATION	$87.38	$74.27	$182.15	$154.83	N	
27252			TREAT HIP DISLOCATION W/ANESTH	$374.99	$318.74	$629.63	$535.19	N	
27252	AA		TREAT HIP DISLOCATION W/ANESTH	$9.30	$8.10	$9.30	$8.10	N	4
27253			OPEN TRMT OF CLOSED OR OPEN HI	$471.58	$400.84	$806.81	$685.79	N	
27253	AA		OPEN TRMT OF CLOSED OR OPEN HI	$9.30	$8.10	$9.30	$8.10	N	6
27254			TRMT OF SAME W/ ACETABULAR LIP	$634.95	$539.71	$1,078.78	$916.97	N	
27254	AA		TRMT OF SAME W/ ACETABULAR LIP	$9.30	$8.10	$9.30	$8.10	N	6
27256			TRMT OF CONGENITAL HIP DISLOCA	$160.12	$136.10	$263.30	$223.80	N	
27256	AA		TRMT OF CONGENITAL HIP DISLOCA	$9.30	$8.10	$9.30	$8.10	N	3
27257			WITH MANIPULATION REQUIRING AN	$181.01	$153.85	$280.78	$238.66	N	
27257	AA		WITH MANIPULATION REQUIRING AN	$9.30	$8.10	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
27258			OPEN TRMT CONGEN HIP DISL-REPL	$556.93	$473.39	$934.96	$794.72	N	
27258	AA		OPEN TRMT CONGEN HIP DISL-REPL	$9.30	$8.10	$9.30	$8.10	N	6
27259			W/ FEMORAL SHAFT SHORTENING	$769.71	$654.25	$1,271.22	$1,080.53	N	
27259	AA		W/ FEMORAL SHAFT SHORTENING	$9.30	$8.10	$9.30	$8.10	N	6
27265			TX ATRAUMATIC HIP DISLOCATION.	$215.31	$183.01	$340.80	$289.68	N	
27266			TX ATRAUMATIC HIP DISLOC:W ANE	$295.13	$250.86	$490.35	$416.80	N	
27266	AA		TX DISLOCATED HIP :REQ GEN ANE	$9.30	$8.10	$9.30	$8.10	N	4
27267			CLOSED TREATMENT OF FEMORAL FR	$225.25	$191.46	$329.33	$279.93	N	
27267	AA		CLOSED TREATMENT OF FEMORAL FR	$9.30	$8.10	$9.30	$8.10	N	4
27268			CLOSED TREATMENT OF FEMORAL FR	$277.99	$236.29	$404.19	$343.56	N	
27268	AA		CLOSED TREATMENT OF FEMORAL FR	$9.30	$8.10	$9.30	$8.10	N	4
27269			OPEN TREATMENT OF FEMORAL FRAC	$618.69	$525.89	$955.57	$812.23	N	
27269	AA		OPEN TREATMENT OF FEMORAL FRAC	$9.30	$8.10	$9.30	$8.10	N	4
27275			MANIPULATION OF HIP JOINT	$93.98	$79.88	$154.87	$131.64	N	
27275	AA		MANIPULATION OF HIP JOINT	$9.30	$8.10	$9.30	$8.10	N	3
27278			ARTHRD SI JT PRQ WO TFXJ DEV	$6,193.66	$5,264.61	$6,193.66	$5,264.61	N	
27278	AA		ARTHRD SI JT PRQ WO TFXJ DEV	$9.30	$8.10	$9.30	$8.10	N	
27278	26		ARTHRD SI JT PRQ WO TFXJ	$236.00	$236.00	$236.00	$236.00	N	
27279			ARTHRD SI JT PERQ/MIN NVAS	$401.82	$341.54	$401.82	$341.54	N	
27279	AA		ARTHRODESIS SACROILIAC JOINT	$9.30	$8.10	$9.30	$8.10	N	4
27280			FUSION OF SACROILIAC JOINT	$682.52	$580.14	$846.51	$719.54	N	
27280	AA		FUSION OF SACROILIAC JOINT	$9.30	$8.10	$9.30	$8.10	N	6
27282			ARTHRODESIS SYMPHYSIS PUBIS	$433.90	$368.82	$684.91	$582.18	N	
27282	AA		FUSION OF PUBIC BONES	$9.30	$8.10	$9.30	$8.10	N	6
27284			ARTHRODESIS HIP JOINT	$796.11	$676.69	$1,358.00	$1,154.30	N	
27284	AA		FUSION OF HIP JOINT	$9.30	$8.10	$9.30	$8.10	N	6
27286			ARTHRD HIP JT SBTRCHC OSTEOT	$817.06	$694.50	$1,369.69	$1,164.23	N	
27286	AA		WITH SUBTROCHANTERIC OSTEOTOMY	$9.30	$8.10	$9.30	$8.10	N	6
27290			AMPUTATION OF LEG AT HIP	$808.90	$687.56	$1,314.74	$1,117.53	N	
27290	AA		AMPUTATION OF LEG AT HIP	$9.30	$8.10	$9.30	$8.10	N	15
27295			DISARTICULATION OF HIP	$623.88	$530.29	$1,060.54	$901.46	N	
27295	AA		DISARTICULATION OF HIP	$9.30	$8.10	$9.30	$8.10	N	10
27299			UNLISTED PX PELVIS/HIP JOINT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
27301			I&D OF DEEP ABCESS, INFECTED B	$339.19	$288.31	$578.24	$491.50	N	
27301	AA		I&D OF DEEP ABCESS, INFECTED B	$9.30	$8.10	$9.30	$8.10	N	3
27303			INCISION, DEEP W/ OPENING OF B	$325.45	$276.63	$541.18	$460.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
27303	AA		INCISION, DEEP W/ OPENING OF B	$9.30	$8.10	$9.30	$8.10	N	3
27305			FASCIOTOMY, ILIOTIBIAL	$246.92	$209.88	$393.10	$334.13	N	
27305	AA		FASCIOTOMY & FASCIA	$9.30	$8.10	$9.30	$8.10	N	3
27306			TENOTOMY, SINGLE, SUBCU	$174.85	$148.62	$331.32	$281.62	N	
27306	AA		TENOTOMY, SINGLE NDON	$9.30	$8.10	$9.30	$8.10	N	3
27307			TENOTOMY,SUBCU,CLOSED	$208.14	$176.91	$396.97	$337.42	N	
27307	AA		MULTIPLE NDONS	$9.30	$8.10	$9.30	$8.10	N	3
27310			ARTHROTOMY, KNEE JOINT	$371.03	$315.37	$598.14	$508.42	N	
27310	AA		ARTHROTOMY, KNEE JOINT	$9.30	$8.10	$9.30	$8.10	N	3
27323			BIOPSY THIGH SOFT TISSUES	$27.37	$23.27	$198.60	$168.81	N	
27323	AA		BIOPSY THIGH SOFT TISSUES	$9.30	$8.10	$9.30	$8.10	N	3
27324			BIOPSY THIGH SOFT TISSUES	$41.94	$35.65	$318.90	$271.07	N	
27324	AA		BIOPSY THIGH SOFT TISSUES	$9.30	$8.10	$9.30	$8.10	N	3
27325			NEURECTOMY, HAMSTRING	$287.94	$244.74	$287.94	$244.74	N	
27325	AA		NEURECTOMY, HAMSTRING	$9.30	$8.10	$9.30	$8.10	N	4
27326			NEURECTOMY, POPLITEAL	$267.49	$227.36	$267.49	$227.36	N	
27326	AA		NEURECTOMY, POPLITEAL	$9.30	$8.10	$9.30	$8.10	N	3
27327			REMOVAL OF THIGH LESION	$49.93	$42.44	$363.81	$309.24	N	
27327	AA		REMOVAL OF THIGH LESION	$9.30	$8.10	$9.30	$8.10	N	3
27328			REMOVAL OF THIGH LESION	$62.78	$53.36	$349.19	$296.81	N	
27328	AA		REMOVAL OF THIGH LESION	$9.30	$8.10	$9.30	$8.10	N	3
27329			RAD RESECT TUMOR...THIGH OR KN	$519.49	$441.57	$816.66	$694.16	N	
27329	AA		RAD RESECT TUMOR...THIGH OR KN	$9.30	$8.10	$9.30	$8.10	N	3
27330			BIOPSY KNEE JOINT LINING	$217.17	$184.59	$337.59	$286.95	N	
27330	AA		BIOPSY KNEE JOINT LINING	$9.30	$8.10	$9.30	$8.10	N	3
27331			EXPLORE/TREAT KNEE JOINT	$244.54	$207.86	$403.66	$343.11	N	
27331	AA		EXPLORE/TREAT KNEE JOINT	$9.30	$8.10	$9.30	$8.10	N	3
27332			REMOVAL OF KNEE CARTILAGE	$329.04	$279.68	$545.61	$463.77	N	
27332	AA		REMOVAL OF KNEE CARTILAGE	$9.30	$8.10	$9.30	$8.10	N	3
27333			REMOVAL OF KNEE CARTILAGE	$300.97	$255.82	$494.66	$420.46	N	
27333	AA		REMOVAL OF KNEE CARTILAGE	$9.30	$8.10	$9.30	$8.10	N	3
27334			REMOVE KNEE JOINT LINING	$348.97	$296.62	$571.41	$485.70	N	
27334	AA		REMOVE KNEE JOINT LINING	$9.30	$8.10	$9.30	$8.10	N	3
27335			REMOVE KNEE JOINT LINING	$387.58	$329.44	$646.78	$549.76	N	
27335	AA		REMOVE KNEE JOINT LINING	$9.30	$8.10	$9.30	$8.10	N	3
27337			ARTHROTOMY, WITH SYNOVECTOMY,	$212.11	$180.29	$212.11	$180.29	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
27337	AA		ARTHROTOMY, WITH SYNOVECTOMY,	$9.30	$8.10	$9.30	$8.10	N	4
27339			ARTHROTOMY, WITH SYNOVECTOMY,	$378.83	$322.01	$378.83	$322.01	N	
27339	AA		ARTHROTOMY, WITH SYNOVECTOMY,	$9.30	$8.10	$9.30	$8.10	N	4
27340			REMOVAL OF KNEECAP BURSA	$193.24	$164.25	$308.14	$261.92	N	
27340	AA		REMOVAL OF KNEECAP BURSA	$9.30	$8.10	$9.30	$8.10	N	3
27345			REMOVAL OF KNEE CYST	$249.91	$212.42	$407.73	$346.57	N	
27345	AA		REMOVAL OF KNEE CYST	$9.30	$8.10	$9.30	$8.10	N	4
27347			EXCISE LESION OF KNEE	$269.61	$229.16	$395.92	$336.53	N	
27347	AA		EXCISE LESION OF KNEE	$9.30	$8.10	$9.30	$8.10	N	4
27350			REMOVAL OF KNEECAP	$332.57	$282.68	$545.93	$464.04	N	
27350	AA		REMOVAL OF KNEECAP	$9.30	$8.10	$9.30	$8.10	N	3
27355			REMOVE FEMUR LESION	$310.33	$263.78	$510.89	$434.25	N	
27355	AA		REMOVE FEMUR LESION	$9.30	$8.10	$9.30	$8.10	N	4
27356			REMOVE FEMUR LESION/GRAFT	$375.16	$318.89	$615.13	$522.86	N	
27356	AA		REMOVE FEMUR LESION/GRAFT	$9.30	$8.10	$9.30	$8.10	N	3
27357			REMOVE FEMUR LESION/GRAFT	$412.41	$350.55	$686.04	$583.13	N	
27357	AA		REMOVE FEMUR LESION/GRAFT	$9.30	$8.10	$9.30	$8.10	N	3
27358			REMOVE FEMUR LESION/FIXATION	$134.14	$114.02	$134.14	$114.02	N	
27358	AA		REMOVE FEMUR LESION/FIXATION	$9.30	$8.10	$9.30	$8.10	N	3
27360			PARTIAL REMOVAL LEG BONE(S)	$454.21	$386.08	$710.39	$603.83	N	
27360	AA		PARTIAL REMOVAL LEG BONE(S)	$9.30	$8.10	$9.30	$8.10	N	4
27364			RAD RESECT TUMOR,SOFT TISSUE	$777.82	$661.15	$777.82	$661.15	N	
27364	AA		PARTIAL EXCISION (CRATERIZATIO	$9.30	$8.10	$9.30	$8.10	N	5
27365			EXTENSIVE LEG SURGERY	$1,018.49	$865.71	$993.42	$844.41	N	
27365	AA		EXTENSIVE LEG SURGERY	$9.30	$8.10	$9.30	$8.10	N	3
27369			NJX CNTRST KNE ARTHG/CT/MRI	$86.70	$73.70	$86.70	$73.70	N	
27369	AA		NJX CNTRST KNE ARTHG/CT/MRI	$9.30	$8.10	$9.30	$8.10	N	
27372			REMOVAL OF FOREIGN BODY	$59.25	$50.36	$526.76	$447.75	N	
27372	AA		REMOVAL OF FOREIGN BODY	$9.30	$8.10	$9.30	$8.10	N	3
27380			REPAIR OF KNEECAP TENDON	$315.56	$268.23	$510.34	$433.79	N	
27380	AA		REPAIR OF KNEECAP TENDON	$9.30	$8.10	$9.30	$8.10	N	3
27381			REPAIR/GRAFT KNEECAP TENDON	$414.06	$351.95	$688.54	$585.26	N	
27381	AA		REPAIR/GRAFT KNEECAP TENDON	$9.30	$8.10	$9.30	$8.10	N	3
27385			REPAIR OF THIGH MUSCLE	$308.32	$262.07	$544.72	$463.01	N	
27385	AA		REPAIR OF THIGH MUSCLE	$9.30	$8.10	$9.30	$8.10	N	3
27386			REPAIR/GRAFT OF THIGH MUSCLE	$432.18	$367.35	$711.52	$604.79	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
27386	AA		REPAIR/GRAFT OF THIGH MUSCLE	$9.30	$8.10	$9.30	$8.10	N	3
27390			INCISION OF THIGH TENDON	$231.47	$196.75	$369.06	$313.70	N	
27390	AA		INCISION OF THIGH TENDON	$9.30	$8.10	$9.30	$8.10	N	3
27391			INCISION OF THIGH TENDONS	$295.44	$251.12	$486.88	$413.85	N	
27391	AA		INCISION OF THIGH TENDONS	$9.30	$8.10	$9.30	$8.10	N	3
27392			INCISION OF THIGH TENDONS	$361.91	$307.62	$595.10	$505.83	N	
27392	AA		INCISION OF THIGH TENDONS	$9.30	$8.10	$9.30	$8.10	N	3
27393			LENGTHENING OF THIGH TENDON	$256.19	$217.76	$432.66	$367.76	N	
27393	AA		LENGTHENING OF THIGH TENDON	$9.30	$8.10	$9.30	$8.10	N	3
27394			LENGTHENING OF THIGH TENDONS	$333.09	$283.13	$557.46	$473.84	N	
27394	AA		LENGTHENING OF THIGH TENDONS	$9.30	$8.10	$9.30	$8.10	N	3
27395			LENGTHENING OF THIGH TENDONS	$445.03	$378.28	$747.67	$635.52	N	
27395	AA		LENGTHENING OF THIGH TENDONS	$9.30	$8.10	$9.30	$8.10	N	3
27396			TRANSPLANT OF THIGH TENDON	$314.93	$267.69	$525.92	$447.03	N	
27396	AA		TRANSPLANT OF THIGH TENDON	$9.30	$8.10	$9.30	$8.10	N	3
27397			TRANSPLANTS OF THIGH TENDONS	$462.40	$393.04	$717.46	$609.84	N	
27397	AA		TRANSPLANTS OF THIGH TENDONS	$9.30	$8.10	$9.30	$8.10	N	3
27400			REVISE THIGH MUSCLES/TENDONS	$353.40	$300.39	$570.20	$484.67	N	
27400	AA		REVISE THIGH MUSCLES/TENDONS	$9.30	$8.10	$9.30	$8.10	N	3
27403			ARTHROTOMY WITH OPEN MENISCUS	$328.02	$278.81	$549.84	$467.36	N	
27403	AA		ARTHROTOMY WITH OPEN MENISCUS	$9.30	$8.10	$9.30	$8.10	N	3
27405			REPAIR OF KNEE LIGAMENT	$342.83	$291.40	$572.54	$486.66	N	
27405	AA		REPAIR OF KNEE LIGAMENT	$9.30	$8.10	$9.30	$8.10	N	3
27407			REPAIR OF KNEE LIGAMENT	$403.72	$343.16	$659.89	$560.90	N	
27407	AA		REPAIR OF KNEE LIGAMENT	$9.30	$8.10	$9.30	$8.10	N	3
27409			REPAIR OF KNEE LIGAMENTS	$486.57	$413.58	$811.94	$690.15	N	
27409	AA		REPAIR OF KNEE LIGAMENTS	$9.30	$8.10	$9.30	$8.10	N	3
27412			AUTOCHONDROCYRE IMPLANT KNEE	$822.11	$698.79	$1,366.35	$1,161.40	N	
27412	AA		AUTOCHONDROCYRE IMPLANT KNEE	$9.30	$8.10	$9.30	$8.10	N	4
27415			OSTEOCHONDRAL KNEE ALLOGRAFT	$687.48	$584.35	$1,140.14	$969.12	N	
27415	AA		OSTEOCHONDRAL KNEE ALLOGRAFT	$9.30	$8.10	$9.30	$8.10	N	4
27416			OSTEOCHONDRAL AUTOGRAFT(S), KN	$492.87	$418.94	$752.19	$639.36	N	
27416	AA		OSTEOCHONDRAL AUTOGRAFT(S), KN	$9.30	$8.10	$9.30	$8.10	N	4
27418			PLASTY FOR CHONDROMALACIA PAAT	$411.88	$350.09	$700.88	$595.75	N	
27418	AA		PLASTY FOR CHONDROMALACIA PAAT	$9.30	$8.10	$9.30	$8.10	N	3
27420			REVISION OF UNSTABLE KNEECAP	$377.89	$321.21	$636.78	$541.27	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
27420	AA		REVISION OF UNSTABLE KNEECAP	$9.30	$8.10	$9.30	$8.10	N	3
27422			REVISION OF UNSTABLE KNEECAP	$376.41	$319.94	$635.25	$539.96	N	
27422	AA		REVISION OF UNSTABLE KNEECAP	$9.30	$8.10	$9.30	$8.10	N	3
27424			REVISION/REMOVAL OF KNEECAP	$379.58	$322.64	$635.18	$539.90	N	
27424	AA		REVISION/REMOVAL OF KNEECAP	$9.30	$8.10	$9.30	$8.10	N	3
27425			LATERAL RENTINACULAR RELEASE A	$233.51	$198.48	$379.25	$322.36	N	
27425	AA		LATERAL RENTINACULAR RELEASE A	$9.30	$8.10	$9.30	$8.10	N	3
27427			RECONSTRUCT(AUGMENT)KNEE:ESTRA	$358.23	$304.49	$609.05	$517.69	N	
27427	AA		RECONSTRUCT(AUGMENT)KNEE:ESTRA	$9.30	$8.10	$9.30	$8.10	N	3
27428			RECONSTRUCT(AUGMENT)KNEE:INTRA	$563.03	$478.57	$895.80	$761.43	N	
27428	AA		RECONSTRUCT(AUGMENT)KNEE:INTRA	$9.30	$8.10	$9.30	$8.10	N	3
27429			RECONSTRUCT KNEE:INTRA&EXTRA A	$634.78	$539.56	$992.16	$843.34	N	
27429	AA		RECONSTRUCT KNEE:INTRA&EXTRA A	$9.30	$8.10	$9.30	$8.10	N	3
27430			REVISION OF THIGH MUSCLES	$375.27	$318.98	$627.41	$533.30	N	
27430	AA		REVISION OF THIGH MUSCLES	$9.30	$8.10	$9.30	$8.10	N	3
27435			INCISION OF KNEE JOINT	$408.65	$347.35	$638.00	$542.30	N	
27435	AA		INCISION OF KNEE JOINT	$9.30	$8.10	$9.30	$8.10	N	3
27437			ARTHROPLASTY,PATELLA:WOUT PROS	$335.50	$285.17	$557.46	$473.84	N	
27437	AA		ARTHROPLASTY,PATELLA:WOUT PROS	$9.30	$8.10	$9.30	$8.10	N	3
27438			REVISE KNEE CAP WITH IMPLANT	$424.19	$360.56	$702.41	$597.05	N	
27438	AA		REVISE KNEE CAP WITH IMPLANT	$9.30	$8.10	$9.30	$8.10	N	3
27440			REVISION OF KNEE JOINT	$403.29	$342.80	$586.47	$498.50	N	
27440	AA		REVISION OF KNEE JOINT	$9.30	$8.10	$9.30	$8.10	N	3
27441			REVISION OF KNEE JOINT	$416.05	$353.64	$625.30	$531.50	N	
27441	AA		REVISION OF KNEE JOINT	$9.30	$8.10	$9.30	$8.10	N	3
27442			REVISION OF KNEE JOINT	$439.28	$373.39	$740.30	$629.26	N	
27442	AA		REVISION OF KNEE JOINT	$9.30	$8.10	$9.30	$8.10	N	3
27443			REVISION OF KNEE JOINT	$412.29	$350.44	$697.90	$593.21	N	
27443	AA		REVISION OF KNEE JOINT	$9.30	$8.10	$9.30	$8.10	N	3
27445			REVISE KNEE JOINT, IMPLANT	$626.76	$532.75	$1,069.32	$908.92	N	
27445	AA		REVISE KNEE JOINT, IMPLANT	$9.30	$8.10	$9.30	$8.10	N	10
27446			TOTAL KNEE REPLACEMENT	$573.74	$487.68	$966.22	$821.28	N	
27446	AA		TOTAL KNEE REPLACEMENT	$9.30	$8.10	$9.30	$8.10	N	3
27447			TOTAL KNEE REPLACEMENT	$639.16	$543.29	$1,286.76	$1,093.75	N	
27447	AA		TOTAL KNEE REPLACEMENT	$9.30	$8.10	$9.30	$8.10	N	10
27448			INCISION OF FEMUR,UNILATERAL	$417.86	$355.18	$698.78	$593.96	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
27448	AA		INCISION OF FEMUR, UNILATERAL	$9.30	$8.10	$9.30	$8.10	N	5
27448	AA	50	INCISION OF FEMUR, BILATERAL	$9.30	$8.10	$9.30	$8.10	N	8
27448	50		INCISION OF FEMUR, BILATERAL	$590.00	$501.00	$1,397.55	$1,187.92	N	
27450			INCISION OF FEMUR	$505.16	$429.39	$872.78	$741.87	N	
27450	AA		INCISION OF FEMUR	$9.30	$8.10	$9.30	$8.10	N	8
27450	50		INCISION OF FEMUR W FIXATION	$885.00	$752.00	$1,745.57	$1,483.73	N	
27454			REALIGNMENT OF FEMUR	$646.76	$549.75	$1,071.80	$911.03	N	
27454	AA		REALIGNMENT OF FEMUR	$9.30	$8.10	$9.30	$8.10	N	4
27455			REALIGNMENT OF KNEE,UNILATERAL	$482.87	$410.44	$807.04	$685.98	N	
27455	AA		REALIGNMENT OF KNEE,UNILATERAL	$9.30	$8.10	$9.30	$8.10	N	4
27455	AA	50	REALIGNMENT OF KNEE,BILATERAL	$9.30	$8.10	$9.30	$8.10	N	6
27455	50		REALIGNMENT OF KNEE,BILATERAL	$408.00	$347.00	$1,614.08	$1,371.97	N	
27457			REALIGNMENT OF KNEE	$479.10	$407.23	$831.27	$706.58	N	
27457	AA		REALIGNMENT OF KNEE	$9.30	$8.10	$9.30	$8.10	N	4
27457	AA	50	REALIGNMENT OF KNEE	$9.30	$8.10	$9.30	$8.10	N	6
27457	50		REALIGNMENT OF KNEE	$408.00	$347.00	$1,662.54	$1,413.16	N	
27465			SHORTENING OF FEMUR	$623.60	$530.06	$858.56	$729.78	N	
27465	AA		SHORTENING OF FEMUR	$9.30	$8.10	$9.30	$8.10	N	5
27466			LENGTHENING OF FEMUR	$593.28	$504.28	$999.82	$849.85	N	
27466	AA		LENGTHENING OF FEMUR	$9.30	$8.10	$9.30	$8.10	N	4
27468			REVISION OF FEMURS	$669.83	$569.36	$1,116.60	$949.11	N	
27468	AA		REVISION OF FEMURS	$9.30	$8.10	$9.30	$8.10	N	4
27470			REPAIR OF FEMUR	$591.05	$502.39	$990.83	$842.21	N	
27470	AA		REPAIR OF FEMUR	$9.30	$8.10	$9.30	$8.10	N	4
27472			REPAIR / GRAFT OF FEMUR	$632.31	$537.46	$1,081.49	$919.26	N	
27472	AA		REPAIR / GRAFT OF FEMUR	$9.30	$8.10	$9.30	$8.10	N	4
27475			REPAIR OF FEMUR EPIPHYSIS	$336.68	$286.18	$558.30	$474.55	N	
27475	AA		REPAIR OF FEMUR EPIPHYSIS	$9.30	$8.10	$9.30	$8.10	N	4
27477			REPAIR LOWER LEG EPIPHYSES	$371.53	$315.80	$625.12	$531.35	N	
27477	AA		REPAIR LOWER LEG EPIPHYSES	$9.30	$8.10	$9.30	$8.10	N	4
27479			REPAIR OF LEG EPIPHYSES	$462.03	$392.73	$814.20	$692.07	N	
27479	AA		REPAIR OF LEG EPIPHYSES	$9.30	$8.10	$9.30	$8.10	N	4
27485			REPAIR OF LEG EPIPHYSIS	$341.20	$290.02	$576.08	$489.67	N	
27485	AA		REPAIR OF LEG EPIPHYSIS	$9.30	$8.10	$9.30	$8.10	N	3
27486			REVISE KNEE/ARTHROPLASTY-1 COM	$700.70	$595.60	$1,166.54	$991.56	N	
27486	AA		REVISE KNEE/ARTHROPLASTY-1 COM	$9.30	$8.10	$9.30	$8.10	N	10

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
27487			REVISE KNEE ARTHROPLASTY-ALL C	$870.85	$740.22	$1,490.49	$1,266.91	N	
27487	AA		REVISE KNEE ARTHROPLASTY-ALL C	$9.30	$8.10	$9.30	$8.10	N	10
27488			REMOVAL OF KNEE PROSTHESIS	$600.92	$510.78	$975.87	$829.49	N	
27488	AA		REMOVAL OF KNEE PROSTHESIS	$9.30	$8.10	$9.30	$8.10	N	10
27495			PROPHYLACTIC TREAT.FEMUR	$565.88	$481.00	$959.14	$815.27	N	
27495	AA		PROPHYLACTIC TREAT.FEMUR	$9.30	$8.10	$9.30	$8.10	N	5
27496			DECOMP.FASCIO,THIGH/KNEE,1 COM	$281.26	$239.07	$412.76	$350.85	N	
27496	AA		DECOMP.FASCIO,THIGH/KNEE 1 COM	$9.30	$8.10	$9.30	$8.10	N	5
27497			DECOMP.FASCIAL,W.DEBRID.MUSCLE	$295.28	$250.98	$445.23	$378.45	N	
27497	AA		DECOMP.FASCIO W.DEBRID.MUSC-NE	$9.30	$8.10	$9.30	$8.10	N	5
27498			DECOMP.FASCIO,THIGH/KNEE	$334.76	$284.54	$491.46	$417.74	N	
27498	AA		DECOMP.FASCIO,THIGH/KNEE	$9.30	$8.10	$9.30	$8.10	N	5
27499			DECOMP.FASCIO,THIGH/KNEE W.DEB	$356.18	$302.75	$559.70	$475.74	N	
27499	AA		DECOMP.FASCIO,THIGH/KNEE DEB.	$9.30	$8.10	$9.30	$8.10	N	5
27500			TREATMENT OF FEMUR FRACTURE	$268.04	$227.83	$425.28	$361.49	N	
27500	AA		TREATMENT OF FEMUR FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27501			CLOSED TRMT OF FEMOR FRACTURE	$257.84	$219.16	$414.38	$352.22	N	
27501	AA		CLOSED TRMT. OF FEMOR FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27502			TREATMENT OF FEMUR FRACTURE	$378.86	$322.03	$662.25	$562.91	N	
27502	AA		TREATMENT OF FEMUR FRACTURE	$9.30	$8.10	$9.30	$8.10	N	4
27503			CLOSED TRMT OF FEMOR FRACTURE	$403.96	$343.36	$670.13	$569.61	N	
27503	AA		CLOSED TRMT. OF FEMOR FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27506			REPAIR OF FEMUR FRACTURE	$669.36	$568.96	$1,075.16	$913.89	N	
27506	AA		REPAIR OF FEMUR FRACTURE	$9.30	$8.10	$9.30	$8.10	N	4
27507			OPEN TRMT OF FEMOR FRACTURE	$484.03	$411.43	$847.99	$720.79	N	
27507	AA		OPEN TRMT OF FEMOR FRACTURE	$9.30	$8.10	$9.30	$8.10	N	4
27508			TREATMENT OF FEMUR FRACTURE	$271.03	$230.38	$432.50	$367.62	N	
27508	AA		TREATMENT OF FEMUR FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27509			PERCUT OR TRANSC. FEMOR FRACT	$343.00	$291.55	$553.74	$470.68	N	
27509	AA		PERCUT.OR TRANSC.FEMOR FRACTUR	$9.30	$8.10	$9.30	$8.10	N	5
27510			TREATMENT OF FEMUR FRACTURE	$343.53	$292.00	$582.88	$495.45	N	
27510	AA		TREATMENT OF FEMUR FRACTURE	$9.30	$8.10	$9.30	$8.10	N	4
27511			OPEN TRMT OF FEMOR FRACTURE	$496.10	$421.68	$881.59	$749.35	N	
27511	AA		OPEN TRMT. OF FEMOR FRACTURE	$9.30	$8.10	$9.30	$8.10	N	4
27513			OPEN TRMT FO FEMOR FRACTURE	$613.22	$521.23	$1,130.00	$960.50	N	
27513	AA		OPEN TRMT. OF FEMOR FRACTURE	$9.30	$8.10	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
27514			REPAIR OF FEMUR FRACTURE	$482.20	$409.87	$1,003.30	$852.81	N	
27514	AA		REPAIR OF FEMUR FRACTURE	$9.30	$8.10	$9.30	$8.10	N	5
27516			TREATMENT OF FEMUR EPIPHYSIS	$269.31	$228.91	$409.50	$348.07	N	
27516	AA		TREATMENT OF FEMUR EPIPHYSIS	$9.30	$8.10	$9.30	$8.10	N	3
27517			TREATMENT OF FEMUR EPIPHYSIS	$351.92	$299.13	$566.74	$481.73	N	
27517	AA		TREATMENT OF FEMUR EPIPHYSIS	$9.30	$8.10	$9.30	$8.10	N	3
27519			REPAIR OF FEMUR EPIPHYSIS	$445.43	$378.61	$926.70	$787.70	N	
27519	AA		REPAIR OF FEMUR EPIPHYSIS	$9.30	$8.10	$9.30	$8.10	N	5
27520			TREAT KNEECAP FRACTURE	$172.04	$146.23	$258.66	$219.86	N	
27520	AA		TREAT KNEECAP FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27524			REPAIR OF KNEECAP FRACTURE	$380.99	$323.84	$647.12	$550.05	N	
27524	AA		REPAIR OF KNEECAP FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27530			CLOSED TREATMENT OF TIBIAL FX	$162.79	$138.37	$319.22	$271.33	N	
27530	AA		TREATMENT OF KNEE FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27532			CLOSED TREATMENT OF TIBIAL FX	$318.82	$271.00	$518.06	$440.35	N	
27532	AA		TREATMENT OF KNEE FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27535			OPEN TRMT OF TIBIAL FRACTURE	$448.16	$380.94	$766.02	$651.12	N	
27535	AA		OPEN TRMT. OF TIBIAL FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27536			OPEN RX TIBIAL FX	$594.87	$505.64	$969.68	$824.23	N	
27536	AA		REPAIR OF KNEE FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27538			TRMT OF CLOSED INTERCONDLAR SP	$251.36	$213.66	$387.10	$329.04	N	
27538	AA		TRMT OF CLOSED INTERCONDLAR SP	$9.30	$8.10	$9.30	$8.10	N	3
27540			REPAIR OF KNEE FRACTURE	$411.57	$349.83	$804.22	$683.59	N	
27540	AA		REPAIR OF KNEE FRACTURE	$9.30	$8.10	$9.30	$8.10	N	5
27550			TREAT KNEE DISLOCATION	$264.81	$225.08	$408.82	$347.49	N	
27552			TREAT KNEE DISLOCATION	$323.75	$275.18	$526.08	$447.17	N	
27552	AA		TREAT KNEE DISLOCATION	$9.30	$8.10	$9.30	$8.10	N	3
27556			REPAIR OF KNEE DISLOCATION	$437.73	$372.07	$911.18	$774.50	N	
27556	AA		REPAIR OF KNEE DISLOCATION	$9.30	$8.10	$9.30	$8.10	N	3
27557			REPAIR OF KNEE DISLOCATION	$520.19	$442.16	$1,063.42	$903.91	N	
27557	AA		REPAIR OF KNEE DISLOCATION	$9.30	$8.10	$9.30	$8.10	N	3
27558			OPEN TRMT OF KNEE DISLOCATION	$590.86	$502.23	$1,093.99	$929.89	N	
27558	AA		OPEN TRMT. OF KNEE DISLOCATION	$9.30	$8.10	$9.30	$8.10	N	3
27560			TREAT KNEECAP DISLOCATION	$195.11	$165.84	$296.82	$252.29	N	
27562			TREAT KNEECAP DISLOCATION	$252.91	$214.97	$372.67	$316.77	N	
27562	AA		TREAT KNEECAP DISLOCATION	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
27566			REPAIR KNEECAP DISLOCATION	$449.60	$382.16	$765.85	$650.97	N	
27566	AA		REPAIR KNEECAP DISLOCATION	$9.30	$8.10	$9.30	$8.10	N	3
27570			FIXATION OF KNEE JOINT	$79.09	$67.22	$124.26	$105.62	N	
27570	AA		FIXATION OF KNEE JOINT	$9.30	$8.10	$9.30	$8.10	N	3
27580			FUSION OF KNEE	$735.89	$625.51	$1,214.43	$1,032.27	N	
27580	AA		FUSION OF KNEE	$9.30	$8.10	$9.30	$8.10	N	3
27590			AMPUTATE LEG AT THIGH	$383.24	$325.75	$658.07	$559.36	N	
27590	AA		AMPUTATE LEG AT THIGH	$9.30	$8.10	$9.30	$8.10	N	4
27591			AMPUTATE LEG AT THIGH	$484.45	$411.78	$754.06	$640.95	N	
27591	AA		AMPUTATE LEG AT THIGH	$9.30	$8.10	$9.30	$8.10	N	3
27592			AMPUTATE LEG AT THIGH	$332.86	$282.93	$568.99	$483.64	N	
27592	AA		AMPUTATE LEG AT THIGH	$9.30	$8.10	$9.30	$8.10	N	4
27594			AMPUTATION FOLLOW-UP SURGERY	$50.48	$42.91	$424.33	$360.68	N	
27594	AA		AMPUTATION FOLLOW-UP SURGERY	$9.30	$8.10	$9.30	$8.10	N	4
27596			AMPUTATION FOLLOW-UP SURGERY	$351.23	$298.55	$612.58	$520.70	N	
27596	AA		AMPUTATION FOLLOW-UP SURGERY	$9.30	$8.10	$9.30	$8.10	N	4
27598			AMPUTATE LOWER LEG AT KNEE	$344.00	$292.40	$619.86	$526.88	N	
27598	AA		AMPUTATE LOWER LEG AT KNEE	$9.30	$8.10	$9.30	$8.10	N	4
27599			UNLISTED PX FEMUR/KNEE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
27600			DECOMPRESSION OF LOWER LEG	$200.51	$170.43	$357.74	$304.08	N	
27600	AA		DECOMPRESSION OF LOWER LEG	$9.30	$8.10	$9.30	$8.10	N	3
27601			FASCIOTOMY,LEG-POSTERIOR COMP.	$220.77	$187.65	$366.51	$311.54	N	
27601	AA		FASCIOTOMY,LEG-POSTERIOR COMP.	$9.30	$8.10	$9.30	$8.10	N	3
27602			DECOMPRESSION OF LOWER LEG	$234.76	$199.54	$438.93	$373.09	N	
27602	AA		DECOMPRESSION OF LOWER LEG	$9.30	$8.10	$9.30	$8.10	N	3
27603			DRAIN LOWER LEG LESION	$260.98	$221.83	$432.50	$367.63	N	
27603	AA		DRAIN LOWER LEG LESION	$9.30	$8.10	$9.30	$8.10	N	3
27604			DRAIN LOWER LEG BURSA	$46.28	$39.34	$368.34	$313.09	N	
27604	AA		DRAIN LOWER LEG BURSA	$9.30	$8.10	$9.30	$8.10	N	3
27605			INCISION OF ACHILLES TENDON	$32.67	$27.77	$364.08	$309.47	N	
27606			INCISION OFACHILLES TENDON	$135.90	$115.52	$265.28	$225.49	N	
27606	AA		INCISION OFACHILLES TENDON	$9.30	$8.10	$9.30	$8.10	N	3
27607			TREAT LOWER LEG BONE LESION	$300.77	$255.65	$500.35	$425.30	N	
27607	AA		TREAT LOWER LEG BONE LESION	$9.30	$8.10	$9.30	$8.10	N	3
27610			EXPLORE/TREAT ANKLE JOINT	$325.54	$276.70	$542.86	$461.43	N	
27610	AA		EXPLORE/TREAT ANKLE JOINT	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
27612			EXPLORATION OF ANKLE JOINT	$290.35	$246.80	$472.09	$401.27	N	
27612	AA		EXPLORATION OF ANKLE JOINT	$9.30	$8.10	$9.30	$8.10	N	3
27613			BIOPSY LOWER LEG SOFT TISSUE	$25.32	$21.52	$184.44	$156.77	N	
27613	AA		BIOPSY LOWER LEG SOFT TISSUE	$9.30	$8.10	$9.30	$8.10	N	3
27614			BIOPSY LOWER LEG SOFT TISSUE D	$58.44	$49.67	$444.24	$377.60	N	
27614	AA		BIOPSY LOWER LEG SOFT TISSUE D	$9.30	$8.10	$9.30	$8.10	N	3
27615			RAD RESECT TUMOR LEG OR ANK	$504.19	$428.56	$770.10	$654.59	N	
27615	AA		RAD RESECT TUMOR LEG OR ANK	$9.30	$8.10	$9.30	$8.10	N	3
27616			RADICAL RESECTION OF TUMOR (EG	$620.38	$527.32	$620.38	$527.32	N	
27616	AA		RADICAL RESECTION OF TUMOR (EG	$9.30	$8.10	$9.30	$8.10	N	3
27618			REMOVE LOWER LEG LESION	$48.52	$41.24	$386.45	$328.48	N	
27618	AA		REMOVE LOWER LEG LESION	$9.30	$8.10	$9.30	$8.10	N	3
27619			REMOVE LOWER LEG LESION DEEP	$234.70	$199.50	$482.45	$410.08	N	
27619	AA		REMOVE LOWER LEG LESION DEEP	$9.30	$8.10	$9.30	$8.10	N	3
27620			BIOPSY OF ANKLE JOINT	$227.75	$193.59	$403.31	$342.82	N	
27620	AA		BIOPSY OF ANKLE JOINT	$9.30	$8.10	$9.30	$8.10	N	3
27625			REMOVE ANKLE JOINT LINING	$287.14	$244.07	$519.74	$441.78	N	
27625	AA		REMOVE ANKLE JOINT LINING	$9.30	$8.10	$9.30	$8.10	N	3
27626			REMOVE ANKLE JOINT LINING	$308.21	$261.98	$560.54	$476.46	N	
27626	AA		REMOVE ANKLE JOINT LINING	$9.30	$8.10	$9.30	$8.10	N	3
27630			REMOVAL OF TENDON LESION	$271.39	$230.68	$430.46	$365.89	N	
27630	AA		REMOVAL OF TENDON LESION	$9.30	$8.10	$9.30	$8.10	N	3
27632			EXCISION OF LESION OF TENDON S	$206.25	$175.31	$206.25	$175.31	N	
27632	AA		EXCISION OF LESION OF TENDON S	$9.30	$8.10	$9.30	$8.10	N	3
27634			EXCISION OF LESION OF TENDON S	$335.77	$285.40	$335.77	$285.40	N	
27634	AA		EXCISION OF LESION OF TENDON S	$9.30	$8.10	$9.30	$8.10	N	3
27635			REMOVE LOWER LEG BONE LESION	$291.59	$247.85	$513.68	$436.63	N	
27635	AA		REMOVE LOWER LEG BONE LESION	$9.30	$8.10	$9.30	$8.10	N	4
27637			REMOVE/GRAFT LEG BONE LESION	$378.91	$322.07	$642.05	$545.74	N	
27637	AA		REMOVE/GRAFT LEG BONE LESION	$9.30	$8.10	$9.30	$8.10	N	4
27638			REMOVE/GRAFT LEG BONE LESION	$375.05	$318.79	$669.81	$569.34	N	
27638	AA		REMOVE/GRAFT LEG BONE LESION	$9.30	$8.10	$9.30	$8.10	N	4
27640			PARTIAL REMOVAL OF TIBIA	$415.15	$352.87	$765.16	$650.39	N	
27640	AA		PARTIAL REMOVAL OF TIBIA	$9.30	$8.10	$9.30	$8.10	N	4
27641			PARTIAL REMOVAL OF FIBULA	$329.99	$280.49	$618.56	$525.78	N	
27641	AA		PARTIAL REMOVAL OF FIBULA	$9.30	$8.10	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
27645			EXTENSIVE LOWER LEG SURGERY	$878.53	$746.75	$928.37	$789.11	N	
27645	AA		EXTENSIVE LOWER LEG SURGERY	$9.30	$8.10	$9.30	$8.10	N	4
27646			EXTENSIVE LOWER LEG SURGERY	$764.83	$650.11	$835.39	$710.08	N	
27646	AA		EXTENSIVE LOWER LEG SURGERY	$9.30	$8.10	$9.30	$8.10	N	4
27647			EXTENSIVE ANKLE/HEEL SURGERY	$488.46	$415.19	$696.90	$592.36	N	
27647	AA		EXTENSIVE ANKLE/HEEL SURGERY	$9.30	$8.10	$9.30	$8.10	N	4
27648			INJECTION FOR ANKLE X-RAY	$103.14	$87.67	$152.47	$129.60	N	
27648	AA		INJECTION FOR ANKLE X-RAY	$9.30	$8.10	$9.30	$8.10	N	3
27650			REPAIR ACHILLES TENDON	$332.72	$282.81	$608.46	$517.19	N	
27650	AA		REPAIR ACHILLES TENDON	$9.30	$8.10	$9.30	$8.10	N	4
27652			REPAIR/GRAFT ACHILLES TENDON	$333.93	$283.84	$649.57	$552.13	N	
27652	AA		REPAIR/GRAFT ACHILLES TENDON	$9.30	$8.10	$9.30	$8.10	N	4
27654			REPAIR OF ACHILLES TENDON	$361.42	$307.21	$605.74	$514.88	N	
27654	AA		REPAIR OF ACHILLES TENDON	$9.30	$8.10	$9.30	$8.10	N	4
27656			REPAIR FASCIAL DEFECT OF LEG	$261.66	$222.41	$454.62	$386.42	N	
27656	AA		REPAIR FASCIAL DEFECT OF LEG	$9.30	$8.10	$9.30	$8.10	N	3
27658			REP/SUT LEG TENDON, W/O GRAFT,	$187.94	$159.74	$335.50	$285.18	N	
27658	AA		REP/SUT LEG TENDON, W/O GRAFT,	$9.30	$8.10	$9.30	$8.10	N	3
27659			REP/SUT TEND,LEG...W/W/O GRAFT	$237.87	$202.19	$439.20	$373.32	N	
27659	AA		REP/SUT TEND,LEG...W/W/O GRAFT	$9.30	$8.10	$9.30	$8.10	N	3
27664			REP/SUT EXT TEND:PRIM,W/O GRAF	$181.19	$154.01	$321.95	$273.66	N	
27664	AA		REP/SUT EXT TEND:PRIM,W/O GRAF	$9.30	$8.10	$9.30	$8.10	N	3
27665			REP/SUT TEND.:SECON.W/WO GRAFT	$211.22	$179.53	$365.65	$310.80	N	
27665	AA		REP/SUT TEND.:SECON.W/WO GRAFT	$9.30	$8.10	$9.30	$8.10	N	3
27675			REPAIR LOWER LEG TENDONS	$250.48	$212.91	$454.54	$386.36	N	
27675	AA		REPAIR LOWER LEG TENDONS	$9.30	$8.10	$9.30	$8.10	N	3
27676			REPAIR LOWER LEG TENDONS	$307.85	$261.67	$536.03	$455.63	N	
27676	AA		REPAIR LOWER LEG TENDONS	$9.30	$8.10	$9.30	$8.10	N	3
27680			RELEASE OF LOWER LEG TENDON	$214.63	$182.44	$382.33	$324.98	N	
27680	AA		RELEASE OF LOWER LEG TENDON	$9.30	$8.10	$9.30	$8.10	N	3
27681			TENOLYSIS MULTIPLE,EACH	$257.68	$219.02	$450.45	$382.88	N	
27681	AA		TENOLYSIS MULTIPLE,EACH	$9.30	$8.10	$9.30	$8.10	N	3
27685			REVISION OF LOWER LEG TENDON	$328.54	$279.25	$481.84	$409.56	N	
27685	AA		REVISION OF LOWER LEG TENDON	$9.30	$8.10	$9.30	$8.10	N	4
27686			LENGTHEN/SHORTEN TEND:MULTIPLE	$267.53	$227.40	$493.02	$419.06	N	
27686	AA		LENGTHEN/SHORTEN TEND:MULTIPLE	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
27687			REVISION OF CALF TENDON	$229.89	$195.41	$407.33	$346.23	N	
27687	AA		REVISION OF CALF TENDON	$9.30	$8.10	$9.30	$8.10	N	3
27690			REVISE LOWER LEG TENDON	$322.63	$274.23	$530.45	$450.88	N	
27690	AA		REVISE LOWER LEG TENDON	$9.30	$8.10	$9.30	$8.10	N	3
27691			REVISE LOWER LEG TENDON	$374.96	$318.71	$626.96	$532.92	N	
27691	AA		REVISE LOWER LEG TENDON	$9.30	$8.10	$9.30	$8.10	N	3
27692			TRANSFER/PLANT TENDON,EACH ADD	$50.14	$42.62	$100.12	$85.10	N	
27692	AA		TRANSFER/PLANT TENDON,EACH ADD	$9.30	$8.10	$9.30	$8.10	N	3
27695			REPAIR OF ANKLE LIGAMENT	$246.20	$209.27	$436.34	$370.89	N	
27695	AA		REPAIR OF ANKLE LIGAMENT	$9.30	$8.10	$9.30	$8.10	N	3
27696			REPAIR OF ANKLE LIGAMENTS	$275.41	$234.09	$517.78	$440.11	N	
27696	AA		REPAIR OF ANKLE LIGAMENTS	$9.30	$8.10	$9.30	$8.10	N	3
27698			REPAIR OF ANKLE LIGAMENT	$320.75	$272.63	$575.15	$488.88	N	
27698	AA		REPAIR OF ANKLE LIGAMENT	$9.30	$8.10	$9.30	$8.10	N	3
27700			REVISION OF ANKLE JOINT	$360.34	$306.29	$525.18	$446.40	N	
27700	AA		REVISION OF ANKLE JOINT	$9.30	$8.10	$9.30	$8.10	N	3
27702			RECONSTRUCT ANKLE JOINT	$481.23	$409.04	$857.43	$728.82	N	
27702	AA		RECONSTRUCT ANKLE JOINT	$9.30	$8.10	$9.30	$8.10	N	10
27703			ARTHROPLASTY,SRCONDARY RECON,T	$556.29	$472.84	$964.62	$819.93	N	
27703	AA		ARTHROPLASTY,SRCONDARY RECON,T	$9.30	$8.10	$9.30	$8.10	N	10
27704			REMOVAL OF ANKLE IMPLANT	$285.37	$242.56	$285.37	$242.56	N	
27704	AA		REMOVAL OF ANKLE IMPLANT	$9.30	$8.10	$9.30	$8.10	N	10
27705			OSTEOTOMY TIBIA	$373.81	$317.73	$658.55	$559.77	N	
27705	AA		INCISION OF TIBIA	$9.30	$8.10	$9.30	$8.10	N	3
27707			OSTEOTOMY FIBULA	$207.39	$176.28	$328.22	$278.99	N	
27707	AA		INCISION OF FIBULA	$9.30	$8.10	$9.30	$8.10	N	3
27709			OSTEOTOMY TIBIA & FIBULA	$569.65	$484.20	$641.85	$545.57	N	
27709	AA		INCISION OF TIBIA & FIBULA	$9.30	$8.10	$9.30	$8.10	N	3
27712			OSTEOT MLT RELIGNMT IMED ROD	$553.36	$470.36	$888.22	$754.99	N	
27712	AA		REALIGNMENT OF LOWER LEG	$9.30	$8.10	$9.30	$8.10	N	3
27715			OSTPL TIBFIB LNGTH/SHRT	$537.46	$456.84	$894.26	$760.12	N	
27715	AA		REVISION OF LOWER LEG	$9.30	$8.10	$9.30	$8.10	N	4
27720			REPAIR OF TIBIA	$439.53	$373.60	$752.29	$639.44	N	
27720	AA		REPAIR OF TIBIA	$9.30	$8.10	$9.30	$8.10	N	3
27722			REPAIR/GRAFT OF TIBIA	$451.41	$383.70	$744.37	$632.71	N	
27722	AA		REPAIR/GRAFT OF TIBIA	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
27724			REPAIR/GRAFT OF TIBIA	$624.55	$530.86	$1,088.46	$925.19	N	
27724	AA		REPAIR/GRAFT OF TIBIA	$9.30	$8.10	$9.30	$8.10	N	4
27725			REPAIR OF LOWER LEG	$610.47	$518.90	$977.37	$830.76	N	
27725	AA		REPAIR OF LOWER LEG	$9.30	$8.10	$9.30	$8.10	N	4
27726			REPAIR OF FIBULA NONUNION AND/	$480.04	$408.03	$705.12	$599.35	N	
27726	AA		REPAIR OF FIBULA NONUNION AND/	$9.30	$8.10	$9.30	$8.10	N	3
27727			REPAIR OF LOWER LEG	$521.86	$443.58	$865.88	$736.00	N	
27727	AA		REPAIR OF LOWER LEG	$9.30	$8.10	$9.30	$8.10	N	4
27730			REPAIR OF TIBIA EPIPHYSIS	$299.63	$254.68	$503.22	$427.74	N	
27730	AA		REPAIR OF TIBIA EPIPHYSIS	$9.30	$8.10	$9.30	$8.10	N	3
27732			REPAIR OF FIBULA EPIPHYSIS	$233.09	$198.12	$358.22	$304.48	N	
27732	AA		REPAIR OF FIBULA EPIPHYSIS	$9.30	$8.10	$9.30	$8.10	N	3
27734			REPAIR LOWER LEG EPIPHYSES	$334.24	$284.10	$521.39	$443.18	N	
27734	AA		REPAIR LOWER LEG EPIPHYSES	$9.30	$8.10	$9.30	$8.10	N	3
27740			EPIPHYSEALARREST..:PROX/DISTAL	$359.04	$305.18	$613.30	$521.31	N	
27740	AA		EPIPHYSEAL ARREST..PROX/DISTAL	$9.30	$8.10	$9.30	$8.10	N	3
27742			REPAIR OF LEG EPIPHYSES	$393.44	$334.42	$567.18	$482.11	N	
27742	AA		REPAIR OF LEG EPIPHYSES	$9.30	$8.10	$9.30	$8.10	N	3
27745			PROPHYLACTIC TREATMENT (NAILIN	$369.57	$314.13	$647.27	$550.18	N	
27745	AA		PROPHYLACTIC TREATMENT (NAILIN	$9.30	$8.10	$9.30	$8.10	N	3
27750			TREATMENT OF TIBIA FRACTURE	$182.91	$155.47	$278.93	$237.09	N	
27750	AA		TREATMENT OF TIBIA FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27752			TREATMENT OF TIBIA FRACTURE	$276.05	$234.64	$440.43	$374.37	N	
27752	AA		TREATMENT OF TIBIA FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27756			REPAIR OF TIBIA FRACTURE	$300.24	$255.20	$468.43	$398.17	N	
27756	AA		REPAIR OF TIBIA FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27758			REPAIR OF TIBIA FRACTURE	$451.52	$383.79	$740.74	$629.63	N	
27758	AA		REPAIR OF TIBIA FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27759			OPEN TRMT OF TIBIA FRACTURE	$500.56	$425.47	$855.48	$727.16	N	
27759	AA		OPEN TRMT. OF TIBIA FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27760			TREATMENT OF ANKLE FRACTURE	$175.97	$149.57	$268.46	$228.19	N	
27760	AA		TREATMENT OF ANKLE FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27762			TREATMENT OF ANKLE FRACTURE	$251.28	$213.58	$406.20	$345.27	N	
27762	AA		TREATMENT OF ANKLE FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27766			REPAIR OF ANKLE FRACTURE	$307.48	$261.36	$552.14	$469.32	N	
27766	AA		REPAIR OF ANKLE FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
27767			CLOSED TREATMENT OF POSTERIOR	$153.80	$130.73	$204.35	$173.70	N	
27767	AA		CLOSED TREATMENT OF POSTERIOR	$9.30	$8.10	$9.30	$8.10	N	3
27768			CLOSED TREATMENT OF POSTERIOR	$232.43	$197.57	$311.95	$265.16	N	
27768	AA		CLOSED TREATMENT OF POSTERIOR	$9.30	$8.10	$9.30	$8.10	N	3
27769			OPEN TREATMENT OF POSTERIOR MA	$366.68	$311.67	$533.81	$453.74	N	
27769	AA		OPEN TREATMENT OF POSTERIOR MA	$9.30	$8.10	$9.30	$8.10	N	4
27780			TREATMENT OF FIBULA FRACTURE	$163.61	$139.07	$238.04	$202.33	N	
27780	AA		TREATMENT OF FIBULA FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27781			TREATMENT OF FIBULA FRACTURE	$228.30	$194.06	$347.29	$295.19	N	
27781	AA		TREATMENT OF FIBULA FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27784			REPAIR OF FIBULA FRACTURE	$359.20	$305.32	$480.98	$408.83	N	
27784	AA		REPAIR OF FIBULA FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27786			TREATMENT OF ANKLE FRACTURES	$164.46	$139.79	$255.02	$216.77	N	
27786	AA		TREATMENT OF ANKLE FRACTURES	$9.30	$8.10	$9.30	$8.10	N	3
27788			TREATMENT OF ANKLE FRACTURE	$221.45	$188.23	$354.25	$301.11	N	
27788	AA		TREATMENT OF ANKLE FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27792			REPAIR OF ANKLE FRACTURE	$325.43	$276.62	$517.65	$440.00	N	
27792	AA		REPAIR OF ANKLE FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27808			TREATMENT OF ANKLE FRACTURE	$177.33	$150.73	$266.24	$226.30	N	
27808	AA		TREATMENT OF ANKLE FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27810			TREATMENT OF ANKLE FRACTURE	$246.68	$209.68	$398.47	$338.70	N	
27810	AA		TREATMENT OF ANKLE FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27814			REPAIR OF ANKLE FRACTURE	$384.88	$327.14	$682.74	$580.33	N	
27814	AA		REPAIR OF ANKLE FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27816			TREATMENT OF ANKLE FRACTURE	$174.56	$148.38	$253.01	$215.06	N	
27816	AA		TREATMENT OF ANKLE FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27818			TREATMENT OF ANKLE FRACTURE	$256.13	$217.71	$414.58	$352.39	N	
27818	AA		TREATMENT OF ANKLE FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27822			REPAIR OF ANKLE FRACTURE	$438.77	$372.95	$765.88	$651.00	N	
27822	AA		REPAIR OF ANKLE FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27823			REPAIR OF ANKLE FRACTURE	$493.58	$419.54	$866.97	$736.92	N	
27823	AA		REPAIR OF ANKLE FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27824			CLOSED TRMT OF FRACTURE	$165.47	$140.65	$242.74	$206.33	N	
27824	AA		CLOSED TRMT OF FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27825			CLOSED TRMT OF FRACTURE	$282.23	$239.89	$450.10	$382.59	N	
27825	AA		CLOSED TRMT OF FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
27826			OPEN TRMT OF FRACTURE	$428.76	$364.45	$613.34	$521.34	N	
27826	AA		OPEN TRMT OF FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27827			OPEN TRMT OF FRACTURE	$562.77	$478.35	$949.90	$807.42	N	
27827	AA		OPEN TRMT OF FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27828			OPEN TRMT OF FRACTURE	$662.48	$563.11	$1,069.42	$909.01	N	
27828	AA		OPEN TRMT OF FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
27829			OPEN TRMT DISTAL TIBIOFIBULAR	$355.79	$302.42	$432.01	$367.21	N	
27829	AA		OPEN TRMT DISTAL TIBIOFIBULAR	$9.30	$8.10	$9.30	$8.10	N	3
27830			TREAT LOWER LEG DISLOCATION	$204.32	$173.67	$284.74	$242.03	N	
27830	AA		TREAT LOWER LEG DISLOCATION	$9.30	$8.10	$9.30	$8.10	N	3
27831			TREAT LOWER LEG DISLOCATION	$212.31	$180.46	$317.06	$269.50	N	
27831	AA		TREAT LOWER LEG DISLOCATION	$9.30	$8.10	$9.30	$8.10	N	3
27832			REPAIR LOWER LEG DISLOCATION	$384.92	$327.18	$445.30	$378.50	N	
27832	AA		REPAIR LOWER LEG DISLOCATION	$9.30	$8.10	$9.30	$8.10	N	3
27840			TREAT ANKLE DISLOCATION	$200.21	$170.18	$285.98	$243.09	N	
27842			TREAT ANKLE DISLOCATION	$251.75	$213.98	$399.59	$339.65	N	
27842	AA		TREAT ANKLE DISLOCATION	$9.30	$8.10	$9.30	$8.10	N	3
27846			REPAIR ANKLE DISLOCATION	$364.88	$310.14	$629.12	$534.75	N	
27846	AA		REPAIR ANKLE DISLOCATION	$9.30	$8.10	$9.30	$8.10	N	3
27848			REPAIR ANKLE DISLOCATION	$399.75	$339.78	$741.20	$630.02	N	
27848	AA		REPAIR ANKLE DISLOCATION	$9.30	$8.10	$9.30	$8.10	N	3
27860			FIXATION OF ANKLE JOINT	$82.59	$70.20	$153.01	$130.06	N	
27860	AA		FIXATION OF ANKLE JOINT	$9.30	$8.10	$9.30	$8.10	N	3
27870			FUSION OF ANKLE JOINT	$503.67	$428.12	$866.76	$736.75	N	
27870	AA		FUSION OF ANKLE JOINT	$9.30	$8.10	$9.30	$8.10	N	3
27871			FUSION OF TIBIOFIBULAR JOINT	$347.47	$295.35	$594.39	$505.23	N	
27871	AA		FUSION OF TIBIOFIBULAR JOINT	$9.30	$8.10	$9.30	$8.10	N	3
27880			AMPUTATION OF LOWER LEG	$439.95	$373.95	$668.28	$568.04	N	
27880	AA		AMPUTATION OF LOWER LEG	$9.30	$8.10	$9.30	$8.10	N	3
27881			AMPUTATION OF LOWER LEG	$408.16	$346.93	$748.91	$636.58	N	
27881	AA		AMPUTATION OF LOWER LEG	$9.30	$8.10	$9.30	$8.10	N	3
27882			AMPUTATION OF LOWER LEG	$290.67	$247.07	$540.95	$459.81	N	
27882	AA		AMPUTATION OF LOWER LEG	$9.30	$8.10	$9.30	$8.10	N	4
27884			AMPUTATION FOLLOW-UP SURGERY	$57.49	$48.87	$491.04	$417.38	N	
27884	AA		AMPUTATION FOLLOW-UP SURGERY	$9.30	$8.10	$9.30	$8.10	N	4
27886			AMPUTATION FOLLOW-UP SURGERY	$321.21	$273.03	$557.23	$473.65	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
27886	AA		AMPUTATION FOLLOW-UP SURGERY	$9.30	$8.10	$9.30	$8.10	N	3
27888			AMPUTATION OF FOOT AT ANKLE	$280.46	$238.39	$605.13	$514.36	N	
27888	AA		AMPUTATION OF FOOT AT ANKLE	$9.30	$8.10	$9.30	$8.10	N	3
27889			ANKLE DISARTICULATION	$315.31	$268.01	$578.51	$491.74	N	
27889	AA		AMPUTATION OF FOOT AT ANKLE	$9.30	$8.10	$9.30	$8.10	N	3
27892			DECOMPRESSION FASCIOTOMY,LEG	$271.85	$231.07	$456.14	$387.72	N	
27892	AA		DECOMPRESSION FASIOTOMY	$9.30	$8.10	$9.30	$8.10	N	3
27893			FASCIOTOMY, LEG-POSTERIOR COMP	$312.83	$265.91	$450.46	$382.89	N	
27893	AA		FASCIOTOMY,LEG POSTERIOR COMP	$9.30	$8.10	$9.30	$8.10	N	3
27894			DECOMPRESSION FASCIOTM, LEG	$408.95	$347.60	$644.03	$547.43	N	
27894	AA		DECOMPRESSION FASCIOTOMY	$9.30	$8.10	$9.30	$8.10	N	3
27899			UNLISTED PX LEG/ANKLE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
28001			DRAINAGE OF BURSA OF FOOT	$16.89	$14.35	$197.50	$167.88	N	
28001	AA		DRAINAGE OF BURSA OF FOOT	$9.30	$8.10	$9.30	$8.10	N	3
28002			TREATMENT OF FOOT INFECTION	$24.20	$20.57	$333.40	$283.39	N	
28002	AA		TREATMENT OF FOOT INFECTION	$9.30	$8.10	$9.30	$8.10	N	3
28003			TREATMENT OF FOOT INFECTION	$185.00	$157.25	$510.70	$434.09	N	
28003	AA		TREATMENT OF FOOT INFECTION	$9.30	$8.10	$9.30	$8.10	N	3
28005			TREAT FOOT BONE LESION	$285.21	$242.42	$513.97	$436.87	N	
28005	AA		TREAT FOOT BONE LESION	$9.30	$8.10	$9.30	$8.10	N	3
28008			INCISION OF FOOT FASCIA	$212.76	$180.85	$311.92	$265.13	N	
28008	AA		INCISION OF FOOT FASCIA	$9.30	$8.10	$9.30	$8.10	N	3
28010			INCISION OF TOE TENDON	$23.65	$20.11	$181.17	$153.99	N	
28010	AA		INCISION OF TOE TENDON	$9.30	$8.10	$9.30	$8.10	N	3
28011			INCISION OF TOE TENDONS	$159.56	$135.62	$260.30	$221.25	N	
28011	AA		INCISION OF TOE TENDONS	$9.30	$8.10	$9.30	$8.10	N	3
28020			EXPLORATION OF A FOOT JOINT	$266.44	$226.47	$383.92	$326.33	N	
28020	AA		EXPLORATION OF A FOOT JOINT	$9.30	$8.10	$9.30	$8.10	N	3
28022			EXPLORATION OF A FOOT JOINT	$242.57	$206.18	$342.40	$291.04	N	
28022	AA		EXPLORATION OF A FOOT JOINT	$9.30	$8.10	$9.30	$8.10	N	3
28024			EXPLORATION OF A TOE JOINT	$46.33	$39.38	$332.73	$282.82	N	
28024	AA		EXPLORATION OF A TOE JOINT	$9.30	$8.10	$9.30	$8.10	N	3
28035			DECOMPRESSION OF TIBIA NERVE	$266.38	$226.42	$380.43	$323.37	N	
28035	AA		DECOMPRESSION OF TIBIA NERVE	$9.30	$8.10	$9.30	$8.10	N	3
28039			EXCISION,TUMOR,SOFT TISSUE	$234.45	$199.28	$234.45	$199.28	N	
28039	AA		1.5 CM OR GREATER	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
28039	26		EXCISION,TUMOR,SOFT TISSUE	$168.18	$142.95	$168.18	$142.95	N	
28041			EXCISION,TUMOR,SOFT TISSUE FT	$225.33	$191.53	$225.33	$191.53	N	
28041	AA		EXCISION TUMOR SOFT TISS FOOT	$9.30	$8.10	$9.30	$8.10	N	3
28043			EXCISION OF FOOT LESION	$37.92	$32.23	$254.79	$216.57	N	
28043	AA		EXCISION OF FOOT LESION	$9.30	$8.10	$9.30	$8.10	N	3
28045			EXCISION OF FOOT LESION	$240.23	$204.20	$350.38	$297.83	N	
28045	AA		EXCISION OF FOOT LESION	$9.30	$8.10	$9.30	$8.10	N	3
28046			RAD RESECT.TUMOR,SFT TISS-FOOT	$351.70	$298.94	$659.60	$560.66	N	
28046	AA		RAD RESECT.TUMOR,SFT TISS-FOOT	$9.30	$8.10	$9.30	$8.10	N	3
28047			RADICAL RESECTION OF TUMOR (EG	$516.22	$438.79	$516.22	$438.79	N	
28047	AA		RADICAL RESECTION OF TUMOR (EG	$9.30	$8.10	$9.30	$8.10	N	3
28050			BIOPSY OF FOOT JOINT LINING	$206.71	$175.70	$318.02	$270.31	N	
28050	AA		BIOPSY OF FOOT JOINT LINING	$9.30	$8.10	$9.30	$8.10	N	3
28052			BIOPSY OF FOOT JOINT LINING	$192.96	$164.02	$306.82	$260.80	N	
28052	AA		BIOPSY OF FOOT JOINT LINING	$9.30	$8.10	$9.30	$8.10	N	3
28054			BIOPSY OF TOE JOINT LINING	$182.24	$154.90	$282.82	$240.39	N	
28054	AA		BIOPSY OF TOE JOINT LINING	$9.30	$8.10	$9.30	$8.10	N	3
28055			NEURECTOMY, FOOT	$195.16	$165.89	$320.98	$272.83	N	
28055	AA		NEURECTOMY, FOOT	$9.30	$8.10	$9.30	$8.10	N	3
28060			PARTIAL REMOVAL FOOT FASCIA	$257.24	$218.65	$371.97	$316.17	N	
28060	AA		PARTIAL REMOVAL FOOT FASCIA	$9.30	$8.10	$9.30	$8.10	N	3
28062			REMOVAL OF FOOT FASCIA	$290.61	$247.01	$451.88	$384.10	N	
28062	AA		REMOVAL OF FOOT FASCIA	$9.30	$8.10	$9.30	$8.10	N	3
28070			SYNOVECTOMY:INTERTAR/TARSOMET,	$254.52	$216.34	$359.92	$305.93	N	
28070	AA		SYNOVECTOMY:INTERTAR/TARSOMET,	$9.30	$8.10	$9.30	$8.10	N	3
28072			SYNOVECTOMY,METATARSOPHAL.JNT,	$244.68	$207.97	$352.52	$299.64	N	
28072	AA		SYNOVECTOMY,METATARSOPHAL.JNT,	$9.30	$8.10	$9.30	$8.10	N	3
28080			EXCISE MORTON NEUROMA,SINGLE,	$269.36	$228.96	$300.46	$255.39	N	
28080	AA		EXCISE MORTON NEUROMA,SINGLE,	$9.30	$8.10	$9.30	$8.10	N	3
28086			EXCISE FOOT TENDON SHEATH	$258.71	$219.90	$444.66	$377.96	N	
28086	AA		EXCISE FOOT TENDON SHEATH	$9.30	$8.10	$9.30	$8.10	N	3
28088			EXCISE FOOT TENDON SHEATH	$231.50	$196.77	$335.49	$285.16	N	
28088	AA		EXCISE FOOT TENDON SHEATH	$9.30	$8.10	$9.30	$8.10	N	3
28090			REMOVAL OF FOOT LESION	$231.96	$197.17	$331.26	$281.57	N	
28090	AA		REMOVAL OF FOOT LESION	$9.30	$8.10	$9.30	$8.10	N	3
28092			REMOVAL OF TOE LESIONS	$210.52	$178.94	$306.67	$260.67	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
28092	AA		REMOVAL OF TOE LESIONS	$9.30	$8.10	$9.30	$8.10	N	3
28100			REMOVAL OF ANKLE/HEEL LESION	$307.33	$261.23	$473.58	$402.55	N	
28100	AA		REMOVAL OF ANKLE/HEEL LESION	$9.30	$8.10	$9.30	$8.10	N	4
28102			REMOVE/GRAFT FOOT LESION	$311.44	$264.72	$479.94	$407.95	N	
28102	AA		REMOVE/GRAFT FOOT LESION	$9.30	$8.10	$9.30	$8.10	N	3
28103			REMOVE/GRAFT FOOT LESION	$193.33	$164.33	$388.81	$330.49	N	
28103	AA		REMOVE/GRAFT FOOT LESION	$9.30	$8.10	$9.30	$8.10	N	3
28104			REMOVAL OF FOOT LESION	$263.65	$224.10	$368.83	$313.51	N	
28104	AA		REMOVAL OF FOOT LESION	$9.30	$8.10	$9.30	$8.10	N	4
28106			REMOVE/GRAFT FOOT LESION	$212.67	$180.77	$405.34	$344.54	N	
28106	AA		REMOVE/GRAFT FOOT LESION	$9.30	$8.10	$9.30	$8.10	N	3
28107			REMOVE/GRAFT FOOT LESION	$252.56	$214.68	$419.21	$356.33	N	
28107	AA		REMOVE/GRAFT FOOT LESION	$9.30	$8.10	$9.30	$8.10	N	3
28108			REMOVAL OF TOE LESIONS	$216.63	$184.14	$302.92	$257.48	N	
28108	AA		REMOVAL OF TOE LESIONS	$9.30	$8.10	$9.30	$8.10	N	4
28110			PART REMOVAL OF METATARSAL	$231.28	$196.59	$322.06	$273.75	N	
28110	AA		PART REMOVAL OF METATARSAL	$9.30	$8.10	$9.30	$8.10	N	3
28111			PART REMOVAL OF METATARSAL	$235.27	$199.98	$391.26	$332.57	N	
28111	AA		PART REMOVAL OF METATARSAL	$9.30	$8.10	$9.30	$8.10	N	3
28112			PART REMOVAL OF METATARSAL	$240.21	$204.18	$357.11	$303.55	N	
28112	AA		PART REMOVAL OF METATARSAL	$9.30	$8.10	$9.30	$8.10	N	3
28113			PART REMOVAL OF METATARSAL	$292.22	$248.39	$375.66	$319.31	N	
28113	AA		PART REMOVAL OF METATARSAL	$9.30	$8.10	$9.30	$8.10	N	3
28114			REMOVAL OF METATARSAL HEADS	$534.46	$454.29	$746.38	$634.43	N	
28114	AA		REMOVAL OF METATARSAL HEADS	$9.30	$8.10	$9.30	$8.10	N	3
28116			REVISION OF FOOT	$337.95	$287.26	$506.17	$430.24	N	
28116	AA		REVISION OF FOOT	$9.30	$8.10	$9.30	$8.10	N	3
28118			PARTIAL REMOVAL OF HEEL	$303.47	$257.95	$425.30	$361.51	N	
28118	AA		PARTIAL REMOVAL OF HEEL	$9.30	$8.10	$9.30	$8.10	N	3
28119			REMOVAL OF HEEL SPUR	$261.68	$222.43	$375.33	$319.03	N	
28119	AA		REMOVAL OF HEEL SPUR	$9.30	$8.10	$9.30	$8.10	N	3
28120			PART REMOVAL OF ANKLE/HEEL	$333.69	$283.64	$440.82	$374.69	N	
28120	AA		PART REMOVAL OF ANKLE/HEEL	$9.30	$8.10	$9.30	$8.10	N	4
28122			PARTIAL REMOVAL OF FOOT BONE	$295.09	$250.83	$491.50	$417.78	N	
28122	AA		PARTIAL REMOVAL OF FOOT BONE	$9.30	$8.10	$9.30	$8.10	N	4
28124			PARTIAL REMOVAL OF TOE	$238.16	$202.43	$339.11	$288.25	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
28124	AA		PARTIAL REMOVAL OF TOE	$9.30	$8.10	$9.30	$8.10	N	4
28126			CONDYLECTOMY...SING.TOE, EACH	$193.83	$164.76	$267.43	$227.32	N	
28126	AA		CONDYLECTOMY...SING.TOE, EACH	$9.30	$8.10	$9.30	$8.10	N	3
28130			REMOVAL OF ANKLE BONE	$315.19	$267.91	$521.62	$443.38	N	
28130	AA		REMOVAL OF ANKLE BONE	$9.30	$8.10	$9.30	$8.10	N	3
28140			REMOVAL OF METATARSAL	$280.68	$238.58	$490.95	$417.31	N	
28140	AA		REMOVAL OF METATARSAL	$9.30	$8.10	$9.30	$8.10	N	3
28150			PHALANGECTOMY,TOE, SINGLE, EAC	$208.01	$176.81	$308.86	$262.53	N	
28150	AA		PHALANGECTOMY,TOE, SINGLE, EAC	$9.30	$8.10	$9.30	$8.10	N	3
28153			PARTIAL REMOVAL OF TOE	$200.33	$170.28	$275.84	$234.46	N	
28153	AA		PARTIAL REMOVAL OF TOE	$9.30	$8.10	$9.30	$8.10	N	3
28160			HEMIPHALANGECTOMY...TOE,SING.	$203.12	$172.65	$287.45	$244.33	N	
28160	AA		HEMIPHALANGECTOMY...TOE,SING.	$9.30	$8.10	$9.30	$8.10	N	3
28171			RADICAL RESECTION FOR TUMOR	$553.79	$470.72	$527.04	$447.98	N	
28171	AA		RADICAL RESECTION FOR TUMOR	$9.30	$8.10	$9.30	$8.10	N	3
28173			RADICAL RESECTION FOR TUMOR	$357.25	$303.66	$569.17	$483.79	N	
28173	AA		RADICAL RESECTION FOR TUMOR	$9.30	$8.10	$9.30	$8.10	N	3
28175			RADICAL RESECTION FOR TUMOR	$233.47	$198.45	$406.58	$345.60	N	
28175	AA		RADICAL RESECTION FOR TUMOR	$9.30	$8.10	$9.30	$8.10	N	3
28190			REMOVAL OF FOOT FOREIGN BODY	$23.75	$20.18	$183.82	$156.24	N	
28190	AA		REMOVAL OF FOOT FOREIGN BODY	$9.30	$8.10	$9.30	$8.10	N	3
28192			REMOVAL OF FOOT FOREIGN BODY	$45.64	$38.79	$350.66	$298.06	N	
28192	AA		REMOVAL OF FOOT FOREIGN BODY	$9.30	$8.10	$9.30	$8.10	N	4
28193			REMOVAL OF FOOT FOREIGN BODY	$51.63	$43.89	$393.07	$334.11	N	
28193	AA		REMOVAL OF FOOT FOREIGN BODY	$9.30	$8.10	$9.30	$8.10	N	4
28200			REP/SUT TEND,W/O GRAFT, EACH T	$246.53	$209.55	$336.16	$285.74	N	
28200	AA		REP/SUT TEND,W/O GRAFT, EACH T	$9.30	$8.10	$9.30	$8.10	N	3
28202			REP/SUT TEND,SECOND.,W/GRFT,EA	$299.54	$254.61	$488.10	$414.89	N	
28202	AA		REP/SUT TEND,SECOND.,W/GRFT,EA	$9.30	$8.10	$9.30	$8.10	N	3
28208			REP/SUT TEND EACH TENDON	$240.64	$204.54	$318.50	$270.73	N	
28208	AA		REP/SUT TEND EACH TENDON	$9.30	$8.10	$9.30	$8.10	N	3
28210			REP/SUT TEND..W/GRAFT, EACH TE	$292.25	$248.41	$435.74	$370.38	N	
28210	AA		REP/SUT TEND..W/GRAFT, EACH TE	$9.30	$8.10	$9.30	$8.10	N	3
28220			RELEASE OF FOOT TENDON	$222.85	$189.42	$318.52	$270.74	N	
28220	AA		RELEASE OF FOOT TENDON	$9.30	$8.10	$9.30	$8.10	N	3
28222			RELEASE OF FOOT TENDONS	$267.06	$227.00	$375.86	$319.48	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
28222	AA		RELEASE OF FOOT TENDONS	$9.30	$8.10	$9.30	$8.10	N	3
28225			RELEASE OF FOOT TENDON	$206.27	$175.33	$274.53	$233.35	N	
28225	AA		RELEASE OF FOOT TENDON	$9.30	$8.10	$9.30	$8.10	N	3
28226			RELEASE OF FOOT TENDONS	$310.10	$263.58	$322.88	$274.45	N	
28226	AA		RELEASE OF FOOT TENDONS	$9.30	$8.10	$9.30	$8.10	N	3
28230			INCISION OF FOOT TENDON(S)	$43.07	$36.61	$308.76	$262.45	N	
28230	AA		INCISION OF FOOT TENDON(S)	$9.30	$8.10	$9.30	$8.10	N	3
28232			INCISION OF TOE TENDON	$187.04	$158.98	$273.54	$232.51	N	
28232	AA		INCISION OF TOE TENDON	$9.30	$8.10	$9.30	$8.10	N	3
28234			INCISION OF FOOT TENDON	$205.16	$174.39	$278.00	$236.30	N	
28234	AA		INCISION OF FOOT TENDON	$9.30	$8.10	$9.30	$8.10	N	3
28238			REVISION OF FOOT TENDON	$330.71	$281.10	$521.69	$443.43	N	
28238	AA		REVISION OF FOOT TENDON	$9.30	$8.10	$9.30	$8.10	N	3
28240			RELEASE OF BIG TOE	$219.98	$186.98	$312.08	$265.27	N	
28240	AA		RELEASE OF BIG TOE	$9.30	$8.10	$9.30	$8.10	N	3
28250			REVISION OF FOOT FASCIA	$294.52	$250.34	$402.42	$342.05	N	
28250	AA		REVISION OF FOOT FASCIA	$9.30	$8.10	$9.30	$8.10	N	3
28260			RELEASE OF MIDFOOT JOINT	$360.05	$306.04	$500.11	$425.10	N	
28260	AA		RELEASE OF MIDFOOT JOINT	$9.30	$8.10	$9.30	$8.10	N	3
28261			REVISION OF FOOT TENDON	$541.42	$460.21	$709.38	$602.98	N	
28261	AA		REVISION OF FOOT TENDON	$9.30	$8.10	$9.30	$8.10	N	3
28262			REVISION OF FOOT AND ANKLE	$690.46	$586.89	$1,037.39	$881.78	N	
28262	AA		REVISION OF FOOT AND ANKLE	$9.30	$8.10	$9.30	$8.10	N	3
28264			RELEASE OF MIDFOOT JOINT	$446.76	$379.75	$635.01	$539.76	N	
28264	AA		RELEASE OF MIDFOOT JOINT	$9.30	$8.10	$9.30	$8.10	N	3
28270			CAPSULOTOMY...EACH JOINT	$242.63	$206.24	$334.73	$284.52	N	
28270	AA		CAPSULOTOMY...EACH JOINT	$9.30	$8.10	$9.30	$8.10	N	3
28272			CAPSULOTOMY INTERPHAL.,EACH	$37.91	$32.22	$275.57	$234.23	N	
28272	AA		CAPSULOTOMY INTERPHAL.,EACH	$9.30	$8.10	$9.30	$8.10	N	3
28280			FUSION OF TOES	$247.50	$210.37	$397.71	$338.06	N	
28280	AA		FUSION OF TOES	$9.30	$8.10	$9.30	$8.10	N	3
28285			REVISION OF HAMMERTOE	$270.11	$229.59	$327.45	$278.33	N	
28285	AA		REVISION OF HAMMERTOE	$9.30	$8.10	$9.30	$8.10	N	3
28286			REVISION OF HAMMERTOE	$218.11	$185.39	$323.54	$275.01	N	
28286	AA		REVISION OF HAMMERTOE	$9.30	$8.10	$9.30	$8.10	N	3
28288			OSTECTOMY,PARTIAL..EACH METAR	$300.28	$255.23	$370.60	$315.01	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
28288	AA		OSTECTOMY,PARTIAL..EACH METAR	$9.30	$8.10	$9.30	$8.10	N	3
28289			HALLUX RIGIDUS CORRECTION	$342.82	$291.39	$523.80	$445.23	N	
28289	AA		HALLUX RIGIDUS CORRECTION	$9.30	$8.10	$9.30	$8.10	N	3
28291			CORRJ HALUX RIGDUS W/IMPLT	$338.22	$287.48	$338.22	$287.48	N	
28291	AA		CORRJ HALUX RIGDUS W/IMPLT	$9.30	$8.10	$9.30	$8.10	N	3
28291	26		CORRJ HALUX RIGDUS IMPLT	$238.30	$202.55	$238.30	$202.55	N	
28292			COR HLX VLGS RSC PRX PHLX BS	$348.28	$296.04	$502.91	$427.48	N	
28292	AA		CORRECTION OF BUNION	$9.30	$8.10	$9.30	$8.10	N	3
28295			COR HLX VLGS PRX MTAR OSTEOT	$515.49	$438.16	$515.49	$438.16	N	
28295	AA		CORRECTION HALLUX VALGUS	$9.30	$8.10	$9.30	$8.10	N	3
28295	26		CORRECTION HALLUX VALGUS	$301.03	$255.87	$301.03	$255.87	N	
28296			COR HLX VLGS DSTL MTAR OSTEO	$438.53	$372.75	$602.25	$511.91	N	
28296	AA		CORRECTION OF BUNION	$9.30	$8.10	$9.30	$8.10	N	3
28297			CORRECTION HALLUX VALGUS	$503.11	$427.64	$633.22	$538.24	N	
28297	AA		BUNION CORRECTION-LAPIDUS TYPE	$9.30	$8.10	$9.30	$8.10	N	3
28298			COR HLX VLGS PRX PHLX OSTEOT	$413.13	$351.16	$527.02	$447.96	N	
28298	AA		CORRECTION OF BUNION	$9.30	$8.10	$9.30	$8.10	N	3
28299			COR HLX VLGS DOUBLE OSTEOT	$502.11	$426.79	$672.54	$571.66	N	
28299	AA		CORRECTION OF BUNION	$9.30	$8.10	$9.30	$8.10	N	3
28300			INCISION OF HEEL BONE	$327.37	$278.26	$585.96	$498.07	N	
28300	AA		INCISION OF HEEL BONE	$9.30	$8.10	$9.30	$8.10	N	3
28302			INCISION OF ANKLE BONE	$362.64	$308.24	$577.65	$491.00	N	
28302	AA		INCISION OF ANKLE BONE	$9.30	$8.10	$9.30	$8.10	N	3
28304			INCISION OF MIDFOOT BONES	$413.62	$351.57	$596.86	$507.33	N	
28304	AA		INCISION OF MIDFOOT BONES	$9.30	$8.10	$9.30	$8.10	N	3
28305			INCISE/GRAFT MIDFOOT BONES	$336.60	$286.11	$597.52	$507.89	N	
28305	AA		INCISE/GRAFT MIDFOOT BONES	$9.30	$8.10	$9.30	$8.10	N	3
28306			INCISION OF METATARSAL	$303.10	$257.63	$442.16	$375.84	N	
28306	AA		INCISION OF METATARSAL	$9.30	$8.10	$9.30	$8.10	N	3
28307			OSTEOTOMY,..SINGLE..FIRST META	$394.23	$335.09	$601.28	$511.09	N	
28307	AA		OSTEOTOMY,...FIRST METATARSAL	$9.30	$8.10	$9.30	$8.10	N	3
28308			INCISION OF METATARSAL	$284.83	$242.10	$383.02	$325.57	N	
28308	AA		INCISION OF METATARSAL	$9.30	$8.10	$9.30	$8.10	N	3
28309			INCISION OF METATARSALS	$452.84	$384.91	$734.06	$623.95	N	
28309	AA		INCISION OF METATARSALS	$9.30	$8.10	$9.30	$8.10	N	3
28310			REVISION OF BIG TOE	$274.55	$233.36	$387.45	$329.33	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
28310	AA		REVISION OF BIG TOE	$9.30	$8.10	$9.30	$8.10	N	3
28312			REVISION OF TOE	$56.10	$47.68	$347.04	$294.98	N	
28312	AA		REVISION OF TOE	$9.30	$8.10	$9.30	$8.10	N	3
28313			RECONSTRUCTION,TOE DEFORMITY	$265.93	$226.04	$359.11	$305.25	N	
28313	AA		RECONSTRUCTION DEFORMITY TOE	$9.30	$8.10	$9.30	$8.10	N	3
28315			SESAMOIDECTOMY FIRST TOE	$238.48	$202.71	$338.18	$287.46	N	
28315	AA		SESAMOIDECTOMY FIRST TOE	$9.30	$8.10	$9.30	$8.10	N	3
28320			REPAIR OF FOOT BONES	$309.13	$262.76	$560.47	$476.40	N	
28320	AA		REPAIR OF FOOT BONES	$9.30	$8.10	$9.30	$8.10	N	3
28322			REPAIR OF METATARSALS	$392.10	$333.28	$612.99	$521.04	N	
28322	AA		REPAIR OF METATARSALS	$9.30	$8.10	$9.30	$8.10	N	3
28340			RECONSTRUCTION,TOE,MACRODACTYL	$281.37	$239.16	$464.34	$394.69	N	
28340	AA		RECONSTRUCTION,TOE,MACRODACTYL	$9.30	$8.10	$9.30	$8.10	N	3
28341			RECONSTRUCT TOE,MACRODACTYLY..	$326.65	$277.65	$531.20	$451.52	N	
28341	AA		RECONSTRUCT TOE MACRODACTYLY..	$9.30	$8.10	$9.30	$8.10	N	3
28344			RECONSTRUCT TOES:POLYDACTYLY	$41.65	$35.40	$344.85	$293.12	N	
28344	AA		RECONSTRUCTION TOES:POLYDACTYL	$9.30	$8.10	$9.30	$8.10	N	3
28345			RECONSTRUCT TOES:SYNDACTYLY EA	$255.09	$216.82	$421.16	$357.99	N	
28345	AA		RECONSTRUCT TOES:SYNDACTYLY	$9.30	$8.10	$9.30	$8.10	N	3
28400			TREAT CLSD CALC FX:W/O MANIP	$129.39	$109.98	$202.12	$171.80	N	
28400	AA		TREAT CLSD CALC FX:W/O MANIP	$9.30	$8.10	$9.30	$8.10	N	3
28405			TREAT CLSD CALC FX W.MANIP...R	$235.24	$199.95	$329.93	$280.44	N	
28405	AA		TREAT CLSD CALC FX W.MANIP...R	$9.30	$8.10	$9.30	$8.10	N	3
28406			TREAT CLSD CALC FX,MANIP/FIXAT	$301.55	$256.32	$462.99	$393.54	N	
28406	AA		TREAT CLSD CALC FX,MANIP/FIXAT	$9.30	$8.10	$9.30	$8.10	N	3
28415			REPAIR OF HEEL FRACTURE	$561.20	$477.02	$1,034.73	$879.52	N	
28415	AA		REPAIR OF HEEL FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
28420			REPAIR/GRAFT HEEL FRACTURE	$650.62	$553.02	$1,047.49	$890.36	N	
28420	AA		REPAIR/GRAFT HEEL FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
28430			TREAT CLSD TALUS FX,W/O MANIP	$125.40	$106.59	$190.58	$162.00	N	
28430	AA		TREAT CLSD TALUS FX,W/O MANIP	$9.30	$8.10	$9.30	$8.10	N	3
28435			TREAT CLSD TALUS FX,W/ MANIP	$193.75	$164.68	$255.39	$217.08	N	
28435	AA		TREAT CLSD TALUS FX,W/ MANIP	$9.30	$8.10	$9.30	$8.10	N	3
28436			TREAT CLSD TAL.FS,W/MANIP&PERC	$254.61	$216.41	$373.70	$317.64	N	
28436	AA		TREAT CLSD TAL.FS,W/MANIP&PERC	$9.30	$8.10	$9.30	$8.10	N	3
28445			OPEN TX,CLSD/OPEN FX,W/W/O FIX	$523.54	$445.01	$944.62	$802.93	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
28445	AA		OPEN TX,CLSD/OPEN FX,W/W/O FIX	$9.30	$8.10	$9.30	$8.10	N	3
28446			OPEN OSTEOCHONDRAL AUTOGRAFT,	$614.04	$521.93	$921.55	$783.32	N	
28446	AA		OPEN OSTEOCHONDRAL AUTOGRAFT,	$9.30	$8.10	$9.30	$8.10	N	3
28450			TREAT CLSD TARSAL FX:W/O MANIP	$110.34	$93.79	$174.19	$148.06	N	
28450	AA		TREAT CLSD TARSAL FX:W/O MANIP	$9.30	$8.10	$9.30	$8.10	N	3
28455			TREAT CLSD TARSAL FX:W/MANIP,	$130.92	$111.28	$227.06	$193.00	N	
28455	AA		TREAT CLSD TARSAL FX:W/MANIP,	$9.30	$8.10	$9.30	$8.10	N	3
28456			OPEN TX CLSD/OPEN FX W/RED&PIN	$191.43	$162.71	$238.86	$203.03	N	
28456	AA		OPEN TX CLSD/OPEN FX W/RED&PIN	$9.30	$8.10	$9.30	$8.10	N	3
28465			OPEN TX,CLSD/OPEN FX,W/W/O FIX	$325.04	$276.28	$468.55	$398.27	N	
28465	AA		OPEN TX,CLSD/OPEN FX,W/W/O FIX	$9.30	$8.10	$9.30	$8.10	N	3
28470			TREAT CLSD METATAR FX.W/O MANI	$22.71	$19.31	$177.97	$151.27	N	
28470	AA		TREAT CLSD METATAR FX.W/O MANI	$9.30	$8.10	$9.30	$8.10	N	3
28475			TREAT CLSD METATAR FX,W/ MANIP	$134.64	$114.44	$220.21	$187.18	N	
28475	AA		TREAT CLSD METATAR FX,W/ MANIP	$9.30	$8.10	$9.30	$8.10	N	3
28476			TREAT CLSD FX,W/MANIP&PINNING,	$200.73	$170.62	$291.78	$248.02	N	
28476	AA		TREAT CLSD FX,W/MANIP&PINNING,	$9.30	$8.10	$9.30	$8.10	N	3
28485			OPEN TX,CLSD/OPEN FX W/W/O FIX	$284.25	$241.61	$389.96	$331.47	N	
28485	AA		OPEN TX,CLSD/OPEN FX W/W/O FIX	$9.30	$8.10	$9.30	$8.10	N	3
28490			TREAT BIG TOE FRACTURE	$74.55	$63.36	$107.13	$91.06	N	
28490	AA		TREAT BIG TOE FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
28495			TREAT BIG TOE FRACTURE	$94.09	$79.98	$129.82	$110.35	N	
28495	AA		TREAT BIG TOE FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
28496			TREAT CSLD FX GREAT TOE...PINN	$255.40	$217.09	$364.86	$310.13	N	
28496	AA		TREAT CSLD FX GREAT TOE...PINN	$9.30	$8.10	$9.30	$8.10	N	3
28505			REPAIR BIG TOE FRACTURE	$324.23	$275.59	$412.16	$350.34	N	
28505	AA		REPAIR BIG TOE FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
28510			TREAT CLSD FX...W/O MANIP, EAC	$63.34	$53.83	$90.50	$76.93	N	
28510	AA		TREAT CLSD FX...W/O MANIP, EAC	$9.30	$8.10	$9.30	$8.10	N	3
28515			TREAT CLSD FX...W/ MANIP., EAC	$85.38	$72.57	$115.94	$98.55	N	
28515	AA		TREAT CLSD FX...W/ MANIP., EAC	$9.30	$8.10	$9.30	$8.10	N	3
28525			OPEN TX,CLSD FX..W/W/O FIX, EA	$280.44	$238.37	$374.90	$318.67	N	
28525	AA		OPEN TX,CLSD FX..W/W/O FIX, EA	$9.30	$8.10	$9.30	$8.10	N	3
28530			TX CLOSED SESAMOID FRACTURE	$61.71	$52.45	$86.50	$73.53	N	
28530	AA		TX CLOSED SESAMOID FRACTURE	$9.30	$8.10	$9.30	$8.10	N	3
28531			TREATMENT,SESAMOID FRACT.	$165.08	$140.31	$331.32	$281.62	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
28531	AA		TREATMENT,SAMOID FRACT.	$9.30	$8.10	$9.30	$8.10	N	3
28540			TREAT FOOT DISLOCATION	$101.25	$86.06	$153.94	$130.85	N	
28545			TREAT FOOT DISLOCATION	$162.83	$138.40	$168.11	$142.90	N	
28545	AA		TREAT FOOT DISLOCATION	$9.30	$8.10	$9.30	$8.10	N	3
28546			TREAT FOOT DISLOCATION	$297.21	$252.62	$351.63	$298.89	N	
28546	AA		TREAT FOOT DISLOCATION	$9.30	$8.10	$9.30	$8.10	N	3
28555			REPAIR FOOT DISLOCATION	$422.17	$358.84	$566.46	$481.49	N	
28555	AA		REPAIR FOOT DISLOCATION	$9.30	$8.10	$9.30	$8.10	N	3
28570			TREAT FOOT DISLOCATION	$124.99	$106.24	$141.72	$120.46	N	
28575			TREAT FOOT DISLOCATION	$198.22	$168.48	$247.73	$210.57	N	
28575	AA		TREAT FOOT DISLOCATION	$9.30	$8.10	$9.30	$8.10	N	3
28576			PERC SKELETAL FIX W/MANIPULAT	$201.41	$171.20	$293.71	$249.66	N	
28576	AA		PERG SKELETAL FIX W/MANIPULAT	$9.30	$8.10	$9.30	$8.10	N	3
28585			REPAIR FOOT DISLOCATION	$452.84	$384.91	$538.23	$457.50	N	
28585	AA		REPAIR FOOT DISLOCATION	$9.30	$8.10	$9.30	$8.10	N	3
28600			TREAT FOOT DISLOCATION	$114.27	$97.13	$163.40	$138.89	N	
28605			TREAT FOOT DISLOCATION	$179.99	$152.99	$203.68	$173.13	N	
28605	AA		TREAT FOOT DISLOCATION	$9.30	$8.10	$9.30	$8.10	N	3
28606			TREAT FOOT DISLOCATION	$203.51	$172.98	$338.27	$287.53	N	
28606	AA		TREAT FOOT DISLOCATION	$9.30	$8.10	$9.30	$8.10	N	3
28615			REPAIR FOOT DISLOCATION	$417.72	$355.06	$557.18	$473.60	N	
28615	AA		REPAIR FOOT DISLOCATION	$9.30	$8.10	$9.30	$8.10	N	3
28630			TREAT TOE DISLOCATION	$78.68	$66.87	$112.92	$95.98	N	
28635			TREAT TOE DISLOCATION:W ANESTH	$86.83	$73.81	$136.94	$116.40	N	
28635	AA		TREAT TOE DISLOCATION:W ANESTH	$9.30	$8.10	$9.30	$8.10	N	3
28636			PERC SKELETAL FIX W/MANIPULAT	$179.63	$152.68	$231.91	$197.13	N	
28636	AA		PERC SKELETAL FIX W/MANIPULAT	$9.30	$8.10	$9.30	$8.10	N	3
28645			REPAIR TOE DISLOCATION	$324.60	$275.91	$318.22	$270.48	N	
28645	AA		REPAIR TOE DISLOCATION	$9.30	$8.10	$9.30	$8.10	N	3
28660			TREAT TOE DISLOCATION	$64.72	$55.01	$85.48	$72.66	N	
28665			TREAT TOE DISLOCATION	$76.31	$64.86	$116.90	$99.36	N	
28665	AA		TREAT TOE DISLOCATION	$9.30	$8.10	$9.30	$8.10	N	3
28666			PERC SKEL FIX W/MANIPULATION	$86.99	$73.94	$164.02	$139.42	N	
28666	AA		PERC SKEL FIX W/MANIPULATION	$9.30	$8.10	$9.30	$8.10	N	3
28675			REPAIR OF TOE DISLOCATION	$57.47	$48.85	$348.52	$296.24	N	
28675	AA		REPAIR OF TOE DISLOCATION	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
28705			ARTHRODESIS PANTALAR	$606.37	$515.41	$1,107.46	$941.34	N	
28705	AA		FUSION OF FOOT BONES	$9.30	$8.10	$9.30	$8.10	N	3
28715			ARTHRODESIS TRIPLE	$473.03	$402.07	$809.13	$687.76	N	
28715	AA		FUSION OF FOOT BONES	$9.30	$8.10	$9.30	$8.10	N	3
28725			ARTHRODESIS SUBTALAR	$391.19	$332.51	$701.59	$596.35	N	
28725	AA		FUSION OF FOOT BONES	$9.30	$8.10	$9.30	$8.10	N	3
28730			FUSION OF FOOT BONES	$363.80	$309.23	$678.14	$576.42	N	
28730	AA		FUSION OF FOOT BONES	$9.30	$8.10	$9.30	$8.10	N	3
28735			FUSION OF FOOT BONES	$390.05	$331.54	$658.00	$559.30	N	
28735	AA		FUSION OF FOOT BONES	$9.30	$8.10	$9.30	$8.10	N	3
28737			REVISION OF FOOT BONES	$343.01	$291.56	$579.26	$492.37	N	
28737	AA		REVISION OF FOOT BONES	$9.30	$8.10	$9.30	$8.10	N	3
28740			FUSION OF FOOT BONES	$410.74	$349.12	$658.73	$559.92	N	
28740	AA		FUSION OF FOOT BONES	$9.30	$8.10	$9.30	$8.10	N	3
28750			FUSION OF BIG TOE JOINT	$387.38	$329.27	$668.93	$568.59	N	
28750	AA		FUSION OF BIG TOE JOINT	$9.30	$8.10	$9.30	$8.10	N	3
28755			FUSION OF BIG TOE JOINT	$253.00	$215.05	$376.37	$319.91	N	
28755	AA		FUSION OF BIG TOE JOINT	$9.30	$8.10	$9.30	$8.10	N	3
28760			FUSION OF BIG TOE JOINT	$382.31	$324.96	$546.79	$464.77	N	
28760	AA		FUSION OF BIG TOE JOINT	$9.30	$8.10	$9.30	$8.10	N	3
28800			AMPUTATION OF MIDFOOT	$262.53	$223.15	$490.33	$416.78	N	
28800	AA		AMPUTATION OF MIDFOOT	$9.30	$8.10	$9.30	$8.10	N	3
28805			AMPUTATION THRU METATARSAL	$348.25	$296.01	$491.82	$418.04	N	
28805	AA		AMPUTATION THRU METATARSAL	$9.30	$8.10	$9.30	$8.10	N	3
28810			AMPUTATION TOE & METATARSAL	$210.11	$178.59	$373.41	$317.40	N	
28810	AA		AMPUTATION TOE & METATARSAL	$9.30	$8.10	$9.30	$8.10	N	3
28820			AMPUTATION OF TOE	$29.24	$24.85	$413.95	$351.86	N	
28820	AA		AMPUTATION OF TOE	$9.30	$8.10	$9.30	$8.10	N	3
28820	AA	50	AMPUTATION OF TOE	$9.30	$8.10	$9.30	$8.10	N	3
28820	50		AMPUTATION OF TOE BILATERAL	$94.96	$80.71	$827.90	$703.72	N	
28825			PARTIAL AMPUTATION OF TOE	$28.68	$24.38	$365.78	$310.91	N	
28825	AA		PARTIAL AMPUTATION OF TOE	$9.30	$8.10	$9.30	$8.10	N	3
28825	AA	50	PARTIAL AMPUTATION OF TOE	$9.30	$8.10	$9.30	$8.10	N	3
28825	50		PARTIAL AMPUTATION OF TOE BIL	$90.89	$77.25	$731.55	$621.82	N	
28890			HIGH ENERGY ESWT, PLANTAR F	$154.66	$131.46	$310.84	$264.21	N	
28890	AA		HIGH ENERGY ESWT, PLANTAR F	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
28890	26		HIGH ENERGY ESWT, PLANTAR F	$111.49	$94.77	$187.35	$159.25	N	
28899			UNLISTED PX FOOT/TOES	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
29000			APPLICATION OF BODY CAST	$189.13	$160.76	$184.00	$156.40	N	
29000	AA		APPLICATION OF BODY CAST	$9.30	$8.10	$9.30	$8.10	N	3
29010			APPLICATION OF BODY CAST	$145.74	$123.88	$190.03	$161.53	N	
29010	AA		APPLICATION OF BODY CAST	$9.30	$8.10	$9.30	$8.10	N	3
29015			APPLICATION OF BODY CAST	$155.73	$132.37	$185.57	$157.73	N	
29015	AA		APPLICATION OF BODY CAST	$9.30	$8.10	$9.30	$8.10	N	3
29035			APPLICATION OF BODY CAST	$137.73	$117.07	$187.04	$158.98	N	
29035	AA		APPLICATION OF BODY CAST	$9.30	$8.10	$9.30	$8.10	N	3
29040			APPLICATION OF BODY CAST	$156.61	$133.11	$164.62	$139.92	N	
29040	AA		APPLICATION OF BODY CAST	$9.30	$8.10	$9.30	$8.10	N	3
29044			APPLICATION OF BODY CAST	$153.49	$130.47	$212.38	$180.53	N	
29044	AA		APPLICATION OF BODY CAST	$9.30	$8.10	$9.30	$8.10	N	3
29046			APPLICATION OF BODY CAST	$167.62	$142.48	$198.52	$168.74	N	
29046	AA		APPLICATION OF BODY CAST	$9.30	$8.10	$9.30	$8.10	N	3
29049			APPLICATION OF SHOULDER CAST	$52.21	$44.38	$76.08	$64.67	N	
29049	AA		APPLICATION OF SHOULDER CAST	$9.30	$8.10	$9.30	$8.10	N	3
29055			APPLICATION OF SHOULDER CAST	$118.69	$100.88	$166.58	$141.59	N	
29055	AA		APPLICATION OF SHOULDER CAST	$9.30	$8.10	$9.30	$8.10	N	3
29058			APPLICATION OF SHOULDER CAST	$64.16	$54.53	$99.36	$84.46	N	
29058	AA		APPLICATION OF SHOULDER CAST	$9.30	$8.10	$9.30	$8.10	N	3
29065			APPLICATION OF LONG ARM CAST	$50.38	$42.82	$77.06	$65.50	N	
29065	AA		APPLICATION OF LONG ARM CAST	$9.30	$8.10	$9.30	$8.10	N	3
29075			APPLICATION OF FOREARM CAST	$45.89	$39.00	$70.93	$60.29	N	
29075	AA		APPLICATION OF FOREARM CAST	$9.30	$8.10	$9.30	$8.10	N	3
29085			APPLY HAND/WRIST CAST	$50.21	$42.67	$75.06	$63.80	N	
29085	AA		APPLY HAND/WRIST CAST	$9.30	$8.10	$9.30	$8.10	N	3
29086			FINGER CAST APPLICATION	$40.32	$34.27	$54.24	$46.10	N	
29105			APPLY LONG ARM SPLINT	$42.81	$36.38	$72.78	$61.86	N	
29105	AA		APPLY LONG ARM SPLINT	$9.30	$8.10	$9.30	$8.10	N	3
29105	SA		APPLY LONG ARM SPLINT	$36.38	$36.38	$58.77	$58.77	N	
29125			APPLY FOREARM SPLINT	$34.81	$29.59	$55.33	$47.03	N	
29125	AA		APPLY FOREARM SPLINT	$9.30	$8.10	$9.30	$8.10	N	3
29125	SA		APPLY FOREARM SPLINT	$29.59	$29.59	$44.68	$44.68	N	
29126			APPLY FOREARM SPLINT	$40.91	$34.77	$67.46	$57.34	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
29126	AA		APPLY FOREARM SPLINT	$9.30	$8.10	$9.30	$8.10	N	3
29130			APPLICATION OF FINGER SPLINT	$21.56	$18.32	$33.53	$28.50	N	
29130	AA		APPLICATION OF FINGER SPLINT	$9.30	$8.10	$9.30	$8.10	N	3
29130	SA		APPLICATION OF FINGER SPLINT	$18.32	$18.32	$27.07	$27.07	N	
29131			APPLICATION OF FINGER SPLINT	$28.14	$23.91	$43.38	$36.88	N	
29131	AA		APPLICATION OF FINGER SPLINT	$9.30	$8.10	$9.30	$8.10	N	3
29200			STRAPPING THORAX	$15.59	$13.25	$32.41	$27.55	N	
29200	AA		STRAPPING OF CHEST	$9.30	$8.10	$9.30	$8.10	N	3
29200	SA		STRAPPING OF CHEST	$13.25	$13.25	$26.17	$26.17	N	
29220	SA		STRAPPING OF LOW BACK	NA	NA	$37.02	$37.02	N	
29240			STRAPPING OF SHOULDER	$14.57	$12.38	$31.21	$26.53	N	
29240	AA		STRAPPING OF SHOULDER	$9.30	$8.10	$9.30	$8.10	N	3
29240	SA		STRAPPING OF SHOULDER	$12.38	$12.38	$25.53	$25.53	N	
29260			STRAPPING OF ELBOW OR WRIST	$14.39	$12.23	$31.13	$26.46	N	
29260	AA		STRAPPING OF ELBOW OR WRIST	$9.30	$8.10	$9.30	$8.10	N	3
29260	SA		STAPPING OF ELBOW OR WRIST	$12.23	$12.23	$25.51	$25.51	N	
29280			STRAPPING OF HAND OR FINGER	$14.72	$12.51	$31.52	$26.79	N	
29280	AA		STRAPPING OF HAND OR FINGER	$9.30	$8.10	$9.30	$8.10	N	3
29280	SA		STRAPPING OF HAND OR FINGER	$12.51	$12.51	$25.84	$25.84	N	
29305			APPLICATION OF HIP CAST	$130.99	$111.34	$188.17	$159.94	N	
29305	AA		APPLICATION OF HIP CAST	$9.30	$8.10	$9.30	$8.10	N	3
29325			APPLICATION OF HIP CASTS	$144.60	$122.91	$205.26	$174.47	N	
29325	AA		APPLICATION OF HIP CASTS	$9.30	$8.10	$9.30	$8.10	N	3
29345			APPLICATION OF LONG LEG CAST	$69.84	$59.36	$111.40	$94.69	N	
29345	AA		APPLICATION OF LONG LEG CAST	$9.30	$8.10	$9.30	$8.10	N	3
29355			APPLICATION OF LONG LEG CAST	$72.77	$61.85	$114.06	$96.95	N	
29355	AA		APPLICATION OF LONG LEG CAST	$9.30	$8.10	$9.30	$8.10	N	3
29358			APPLICATION OF LONG LEG CAST	$84.42	$71.75	$122.82	$104.40	N	
29358	AA		APPLIC LONG LEG CAST BRACE	$9.30	$8.10	$9.30	$8.10	N	3
29365			APPLICATION OF LONG LEG CAST	$64.30	$54.66	$99.53	$84.60	N	
29365	AA		APPLICATION OF LONG LEG CAST	$9.30	$8.10	$9.30	$8.10	N	3
29405			APPLY SHORT LEG CAST	$41.63	$35.38	$72.71	$61.81	N	
29405	AA		APPLY SHORT LEG CAST	$9.30	$8.10	$9.30	$8.10	N	3
29425			APPLY SHORT LEG CAST	$38.92	$33.08	$78.09	$66.37	N	
29425	AA		APPLY SHORT LEG CAST	$9.30	$8.10	$9.30	$8.10	N	3
29435			APPLY SHORT LEG CAST	$64.30	$54.65	$96.14	$81.72	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
29435	AA		APPLY SHORT LEG CAST	$9.30	$8.10	$9.30	$8.10	N	3
29440			ADDITION OF WALKER TO CAST	$21.85	$18.57	$43.79	$37.22	N	
29440	AA		ADDITION OF WALKER TO CAST	$9.30	$8.10	$9.30	$8.10	N	3
29445			APPLIC RIGID CONTACT LEG CAST	$64.26	$54.62	$125.66	$106.81	N	
29445	AA		APPLIC RIGID CONTACT LEG CAST	$9.30	$8.10	$9.30	$8.10	N	3
29450			APPLIC CLUB FOOT CAST	$72.78	$61.86	$123.61	$105.07	N	
29450	AA		INFANT CLUB FOOT CAST	NA	NA	$9.30	$8.10	N	3
29450	AA	50	APPLICATION CLUBFOOT CAST/MOLD	$9.30	$8.10	$9.30	$8.10	N	3
29450	50		APPLIC CLUBFOOT CAST /MOLD /MA	$37.00	$32.00	$247.22	$210.13	N	
29505			APPLICATION LONG LEG SPLINT	$47.34	$40.24	$52.04	$44.23	N	
29505	AA		APPLICATION LONG LEG SPLINT	$9.30	$8.10	$9.30	$8.10	N	3
29505	SA		APPLICATION LONG LEG SPLINT	$40.24	$40.24	$42.02	$42.02	N	
29515			APPLICATION LOWER LEG SPLINT	$37.62	$31.98	$55.26	$46.97	N	
29515	AA		APPLICATION LOWER LEG SPLINT	$9.30	$8.10	$9.30	$8.10	N	3
29515	SA		APPLICATION LOWER LEG SPLINT	$31.98	$31.98	$44.62	$44.62	N	
29520			STRAPPING OF HIP	$17.11	$14.54	$34.02	$28.92	N	
29520	AA		STRAPPING OF HIP	$9.30	$8.10	$9.30	$8.10	N	3
29520	SA		STRAPPING OF HIP	$14.54	$14.54	$27.47	$27.47	N	
29530			STRAPPING OF KNEE	$14.56	$12.38	$30.80	$26.18	N	
29530	AA		STRAPPING: KNEE	$9.30	$8.10	$9.30	$8.10	N	3
29530	SA		STRAPPING OF KNEE	$12.38	$12.38	$24.87	$24.87	N	
29540			STRAPPING OF ANKLE	$14.05	$11.94	$27.29	$23.20	N	
29540	AA		STRAPPING OF ANKLE	$9.30	$8.10	$9.30	$8.10	N	3
29540	SA		STRAPPING OF ANKLE	$11.34	$11.34	$22.63	$22.63	N	
29550			STRAPPING OF TOES	$9.77	$8.30	$19.77	$16.80	N	
29550	AA		STRAPPING OF TOES	$9.30	$8.10	$9.30	$8.10	N	3
29550	SA		STRAPPING OF TOES	$8.30	$8.30	$16.82	$16.82	N	
29580			STRAPPING UNNA BOOT	$31.54	$26.81	$38.08	$32.37	N	
29580	AA		APPLICATION OF PASTE BOOT	$9.30	$8.10	$9.30	$8.10	N	3
29580	SA		APPLICATION OF PASTE BOOT	$26.81	$26.81	$30.75	$30.75	N	
29581			APPLICATION OF MULTI-LAYER VEN	$43.76	$37.19	$43.76	$37.19	N	
29581	AA		APPLICATION OF MULTI-LAYER VEN	$9.30	$8.10	$9.30	$8.10	N	3
29581	26		APPLICATION MULTI-LAYER VEN WD	$12.83	$10.91	$12.83	$10.91	N	
29584			APPL MULTLAY COMPRS ARM/HAND	$39.42	$33.50	$39.42	$33.50	N	
29584	AA		APPL MULTLAY COMPRS ARM/HAND	$9.30	$8.10	$9.30	$8.10	N	3
29584	26		APPLY MULTLAY COMPRS ARM/HAND	$7.64	$6.49	$7.64	$6.49	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
29590	SA		DENIS-BROWNE SPLINT STRAPPING	$9.50	$9.50	$35.52	$35.52	N	
29700			REMOVAL/REVISION OF CAST	$33.54	$28.51	$50.58	$42.99	N	
29700	AA		REMOVAL/REVISION OF CAST	$9.30	$8.10	$9.30	$8.10	N	3
29700	SA		REMOVAL/REVISION OF CAST	$28.51	$28.51	$40.84	$40.84	N	
29705			REMOVAL/REVISION OF CAST	$32.66	$27.76	$55.69	$47.33	N	
29705	AA		REMOVAL/REVISION OF CAST	$9.30	$8.10	$9.30	$8.10	N	3
29705	SA		REMOVAL/REVISION OF CAST	$27.76	$27.76	$44.97	$44.97	N	
29710			REMOVAL/REVISION OF CAST	$63.44	$53.92	$100.18	$85.15	N	
29710	AA		REMOVAL/REVISION OF CAST	$9.30	$8.10	$9.30	$8.10	N	3
29710	SA		REMOVAL/REVISION OF CAST	$53.92	$53.92	$80.89	$80.89	N	
29715	SA		REMOVAL/REVISOIN OF CAST	NA	NA	$58.20	$58.20	N	
29720			REPAIR OF BODY CAST	$45.30	$38.50	$64.40	$54.74	N	
29720	AA		REPAIR OF BODY CAST	$9.30	$8.10	$9.30	$8.10	N	3
29720	SA		REPAIR OF BODY CAST	$38.50	$38.50	$52.00	$52.00	N	
29730			WINDOWING OF CAST	$32.84	$27.91	$54.74	$46.53	N	
29730	AA		WINDOWING OF CAST	$9.30	$8.10	$9.30	$8.10	N	3
29730	SA		WINDOWING OF CAST	$27.91	$27.91	$44.20	$44.20	N	
29740			WEDGING OF CAST	$10.14	$8.62	$79.74	$67.78	N	
29740	AA		WEDGING OF CAST	$9.30	$8.10	$9.30	$8.10	N	3
29740	SA		WEDGING OF CAST	$43.16	$43.16	$64.39	$64.39	N	
29750			WEDGING OF CLUBFOOT CAST	$10.94	$9.30	$82.00	$69.70	N	
29750	AA		WEDGING OF CLUBFOOT CAST	$9.30	$8.10	$9.30	$8.10	N	3
29750	AA	50	WEDGING OF CLUBFOOT CAST,BILAT	$9.30	$8.10	$9.30	$8.10	N	3
29750	50		WEDGING OF CLUBFOOT CAST,BILAT	$15.00	$13.00	$164.00	$139.40	N	
29799			UNLISTED PX CASTING/STRPG	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
29800			ARTHROSCOPY TEMPORAMANDIBULAR	$270.33	$229.78	$270.33	$229.78	N	
29800	AA		ARTHROSCOPY TEMPOROMANDIBULAR	$9.30	$8.10	$9.30	$8.10	N	3
29804			ARTHROSCOPY TEMPOMANDIBUL.SURG	$297.34	$252.73	$297.34	$252.73	N	
29804	AA		ARTHROSCOPY TEMPOMANDIBUL.SURG	$9.30	$8.10	$9.30	$8.10	N	3
29805			SHO ARTHRS DX +- SYNOVIAL BX	$239.64	$203.69	$409.06	$347.70	N	
29805	AA		DIAG ARTHROS SHLDER W/WO BX	$9.30	$8.10	$9.30	$8.10	N	4
29806			SHO ARTHRS SRG CAPSULORPAPHY	$530.94	$451.29	$906.86	$770.83	N	
29806	AA		ARTHROSCOPY SURG SHOULDER	$9.30	$8.10	$9.30	$8.10	N	4
29807			SHO ARTHRS SRG RPR SLAP LES	$518.71	$440.90	$883.86	$751.28	N	
29807	AA		ARTHROSCOPY SHOULD SURG REP	$9.30	$8.10	$9.30	$8.10	N	4
29819			SHO ARTHRS SRG RMVL LOOSE/FB	$297.34	$252.74	$510.62	$434.02	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
29819	AA		ARTHROSCOPY/SURG/REMOVE BODY	$9.30	$8.10	$9.30	$8.10	N	3
29820			SHO ARTHRS SRG PRTL SYNVCT	$271.33	$230.63	$470.94	$400.30	N	
29820	AA		ARTHROSCOPY-SYNOVECTOMY-PARTIA	$9.30	$8.10	$9.30	$8.10	N	4
29821			SHO ARTHRS SRG COMPL SYNVCT	$301.31	$256.11	$514.41	$437.25	N	
29821	AA		ARTHROSCOPY-SYNOVECTOMY-COMPLE	$9.30	$8.10	$9.30	$8.10	N	4
29822			ARTHROSCOPY-LIMITED-DEBRIDEMEN	$275.41	$234.09	$500.03	$425.03	N	
29822	AA		ARTHROSCOPY-LIMITED-DEBRIDEMEN	$9.30	$8.10	$9.30	$8.10	N	3
29823			ARTHROSCOPY-EXT DEBRIDEMENT	$300.04	$255.03	$545.25	$463.46	N	
29823	AA		ARTHROSCOPY-EXT DEBRIDEMENT	$9.30	$8.10	$9.30	$8.10	N	3
29824			SHO ARTHRS SRG DSTL CLAVICLC	$343.11	$291.64	$558.59	$474.80	N	
29824	AA		ARTHROSC SHOULD SURG DISTAL CL	$9.30	$8.10	$9.30	$8.10	N	4
29825			SHO ARTHRS SRG LSS&RESCJ ADS	$297.52	$252.89	$509.60	$433.16	N	
29825	AA		ARTHROSCOPY-W/ LYSIS & RESECTI	$9.30	$8.10	$9.30	$8.10	N	3
29826			SHO ARTHRS SRG DECOMPRESSION	$84.23	$71.60	$181.09	$153.93	N	
29826	AA		ARTHROSCOPY,SHOULDER:DECOMP	$9.30	$8.10	$9.30	$8.10	N	3
29827			SHO ARTHRS SRG RT8TR CUF RPR	$534.72	$454.51	$955.73	$812.37	N	
29827	AA		ARTHROSCOPY SHLDER W/ROT CUFF	$9.30	$8.10	$9.30	$8.10	N	4
29828			SHO ARTHRS SRG BICP TENODSIS	$459.72	$390.76	$712.32	$605.47	N	
29828	AA		ARTHROSCOPY, SHOULDER, SURGICA	$9.30	$8.10	$9.30	$8.10	N	5
29830			ARTHROSCOPY ELBOW/DX	$233.82	$198.74	$392.87	$333.94	N	
29830	AA		ARTHROSCOPY ELBOW/DX	$9.30	$8.10	$9.30	$8.10	N	3
29834			ARTHROSCOPY-ELBOW-SURGICAL	$251.96	$214.16	$428.59	$364.30	N	
29834	AA		ARTHROSCOPY-ELBOW-SURGICAL	$9.30	$8.10	$9.30	$8.10	N	3
29835			ARTHROSCOPY SYNOVECTOMY-PARTIA	$260.02	$221.01	$438.09	$372.37	N	
29835	AA		ARTHROSCOPY SYNOVECTOMY-PARTIA	$9.30	$8.10	$9.30	$8.10	N	3
29836			ARTHROSCOPY SYNOVECTOMY COMPLE	$297.94	$253.25	$505.45	$429.63	N	
29836	AA		ARTHROSCOPY SYNOVECTOMY COMPLE	$9.30	$8.10	$9.30	$8.10	N	3
29837			ARTHROSCOPY LIMITED DEBRIDEMEN	$264.41	$224.75	$460.67	$391.57	N	
29837	AA		ARTHROSCOPY LIMITED DEBRIDEMEN	$9.30	$8.10	$9.30	$8.10	N	3
29838			ARTHROSCOPY EXT DEBRIDEMENT	$302.02	$256.72	$516.26	$438.82	N	
29838	AA		ARTHROSCOPY EXT DEBRIDEMENT	$9.30	$8.10	$9.30	$8.10	N	3
29840			ARTHROSCOPY,WRIST,DIAGNOSTIC	$233.02	$198.07	$380.81	$323.69	N	
29840	AA		ARTHROSCOPY,WRIST,DIAGNOSTIC	$9.30	$8.10	$9.30	$8.10	N	3
29843			ARTHROSCOPY,WRIST,SURGICAL,LAV	$248.82	$211.49	$408.21	$346.98	N	
29843	AA		ARTHROSCOPY,WRIST,SURGICAL,LAV	$9.30	$8.10	$9.30	$8.10	N	3
29844			ARTHROSCOPY,WRIST:PARTIAL SYNO	$255.60	$217.26	$429.92	$365.43	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
29844	AA		ARTHROSCOPY,WRIST:PARTIAL SYNO	$9.30	$8.10	$9.30	$8.10	N	3
29845			ARTHROTOMY,WRIST..:SYNOVECTOMY	$298.16	$253.44	$486.86	$413.83	N	
29845	AA		ARTHROTOMY,WRIST..:SYNOVECTOMY	$9.30	$8.10	$9.30	$8.10	N	3
29846			ARTHROTOMY...EXCISE TRIANGULAR	$266.25	$226.31	$450.62	$383.03	N	
29846	AA		ARTHROTOMY..:EXCISE TRIANGULAR	$9.30	$8.10	$9.30	$8.10	N	3
29847			ARTHROSCOPY,WRIST:INT.FIX-FX/I	$276.70	$235.20	$466.10	$396.19	N	
29847	AA		ARTHROSCOPY,WRIST:INT.FIX-FX/I	$9.30	$8.10	$9.30	$8.10	N	3
29848			ARTHROSCOPY,WRIST,SURG:W REL	$262.37	$223.01	$387.74	$329.58	N	
29848	AA		ARTHROSCOPY,WRIST,SURG:W REL	$9.30	$8.10	$9.30	$8.10	N	3
29850			ARTHROS/TUBER OF KNEE FRACTURE	$317.51	$269.88	$466.86	$396.83	N	
29850	AA		ARTHROS/TUBER OF KNEE FRACTURE	$9.30	$8.10	$9.30	$8.10	N	5
29851			ARHTROS/TUBER OF KNEE FRACTURE	$468.19	$397.96	$815.79	$693.42	N	
29851	AA		ARTHROS/TUBER OF KNEE FRACTURE	$9.30	$8.10	$9.30	$8.10	N	5
29855			ARTHROSCOPICALLY AIDED TREATM.	$394.18	$335.05	$687.68	$584.53	N	
29855	AA		ARTHROSC. UNICONDYLAR	$9.30	$8.10	$9.30	$8.10	N	3
29856			ARHTROSCOPICALLY BICONDYLAR	$499.02	$424.17	$880.01	$748.01	N	
29856	AA		ARTHROSCOPICALLY BICONDYLAR	$9.30	$8.10	$9.30	$8.10	N	3
29860			ARTHROSCOPY, HIP	$333.42	$283.40	$530.82	$451.20	N	
29860	AA		ARTHROSCOPY HIP	$9.30	$8.10	$9.30	$8.10	N	4
29861			ARTHROSCOPY HIP SURGICAL	$350.10	$297.58	$585.62	$497.78	N	
29861	AA		ARTHROSCOPY HIP SURGICAL	$9.30	$8.10	$9.30	$8.10	N	4
29862			ARTHROSCOPY HIP W/DEBRIDEMENT	$409.22	$347.83	$651.61	$553.87	N	
29862	AA		ARTHROSCOPY HIP W/DEBRIDEMENT	$9.30	$8.10	$9.30	$8.10	N	4
29863			ARTHROSCOPY HIP SURG W/SYNOVEC	$411.40	$349.69	$644.02	$547.41	N	
29863	AA		ARTHROSCOPY HIP SURG W/SYNOVEC	$9.30	$8.10	$9.30	$8.10	N	4
29866			AUTGRFT IMPLANT KNEE W/SCOPE	$530.37	$450.81	$895.49	$761.16	N	
29866	AA		AUTGRFT IMPLANT KNEE W/SCOPE	$9.30	$8.10	$9.30	$8.10	N	4
29867			ALLGRFT IMPLNT, KNEE W/SCOPE	$641.67	$545.42	$1,069.43	$909.02	N	
29867	AA		ALLGRFT IMPLNT, KNEE W/SCOPE	$9.30	$8.10	$9.30	$8.10	N	4
29868			MENISCAL TRNSPL, KNEE W/SCPE	$832.09	$707.28	$1,445.59	$1,228.75	N	
29868	AA		MENISCAL TRNSPL, KNEE W/SCPE	$9.30	$8.10	$9.30	$8.10	N	4
29870			ARTHROSCOPY KNEE-DX	$282.53	$240.15	$351.32	$298.62	N	
29870	AA		ARTHROSCOPY KNEE-DX	$9.30	$8.10	$9.30	$8.10	N	3
29871			ARTHROSCOPY-KNEE-SURGICAL	$262.34	$222.99	$440.26	$374.22	N	
29871	AA		ARTHROSCOPY-KNEE-SURGICAL	$9.30	$8.10	$9.30	$8.10	N	3
29873			ARTHROSCOPY KNEE SURGICAL	$274.73	$233.52	$443.66	$377.11	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
29873	AA		ARTHROSCOPY KNEE SURGICAL	$9.30	$8.10	$9.30	$8.10	N	3
29874			ARTHROSCOPY-REMOVE FOREIGN BOD	$271.84	$231.06	$461.97	$392.67	N	
29874	AA		ARTHROSCOPY-REMOVE FOREIGN BOD	$9.30	$8.10	$9.30	$8.10	N	3
29875			ARTHROSCOPY,KNEE,SYNOVECTOMY,L	$252.58	$214.69	$430.51	$365.94	N	
29875	AA		ARTHROSCOPY,KNEE,SYNOVECTOMY,L	$9.30	$8.10	$9.30	$8.10	N	4
29876			ARTHROSCOPY MAJOR SYNOVECTOMY	$330.65	$281.05	$529.38	$449.97	N	
29876	AA		ARTHROSCOPY MAJOR SYNOVECTOMY	$9.30	$8.10	$9.30	$8.10	N	4
29877			ARTHROSCOPY-DEBRIDEMENT	$314.80	$267.58	$499.20	$424.32	N	
29877	AA		ARTHROSCOPY-DEBRIDEMENT	$9.30	$8.10	$9.30	$8.10	N	3
29879			ARTHROSCOPY-ABRASION ARTHROPLA	$335.10	$284.84	$537.16	$456.59	N	
29879	AA		ARTHROSCOPY-ABRASION ARTHROPLA	$9.30	$8.10	$9.30	$8.10	N	3
29880			ARTHROSCOPY,KNEE:W/MENISCECTOM	$285.20	$242.42	$562.21	$477.88	N	
29880	AA		ARTHROSCOPY,KNEE:W/MENISCECTOM	$9.30	$8.10	$9.30	$8.10	N	3
29881			ARTHROSCOPY W/MENISECTOMY	$275.07	$233.81	$521.40	$443.19	N	
29881	AA		ARTHROSCOPY W/MENISECTOMY	$9.30	$8.10	$9.30	$8.10	N	4
29882			ARTHROSCOPY W/MENISCUS REPAIR	$347.72	$295.56	$563.76	$479.20	N	
29882	AA		ARTHROSCOPY W/MENISCUS REPAIR	$9.30	$8.10	$9.30	$8.10	N	3
29883			ARTHROSCOPY,KNEE:MENISCUS REPA	$422.64	$359.24	$713.81	$606.74	N	
29883	AA		ARTHROSCOPY,KNEE:MENISCUS REPA	$9.30	$8.10	$9.30	$8.10	N	3
29884			ARTHROSCOPY W/LYSIS ADHESIONS	$314.14	$267.01	$496.92	$422.38	N	
29884	AA		ARTHROSCOPY W/LYSIS ADHESIONS	$9.30	$8.10	$9.30	$8.10	N	3
29885			ARTHROSCOPY,KNEE:DRILL,OSTEOCH	$383.35	$325.85	$604.80	$514.08	N	
29885	AA		ARTHROSCOPY,KNEE:DRILL,OSTEOCH	$9.30	$8.10	$9.30	$8.10	N	3
29886			ARTHROSCOPY-OSTEOCHONDRITIS	$323.73	$275.17	$509.53	$433.10	N	
29886	AA		ARTHROSCOPY-OSTEOCHONDRITIS	$9.30	$8.10	$9.30	$8.10	N	3
29887			ARTHROSCOPY-INTERNAL FIXATION	$381.88	$324.59	$601.57	$511.33	N	
29887	AA		ARTHROSCOPY-INTERNAL FIXATION	$9.30	$8.10	$9.30	$8.10	N	3
29888			ARTHROSCOPY-AIDED REP/AUGMENT/	$487.39	$414.28	$857.06	$728.50	N	
29888	AA		ARTHROSCOPY-AIDED REP/AUGMENT/	$9.30	$8.10	$9.30	$8.10	N	3
29889			ARTHROSCOPY-AIDED REP/AUGMENT/	$615.40	$523.09	$1,010.38	$858.82	N	
29889	AA		ARTHROSCOPY-AIDED REP/AUGMENT/	$9.30	$8.10	$9.30	$8.10	N	3
29891			ARTHROSCOPY, ANKLE SURGICAL	$340.01	$289.00	$561.77	$477.50	N	
29891	AA		ARTHROSCOPY, ANKLE SURGICAL	$9.30	$8.10	$9.30	$8.10	N	3
29892			ARTHRO REP LG OSTEOCH DISS LES	$321.76	$273.49	$589.14	$500.77	N	
29892	AA		ARTHRO REP LG OSTEOCH DISS LES	$9.30	$8.10	$9.30	$8.10	N	3
29893			ENDO PLANTAR FASCIOTOMY	$332.15	$282.33	$397.06	$337.50	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
29893	AA		ENDO PLANTAR FASCIOTOMY	$9.30	$8.10	$9.30	$8.10	N	3
29894			ARTHROSCOPY-ANKLE-SURGICAL	$254.97	$216.72	$447.86	$380.68	N	
29894	AA		ARTHROSCOPY-ANKLE-SURGICAL	$9.30	$8.10	$9.30	$8.10	N	3
29895			ARTHROSCOPY-PARTIAL SYNOVECTOM	$230.87	$196.24	$439.72	$373.76	N	
29895	AA		ARTHROSCOPY-PARTIAL SYNOVECTOM	$9.30	$8.10	$9.30	$8.10	N	4
29897			ARTHROSCOPY-LIMITED DEBRIDEMEN	$247.91	$210.72	$461.41	$392.20	N	
29897	AA		ARTHROSCOPY-LIMITED DEBRIDEMEN	$9.30	$8.10	$9.30	$8.10	N	3
29898			ARTHROSCOPY-EXT. DEBRIDEMENT	$281.36	$239.16	$511.22	$434.53	N	
29898	AA		ARTHROSCOPY-EXT. DEBRIDEMENT	$9.30	$8.10	$9.30	$8.10	N	3
29899			ARTHROSCOPY ANKLE W/ARTHRODES	$498.60	$423.81	$868.62	$738.32	N	
29899	AA		ARTHROSCOPY ANKLE W/ARTHRODES	$9.30	$8.10	$9.30	$8.10	N	3
29900			ARTHROSCOPY METACARP JT DIAG	$259.14	$220.26	$398.29	$338.54	N	
29900	AA		ARTHROSCOPY METACARP JT DIAG	$9.30	$8.10	$9.30	$8.10	N	3
29901			ARTHROSCOPY METACARP JT SURG	$277.05	$235.49	$437.85	$372.17	N	
29901	AA		ARTHROSCOPY METACARP JT SURG	$9.30	$8.10	$9.30	$8.10	N	3
29902			ARTHROSCOPY METACARP JT SURG	$293.25	$249.26	$467.14	$397.07	N	
29902	AA		ARTHROSCOPY METACARP JT SURG	$9.30	$8.10	$9.30	$8.10	N	3
29904			ARTHROSCOPY, SUBTALAR JOINT, S	$325.25	$276.46	$479.06	$407.20	N	
29904	AA		ARTHROSCOPY, SUBTALAR JOINT, S	$9.30	$8.10	$9.30	$8.10	N	3
29905			ARTHROSCOPY, SUBTALAR JOINT, S	$256.17	$217.74	$516.82	$439.29	N	
29905	AA		ARTHROSCOPY, SUBTALAR JOINT, S	$9.30	$8.10	$9.30	$8.10	N	3
29906			ARTHROSCOPY, SUBTALAR JOINT, S	$335.44	$285.12	$544.38	$462.73	N	
29906	AA		ARTHROSCOPY, SUBTALAR JOINT, S	$9.30	$8.10	$9.30	$8.10	N	3
29907			ARTHROSCOPY, SUBTALAR JOINT, S	$442.55	$376.17	$665.22	$565.43	N	
29907	AA		ARTHROSCOPY, SUBTALAR JOINT, S	$9.30	$8.10	$9.30	$8.10	N	3
29914			HIP ARTHRO W/FEMOROPLASTY	$498.70	$423.90	$498.70	$423.90	N	
29914	AA		HIP ARTHRO W/FEMOROPLASTY	$9.30	$8.10	$9.30	$8.10	N	4
29915			HIP ARTHRO ACETABULOPLASTY	$508.19	$431.96	$508.19	$431.96	N	
29915	AA		HIP ARTHRO ACETABULOPLASTY	$9.30	$8.10	$9.30	$8.10	N	4
29916			HIP ARTHRO W/LABRAL REPAIR	$508.87	$432.54	$508.87	$432.54	N	
29916	AA		HIP ARTHRO W/LABRAL REPAIR	$9.30	$8.10	$9.30	$8.10	N	4
29999			UNLISTED PX ARTHROSCOPY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
29999	AA		UNLISTED PROCEDURE, ARTHROSCOP	$9.30	$8.10	$9.30	$8.10	N	3
30000			DRAINAGE OF NOSE LESION	$26.57	$22.58	$187.18	$159.10	N	
30000	AA		DRAINAGE OF NOSE LESION	$9.30	$8.10	$9.30	$8.10	N	3
30020			DRAINAGE OF NOSE LESION	$133.01	$113.06	$160.03	$136.03	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
30020	AA		DRAINAGE OF NOSE LESION	$9.30	$8.10	$9.30	$8.10	N	3
30100			INTRANASAL BIOPSY	$13.94	$11.85	$98.96	$84.12	N	
30100	AA		INTRANASAL BIOPSY	$9.30	$8.10	$9.30	$8.10	N	3
30110			REMOVAL OF NOSE POLYP(S)	$123.96	$105.37	$165.94	$141.05	N	
30110	AA		REMOVAL OF NOSE POLYP(S)	$9.30	$8.10	$9.30	$8.10	N	3
30110	AA	50	REMOVAL OF NOSE POLYP(S)	$9.30	$8.10	$9.30	$8.10	N	3
30110	50		REMOVAL OF NOSE POLYP(S)	$55.00	$48.00	$331.87	$282.09	N	
30115			REMOVAL OF NOSE POLYP(S)	$233.36	$198.35	$345.42	$293.61	N	
30115	AA		REMOVAL OF NOSE POLYP(S)	$9.30	$8.10	$9.30	$8.10	N	3
30115	AA	50	EXCISION,NASAL POLYPS(EXTENSIV	$9.30	$8.10	$9.30	$8.10	N	3
30115	50		EXCISION,NASAL POLYPS(EXTENSIV	$157.00	$133.00	$690.85	$587.22	N	
30117			REMOVAL OF INTRANASAL LESION	$483.38	$410.87	$554.74	$471.53	N	
30117	AA		REMOVAL OF INTRANASAL LESION	$9.30	$8.10	$9.30	$8.10	N	4
30118			REMOVAL OF INTRANASAL LESION	$352.17	$299.34	$641.90	$545.62	N	
30118	AA		REMOVAL OF INTRANASAL LESION	$9.30	$8.10	$9.30	$8.10	N	4
30120			REVISION OF NOSE	$256.28	$217.84	$402.53	$342.15	N	
30120	AA		REVISION OF NOSE	$9.30	$8.10	$9.30	$8.10	N	4
30124			REMOVAL OF NOSE LESION	$153.09	$130.13	$228.22	$193.98	N	
30124	AA		REMOVAL OF NOSE LESION	$9.30	$8.10	$9.30	$8.10	N	4
30125			REMOVAL OF NOSE LESION	$324.62	$275.93	$527.62	$448.48	N	
30125	AA		REMOVAL OF NOSE LESION	$9.30	$8.10	$9.30	$8.10	N	4
30130			REMOVAL OF TURBINATE BONES	$209.06	$177.70	$306.03	$260.13	N	
30130	AA		REMOVAL OF TURBINATE BONES	$9.30	$8.10	$9.30	$8.10	N	3
30130	AA	50	REMOVAL OF TURBINATE BONES	$9.30	$8.10	$9.30	$8.10	N	5
30130	50		REMOVAL OF TURBINATE BONES	$64.50	$55.00	$612.06	$520.25	N	
30140			REMOVAL OF TURBINATE BONES	$29.57	$25.14	$287.01	$243.96	N	
30140	AA		REMOVAL OF TURBINATE BONES	$9.30	$8.10	$9.30	$8.10	N	3
30150			RHINECTOMY PARTIAL	$396.42	$336.96	$690.68	$587.08	N	
30150	AA		PARTIAL REMOVAL OF NOSE	$9.30	$8.10	$9.30	$8.10	N	4
30160			RHINECTOMY TOTAL	$404.49	$343.82	$675.98	$574.58	N	
30160	AA		REMOVAL OF NOSE	$9.30	$8.10	$9.30	$8.10	N	4
30200			INJECTION TREATMENT OF NOSE	$54.90	$46.67	$81.39	$69.18	N	
30200	AA		INJECTION TREATMENT OF NOSE	$9.30	$8.10	$9.30	$8.10	N	5
30210			NASAL SINUS THERAPY	$75.95	$64.56	$108.39	$92.13	N	
30210	AA		NASAL SINUS THERAPY	$9.30	$8.10	$9.30	$8.10	N	5
30220			INSERTION,NASAL SEPTAL PROSTHE	$29.94	$25.45	$196.08	$166.67	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
30220	AA		INSERTION,NASAL SEPTAL PROSTHE	$9.30	$8.10	$9.30	$8.10	N	5
30300			REMOVE NASAL FOREIGN BODY	$20.84	$17.71	$188.22	$159.99	N	
30300	SA		REMOVE NASAL FOREIGN BODY	$88.57	$88.57	$155.58	$155.58	N	
30310			REMOVE NASAL FOREIGN BODY	$103.56	$88.02	$172.21	$146.38	N	
30310	AA		REMOVE NASAL FOREIGN BODY	$9.30	$8.10	$9.30	$8.10	N	3
30320			REMOVE NASAL FOREIGN BODY	$48.90	$41.57	$393.63	$334.59	N	
30320	AA		REMOVE NASAL FOREIGN BODY	$9.30	$8.10	$9.30	$8.10	N	4
30400			RECONSTRUCTION OF NOSE	$613.89	$521.80	$868.07	$737.86	A	
30400	AA		RECONSTRUCTION OF NOSE	$9.30	$8.10	$9.30	$8.10	A	4
30410			RECONSTRUCTION OF NOSE	$705.81	$599.93	$1,076.62	$915.13	A	
30410	AA		RECONSTRUCTION OF NOSE	$9.30	$8.10	$9.30	$8.10	A	4
30420			RECONSTRUCTION OF NOSE	$717.11	$609.54	$1,153.90	$980.81	A	
30420	AA		RECONSTRUCTION OF NOSE	$9.30	$8.10	$9.30	$8.10	A	4
30430			REVISION OF NOSE	$107.47	$91.35	$795.24	$675.95	A	
30430	AA		REVISION OF NOSE	$9.30	$8.10	$9.30	$8.10	A	4
30435			REVISION WORK WITH OSTEOTOMIES	$133.72	$113.66	$1,064.14	$904.52	A	
30435	AA		REVISION WORK WITH OSTEOTOMIES	$9.30	$8.10	$9.30	$8.10	A	4
30450			REVISION OF NOSE	$871.62	$740.87	$1,391.29	$1,182.59	A	
30450	AA		REVISION OF NOSE	$9.30	$8.10	$9.30	$8.10	A	4
30460			RHINOPLASTY, CONGEN DEFORMITY	$413.78	$351.71	$683.26	$580.77	A	
30460	AA		RHINOPLASTY, CONGEN DEFORMITY	$9.30	$8.10	$9.30	$8.10	N	5
30462			RHINOPLASTY,CONGEN DEFORMITY	$793.11	$674.14	$1,381.22	$1,174.03	A	
30462	AA		RHINOPLASTY, CONGEN DEFORMITY	$9.30	$8.10	$9.30	$8.10	N	5
30465			REP NASAL VESTIBULAR STENOSIS	$509.19	$432.81	$805.82	$684.95	N	
30465	AA		REP NASAL VESTIBULAR STENOSIS	$9.30	$8.10	$9.30	$8.10	N	5
30468			RPR NSL VLV COLLAPSE W/IMPLT	$1,209.15	$1,027.77	$1,209.15	$1,027.77	N	
30468	AA		RPR NSL VLV COLLAPSE W/IMPLT	$9.30	$8.10	$9.30	$8.10	N	5
30468	26		RPR NSL VLV COLLAPSE W/IMPLT	$83.52	$70.99	$83.52	$70.99	N	
30469			RPR NSL VLV COLLAPSE W/RMDLG	$1,176.39	$999.93	$1,176.39	$999.93	N	
30469	AA		RPR NSL VLV COLLAPSE W/RMDLG	$9.30	$8.10	$9.30	$8.10	N	5
30469	26		RPR NSL VLV COLLAPSE W/RMDLG	$74.04	$62.93	$74.04	$62.93	N	
30520			REPAIR OF NASAL SEPTUM	$335.96	$285.57	$420.12	$357.10	A	
30520	AA		REPAIR OF NASAL SEPTUM	$9.30	$8.10	$9.30	$8.10	N	4
30540			RPR CHOANAL ATRESIA NTRANASL	$73.69	$62.64	$580.02	$493.02	N	
30540	AA		REPAIR NASAL DEFECT	$9.30	$8.10	$9.30	$8.10	N	4
30545			RPR CHOANAL ATRESIA TRSNPLTN	$497.92	$423.23	$814.10	$691.99	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
30545	AA		REPAIR NASAL DEFECT	$9.30	$8.10	$9.30	$8.10	N	4
30560			LYSIS INTRANASAL SYNECHIA	$31.67	$26.92	$204.96	$174.22	N	
30560	AA		RELEASE OF NASAL ADHESIONS	$9.30	$8.10	$9.30	$8.10	N	3
30580			REPAIR UPPER JAW FISTULA	$306.36	$260.40	$501.77	$426.50	N	
30580	AA		REPAIR UPPER JAW FISTULA	$9.30	$8.10	$9.30	$8.10	N	4
30600			REPAIR MOUTH/NOSE FISTULA	$261.76	$222.49	$466.50	$396.52	N	
30600	AA		REPAIR MOUTH/NOSE FISTULA	$9.30	$8.10	$9.30	$8.10	N	3
30620			RECONSTRUCTION INNER NOSE	$334.84	$284.61	$505.86	$429.98	N	
30620	AA		RECONSTRUCTION INNER NOSE	$9.30	$8.10	$9.30	$8.10	N	4
30630			REPAIR NASAL SEPTUM DEFECT	$333.11	$283.14	$513.22	$436.23	N	
30630	AA		REPAIR NASAL SEPTUM DEFECT	$9.30	$8.10	$9.30	$8.10	N	4
30801			CAUTERIZATION&/ABLATION,MUCOSA	$21.95	$18.66	$177.58	$150.94	N	
30801	AA		CAUTERIZATION&/ABLATION,MUCOSA	$9.30	$8.10	$9.30	$8.10	N	5
30802			CAUTERIZE/ABLATION,MUCOSA TURB	$27.87	$23.69	$225.65	$191.80	N	
30802	AA		CAUTERIZE/ABLATION,MUCOSA TURB	$9.30	$8.10	$9.30	$8.10	N	5
30901			CONTROL NASAL HEMORRHAGE UNILA	$78.18	$66.45	$87.65	$74.50	N	
30901	AA		CONTROL NASAL HEMORRHAGE UNILA	$9.30	$8.10	$9.30	$8.10	N	3
30901	AA	50	CONTROL NASAL HEMORRHAGE-BILAT	$9.30	$8.10	$9.30	$8.10	N	3
30901	SA		CONTROL NASAL HEMORRHAGE UNILA	$66.45	$66.45	$70.78	$70.78	N	
30901	SA	50	CONTROL NASAL HEMORRHAGE-BILAT	$29.45	$29.45	$141.55	$141.55	N	
30901	50		CONTROL NASAL HEMORRHAGE-BILAT	$36.00	$31.00	$175.30	$149.00	N	
30903			CAUTER NASAL W LOCAL ANESTHESI	$121.03	$102.87	$144.81	$123.09	N	
30903	AA		CAUTER NASAL W LOCAL ANESTHESI	$9.30	$8.10	$9.30	$8.10	N	3
30903	AA	50	CAUTER NASAL W LOCAL ANES-BILA	$9.30	$8.10	$9.30	$8.10	N	3
30903	50		CAUTER NASAL W LOCAL ANES-BILA	$36.00	$31.00	$289.62	$246.17	N	
30905			CONTROL OF NOSEBLEED	$173.91	$147.82	$186.73	$158.72	N	
30905	AA		CONTROL OF NOSEBLEED	$9.30	$8.10	$9.30	$8.10	N	3
30906			REPEAT CONTROL OF NOSEBLEED	$37.81	$32.14	$215.68	$183.33	N	
30906	AA		REPEAT CONTROL OF NOSEBLEED	$9.30	$8.10	$9.30	$8.10	N	3
30915			LIGATION NASAL SINUS ARTERY	$299.83	$254.85	$472.11	$401.30	N	
30915	AA		LIGATION NASAL SINUS ARTERY	$9.30	$8.10	$9.30	$8.10	N	5
30920			LIGATION UPPER JAW ARTERY	$432.34	$367.48	$639.46	$543.54	N	
30920	AA		LIGATION UPPER JAW ARTERY	$9.30	$8.10	$9.30	$8.10	N	5
30930			FRACTURE NASAL TURBINATES THE	$59.62	$50.67	$98.34	$83.59	N	
30930	AA		FRACTURE NASAL TURBINATES THE	$9.30	$8.10	$9.30	$8.10	N	4
30999			UNLISTED PROCEDURE NOSE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
31000			IRRIGATION MAXILLARY SINUS	$18.61	$15.82	$135.71	$115.36	N	
31000	AA		IRRIGATION MAXILLARY SINUS	$9.30	$8.10	$9.30	$8.10	N	3
31000	AA	50	IRRIG MAXILLARY SINUS BILATERA	$9.30	$8.10	$9.30	$8.10	N	3
31000	50		IRRIG MAXILLARY SINUS BILATERA	$24.00	$21.00	$271.42	$230.71	N	
31002			IRRIGATION SPHENOID SINUS	$93.29	$79.30	$175.08	$148.82	N	
31002	AA		IRRIGATION SPHENOID SINUS	$9.30	$8.10	$9.30	$8.10	N	3
31020			EXPLORATION MAXILLARY SINUS	$213.28	$181.29	$391.59	$332.85	N	
31020	AA		EXPLORATION MAXILLARY SINUS	$9.30	$8.10	$9.30	$8.10	N	4
31020	AA	50	EXPLOR MAXILLARY SINUS,BILATER	$9.30	$8.10	$9.30	$8.10	N	4
31020	50		EXPLOR MAXILLARY SINUS,BILATER	$108.00	$92.00	$783.18	$665.71	N	
31030			EXPLORATION MAXILLARY SINUS	$323.36	$274.85	$595.75	$506.39	N	
31030	AA		EXPLORATION MAXILLARY SINUS	$9.30	$8.10	$9.30	$8.10	N	4
31030	AA	50	EXPLOR MAXILL SINUS W/O REM PO	$9.30	$8.10	$9.30	$8.10	N	4
31030	50		EXPLOR MAXILL SINUS W/O REM PO	$363.00	$309.00	$1,191.50	$1,012.78	N	
31032			SINUSOT,MAXIL:RAD UNI W/REM AN	$297.95	$253.25	$470.81	$400.19	N	
31032	AA		SINUSOT,MAXIL:RAD UNI W/REM AN	$9.30	$8.10	$9.30	$8.10	N	4
31032	AA	50	SINUSOT,MAXIL:RAD BIL W/REM AN	$9.30	$8.10	$9.30	$8.10	N	4
31032	50		SINUSOT,MAXIL:RAD BIL W/REM AN	$399.00	$339.00	$941.62	$800.37	N	
31040			EXPLORATION BEHIND UPPER JAW	$400.10	$340.08	$657.39	$558.78	N	
31040	AA		EXPLORATION BEHIND UPPER JAW	$9.30	$8.10	$9.30	$8.10	N	4
31050			EXPLORATION SPHENOID SINUS	$258.69	$219.88	$397.21	$337.63	N	
31050	AA		EXPLORATION SPHENOID SINUS	$9.30	$8.10	$9.30	$8.10	N	4
31051			SINUSOTOMY,SPHENOID..:W/STRIP,	$345.40	$293.59	$523.03	$444.58	N	
31051	AA		SINUSOTOMY,SPHENOID..:W/STRIP,	$9.30	$8.10	$9.30	$8.10	N	4
31070			EXPLORATION OF FRONTAL SINUS	$238.32	$202.57	$348.10	$295.88	N	
31070	AA		EXPLORATION OF FRONTAL SINUS	$9.30	$8.10	$9.30	$8.10	N	4
31075			EXPLORATION OF FRONTAL SINUS	$412.15	$350.33	$642.58	$546.19	N	
31075	AA		EXPLORATION OF FRONTAL SINUS	$9.30	$8.10	$9.30	$8.10	N	4
31080			REMOVAL OF FRONTAL SINUS	$541.60	$460.36	$857.14	$728.57	N	
31080	AA		REMOVAL OF FRONTAL SINUS	$9.30	$8.10	$9.30	$8.10	N	4
31081			REMOVAL OF FRONTAL SINUS	$579.98	$492.98	$951.43	$808.72	N	
31081	AA		REMOVAL OF FRONTAL SINUS	$9.30	$8.10	$9.30	$8.10	N	4
31084			REMOVAL OF FRONTAL SINUS	$599.74	$509.78	$921.04	$782.88	N	
31084	AA		REMOVAL OF FRONTAL SINUS	$9.30	$8.10	$9.30	$8.10	N	4
31085			REMOVAL OF FRONTAL SINUS	$618.04	$525.33	$974.10	$827.98	N	
31085	AA		REMOVAL OF FRONTAL SINUS	$9.30	$8.10	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
31086			REMOVAL OF FRONTAL SINUS	$584.56	$496.87	$889.48	$756.06	N	
31086	AA		REMOVAL OF FRONTAL SINUS	$9.30	$8.10	$9.30	$8.10	N	4
31087			REMOVAL OF FRONTAL SINUS	$556.80	$473.28	$882.54	$750.16	N	
31087	AA		REMOVAL OF FRONTAL SINUS	$9.30	$8.10	$9.30	$8.10	N	4
31090			EXPLORATION OF SINUSES	$550.92	$468.28	$755.90	$642.51	N	
31090	AA		EXPLORATION OF SINUSES	$9.30	$8.10	$9.30	$8.10	N	4
31200			REMOVAL OF ETHMOID SINUS	$312.79	$265.87	$478.87	$407.04	N	
31200	AA		REMOVAL OF ETHMOID SINUS	$9.30	$8.10	$9.30	$8.10	N	4
31201			REMOVAL OF ETHMOID SINUS	$388.31	$330.06	$600.66	$510.56	N	
31201	AA		REMOVAL OF ETHMOID SINUS	$9.30	$8.10	$9.30	$8.10	N	4
31205			REMOVAL OF ETHMOID SINUS	$467.07	$397.01	$746.99	$634.94	N	
31205	AA		REMOVAL OF ETHMOID SINUS	$9.30	$8.10	$9.30	$8.10	N	4
31225			REMOVAL OF UPPER JAW	$890.41	$756.85	$1,260.30	$1,071.25	N	
31225	AA		REMOVAL OF UPPER JAW	$9.30	$8.10	$9.30	$8.10	N	5
31230			REMOVAL OF UPPER JAW	$991.85	$843.07	$1,403.89	$1,193.30	N	
31230	AA		REMOVAL OF UPPER JAW	$9.30	$8.10	$9.30	$8.10	N	5
31231			DIAGNOSTIC ENDOSCOPY FO NOSE	$19.10	$16.24	$152.45	$129.58	N	
31231	AA		DIAGNOSTIC ENDOSCOPY FOR NOSE	$9.30	$8.10	$9.30	$8.10	N	5
31233			ENDOSCOPY FOR NOSE/SINUS	$135.33	$115.03	$221.06	$187.90	N	
31233	AA		ENDOSCOPY FOR NOSE/SINUS	$9.30	$8.10	$9.30	$8.10	N	5
31235			ENDOSCOPY FOR NOSE/SINUS	$154.71	$131.50	$258.06	$219.35	N	
31235	AA		ENDOSCOPY FOS NOSE/SINUS	$9.30	$8.10	$9.30	$8.10	N	5
31237			NSL/SINS NDSC SURG BX POLYPC	$132.49	$112.61	$267.98	$227.78	N	
31237	AA		ENDOSCOPY W BIOPSY FOR NOSE/SN	$9.30	$8.10	$9.30	$8.10	N	5
31238			NSL/SINS NDSC SRG NSL HEMRRG	$128.44	$109.17	$263.92	$224.33	N	
31238	AA		ENDOSCOPY OF NOSE TREAT BLEED	$9.30	$8.10	$9.30	$8.10	N	5
31239			NSL/SINUS ENDOSCOPY SURG DCR	$301.19	$256.01	$565.17	$480.39	N	
31239	AA		ENDOSCOPY OF NOSE DACRYOSYSTO	$9.30	$8.10	$9.30	$8.10	N	5
31240			NSL/SNS NDSC CNCH BULL RESCJ	$78.61	$66.82	$148.64	$126.34	N	
31240	AA		ENDOSCOPY OF NOES W CONCRA/BUL	$9.30	$8.10	$9.30	$8.10	N	5
31241			NSL/SNS NDSC LIG SPHNPTN ART	$216.81	$184.28	$216.81	$184.28	N	
31241	AA		NSL/SINS NDSC W/ARTERY LIG	$9.30	$8.10	$9.30	$8.10	N	5
31242			NSL/SINUS NDSC RF ABLTJ PNN	$1,210.45	$1,028.88	$1,210.45	$1,028.88	N	
31242	AA		NSL/SINUS NDSC RF ABLTJ PNN	$9.30	$8.10	$9.30	$8.10	N	
31242	26		NSL/SINUS NDSC RF ABLTH PNN	$77.50	$77.50	$77.50	$77.50	N	
31243			NSL/SINUS NDSC CRYOABLTJ PNN	$1,175.27	$998.98	$1,175.27	$998.98	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
31243	AA		NSL/SINUS NDSC CRYOABLTJ PNN	$9.30	$8.10	$9.30	$8.10	N	
31243	26		NSL/SINUS NDSC CRYOBLTJ PNN	$77.50	$77.50	$77.50	$77.50	N	
31253			NSL/SINS NDSC TOTAL	$243.95	$207.36	$243.95	$207.36	N	
31253	AA		NSL/SINS NDSC TOTAL	$9.30	$8.10	$9.30	$8.10	N	5
31254			PARTIAL REMOVAL OF NASAL SIN	$218.41	$185.64	$257.02	$218.47	N	
31254	AA		NASAL ENDOSCOPY:PARTIAL ETHMOI	$9.30	$8.10	$9.30	$8.10	N	5
31255			NASAL ENDOSCOPY:TOTAL ETHMOIDE	$158.04	$134.33	$332.14	$282.32	N	
31255	AA		NASAL ENDOSCOPY:TOTAL ETHMOIDE	$9.30	$8.10	$9.30	$8.10	N	5
31256			NASAL ENDOSCOPY: MAX. ANTROSTO	$88.95	$75.60	$185.18	$157.40	N	
31256	AA		NASAL ENDOSCOPY: MAX. ANTROSTO	$9.30	$8.10	$9.30	$8.10	N	5
31257			NSL/SINS NDSC TOT W/SPHENDT	$217.66	$185.01	$217.66	$185.01	N	
31257	AA		NSL/SINS NDSC TOT W/SPHENDT	$9.30	$9.30	$9.30	$9.30	N	5
31259			NSL/SINS NDSC SPHN TISS RMVL	$230.39	$195.83	$230.39	$195.83	N	
31259	AA		NSL/SINS NDSC SPHN TISS RMVL	$9.30	$8.10	$9.30	$8.10	N	5
31267			SURG MAX ENDO:REMOVE MEMBRANE/	$129.78	$110.31	$272.57	$231.68	N	
31267	AA		SURG MAX ENDO:REMOVE MEMBRANE/	$9.30	$8.10	$9.30	$8.10	N	5
31276			EXPLORATION OF NASAL SINUS U	$184.83	$157.10	$387.78	$329.61	N	
31276	AA		NAS/SINUS ENDO/EXPLOR W/WO TIS	$9.30	$8.10	$9.30	$8.10	N	5
31287			NASAL/SINUS SCOPE W SPHENOIDTM	$98.75	$83.93	$98.75	$83.93	N	
31287	AA		NASAL/SINUS SCOPE W SPHENOIDTM	$9.30	$8.10	$9.30	$8.10	N	5
31288			NASAL/SINUS SCOPE TISSUE REMOV	$114.75	$97.54	$240.47	$204.40	N	
31288	AA		NASAL/SINUS SCOPE TISSUE REMOV	$9.30	$8.10	$9.30	$8.10	N	5
31290			NASAL/SINUS SCOPE W REAPIR CSF	$565.41	$480.60	$995.34	$846.04	N	
31290	AA		NASAL/SINUS SCOPE W REPAIR CSF	$9.30	$8.10	$9.30	$8.10	N	11
31291			NASAL/SINUS SCOPE W CSF REPAIR	$605.37	$514.56	$1,048.22	$890.99	N	
31291	AA		NASAL/SINUS SCOPE W CSF REPAIR	$9.30	$8.10	$9.30	$8.10	N	11
31292			NASAL/SINUS SCOPE,ORBIT DECOMP	$488.23	$415.00	$862.77	$733.35	N	
31292	AA		NASAL/SINUS SCOPE,ORBIT DECOMP	$9.30	$8.10	$9.30	$8.10	N	11
31293			NASAL/SINUS SCOPE,ORBIT DECOMP	$528.07	$448.86	$936.81	$796.29	N	
31293	AA		NASAL/SINUS SCOPE,ORBIT DECOMP	$9.30	$8.10	$9.30	$8.10	N	11
31294			NASAL/SINUS SCOPE OPTIC DECOMP	$603.21	$512.72	$1,084.88	$922.15	N	
31294	AA		NASAL/SINUS SCOPE OPTIC DECOMP	$9.30	$8.10	$9.30	$8.10	N	11
31295			SINUS ENDO W/BALLOON DIL	$796.66	$677.16	$796.66	$677.16	N	
31295	AA		SINUS ENDO W/BALLOON DIL	$9.30	$8.10	$9.30	$8.10	N	5
31295	26		SINUS ENDO W/BALOON DIL	$77.67	$66.02	$77.67	$66.02	N	
31296			SINUS ENDO W/BALLOON DIL	$809.64	$688.19	$809.64	$688.19	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
31296	AA		SINUS ENDO W/BALLOON DIL	$9.30	$8.10	$9.30	$8.10	N	5
31296	26		SINUS ENDO W/BALOON DIL	$88.62	$75.32	$88.62	$75.32	N	
31297			SINUS ENDO W/BALLOON DIL	$789.62	$671.18	$789.62	$671.18	N	
31297	AA		SINUS ENDO W/BALLOON DIL	$9.30	$8.10	$9.30	$8.10	N	5
31297	26		SINUS ENDO W/BALOON DIL	$70.81	$60.19	$70.81	$60.19	N	
31298			NSL/SINS NDSC W/SINS DILATIN	$1,496.22	$1,271.79	$1,496.22	$1,271.79	N	
31298	AA		NSL/SINS NDSC W/SINS DILAT	$9.30	$9.30	$9.30	$9.30	N	5
31298	26		NSL/SINS NDSC W/SINS DILAT	$125.04	$106.28	$125.04	$106.28	N	
31299			UNLISTED PX ACCESSORY SINUS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
31300			REMOVAL OF LARYNX LESION	$621.48	$528.25	$995.32	$846.02	N	
31300	AA		REMOVAL OF LARYNX LESION	$9.30	$8.10	$9.30	$8.10	N	6
31360			REMOVAL OF LARYNX	$1,015.74	$863.37	$1,148.79	$976.47	N	
31360	AA		REMOVAL OF LARYNX	$9.30	$8.10	$9.30	$8.10	N	6
31365			REMOVAL OF LARYNX	$1,251.99	$1,064.19	$1,513.59	$1,286.55	N	
31365	AA		REMOVAL OF LARYNX	$9.30	$8.10	$9.30	$8.10	N	6
31367			PARTIAL REMOVAL OF LARYNX	$1,075.23	$913.95	$1,487.48	$1,264.36	N	
31367	AA		PARTIAL REMOVAL OF LARYNX	$9.30	$8.10	$9.30	$8.10	N	6
31368			PARTIAL REMOVAL OF LARYNX	$1,187.26	$1,009.17	$1,787.41	$1,519.30	N	
31368	AA		PARTIAL REMOVAL OF LARYNX	$9.30	$8.10	$9.30	$8.10	N	6
31370			PARTIAL REMOVAL OF LARYNX	$1,009.77	$858.30	$1,483.68	$1,261.13	N	
31370	AA		PARTIAL REMOVAL OF LARYNX	$9.30	$8.10	$9.30	$8.10	N	6
31375			PARTIAL REMOVAL OF LARYNX	$960.56	$816.47	$1,379.66	$1,172.71	N	
31375	AA		PARTIAL REMOVAL OF LARYNX	$9.30	$8.10	$9.30	$8.10	N	6
31380			PARTIAL REMOVAL OF LARYNX	$947.32	$805.22	$1,389.18	$1,180.81	N	
31380	AA		PARTIAL REMOVAL OF LARYNX	$9.30	$8.10	$9.30	$8.10	N	6
31382			PARTIAL REMOVAL OF LARYNX	$1,036.22	$880.79	$1,432.37	$1,217.51	N	
31382	AA		PARTIAL REMOVAL OF LARYNX	$9.30	$8.10	$9.30	$8.10	N	6
31390			REMOVAL OF LARYNX & PHARYNX	$1,377.89	$1,171.21	$1,764.55	$1,499.87	N	
31390	AA		REMOVAL OF LARYNX & PHARYNX	$9.30	$8.10	$9.30	$8.10	N	6
31395			RECONSTRUCT LARYNX & PHARYNX	$1,444.99	$1,228.24	$2,017.51	$1,714.89	N	
31395	AA		RECONSTRUCT LARYNX & PHARYNX	$9.30	$8.10	$9.30	$8.10	N	6
31400			REVISION OF LARYNX	$507.97	$431.77	$818.38	$695.63	N	
31400	AA		REVISION OF LARYNX	$9.30	$8.10	$9.30	$8.10	N	6
31420			EPIGLOTTIDECTOMY	$414.53	$352.35	$671.70	$570.94	N	
31420	AA		REMOVAL OF EPIGLOTTIS	$9.30	$8.10	$9.30	$8.10	N	6
31500			INSERT WINDPIPE AIRWAY	$68.67	$58.37	$97.35	$82.75	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
31500	AA		INSERT WINDPIPE AIRWAY	$9.30	$8.10	$9.30	$8.10	N	6
31502			TRACHEOTOMY TUBE CHANGE	$16.82	$14.30	$32.54	$27.66	N	
31502	AA		TRACHEOTOMY TUBE CHANGE	$9.30	$8.10	$9.30	$8.10	N	6
31505			DIAGNOSTIC LARYNGOSCOPY	$44.23	$37.59	$69.96	$59.47	N	
31505	AA		DIAGNOSTIC LARYNGOSCOPY	$9.30	$8.10	$9.30	$8.10	N	5
31510			LARYNGOSCOPY WITH BIOPSY	$107.56	$91.43	$177.73	$151.07	N	
31510	AA		LARYNGOSCOPY WITH BIOPSY	$9.30	$8.10	$9.30	$8.10	N	6
31511			REMOVE FOREIGN BODY, LARYNX	$104.26	$88.62	$180.10	$153.08	N	
31511	AA		REMOVE FOREIGN BODY, LARYNX	$9.30	$8.10	$9.30	$8.10	N	6
31512			REMOVAL OF LARYNX LESION	$107.92	$91.73	$179.67	$152.72	N	
31512	AA		REMOVAL OF LARYNX LESION	$9.30	$8.10	$9.30	$8.10	N	6
31513			LARYNGOSCOPY,W VOCAL CORD INJE	$64.73	$55.02	$120.95	$102.81	N	
31513	AA		LARYNGOSCOPY,W VOCAL CORD INJE	$9.30	$8.10	$9.30	$8.10	N	6
31515			LARYNGOSCOPY FOR ASPIRATION	$107.35	$91.24	$181.49	$154.26	N	
31515	AA		LARYNGOSCOPY FOR ASPIRATION	$9.30	$8.10	$9.30	$8.10	N	3
31520			DIAGNOSTIC LARYNGOSCOPY	NA	NA	$139.78	$118.81	N	
31520	AA		DIAGNOSTIC LARYNGOSCOPY	NA	NA	$9.30	$8.10	N	6
31525			DIAGNOSTIC LARYNGOSCOPY	$124.48	$105.80	$213.19	$181.21	N	
31525	AA		DIAGNOSTIC LARYNGOSCOPY	$9.30	$8.10	$9.30	$8.10	N	6
31526			DIAGNOSTIC LARYNGOSCOPY	$77.63	$65.99	$145.82	$123.94	N	
31526	AA		DIAGNOSTIC LARYNGOSCOPY	$9.30	$8.10	$9.30	$8.10	N	6
31527			LARYNGOSCOPY, INSERT OBTURATOR	$96.09	$81.68	$174.86	$148.63	N	
31527	AA		LARYNGOSCOPY, INSERT OBTURATOR	$9.30	$8.10	$9.30	$8.10	N	6
31528			LARYNGOSCOPY, W DILATATION, IN	$71.22	$60.54	$130.08	$110.57	N	
31528	AA		LARYNGOSCOPY, W DILATATION, IN	$9.30	$8.10	$9.30	$8.10	N	6
31529			LARYNGOSCOPY,W DILATATION SUBS	$79.22	$67.34	$149.25	$126.86	N	
31529	AA		LARYNGOSCOPY,W DILATATION SUBS	$9.30	$8.10	$9.30	$8.10	N	6
31530			OPERATIVE LARYNGOSCOPY	$97.66	$83.01	$181.93	$154.64	N	
31530	AA		OPERATIVE LARYNGOSCOPY	$9.30	$8.10	$9.30	$8.10	N	6
31531			OPERATIVE LARYNGOSCOPY	$103.41	$87.90	$199.11	$169.25	N	
31531	AA		OPERATIVE LARYNGOSCOPY	$9.30	$8.10	$9.30	$8.10	N	6
31535			OPERATIVE LARYNGOSCOPY	$93.31	$79.31	$175.45	$149.13	N	
31535	AA		OPERATIVE LARYNGOSCOPY	$9.30	$8.10	$9.30	$8.10	N	6
31536			OPERATIVE LARYNGOSCOPY	$103.11	$87.64	$197.49	$167.86	N	
31536	AA		OPERATIVE LARYNGOSCOPY	$9.30	$8.10	$9.30	$8.10	N	6
31540			OPERATIVE LARYNGOSCOPY	$118.30	$100.56	$226.53	$192.55	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
31540	AA		OPERATIVE LARYNGOSCOPY	$9.30	$8.10	$9.30	$8.10	N	6
31541			OPERATIVE LARYNGOSCOPY	$128.76	$109.44	$248.50	$211.22	N	
31541	AA		OPERATIVE LARYNGOSCOPY	$9.30	$8.10	$9.30	$8.10	N	6
31545			REMOVE VC LESION W/SCOPE	$176.48	$150.01	$328.19	$278.96	N	
31545	AA		REMOVE VC LESION W/SCOPE	$9.30	$8.10	$9.30	$8.10	N	6
31546			REMOVE VC LESION SCOPE/GRAFT	$267.30	$227.21	$499.64	$424.69	N	
31546	AA		REMOVE VC LESION SCOPE/GRAFT	$9.30	$8.10	$9.30	$8.10	N	6
31551			LARYNGOPLASTY LARYNGEAL STEN	$767.79	$652.62	$767.79	$652.62	N	
31551	AA		LARYNGOPLASTY LARYNGEAL STEN	$9.30	$8.10	$9.30	$8.10	N	6
31552			LARYNGOPLASTY LARYNGEAL STEN	$741.66	$630.41	$741.66	$630.41	N	
31552	AA		LARYNGOPLASTY LARYNGEAL STEN	$9.30	$8.10	$9.30	$8.10	N	6
31553			LARYNGOPLASTY LARYNGEAL STEN	$833.88	$708.79	$833.88	$708.79	N	
31553	AA		LARYNGOPLASTY LARYNGEAL STEN	$9.30	$8.10	$9.30	$8.10	N	6
31554			LARYNGOPLASTY LARYNGEAL STEN	$834.22	$709.09	$834.22	$709.09	N	
31554	AA		LARYNGOPLASTY LARYNGEAL STEN	$9.30	$8.10	$9.30	$8.10	N	6
31560			OPERATIVE LARYNGOSCOPY	$152.73	$129.82	$292.23	$248.40	N	
31560	AA		OPERATIVE LARYNGOSCOPY	$9.30	$8.10	$9.30	$8.10	N	6
31561			OPERATIVE LARYNGOSCOPY	$166.44	$141.47	$318.54	$270.76	N	
31561	AA		OPERATIVE LARYNGOSCOPY	$9.30	$8.10	$9.30	$8.10	N	6
31570			LARYNGOSCOPY WITH INJECTION	$170.38	$144.82	$324.24	$275.60	N	
31570	AA		LARYNGOSCOPY WITH INJECTION	$9.30	$8.10	$9.30	$8.10	N	6
31571			LARYNGOSCOPY WITH INJECTION	$122.05	$103.74	$233.58	$198.54	N	
31571	AA		LARYNGOSCOPY WITH INJECTION	$9.30	$8.10	$9.30	$8.10	N	6
31572			LARGSC W/LASER DSTRJ LES	$256.79	$218.27	$256.79	$218.27	N	
31572	AA		LARGSC W/LASER DSTRJ LES	$9.30	$8.10	$9.30	$8.10	N	6
31572	26		LARESC W/LASER DSTRJ LES	$89.07	$75.71	$89.07	$75.71	N	
31573			LARGSC W/THER INJECTION	$142.88	$121.44	$142.88	$121.44	N	
31573	AA		LARGSC W/THER INJECTION	$9.30	$8.10	$9.30	$8.10	N	6
31573	26		LARGSC W/THER INJECTION	$73.38	$62.37	$73.38	$62.37	N	
31574			LARGSC W/NJX AUGMENTATION	$454.02	$385.91	$454.02	$385.91	N	
31574	AA		LARGSC W/NJX AUGMENTATION	$9.30	$8.10	$9.30	$8.10	N	6
31574	26		LARGSC W/NJX AUGMENTATION	$73.71	$62.65	$73.71	$62.65	N	
31575			LARYNGOSCOPY,FIBEROPTIC:DX	$64.08	$54.46	$102.24	$86.90	N	
31575	AA		LARYNGOSCOPY,FIBEROPTIC:DX	$9.30	$8.10	$9.30	$8.10	N	6
31576			LARYNGSCOPY, FIBERS COPIC: BIO	$134.10	$113.98	$190.94	$162.30	N	
31576	AA		LARYNGSCOPY, FIBERS COPIC: BIO	$9.30	$8.10	$9.30	$8.10	N	6

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
31577			LARGSC W/RMVL FOREIGN BDY(S)	$134.97	$114.72	$212.20	$180.37	N	
31577	AA		LARYNGOSCOPY, FIBERSCOPIC: FOR	$9.30	$8.10	$9.30	$8.10	N	6
31578			LARGSC W/REMOVAL LESION	$151.88	$129.09	$242.14	$205.82	N	
31578	AA		LARYNGOSCOPY, FIBERSCOPIC: REM	$9.30	$8.10	$9.30	$8.10	N	6
31579			LARYNGOSCOPY TELESCOPIC	$98.10	$83.38	$187.47	$159.35	N	
31579	AA		LARYNGOSCOPY..W STROBOSCOPY	$9.30	$8.10	$9.30	$8.10	N	6
31580			LARYNGOPLASTY LARYNGEAL WEB	$639.52	$543.59	$961.80	$817.53	N	
31580	AA		REVISION OF LARYNX	$9.30	$8.10	$9.30	$8.10	N	6
31584			LARYNGOPLASTY FX RDCTJ FIXJ	$700.43	$595.37	$1,287.99	$1,094.79	N	
31584	AA		LARYNGOPLASTY:W OPEN REDU FX	$9.30	$8.10	$9.30	$8.10	N	6
31587			LARYNGOPLASTY CRICOID SPLIT	$603.64	$513.09	$722.30	$613.95	N	
31587	AA		LARYNGOPLASTY CRICOID SPLIT	$9.30	$8.10	$9.30	$8.10	N	6
31590			LARYNGEAL REINNERVATION REPAIR	$467.95	$397.75	$773.43	$657.42	N	
31590	AA		LARYNGEAL REINNERVATION REPAIR	$9.30	$8.10	$9.30	$8.10	N	6
31591			LARYNGOPLASTY MEDIALIZATION	$551.25	$468.56	$551.25	$468.56	N	
31591	AA		LARYNGOPLASTY MEDIALIZATION	$9.30	$8.10	$9.30	$8.10	N	6
31592			CRICOTRACHEAL RESECTION	$860.58	$731.49	$860.58	$731.49	N	
31592	AA		CRICOTRACHEAL RESECTION	$9.30	$8.10	$9.30	$8.10	N	6
31599			UNLISTED PROCEDURE LARYNX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
31600			PLANNED TRACHEOSTOMY	$148.24	$126.00	$317.14	$269.57	N	
31600	AA		INCISION OF WINDPIPE	$9.30	$8.10	$9.30	$8.10	N	6
31601			PLANNED TRACHEOSTOMY<2 YRS	NA	NA	$228.95	$194.61	N	
31601	AA		INCISION OF WINDPIPE	NA	NA	$9.30	$8.10	N	6
31603			EMER TRACHEOSTOMY TTRACH	$155.11	$131.84	$201.90	$171.62	N	
31603	AA		TRACHEOSTOMY,EMERGENCY,TRANSTR	$9.30	$8.10	$9.30	$8.10	N	6
31605			EMER TRACHEOSTOMY CTHYR MEM	$160.66	$136.56	$165.06	$140.30	N	
31605	AA		INCISION OF NECK CARTILAGES	$9.30	$8.10	$9.30	$8.10	N	6
31610			TRACHEOSTOMY FENEST SKIN FLP	$474.50	$403.32	$580.90	$493.77	N	
31610	AA		INCISION OF WINDPIPE	$9.30	$8.10	$9.30	$8.10	N	6
31611			CONSTJ TRACHESOPHGL FSTL	$53.64	$45.60	$431.79	$367.02	N	
31611	AA		CONSTRUCT TRACHEOESOPH FISTULA	$9.30	$8.10	$9.30	$8.10	N	6
31612			PERQ TRCHL PNXR TTRACH ASPIR	$46.26	$39.32	$68.46	$58.19	N	
31612	AA		PUNCTURE/CLEAR WINDPIPE	$9.30	$8.10	$9.30	$8.10	N	6
31613			TRACHEOSTOMA REVJ SIMPLE	$210.75	$179.13	$361.11	$306.95	N	
31613	AA		TRACHEOSTOMA REVISION:W/O FLAP	$9.30	$8.10	$9.30	$8.10	N	6
31614			TRACHEOSTOMA REVJ COMPLEX	$354.43	$301.26	$538.45	$457.68	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
31614	AA		REVISE TRACHEOSTOMA,COMP,W/ FL	$9.30	$8.10	$9.30	$8.10	N	6
31615			TRCHEOBRNCHSC EST TRACHS INC	$85.06	$72.30	$159.02	$135.16	N	
31615	AA		VISUALIZATION OF WINDPIPE	$9.30	$8.10	$9.30	$8.10	N	6
31622			DX BRONCHOSCOPY-W/W/OUT WASH/B	$125.14	$106.37	$252.70	$214.80	N	
31622	AA		DX BRONCHOSCOPY-W/W/OUT WASH/B	$9.30	$8.10	$9.30	$8.10	N	6
31623			BRONCHOSCOPY: WITH BRUSHIHNGS	$136.29	$115.84	$278.44	$236.67	N	
31623	AA		BRONCHOSCOPY: WITH BRUSHINGS	$9.30	$8.10	$9.30	$8.10	N	6
31624			BRONCHOSCOPY W/BRONCHIAL LAVAG	$127.28	$108.18	$262.61	$223.22	N	
31624	AA		BRONCHOSCOPY W/BRONCHIAL LAVAG	$9.30	$8.10	$9.30	$8.10	N	6
31625			BRONCHOSCOPY WITH BIOPSY	$172.32	$146.47	$309.34	$262.94	N	
31625	AA		BRONCHOSCOPY WITH BIOPSY	$9.30	$8.10	$9.30	$8.10	N	6
31626			BRONCHOSCOPY, RIGID OR FLEXIBL	$384.18	$326.55	$384.18	$326.55	N	
31626	AA		BRONCHOSCOPY, RIGID OR FLEXIBL	$9.30	$8.10	$9.30	$8.10	N	6
31626	26		BRONCHOSCOPY,RIGID/FLEXIBLE	$95.13	$80.86	$95.13	$80.86	N	
31627			BRONCHOSCOPY, RIGID OR FLEXIBL	$511.80	$435.03	$511.80	$435.03	N	
31627	AA		BRONCHOSCOPY, RIGID OR FLEXIBL	$9.30	$8.10	$9.30	$8.10	N	6
31627	26		BRONCHOSCOPY,RIGID OR FLEXIBLE	$45.84	$38.96	$45.84	$38.96	N	
31628			TRANSBRONCHIAL LUNG BIOPSY FIB	$182.93	$155.49	$364.31	$309.67	N	
31628	AA		TRANSBRONCHIAL LUNG BIOPSY FIB	$9.30	$8.10	$9.30	$8.10	N	6
31629			BRONCHOSCOPY-NEEDLE ASPIRE BIO	$222.12	$188.80	$461.13	$391.96	N	
31629	AA		BRONCHOSCOPY-NEEDLE ASPIRE BIO	$9.30	$8.10	$9.30	$8.10	N	6
31630			BRONCHOSCOPY WITH REPAIR	$95.40	$81.09	$188.27	$160.03	N	
31630	AA		BRONCHOSCOPY WITH REPAIR	$9.30	$8.10	$9.30	$8.10	N	6
31631			BRONCHOSCOPY-PLACE TRACH STENT	$108.77	$92.45	$207.95	$176.76	N	
31631	AA		BRONCHOSCOPY-PLACE TRACH STENT	$9.30	$8.10	$9.30	$8.10	N	6
31632			BRONCHOSCOPY RIGID/FLEXIBLE	$31.57	$26.83	$65.36	$55.56	N	
31633			BRONCHOSCOPY RIGID/FLEXIBLE	$39.58	$33.64	$77.67	$66.02	N	
31634			BRONCH W/BALLOON OCCLUSION	$709.31	$602.91	$709.31	$602.91	N	
31634	AA		BRONCH W/BALLOON OCCLUSION	$9.30	$8.10	$9.30	$8.10	N	6
31634	26		BRONCH W/BALOON OCCLUSION	$90.41	$76.84	$90.41	$76.84	N	
31635			REMOVE FOREIGN BODY, AIRWAY	$145.47	$123.65	$293.52	$249.49	N	
31635	AA		REMOVE FOREIGN BODY, AIRWAY	$9.30	$8.10	$9.30	$8.10	N	6
31636			BRONCHOSCOPY, BRONCH STENTS	$104.26	$88.62	$205.17	$174.39	N	
31637			BRONCHOSCOPY EACH ADD BRONCH	$36.25	$30.81	$72.79	$61.87	N	
31638			BRONCHOSCOPY, REVISE STENT	$117.95	$100.25	$227.98	$193.78	N	
31640			BRONCHOSCOPY & REMOVE LESION	$117.91	$100.22	$240.03	$204.03	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
31640	AA		BRONCHOSCOPY & REMOVE LESION	$9.30	$8.10	$9.30	$8.10	N	6
31641			BRONCHOSCOPY-TUMOR/STENOSIS-NO	$120.87	$102.74	$233.18	$198.21	N	
31641	AA		BRONCHOSCOPY-TUMOR/STENOSIS-NO	$9.30	$8.10	$9.30	$8.10	N	6
31643			BRONCHOSCOPY W/CATH PLACEMENT	$81.04	$68.88	$157.99	$134.29	N	
31643	AA		BRONCHOSCOPY W/CATH PLACEMENT	$9.30	$8.10	$9.30	$8.10	N	6
31645			ASPIRATION OF LUNG SECRETION	$136.70	$116.19	$272.04	$231.23	N	
31645	AA		BRONCHOSCOPY, CLEAR AIRWAYS	$9.30	$8.10	$9.30	$8.10	N	6
31646			ASPIRATION OF LUNG SECRETION	$68.49	$58.21	$146.02	$124.12	N	
31646	AA		BRONCHOSCOPY,RECLEAR AIRWAYS	$9.30	$8.10	$9.30	$8.10	N	6
31647			BRONCHIAL VALVE INIT INSERT	$98.18	$83.45	$98.18	$83.45	N	
31647	AA		BRONCHIAL VALVE INIT INSERT	$9.30	$8.10	$9.30	$8.10	N	6
31648			BRONCHIAL VALVE REMOV INIT	$94.14	$80.01	$94.14	$80.01	N	
31648	AA		BRONCHIAL VALVE ADDL INSERT	$9.30	$8.10	$9.30	$8.10	N	6
31649			BRONCHIAL VALVE REMOV ADDL	$33.01	$28.06	$33.01	$28.06	N	
31649	AA		BRONCHIAL VALVE REMOV INIT	$9.30	$8.10	$9.30	$8.10	N	6
31651			BRONCHIAL VALVE REMOV ADDL	$36.09	$30.67	$36.09	$30.67	N	
31651	AA		BRONCHIAL VALVE REMOV ADDL	$9.30	$8.10	$9.30	$8.10	N	6
31652			BRONCH EBUS SAMPLNG 1/2 NODE	$602.20	$511.87	$602.20	$511.87	N	
31652	AA		BRONCH EBUS SAMPLNG 1/2 NODE	$9.30	$8.10	$9.30	$8.10	N	6
31652	26		BRONCH EBUS SAMPLNG 1/2 NODE	$105.49	$89.67	$105.49	$89.67	N	
31653			BRONCH EBUS SAMPLNG 3/> NODE	$623.93	$530.34	$623.93	$530.34	N	
31653	AA		BRONCH EBUS SAMPLNG 3/> NODE	$9.30	$8.10	$9.30	$8.10	N	6
31653	26		BRONCH EBUS SAMPLNG 3/> NODE	$116.86	$99.33	$116.86	$99.33	N	
31654			BRONCH EBUS IVNTJ PERPH LES	$59.22	$50.33	$59.22	$50.33	N	
31654	AA		BRONCH EBUS IVNTJ PERPH LES	$9.30	$8.10	$9.30	$8.10	N	6
31654	26		BRONCH EBUS IVNTJ PERPH LES	$31.86	$27.08	$31.86	$27.08	N	
31660			BRONCH THERMOPLSTY 1 LOBE	$89.87	$76.39	$89.87	$76.39	N	
31660	AA		BRONCH THERMOPLSTY 1 LOBE	$9.30	$8.10	$9.30	$8.10	N	6
31661			BRONCH THERMOPLSTY 2/> LOBES	$95.21	$80.93	$95.21	$80.93	N	
31661	AA		BRONCH THERMOPLSTY 2/> LOBES	$9.30	$8.10	$9.30	$8.10	N	6
31717			BRONCHIAL BRUSH BIOPSY	$28.05	$23.84	$285.55	$242.72	N	
31717	AA		BRONCHIAL BRUSH BIOPSY	$9.30	$8.10	$9.30	$8.10	N	3
31720			CLEARANCE OF AIRWAYS	$25.91	$22.02	$46.78	$39.76	N	
31720	AA		CLEARANCE OF AIRWAYS	$9.30	$8.10	$9.30	$8.10	N	3
31720	SA		CLEARANCE OF AIRWAYS	$22.02	$22.02	$37.77	$37.77	N	
31725			CLEARANCE OF AIRWAYS	$37.83	$32.16	$80.70	$68.60	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
31725	AA		CLEARANCE OF AIRWAYS	$9.30	$8.10	$9.30	$8.10	N	6
31730			TRANS INTR NEEDLE WIRE DILATOR	$103.37	$87.86	$170.95	$145.31	N	
31730	AA		TRANS.INTR.NEEDLE WIRE DILATOR	$9.30	$8.10	$9.30	$8.10	N	6
31750			TRACHEOPLASTY CERVICAL	$672.31	$571.46	$1,039.15	$883.28	N	
31750	AA		REPAIR OF WINDPIPE	$9.30	$8.10	$9.30	$8.10	N	6
31755			TRACHPLSTY TRCHPHRYNGL FSTLJ	$862.42	$733.05	$1,375.39	$1,169.08	N	
31755	AA		REPAIR OF WINDPIPE	$9.30	$8.10	$9.30	$8.10	N	8
31760			TRACHEOPLASTY INTRATHORACIC	$669.01	$568.66	$1,156.89	$983.35	N	
31760	AA		REPAIR OF WINDPIPE	$9.30	$8.10	$9.30	$8.10	N	11
31766			CARINAL RECONSTRUCTION	$858.13	$729.41	$1,558.45	$1,324.68	N	
31766	AA		CARINAL RECONSTRUCTION	$9.30	$8.10	$9.30	$8.10	N	15
31770			REPAIR/GRAFT OF BRONCHUS	$642.61	$546.22	$1,142.76	$971.35	N	
31770	AA		REPAIR/GRAFT OF BRONCHUS	$9.30	$8.10	$9.30	$8.10	N	11
31775			RECONSTRUCT BRONCHUS	$677.12	$575.55	$1,232.90	$1,047.97	N	
31775	AA		RECONSTRUCT BRONCHUS	$9.30	$8.10	$9.30	$8.10	N	11
31780			RECONSTRUCT WINDPIPE	$592.32	$503.47	$983.96	$836.37	N	
31780	AA		RECONSTRUCT WINDPIPE	$9.30	$8.10	$9.30	$8.10	N	15
31781			RECONSTRUCT WINDPIPE	$707.63	$601.49	$1,221.41	$1,038.20	N	
31781	AA		RECONSTRUCT WINDPIPE	$9.30	$8.10	$9.30	$8.10	N	15
31785			REMOVE WINDPIPE LESION	$529.33	$449.93	$937.18	$796.60	N	
31785	AA		REMOVE WINDPIPE LESION	$9.30	$8.10	$9.30	$8.10	N	15
31786			REMOVE WINDPIPE LESION	$698.10	$593.38	$1,299.52	$1,104.59	N	
31786	AA		REMOVE WINDPIPE LESION	$9.30	$8.10	$9.30	$8.10	N	15
31800			REPAIR OF WINDPIPE INJURY	$351.55	$298.82	$572.43	$486.57	N	
31800	AA		REPAIR OF WINDPIPE INJURY	$9.30	$8.10	$9.30	$8.10	N	11
31805			REPAIR OF WINDPIPE INJURY	$400.43	$340.36	$713.54	$606.51	N	
31805	AA		REPAIR OF WINDPIPE INJURY	$9.30	$8.10	$9.30	$8.10	N	11
31820			CLOSURE OF WINDPIPE LESION	$220.73	$187.62	$345.58	$293.74	N	
31820	AA		CLOSURE OF WINDPIPE LESION	$9.30	$8.10	$9.30	$8.10	N	6
31825			REPAIR OF WINDPIPE DEFECT	$306.49	$260.51	$491.22	$417.53	N	
31825	AA		REPAIR OF WINDPIPE DEFECT	$9.30	$8.10	$9.30	$8.10	N	8
31830			REVISE WINDPIPE SCAR	$247.26	$210.17	$351.06	$298.40	N	
31830	AA		REVISE WINDPIPE SCAR	$9.30	$8.10	$9.30	$8.10	N	8
31899			UNLISTED PX TRACHEA BRONCHI	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
32035			EXPLORATION OF CHEST	$361.52	$307.29	$510.16	$433.64	N	
32035	AA		EXPLORATION OF CHEST	$9.30	$8.10	$9.30	$8.10	N	13

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
32036			EXPLORATION OF CHEST	$385.88	$328.00	$566.78	$481.77	N	
32036	AA		EXPLORATION OF CHEST	$9.30	$8.10	$9.30	$8.10	N	13
32096			OPEN WEDGE/BX LUNG INFILTR	$391.28	$332.59	$391.28	$332.59	N	
32096	AA		OPEN WEDGE/BX LUNG INFILTR	$9.30	$8.10	$9.30	$8.10	N	12
32097			OPEN WEDGE/BX LUNG NODULE	$391.42	$332.71	$391.42	$332.71	N	
32097	AA		OPEN WEDGE/BX LUNG NODULE	$9.30	$8.10	$9.30	$8.10	N	12
32098			OPEN BIOPSY OF LUNG PLEURA	$368.60	$313.31	$368.60	$313.31	N	
32098	AA		OPEN BIOPSY OF LUNG PLEURA	$9.30	$8.10	$9.30	$8.10	N	12
32100			EXPLORATION/BIOPSY OF CHEST	$396.89	$337.36	$813.05	$691.09	N	
32100	AA		EXPLORATION/BIOPSY OF CHEST	$9.30	$8.10	$9.30	$8.10	N	13
32110			EXPLORE/REPAIR CHEST	$721.97	$613.67	$1,186.09	$1,008.17	N	
32110	AA		EXPLORE/REPAIR CHEST	$9.30	$8.10	$9.30	$8.10	N	13
32120			RE-EXPLORATION OF CHEST	$428.08	$363.87	$652.90	$554.96	N	
32120	AA		RE-EXPLORATION OF CHEST	$9.30	$8.10	$9.30	$8.10	N	13
32124			EXPLORE CHEST,FREE ADHESIONS	$451.24	$383.55	$702.63	$597.24	N	
32124	AA		EXPLORE CHEST,FREE ADHESIONS	$9.30	$8.10	$9.30	$8.10	N	13
32140			REMOVAL OF LUNG LESION(S)	$483.61	$411.07	$758.90	$645.07	N	
32140	AA		REMOVAL OF LUNG LESION(S)	$9.30	$8.10	$9.30	$8.10	N	13
32141			REMOVE/TREAT LUNG LESIONS	$736.64	$626.14	$757.89	$644.20	N	
32141	AA		REMOVE/TREAT LUNG LESIONS	$9.30	$8.10	$9.30	$8.10	N	13
32150			REMOVAL OF LUNG LESION(S)	$497.26	$422.67	$764.33	$649.68	N	
32150	AA		REMOVAL OF LUNG LESION(S)	$9.30	$8.10	$9.30	$8.10	N	13
32151			REMOVE LUNG FOREIGN BODY	$490.28	$416.73	$780.68	$663.58	N	
32151	AA		REMOVE LUNG FOREIGN BODY	$9.30	$8.10	$9.30	$8.10	N	13
32160			OPEN CHEST HEART MASSAGE	$392.91	$333.97	$511.54	$434.81	N	
32160	AA		OPEN CHEST HEART MASSAGE	$9.30	$8.10	$9.30	$8.10	N	13
32200			DRAINAGE OF LUNG LESION	$557.83	$474.16	$838.48	$712.71	N	
32200	AA		DRAINAGE OF LUNG LESION	$9.30	$8.10	$9.30	$8.10	N	13
32215			PLEURAL SCARIFICATION/REP.PNEU	$393.37	$334.36	$641.97	$545.67	N	
32215	AA		PLEURAL SCARIFICATION/REP.PNEU	$9.30	$8.10	$9.30	$8.10	N	15
32220			RELEASE OF LUNG	$779.71	$662.75	$1,303.37	$1,107.86	N	
32220	AA		RELEASE OF LUNG	$9.30	$8.10	$9.30	$8.10	N	13
32225			PARTIAL RELEASE OF LUNG	$485.61	$412.76	$761.78	$647.52	N	
32225	AA		PARTIAL RELEASE OF LUNG	$9.30	$8.10	$9.30	$8.10	N	15
32310			REMOVAL OF CHEST LINING	$448.98	$381.63	$734.46	$624.29	N	
32310	AA		REMOVAL OF CHEST LINING	$9.30	$8.10	$9.30	$8.10	N	15

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
32320			FREE/REMOVE CHEST LINING	$780.90	$663.76	$1,274.75	$1,083.54	N	
32320	AA		FREE/REMOVE CHEST LINING	$9.30	$8.10	$9.30	$8.10	N	15
32400			NEEDLE BIOPSY-CHEST LINING	$84.50	$71.83	$130.86	$111.23	N	
32400	AA		NEEDLE BIOPSY-CHEST LINING	$9.30	$8.10	$9.30	$8.10	N	4
32408			CORE NDL BX LNG/MED PERQ	$413.04	$351.08	$413.04	$351.08	N	
32408	AA		CORE NDL BX LNG/MED PERQ	$9.30	$8.10	$9.30	$8.10	N	4
32408	26		CORE NDL BX LNG/MED PERQ	$72.66	$61.76	$72.66	$61.76	N	
32440			REMOVAL OF LUNG	$761.32	$647.12	$1,336.50	$1,136.02	N	
32440	AA		REMOVAL OF LUNG	$9.30	$8.10	$9.30	$8.10	N	13
32442			PLEURECTOMY/RESECTION SEGMENT	$1,466.36	$1,246.40	$1,443.87	$1,227.29	N	
32442	AA		PLEURECTOMY/RESECTION SEGMENT	$9.30	$8.10	$9.30	$8.10	N	15
32445			REMOVAL OF LUNG	$1,700.24	$1,445.20	$1,379.92	$1,172.93	N	
32445	AA		REMOVAL OF LUNG	$9.30	$8.10	$9.30	$8.10	N	15
32480			PARTIAL REMOVAL OF LUNG	$717.41	$609.80	$1,262.86	$1,073.43	N	
32480	AA		PARTIAL REMOVAL OF LUNG	$9.30	$8.10	$9.30	$8.10	N	13
32482			PNEUMONECTOMY TWO LOBES	$768.09	$652.88	$1,336.58	$1,136.10	N	
32482	AA		PNEUMONECTOMY TWO LOBES	$9.30	$8.10	$9.30	$8.10	N	15
32484			PNEUMONECTOMY SINGLE SEGMENT	$694.62	$590.43	$1,129.78	$960.32	N	
32484	AA		PNEUMONECTOMY SINGLE SEGMENT	$9.30	$8.10	$9.30	$8.10	N	15
32486			REMOVE LUNG BRONCHIAL SEGMENT	$1,125.93	$957.04	$1,309.20	$1,112.82	N	
32486	AA		REMOVE LUNG BRONCHIAL SEGMENT	$9.30	$8.10	$9.30	$8.10	N	15
32488			COMPLETE LUNG REMOVAL	$1,153.34	$980.34	$1,392.68	$1,183.78	N	
32488	AA		COMPLETE LUNG REMOVAL	$9.30	$8.10	$9.30	$8.10	N	15
32491			REMOVAL OF LUNG	$716.15	$608.73	$716.15	$608.73	N	
32491	AA		REMOVAL OF LUNG	$9.30	$8.10	$9.30	$8.10	N	13
32501			REPAIR BRONCHUS	$116.08	$98.66	$219.41	$186.50	N	
32501	AA		REPAIR BRONCHUS	$9.30	$8.10	$9.30	$8.10	N	15
32503			RESECT APICAL LUNG TUMOR	$867.91	$737.72	$1,590.18	$1,351.66	N	
32503	AA		RESECT APICAL LUNG TUMOR	$9.30	$8.10	$9.30	$8.10	N	12
32504			RESECT APICAL LUNG TUM/CHEST	$986.91	$838.87	$1,817.24	$1,544.65	N	
32504	AA		RESECT APICAL LUNG TUM/CHEST	$9.30	$8.10	$9.30	$8.10	N	12
32505			WEDGE RESECT OF LUNG INITIAL	$453.93	$385.84	$453.93	$385.84	N	
32505	AA		WEDGE RESECT OF LUNG INITIAL	$9.30	$8.10	$9.30	$8.10	N	12
32506			WEDGE RESECT OF LUNG ADD-ON	$74.31	$63.16	$74.31	$63.16	N	
32507			WEDGE RESECT OF LUNG DIAG	$74.31	$63.16	$74.31	$63.16	N	
32540			REMOVAL OF LUNG LESION	$836.17	$710.74	$851.10	$723.43	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
32540	AA		REMOVAL OF LUNG LESION	$9.30	$8.10	$9.30	$8.10	N	15
32550			INSERTION OF INDWELLING TUNNEL	$373.44	$317.42	$183.92	$156.33	N	
32550	AA		INSERTION OF INDWELLING TUNNEL	$9.30	$8.10	$9.30	$8.10	N	4
32551			TUBE THORACOSTOMY, INCLUDES WA	$75.05	$63.79	$145.41	$123.60	N	
32551	AA		TUBE THORACOSTOMY, INCLUDES WA	$9.30	$8.10	$9.30	$8.10	N	4
32552			REMOVAL OF INDWELLING TUNNELED	$90.09	$76.58	$90.09	$76.58	N	
32552	AA		REMOVAL OF INDWELLING TUNNELED	$9.30	$8.10	$9.30	$8.10	N	4
32552	26		REMOVE INDWELLING TUNNELED PLE	$76.67	$65.17	$76.67	$65.17	N	
32553			PLACEMENT OF INTERSTITIAL DEVI	$248.98	$211.63	$248.98	$211.63	N	
32553	AA		PLACEMENT OF INTERSTITIAL DEVI	$9.30	$8.10	$9.30	$8.10	N	4
32553	26		PLACEMENT INTERSTITIAL DEVICE	$84.66	$71.96	$84.66	$71.96	N	
32554			ASPIRATE PLEURA W/O IMAGING	$114.84	$97.61	$114.84	$97.61	N	
32554	AA		ASPIRATE PLEURA W/O IMAGING	$9.30	$8.10	$9.30	$8.10	N	4
32554	26		ASPIRATE PLEURA W/O IMAGING	$42.44	$36.07	$42.44	$36.07	N	
32555			ASPIRATE PLEURA W/ IMAGING	$153.82	$130.74	$153.82	$130.74	N	
32555	AA		ASPIRATE PLEURA W/ IMAGING	$9.30	$8.10	$9.30	$8.10	N	4
32555	26		ASPIRATE PLEURA W/IMAGING	$52.20	$44.37	$52.20	$44.37	N	
32556			INSERT CATH PLEURA W/O IMAGE	$360.48	$306.40	$360.48	$306.40	N	
32556	AA		INSERT CATH PLEURA W/O IMAGE	$9.30	$8.10	$9.30	$8.10	N	4
32556	26		INSERT CATH PLEURA W/O IMAGING	$60.03	$51.03	$60.03	$51.03	N	
32557			INSERT CATH PLEURA W/ IMAGE	$321.68	$273.43	$321.68	$273.43	N	
32557	AA		INSERT CATH PLEURA W/ IMAGE	$9.30	$8.10	$9.30	$8.10	N	4
32557	26		INSERT CATH PLEURA W/IMAGING	$71.20	$60.52	$71.20	$60.52	N	
32560			CHEMICAL PLEURODESIS (EG, FOR	$123.09	$104.62	$90.48	$76.91	N	
32560	AA		CHEMICAL PLEURODESIS (EG, FOR	$9.30	$8.10	$9.30	$8.10	N	4
32561			INSTILLATION(S), VIA CHEST TUB	$46.98	$39.93	$46.98	$39.93	N	
32561	AA		INSTILLATION(S), VIA CHEST TUB	$9.30	$8.10	$9.30	$8.10	N	4
32561	26		INSTILLATION(S),VIA CHEST TUBE	$32.36	$27.50	$32.36	$27.50	N	
32562			INSTILLATION(S), VIA CHEST TUB	$42.04	$35.73	$42.04	$35.73	N	
32562	AA		INSTILLATION(S), VIA CHEST TUB	$9.30	$8.10	$9.30	$8.10	N	4
32562	26		INSTILLATION(S),VIA CHEST TUBE	$28.79	$24.47	$28.79	$24.47	N	
32601			DIAGNOSTIC THORACOSCOPY LUNGS	$149.01	$126.65	$276.00	$234.60	N	
32601	AA		DIAGNOSTIC THOROSCOPY LUNGS	$9.30	$8.10	$9.30	$8.10	N	6
32604			THORACOSCOPY PERICARDIAL SAC	$230.62	$196.02	$431.58	$366.84	N	
32604	AA		THORACOSCOPY PERICARDIAL SAC	$9.30	$8.10	$9.30	$8.10	N	6
32606			THORACOSCOPY MEDIASTINAL SPACE	$222.89	$189.46	$414.61	$352.42	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
32606	AA		THORACOSCOPY MEDIASTINAL SPACE	$9.30	$8.10	$9.30	$8.10	N	6
32607			THORACOSCOPY W/BX INFILTRATE	$148.83	$126.50	$148.83	$126.50	N	
32607	AA		THORACOSCOPY W/BX INFILTRATE	$9.30	$8.10	$9.30	$8.10	N	8
32608			THORACOSCOPY W/BX NODULE	$182.82	$155.40	$182.82	$155.40	N	
32608	AA		THORACOSCOPY W/BX NODULE	$9.30	$8.10	$9.30	$8.10	N	8
32609			THORACOSCOPY W/BX PLEURA	$123.26	$104.77	$123.26	$104.77	N	
32609	AA		THORACOSCOPY W/BX PLEURA	$9.30	$8.10	$9.30	$8.10	N	8
32650			THORACOSCOPY SURG. W PLEURODES	$327.44	$278.32	$615.93	$523.54	N	
32650	AA		THORACOSCOPY SURG W PLEURODES	$9.30	$8.10	$9.30	$8.10	N	6
32651			THORACOSCOPY SURG.LUNG	$532.61	$452.71	$708.43	$602.17	N	
32651	AA		THORACOSCOPY SURG LUNG	$9.30	$8.10	$9.30	$8.10	N	6
32652			THORACOSCOPY SURG. LUNG	$805.13	$684.36	$1,014.38	$862.22	N	
32652	AA		THORACOSCOPY SURG LUNG	$9.30	$8.10	$9.30	$8.10	N	6
32653			THORACOSCOPY SURG. LUNG	$515.89	$438.50	$698.94	$594.10	N	
32653	AA		THORACOSCOPY SURG LUNG	$9.30	$8.10	$9.30	$8.10	N	6
32654			THORACOSCOPY SURG. LUNG	$582.50	$495.13	$696.97	$592.42	N	
32654	AA		THORACOSCOPY SURG LUNG	$9.30	$8.10	$9.30	$8.10	N	6
32655			THORACOSCOPY SURB. LUNG	$466.02	$396.11	$715.66	$608.31	N	
32655	AA		THORACOSCOPY SURG LUNG	$9.30	$8.10	$9.30	$8.10	N	6
32656			THORACOSCOPY SURG. LUNG	$393.15	$334.17	$733.41	$623.40	N	
32656	AA		THORACOSCOPY SURG LUNG	$9.30	$8.10	$9.30	$8.10	N	6
32658			THORACOSCOPY SURG. LUNG	$349.84	$297.36	$667.02	$566.96	N	
32658	AA		THORACOSCOPY SURG LUNG	$9.30	$8.10	$9.30	$8.10	N	6
32659			THORACOSCOPY SURGICAL	$359.45	$305.53	$667.08	$567.02	N	
32659	AA		THORACOSCOPY SURGICAL	$9.30	$8.10	$9.30	$8.10	N	6
32661			SURGICAL THORACOSCOPY	$389.65	$331.20	$739.95	$628.96	N	
32661	AA		SURGICAL THORACOSCOPY	$9.30	$8.10	$9.30	$8.10	N	6
32662			SURGICAL THORCOSCOPY	$436.06	$370.65	$883.49	$750.96	N	
32662	AA		SURGICAL THORACOSCOPY	$9.30	$8.10	$9.30	$8.10	N	6
32663			SURGICAL THORACOSCOPY	$676.57	$575.08	$1,029.40	$874.99	N	
32663	AA		SURGICAL THORACOSCOPY	$9.30	$8.10	$9.30	$8.10	N	6
32664			SURGICAL THORCOSCOPY	$413.40	$351.39	$776.37	$659.91	N	
32664	AA		SURGICAL THORACOSCOPY	$9.30	$8.10	$9.30	$8.10	N	6
32665			SURGICAL THORACOSCOPY	$596.94	$507.39	$830.69	$706.08	N	
32665	AA		SURGICAL THORACOSCOPY	$9.30	$8.10	$9.30	$8.10	N	6
32666			THORACOSCOPY W/WEDGE RESECT	$424.55	$360.87	$424.55	$360.87	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
32666	AA		THORACOSCOPY W/WEDGE RESECT	$9.30	$8.10	$9.30	$8.10	N	12
32667			THORACOSCOPY W/W RESECT ADDL	$74.47	$63.30	$74.47	$63.30	N	
32668			THORACOSCOPY W/W RESECT DIAG	$74.64	$63.44	$74.64	$63.44	N	
32669			THORACOSCOPY REMOVE SEGMENT	$649.94	$552.45	$649.94	$552.45	N	
32669	AA		THORACOSCOPY REMOVE SEGMENT	$9.30	$8.10	$9.30	$8.10	N	12
32670			THORACOSCOPY BILOBECTOMY	$773.19	$657.21	$773.19	$657.21	N	
32670	AA		THORACOSCOPY BILOBECTOMY	$9.30	$8.10	$9.30	$8.10	N	12
32671			THORACOSCOPY PNEUMONECTOMY	$854.79	$726.57	$854.79	$726.57	N	
32671	AA		THORACOSCOPY PNEUMONECTOMY	$9.30	$8.10	$9.30	$8.10	N	12
32672			THORACOSCOPY FOR LVRS	$733.19	$623.21	$733.19	$623.21	N	
32672	AA		THORACOSCOPY FOR LVRS	$9.30	$8.10	$9.30	$8.10	N	12
32673			THORACOSCOPY W/THYMUS RESECT	$589.08	$500.71	$589.08	$500.71	N	
32673	AA		THORACOSCOPY W/THYMUS RESECT	$9.30	$8.10	$9.30	$8.10	N	12
32674			THORACOSCOPY LYMPH NODE EXC	$102.60	$87.21	$102.60	$87.21	N	
32701			THORAX STEREO RAD TARGETW/TX	$99.97	$84.97	$99.97	$84.97	N	
32800			REPAIR LUNG HERNIA	$463.69	$394.13	$742.74	$631.33	N	
32800	AA		REPAIR LUNG HERNIA	$9.30	$8.10	$9.30	$8.10	N	13
32810			CLOSE CHEST AFTER DRAINAGE	$440.51	$374.43	$724.77	$616.05	N	
32810	AA		CLOSE CHEST AFTER DRAINAGE	$9.30	$8.10	$9.30	$8.10	N	13
32815			CLOSE BRONCHIAL FISTULA	$1,351.91	$1,149.12	$1,200.74	$1,020.63	N	
32815	AA		CLOSE BRONCHIAL FISTULA	$9.30	$8.10	$9.30	$8.10	N	15
32820			RECONSTRUCT INJURED CHEST	$682.58	$580.19	$1,166.52	$991.54	N	
32820	AA		RECONSTRUCT INJURED CHEST	$9.30	$8.10	$9.30	$8.10	N	15
32850			DONOR PNEUMONECTOMY/IES PREP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
32850	AA		DONOR PNEUMONECTOMY/IES PREP	$9.30	$8.10	$9.30	$8.10	N	15
32851			LUNG TRANSPLANT/SINGLE	$1,577.90	$1,341.22	$1,577.90	$1,341.22	N	
32851	AA		LUNG TRANSPLANT/SINGLE	$9.30	$8.10	$9.30	$8.10	N	15
32852			LUNG TRANSPLANT/SINGLE W CPB	$1,697.77	$1,443.10	$1,697.77	$1,443.10	N	
32852	AA		LUNG TRANSPLANT/SINGLE W CPB	$9.30	$8.10	$9.30	$8.10	N	15
32853			LUNG TRANSPLANT/DOUBLE WO CPB	$2,206.35	$1,875.40	$2,206.35	$1,875.40	N	
32853	AA		LUNG TRANSPLANT/DOUBLE WO CPB	$9.30	$8.10	$9.30	$8.10	N	15
32854			LUNG TRANSPLANT/DOUBLE W CPB	$2,331.20	$1,981.52	$2,331.20	$1,981.52	N	
32854	AA		LUNG TRANSPLANT/DOUBLE W CPB	$9.30	$8.10	$9.30	$8.10	N	15
32855			PREPARE DONOR LUNG, SINGLE	$213.59	$181.55	$175.13	$148.86	N	
32856			PREPARE DONOR LUNG, DOUBLE	$238.45	$202.68	$210.89	$179.25	N	
32900			REMOVAL OF RIB(S)	$715.38	$608.07	$1,062.66	$903.26	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
32900	AA		REMOVAL OF RIB(S)	$9.30	$8.10	$9.30	$8.10	N	10
32905			REVISE & REPAIR CHEST WALL	$647.14	$550.06	$1,092.81	$928.89	N	
32905	AA		REVISE & REPAIR CHEST WALL	$9.30	$8.10	$9.30	$8.10	N	15
32906			REVISE & REPAIR CHEST WALL	$796.22	$676.79	$1,372.52	$1,166.64	N	
32906	AA		REVISE & REPAIR CHEST WALL	$9.30	$8.10	$9.30	$8.10	N	15
32940			REVISION OF LUNG	$599.02	$509.17	$1,020.71	$867.61	N	
32940	AA		REVISION OF LUNG	$9.30	$8.10	$9.30	$8.10	N	10
32960			THERAPEUTIC PNEUMOTHORAX	$62.51	$53.13	$121.94	$103.65	N	
32960	AA		THERAPEUTIC PNEUMOTHORAX	$9.30	$8.10	$9.30	$8.10	N	3
32994			ABLATE PULM TUMOR PERQ CRYBL	$2,331.58	$1,981.84	$2,331.58	$1,981.84	N	
32994	AA		ABLATE PULM TUMOR PERQ CRYBL	$9.30	$8.10	$9.30	$8.10	N	6
32994	26		ABLATE PULM TUMOR PERQ CRYBL	$209.63	$178.18	$209.63	$178.18	N	
32997			TOTAL LUNG LAVAGE UNILATERAL	$160.55	$136.46	$270.78	$230.16	N	
32997	AA		TOTAL LUNG LAVAGE UNILATERAL	$9.30	$8.10	$9.30	$8.10	N	6
32998			DESTRUCTION OF GROWTHS IN ON	$1,487.52	$1,264.39	$2,194.39	$1,865.23	N	
32998	AA		PERQ RF ABLATE TX, PUL TUMOR	$9.30	$8.10	$9.30	$8.10	N	6
32998	26		PERQ RF ABLATE TX, PUL TUMOR	$209.46	$178.04	$232.20	$197.37	N	
32999			UNLISTED PX LUNGS & PLEURA	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
33016			PERICARDIOCENTESIS W/IMAGING	$112.21	$95.37	$112.21	$95.37	N	
33016	AA		PERICARDIOCENTESIS W/IMAGING	$9.30	$8.10	$9.30	$8.10	N	15
33017			PRCRD DRG 6YR+ W/O CGEN CAR	$118.08	$100.37	$118.08	$100.37	N	
33017	AA		PRCRD DRG 6YR+ W/O CGEN CAR	$9.30	$8.10	$9.30	$8.10	N	15
33018			PRCRD DRG 0-5YR OR W/ANOMLY	$138.59	$117.80	$138.59	$117.80	N	
33018	AA		PRCRD DRG 0-5YR OR W/ANOMLY	$9.30	$8.10	$9.30	$8.10	N	15
33019			PERQ PRCRD DRG INSJ CATH CT	$100.01	$85.00	$100.01	$85.00	N	
33019	AA		PERQ PRCRD DRG INSJ CATH CT	$9.30	$8.10	$9.30	$8.10	N	15
33020			INCISION OF HEART SAC	$402.55	$342.16	$681.62	$579.37	N	
33020	AA		INCISION OF HEART SAC	$9.30	$8.10	$9.30	$8.10	N	20
33025			INCISION OF HEART SAC	$374.89	$318.66	$650.88	$553.25	N	
33025	AA		INCISION OF HEART SAC	$9.30	$8.10	$9.30	$8.10	N	20
33030			PARTIAL REMOVAL OF HEART SAC	$964.85	$820.12	$998.17	$848.44	N	
33030	AA		PARTIAL REMOVAL OF HEART SAC	$9.30	$8.10	$9.30	$8.10	N	20
33031			PERICARDIECTOMY W BYPASS	$1,189.81	$1,011.34	$1,121.71	$953.46	N	
33031	AA		PERICARDIECTOMY W BYPASS	$9.30	$8.10	$9.30	$8.10	N	20
33050			REMOVAL OF HEART SAC LESION	$490.75	$417.14	$783.24	$665.75	N	
33050	AA		REMOVAL OF HEART SAC LESION	$9.30	$8.10	$9.30	$8.10	N	20

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
33120			EXC ICAR TUM RESC W/CARD BYP	$1,005.33	$854.53	$1,278.10	$1,086.38	N	
33120	AA		REMOVAL OF HEART LESION	$9.30	$8.10	$9.30	$8.10	N	20
33130			RESCJ EXTERNAL CARDIAC TUMOR	$659.62	$560.67	$1,107.94	$941.75	N	
33130	AA		REMOVAL OF HEART LESION	$9.30	$8.10	$9.30	$8.10	N	20
33140			TRANSMYOCARD LASER REVASCULAR	$747.92	$635.73	$1,085.69	$922.83	N	
33140	AA		TRANSMYOCARD LASER REVASCULAR	$9.30	$8.10	$9.30	$8.10	N	15
33141			TRANSMYOCARD LASER REVASCULAR	$63.08	$53.62	$133.95	$113.86	N	
33202			INSERT EPICARD ELTRD, OPEN	$374.23	$318.10	$635.14	$508.12	N	
33202	AA		INSERT EPICARD ELTRD, OPEN	$9.30	$8.10	$9.30	$8.10	N	15
33203			INSERT EPICARD ELTRD, ENDO	$393.35	$334.35	$650.05	$552.54	N	
33203	AA		INSERT EPICARD ELTRD, ENDO	$9.30	$8.10	$9.30	$8.10	N	15
33206			INSERTION HEART PACEMAKER/ATRI	$220.97	$187.82	$220.97	$187.82	N	
33206	AA		INSERTION HEART PACEMAKER/ATRI	$9.30	$8.10	$9.30	$8.10	N	6
33207			INSERT HEART PACEMAKER/VENTRIC	$232.12	$197.30	$429.76	$365.30	N	
33207	AA		INSERT HEART PACEMAKER/VENTRIC	$9.30	$8.10	$9.30	$8.10	N	6
33208			INSERT HEART PACEMAKER/AV SEQU	$250.54	$212.95	$250.54	$212.95	N	
33208	AA		INSERT HEART PACEMAKER/AV SEQU	$9.30	$8.10	$9.30	$8.10	N	6
33210			INSERTION OF HEART ELECTRODE	$77.19	$65.61	$77.19	$65.61	N	
33210	AA		INSERTION OF HEART ELECTRODE	$9.30	$8.10	$9.30	$8.10	N	6
33211			INSERT/REPLACE TEMP PACEMAKER	$80.15	$68.13	$80.15	$68.13	N	
33211	AA		INSERT/REPLACE TEMP PACEMAKER	$9.30	$8.10	$9.30	$8.10	N	4
33212			INSERTION OF PULSE GENERATOR	$157.90	$134.21	$301.25	$256.06	N	
33212	AA		INSERTION OF PULSE GENERATOR	$9.30	$8.10	$9.30	$8.10	N	6
33213			INSERT PERMANENT PACEMAKER	$164.24	$139.60	$340.93	$289.79	N	
33213	AA		INSERT PERMANENT PACEMAKER	$9.30	$8.10	$9.30	$8.10	N	4
33214			UPGRADE OF IMPLANTED PACEMAKER	$232.70	$197.79	$428.10	$363.88	N	
33214	AA		UPGRADE OF IMPLANTED PACEMAKER	$9.30	$8.10	$9.30	$8.10	N	4
33215			REPOSITION PACEMAKER	$151.03	$128.38	$269.34	$228.94	N	
33215	AA		REPOSITION PACEMAKER	$9.30	$8.10	$9.30	$8.10	N	4
33216			REVISION IMPLANTED ELECTRODE	$181.03	$153.87	$335.90	$285.52	N	
33216	AA		REVISION IMPLANTED ELECTRODE	$9.30	$8.10	$9.30	$8.10	N	6
33217			INSERT/REPLACE/REPOSITION PACE	$180.03	$153.02	$336.86	$286.33	N	
33217	AA		INSERT/REPLACE/REPOSITION PACE	$9.30	$8.10	$9.30	$8.10	N	4
33218			REPAIR PACEMAKER ELECTRODES	$189.81	$161.34	$328.84	$279.51	N	
33218	AA		REPAIR PACEMAKER ELECTRODES	$9.30	$8.10	$9.30	$8.10	N	6
33220			PACEMAKER	$185.62	$157.78	$330.35	$280.80	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
33220	AA		PACEMAKER	$9.30	$8.10	$9.30	$8.10	N	4
33221			INSERT PULSE GEN MULT LEADS	$173.62	$147.57	$173.62	$147.57	N	
33221	AA		INSERT PULSE GEN MULT LEADS	$9.30	$8.10	$9.30	$8.10	N	4
33222			REVISE/RELOCATE SKIN PKT PACEM	$168.27	$143.03	$314.80	$267.58	N	
33222	AA		REVISE/RELOCATE SKIN PKT PACEM	$9.30	$8.10	$9.30	$8.10	N	6
33223			REVISION/RELOCATION SKIN POCKT	$198.95	$169.11	$373.30	$317.30	N	
33223	AA		REVISION/RELOCATION SKIN POCKT	$9.30	$8.10	$9.30	$8.10	N	4
33224			INSERT PACING ELECTRODE CVS	$245.54	$208.71	$437.83	$372.16	N	
33224	AA		INSERT PACING ELECTRODE CVS	$9.30	$8.10	$9.30	$8.10	N	4
33225			INSERT PACING ELECTRODE CVS	$221.17	$187.99	$387.28	$329.19	N	
33226			REPOS PREV IMPLANTED CVS	$235.04	$199.78	$421.82	$358.54	N	
33226	AA		REPOS PREV IMPLANTED CVS	$9.30	$8.10	$9.30	$8.10	N	4
33227			REMOVE&REPLACE PM GEN SINGL	$164.95	$140.21	$164.95	$140.21	N	
33227	AA		REMOVE&REPLACE PM GEN SINGL	$9.30	$8.10	$9.30	$8.10	N	4
33228			REMV&REPLC PM GEN DUAL LEAD	$172.63	$146.73	$172.63	$146.73	N	
33228	AA		REMV&REPLC PM GEN DUAL LEAD	$9.30	$8.10	$9.30	$8.10	N	4
33229			REMV&REPLC PM GEN MULT LEADS	$181.01	$153.85	$181.01	$153.85	N	
33229	AA		REMV&REPLC PM GEN MULT LEADS	$9.30	$8.10	$9.30	$8.10	N	4
33230			INSRT PULSE GEN W/DUAL LEADS	$181.36	$154.15	$181.36	$154.15	N	
33230	AA		INSRT PULSE GEN W/DUAL LEADS	$9.30	$8.10	$9.30	$8.10	N	4
33231			INSRT PULSE GEN W/MULT LEADS	$194.50	$165.33	$194.50	$165.33	N	
33231	AA		INSRT PULSE GEN W/MULT LEADS	$9.30	$8.10	$9.30	$8.10	N	4
33233			REMOVAL OF PERMNT PACEMAKER	$114.44	$97.27	$221.80	$188.53	N	
33233	AA		REMOVAL OF PERMNT PACEMAKER	$9.30	$8.10	$9.30	$8.10	N	4
33234			REMOVE PULSE GENERATOR/ELECTRO	$235.17	$199.89	$430.40	$365.84	N	
33234	AA		REMOVE PULSE GENERATOR/ELECTRO	$9.30	$8.10	$9.30	$8.10	N	4
33235			REMOVE PACER/PULSE GEN/ELECTRO	$309.15	$262.77	$550.18	$467.65	N	
33235	AA		REMOVE PACER/PULSE GEN/ELECTRO	$9.30	$8.10	$9.30	$8.10	N	4
33236			REMOVE EPICARDIAL PACER&ELECTR	$383.14	$325.66	$700.10	$595.09	N	
33236	AA		REMOVE EPICARDIAL PACER&ELECTR	$9.30	$8.10	$9.30	$8.10	N	4
33237			REMOVE PACEMAKER & ELECTRODES	$410.11	$348.59	$744.42	$632.76	N	
33237	AA		REMOVE PACEMAKER & ELECTRODES	$9.30	$8.10	$9.30	$8.10	N	4
33238			REMOVE TRANSVENOUS ELECTRODE	$461.72	$392.46	$819.11	$696.25	N	
33238	AA		REMOVE TRANSVENOUS ELECTRODE	$9.30	$8.10	$9.30	$8.10	N	4
33240			INSERT/REPLACE CARDIOVERTER	$174.68	$148.48	$379.44	$322.52	N	
33240	AA		INSERT/REPLACE CARDIOVERTER	$9.30	$8.10	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
33241			REMOVE CARDIOVERTER PULSE GEN	$105.38	$89.57	$208.52	$177.24	N	
33241	AA		REMOVE CARDIOVERTER PULSE GEN	$9.30	$8.10	$9.30	$8.10	N	4
33243			REMOVE DEFIBRILLATOR PULSE GEN	$666.28	$566.33	$1,166.42	$991.46	N	
33243	AA		REMOVE DEFIBRILLATOR PULSE GEN	$9.30	$8.10	$9.30	$8.10	N	4
33244			REMOVE DEFIB PULSE GENERATOR	$417.70	$355.05	$766.30	$651.36	N	
33244	AA		REMOVE DEFIB PULSE GENERATOR	$9.30	$8.10	$9.30	$8.10	N	4
33249			INSJ/RPLCMT DEFIB W/LEAD(S)	$440.88	$374.74	$756.36	$642.91	N	
33249	AA		REVISION/REMOVE CV W CV PULSE	$9.30	$8.10	$9.30	$8.10	N	15
33250			ABLATION WITHOUT BYPASS	$702.04	$596.73	$1,158.67	$984.87	N	
33250	AA		ABLATION WITHOUT BYPASS	$9.30	$8.10	$9.30	$8.10	N	15
33251			ABLATION WITH BYPASS	$786.46	$668.49	$1,287.98	$1,094.78	N	
33251	AA		ABLATION WITH BYPASS	$9.30	$8.10	$9.30	$8.10	N	15
33254			ABLATE ATRIA, LMTD	$658.13	$559.41	$1,105.82	$939.95	N	
33254	AA		ABLATE ATRIA, LMTD	$9.30	$8.10	$9.30	$8.10	N	20
33255			ABLATE ATRIA W/O BYPASS, EXT	$783.33	$665.83	$1,329.82	$1,130.35	N	
33255	AA		ABLATE ATRIA W/O BYPASS, EXT	$9.30	$8.10	$9.30	$8.10	N	20
33256			ABLATE ATRIA W/BYPASS, EXTEN	$926.35	$787.40	$1,586.98	$1,348.93	N	
33256	AA		ABLATE ATRIA W/BYPASS, EXTEN	$9.30	$8.10	$9.30	$8.10	N	20
33257			OPERATIVE TISSUE ABLATION AND	$284.24	$241.60	$484.72	$412.01	N	
33257	AA		OPERATIVE TISSUE ABLATION AND	$9.30	$8.10	$9.30	$8.10	N	20
33258			OPERATIVE TISSUE ABLATION AND	$315.22	$267.94	$547.28	$465.19	N	
33258	AA		OPERATIVE TISSUE ABLATION AND	$9.30	$8.10	$9.30	$8.10	N	20
33259			OPERATIVE TISSUE ABLATION AND	$412.45	$350.58	$718.72	$610.91	N	
33259	AA		OPERATIVE TISSUE ABLATION AND	$9.30	$8.10	$9.30	$8.10	N	20
33261			ABLATION WITH BYPASS	$776.00	$659.60	$1,287.58	$1,094.45	N	
33261	AA		ABLATION WITH BYPASS	$9.30	$8.10	$9.30	$8.10	N	15
33262			REMV&REPLC CVD GEN SING LEAD	$180.82	$153.69	$180.82	$153.69	N	
33262	AA		REMV&REPLC CVD GEN SING LEAD	$9.30	$8.10	$9.30	$8.10	N	15
33263			REMV&REPLC CVD GEN DUAL LEAD	$187.98	$159.78	$187.98	$159.78	N	
33263	AA		REMV&REPLC CVD GEN DUAL LEAD	$9.30	$8.10	$9.30	$8.10	N	15
33264			REMV&REPLC CVD GEN MULT LEAD	$195.84	$166.46	$195.84	$166.46	N	
33264	AA		REMV&REPLC CVD GEN MULT LEAD	$9.30	$8.10	$9.30	$8.10	N	15
33265			ABLATE ATRIA W/BYPASS, ENDO	$659.50	$560.57	$1,105.82	$939.95	N	
33265	AA		ABLATE ATRIA W/BYPASS, ENDO	$9.30	$8.10	$9.30	$8.10	N	20
33266			ABLATE ATRIA W/O BYPASS ENDO	$888.16	$754.93	$1,510.44	$1,283.87	N	
33266	AA		ABLATE ATRIA W/O BYPASS ENDO	$9.30	$8.10	$9.30	$8.10	N	20

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
33267			EXCL LAA OPEN ANY METHOD	$505.60	$429.76	$505.60	$429.76	N	
33267	AA		EXCL LAA OPEN ANY METHOD	$9.30	$8.10	$9.30	$8.10	N	20
33268			EXCL LAA OPN OTH PX ANY METH	$61.95	$52.65	$61.95	$52.65	N	
33269			EXCL LAA THRSCP ANY METHOD	$403.37	$342.86	$403.37	$342.86	N	
33269	AA		EXCL LAA THRSCP ANY METHOD	$9.30	$8.10	$9.30	$8.10	N	20
33270			INS/REP SUBQ DEFIBRILLATOR	$271.30	$230.60	$271.30	$230.60	N	
33270	AA		INS/REP SUBQ DEFIBRILLATOR	$9.30	$8.10	$9.30	$8.10	N	20
33271			INSJ SUBQ IMPLTBL DFB ELCTRD	$220.72	$187.61	$220.72	$187.61	N	
33271	AA		INSJ SUBQ IMPLTBL DFB ELCTRD	$9.30	$8.10	$9.30	$8.10	N	20
33272			RMVL OF SUBQ DEFIBRILLATOR	$169.68	$144.22	$169.68	$144.22	N	
33272	AA		RMVL OF SUBQ DEFIBRILLATOR	$9.30	$8.10	$9.30	$8.10	N	20
33273			REPOS PREV IMPLTBL SUBQ DFB	$194.99	$165.74	$194.99	$165.74	N	
33273	AA		REPOS PREV IMPLTBL SUBQ DFB	$9.30	$8.10	$9.30	$8.10	N	20
33274			TCAT INSJ/RPL PERM LDLS PM	$231.11	$196.44	$231.11	$196.44	N	
33274	AA		TCAT INSJ/RPL PERM LDLS PM	$9.30	$8.10	$9.30	$8.10	N	6
33275			TCAT RMVL PERM LDLS PM	$243.98	$207.38	$243.98	$207.38	N	
33275	AA		TCAT RMVL PERM LDLS PM	$9.30	$8.10	$9.30	$8.10	N	4
33276			INSJ PHRNC NRV STIM SYS	$281.06	$238.90	$281.06	$238.90	N	
33276	AA		INSJ PHRNC NRV STIM SYS	$9.30	$8.10	$9.30	$8.10	N	
33277			INSJ PHRNC NRV STIM TRANSVNS	$133.29	$113.30	$133.29	$113.30	N	
33277	AA		INSJ PHRNC NRV STIM TRANSVNS	$9.30	$8.10	$9.30	$8.10	N	
33278			RMVL PHRNC NRV STIM SYS	$278.77	$236.95	$278.77	$236.95	N	
33278	AA		RMVL PHRNC NRV STIM SYS	$9.30	$8.10	$9.30	$8.10	N	
33279			RMVL PHRNC NRV STIM TRANSVNS	$167.80	$142.63	$167.80	$142.63	N	
33279	AA		RMVL PHRNC NRV STIM TRANSVNS	$9.30	$8.10	$9.30	$8.10	N	
33280			RMVL PHRNC NRV STIM PG ONLY	$102.04	$86.73	$102.04	$86.73	N	
33280	AA		RMVL PHRNC NRV STIM PG ONLY	$9.30	$8.10	$9.30	$8.10	N	
33281			REPOSG PHRNC NRV STIM TRNSVN	$178.64	$151.84	$178.64	$151.84	N	
33281	AA		REPOSG PHRNC NRV STIM TRNSVN	$9.30	$8.10	$9.30	$8.10	N	
33285			INSJ SUBQ CAR RHYTHM MNTR	$1,996.87	$1,697.34	$1,996.87	$1,697.34	N	
33285	AA		INSJ SUBQ CAR RHYTHM MNTR	$9.30	$8.10	$9.30	$8.10	N	
33286			RMVL SUBQ CAR RHYTHM MNTR	$63.42	$53.90	$63.42	$53.90	N	
33286	AA		RMVL SUBQ CAR RHYTHM MNTR	$9.30	$8.10	$9.30	$8.10	N	4
33287			RMV&RPLCMT PHRNC NRV STIM PG	$189.54	$161.10	$189.54	$161.10	N	
33287	AA		RMV&RPLCMT PHRNC NRV STIM PG	$9.30	$8.10	$9.30	$8.10	N	
33288			RMV&RPLCMT PHRNC NRV STIM LD	$239.76	$203.79	$239.76	$203.79	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
33288	AA		RMV&RPLCMT PHRNC NRV STIM LD	$9.30	$8.10	$9.30	$8.10	N	
33289			TCAT IMPL WRLS P-ART PRS SNR	$160.37	$136.31	$160.37	$136.31	N	
33289	AA		TCAT IMPL WRLS P-ART PRS SNR	$9.30	$8.10	$9.30	$8.10	N	
33300			REPAIR OF HEART WOUND	$1,176.09	$999.67	$958.04	$814.33	N	
33300	AA		REPAIR OF HEART WOUND	$9.30	$8.10	$9.30	$8.10	N	20
33305			REPAIR OF HEART WOUND	$1,957.13	$1,663.56	$1,130.03	$960.53	N	
33305	AA		REPAIR OF HEART WOUND	$9.30	$8.10	$9.30	$8.10	N	20
33310			EXPLORATORY HEART SURGERY	$566.17	$481.24	$986.50	$838.53	N	
33310	AA		EXPLORATORY HEART SURGERY	$9.30	$8.10	$9.30	$8.10	N	20
33315			EXPLORATORY HEART SURGERY	$919.00	$781.15	$1,173.02	$997.07	N	
33315	AA		EXPLORATORY HEART SURGERY	$9.30	$8.10	$9.30	$8.10	N	20
33320			REPAIR MAJOR BLOOD VESSEL(S)	$518.74	$440.92	$870.59	$740.00	N	
33320	AA		REPAIR MAJOR BLOOD VESSEL(S)	$9.30	$8.10	$9.30	$8.10	N	20
33321			SUT REP AORTA W/SHUNT BYPASS	$574.32	$488.17	$1,056.17	$897.74	N	
33321	AA		SUT REP AORTA W/CHUNT BYPASS	$9.30	$8.10	$9.30	$8.10	N	20
33322			REPAIR MAJOR BLOOD VESSEL(S)	$671.09	$570.43	$1,087.66	$924.51	N	
33322	AA		REPAIR MAJOR BLOOD VESSEL(S)	$9.30	$8.10	$9.30	$8.10	N	20
33330			INSERT MAJOR VESSEL GRAFT	$686.92	$583.88	$1,108.70	$942.39	N	
33330	AA		INSERT MAJOR VESSEL GRAFT	$9.30	$8.10	$9.30	$8.10	N	20
33332			INSERT GRAFT/AORTA W/SHUNT BYP	NA	NA	$1,203.06	$1,022.60	N	
33335			INSERT MAJOR VESSEL GRAFT	$897.55	$762.92	$1,526.94	$1,297.90	N	
33335	AA		INSERT MAJOR VESSEL GRAFT	$9.30	$8.10	$9.30	$8.10	N	20
33340			PERQ CLSR TCAT L ATR APNDGE	$373.09	$317.12	$373.09	$317.12	N	
33340	AA		PERQ CLSR TCAT L ATR APNDGE	$9.30	$8.10	$9.30	$8.10	N	6
33361			REPLACE AORTIC VALVE PERQ	$578.39	$491.63	$578.39	$491.63	N	
33361	AA		REPLACE AORTIC VALVE PERQ	$9.30	$8.10	$9.30	$8.10	N	6
33362			REPLACE AORTIC VALVE OPEN	$631.11	$536.44	$631.11	$536.44	N	
33362	AA		REPLACE AORTIC VALVE OPEN	$9.30	$8.10	$9.30	$8.10	N	6
33363			REPLACE AORTIC VALVE OPEN	$653.53	$555.50	$653.53	$555.50	N	
33363	AA		REPLACE AORTIC VALVE OPEN	$9.30	$8.10	$9.30	$8.10	N	6
33364			REPLACE AORTIC VALVE OPEN	$651.33	$553.63	$651.33	$553.63	N	
33364	AA		REPLACE AORTIC VALVE OPEN	$9.30	$8.10	$9.30	$8.10	N	6
33365			REPLACE AORTIC VALVE OPEN	$680.68	$578.57	$680.68	$578.57	N	
33365	AA		REPLACE AORTIC VALVE OPEN	$9.30	$8.10	$9.30	$8.10	N	6
33366			TRCATH REPLACE AORTIC VALVE	$750.85	$638.22	$750.85	$638.22	N	
33366	AA		TRCATH REPLACE AORTIC VALVE	$9.30	$8.10	$9.30	$8.10	N	6

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
33367			REPLACE AORTIC VALVE W/BYP	$290.44	$246.87	$290.44	$246.87	N	
33367	AA		REPLACE AORTIC VALVE W/BYP	$9.30	$8.10	$9.30	$8.10	N	20
33368			REPLACE AORTIC VALVE W/BYP	$351.55	$298.81	$351.55	$298.81	N	
33368	AA		REPLACE AORTIC VALVE W/BYP	$9.30	$8.10	$9.30	$8.10	N	20
33369			REPLACE AORTIC VALVE W/BYP	$464.00	$394.40	$464.00	$394.40	N	
33369	AA		REPLACE AORTIC VALVE W/BYP	$9.30	$8.10	$9.30	$8.10	N	20
33370			TCAT PLMT&RMVL CEPD PERQ	$64.00	$54.40	$64.00	$54.40	N	
33370	AA		TCAT PLMT&RMVL CEPD PERQ	$9.30	$8.10	$9.30	$8.10	N	5
33390			VALVULOPLASTY AORTIC VALVE	$926.67	$787.67	$926.67	$787.67	N	
33390	AA		VALVULOPLASTY AORTIC VALVE	$9.30	$8.10	$9.30	$8.10	N	20
33391			VALVULOPLASTY AORTIC VALVE	$1,098.15	$933.43	$1,098.15	$933.43	N	
33391	AA		VALVULOPLASTY AORTIC VALVE	$9.30	$8.10	$9.30	$8.10	N	20
33404			CONSTRUCT APICAL-ADRTIC CONDUI	$841.59	$715.35	$1,523.30	$1,294.80	N	
33404	AA		CONSTRUCT APICAL-ADRTIC CONDUI	$9.30	$8.10	$9.30	$8.10	N	20
33405			REPLACEMENT OF AORTIC VALVE	$1,092.02	$928.21	$1,884.02	$1,601.41	N	
33405	AA		REPLACEMENT OF AORTIC VALVE	$9.30	$8.10	$9.30	$8.10	N	20
33406			HEART VALVE SURGERY	$1,385.80	$1,177.93	$1,994.79	$1,695.57	N	
33406	AA		HEART VALVE SURGERY	$9.30	$8.10	$9.30	$8.10	N	20
33410			REPL AORT VAL W/CARDIOPULM BYP	$1,224.23	$1,040.60	$1,727.10	$1,468.04	N	
33410	AA		REPL AORT VAL W/CARDIOPULM BYP	$9.30	$8.10	$9.30	$8.10	N	20
33411			REPLACE AORTIC VALVE:ANNULUS E	$1,608.20	$1,366.97	$1,943.24	$1,651.75	N	
33411	AA		REPLACE AORTIC VALVE:ANNULUS E	$9.30	$8.10	$9.30	$8.10	N	20
33412			REPLACE AORTIC VALVE:TRANSVENT	$1,502.79	$1,277.37	$2,208.25	$1,877.01	N	
33412	AA		REPLACE AORTIC VALVE:TRANSVENT	$9.30	$8.10	$9.30	$8.10	N	20
33413			HEART VALVE SURGERY	$1,541.25	$1,310.06	$2,273.40	$1,932.39	N	
33413	AA		HEART VALVE SURGERY	$9.30	$8.10	$9.30	$8.10	N	15
33414			HEART VALVE REPAIR	$1,032.33	$877.48	$1,573.38	$1,337.38	N	
33414	AA		HEART VALVE REPAIR	$9.30	$8.10	$9.30	$8.10	N	15
33415			REVISION OF AORTIC VALVE	$975.28	$828.99	$1,387.90	$1,179.72	N	
33415	AA		REVISION OF AORTIC VALVE	$9.30	$8.10	$9.30	$8.10	N	20
33416			VENTRICULOMYOTOMY/MYECTOMY	$974.65	$828.45	$1,552.01	$1,319.21	N	
33416	AA		VENTRICULOMYOTOMY/MYECTOMY	$9.30	$8.10	$9.30	$8.10	N	20
33417			REPAIR OF AORTIC VALVE	$807.91	$686.72	$1,484.64	$1,261.94	N	
33417	AA		REPAIR OF AORTIC VALVE	$9.30	$8.10	$9.30	$8.10	N	20
33418			REPAIR TCAT MITRAL VALVE	$863.58	$734.04	$863.58	$734.04	N	
33418	AA		REPAIR TCAT MITRAL VALVE	$9.30	$8.10	$9.30	$8.10	N	20

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
33418	26		REPAIR TCAT MITRAL VALVE	$990.45	$841.88	$990.45	$841.88	N	
33419			REPAIR TCAT MITRAL VALVE	$202.07	$171.76	$202.07	$171.76	N	
33419	AA		REPAIR TCAT MITRAL VALVE	$9.30	$8.10	$9.30	$8.10	N	20
33420			REVISION OF MITRAL VALVE	$699.45	$594.53	$1,095.61	$931.27	N	
33420	AA		REVISION OF MITRAL VALVE	$9.30	$8.10	$9.30	$8.10	N	20
33422			REVISION OF MITRAL VALVE	$801.78	$681.51	$1,399.38	$1,189.47	N	
33422	AA		REVISION OF MITRAL VALVE	$9.30	$8.10	$9.30	$8.10	N	20
33425			REPAIR OF MITRAL VALVE	$1,309.90	$1,113.41	$1,416.38	$1,203.92	N	
33425	AA		REPAIR OF MITRAL VALVE	$9.30	$8.10	$9.30	$8.10	N	20
33426			VALVULOPLASTY,MITRAL VALVE	$1,146.90	$974.86	$1,772.58	$1,506.69	N	
33426	AA		VALVULOPLASTY,MITRAL VALVE	$9.30	$8.10	$9.30	$8.10	N	20
33427			VALVULOPLASTY,MITRAL VALVE	$1,171.70	$995.95	$2,100.87	$1,785.74	N	
33427	AA		VALVULOPLASTY,MITRAL VALVE	$9.30	$8.10	$9.30	$8.10	N	20
33430			REPLACEMENT OF MITRAL VALVE	$1,347.74	$1,145.57	$1,795.88	$1,526.50	N	
33430	AA		REPLACEMENT OF MITRAL VALVE	$9.30	$8.10	$9.30	$8.10	N	20
33440			RPLCMT A-VALVE TLCJ AUTOL PV	$1,625.01	$1,381.26	$1,625.01	$1,381.26	N	
33440	AA		RPLCMT A-VALVE TLCJ AUTOL PV	$9.30	$8.10	$9.30	$8.10	N	
33460			REVISION OF TRICUSPID VALVE	$1,147.25	$975.16	$1,230.86	$1,046.23	N	
33460	AA		REVISION OF TRICUSPID VALVE	$9.30	$8.10	$9.30	$8.10	N	20
33463			HEART VALVE REPAIR	$1,475.00	$1,253.75	$1,362.09	$1,157.77	N	
33463	AA		HEART VALVE REPAIR	$9.30	$8.10	$9.30	$8.10	N	15
33464			HEART VALVE SURGERY	$1,171.44	$995.72	$1,445.12	$1,228.35	N	
33464	AA		HEART VALVE SURGERY	$9.30	$8.10	$9.30	$8.10	N	15
33465			REPLACE TRICUSPID VALVE	$1,321.88	$1,123.59	$1,479.37	$1,257.46	N	
33465	AA		REPLACE TRICUSPID VALVE	$9.30	$8.10	$9.30	$8.10	N	20
33468			REVISION OF TRICUSPID VALVE	$1,176.44	$999.97	$1,535.08	$1,304.82	N	
33468	AA		REVISION OF TRICUSPID VALVE	$9.30	$8.10	$9.30	$8.10	N	20
33472			REVISION OF PULMONARY VALVE	NA	NA	$1,210.44	$1,028.87	N	
33474			REVISION OF PULMONARY VALVE	$1,050.31	$892.76	$1,192.44	$1,013.57	N	
33474	AA		REVISION OF PULMONARY VALVE	$9.30	$8.10	$9.30	$8.10	N	20
33475			HEART VALVE SURGERY	$1,113.83	$946.76	$1,709.87	$1,453.39	N	
33475	AA		HEART VALVE SURGERY	$9.30	$8.10	$9.30	$8.10	N	15
33476			REVISION OF HEART CHAMBER	$739.29	$628.40	$1,291.49	$1,097.76	N	
33476	AA		REVISION OF HEART CHAMBER	$9.30	$8.10	$9.30	$8.10	N	20
33477			IMPLANT TCAT PULM VLV PERQ	$621.60	$528.36	$621.60	$528.36	N	
33477	AA		IMPLANT TCAT PULM VLV PERQ	$9.30	$8.10	$9.30	$8.10	N	20

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
33478			REVISION OF HEART CHAMBER	$763.35	$648.85	$1,402.85	$1,192.42	N	
33478	AA		REVISION OF HEART CHAMBER	$9.30	$8.10	$9.30	$8.10	N	20
33496			REP NON-STRUC PROSTH VALVE DYS	$801.66	$681.41	$1,415.54	$1,203.21	N	
33496	AA		REP NON-STRUC PROSTH VALVE DYS	$9.30	$8.10	$9.30	$8.10	N	20
33500			REPAIR CORONARY AV CHAMBER	$751.77	$639.00	$1,310.34	$1,113.79	N	
33500	AA		REPAIR CORONARY AV CHAMBER	$9.30	$8.10	$9.30	$8.10	N	20
33501			REPAIR CORONARY AV CHAMBER	$539.73	$458.77	$539.73	$458.77	N	
33501	AA		REPAIR CORONARY AV CHAMBER	$9.30	$8.10	$9.30	$8.10	N	20
33502			CORONARY ARTERY CORRECTION	$622.41	$529.04	$1,129.15	$959.78	N	
33502	AA		CORONARY ARTERY CORRECTION	$9.30	$8.10	$9.30	$8.10	N	20
33503			CORONARY ARTERY GRAFT	$647.66	$550.51	$1,071.10	$910.44	N	
33503	AA		CORONARY ARTERY GRAFT	$9.30	$8.10	$9.30	$8.10	N	20
33504			CORONARY ARTERY GRAFT	$712.49	$605.62	$1,279.03	$1,087.18	N	
33504	AA		CORONARY ARTERY GRAFT	$9.30	$8.10	$9.30	$8.10	N	20
33505			SURGERY OF HEART VESSEL	$986.70	$838.69	$1,350.77	$1,148.15	N	
33505	AA		SURGERY OF HEART VESSEL	$9.30	$8.10	$9.30	$8.10	N	15
33506			SURGERY OF HEART VESSEL	$985.27	$837.48	$1,753.48	$1,490.46	N	
33506	AA		SURGERY OF HEART VESSEL	$9.30	$8.10	$9.30	$8.10	N	15
33507			REPAIR ART, INTRAMURAL	$828.18	$703.95	$1,532.23	$1,302.40	N	
33507	AA		REPAIR ART, INTRAMURAL	$9.30	$8.10	$9.30	$8.10	N	20
33508			ENDOSCOPY SURG W/VIDEO ASSIST	$7.65	$6.50	$14.38	$14.00	N	
33509			NDSC HRV UXTR ART 1 SGM CAB	$82.76	$70.34	$82.76	$70.34	N	
33510			CORONARY ARTERY BYPASS	$931.05	$791.39	$1,601.26	$1,361.07	N	
33510	AA		CORONARY ARTERY BYPASS	$9.30	$8.10	$9.30	$8.10	N	20
33511			COR ART BYP,AUTOGENOUS GRAFT:2	$1,022.66	$869.26	$1,662.42	$1,413.05	N	
33511	AA		COR ART BYP,AUTOGENOUS GRAFT:2	$9.30	$8.10	$9.30	$8.10	N	20
33512			COR ART BYP,AUTOGENOUS GRAFT:3	$1,163.30	$988.81	$1,740.25	$1,479.21	N	
33512	AA		COR ART BYP,AUTOGENOUS GRAFT:3	$9.30	$8.10	$9.30	$8.10	N	20
33513			COR ART BYP,AUTOGENOUS GRAFT:4	$1,188.15	$1,009.92	$1,758.87	$1,495.04	N	
33513	AA		COR ART BYP,AUTOGENOUS GRAFT:4	$9.30	$8.10	$9.30	$8.10	N	20
33514			COR ART BYPASS,AUTOGEN GRAFT:5	$1,249.85	$1,062.37	$1,788.50	$1,520.23	N	
33514	AA		COR ART BYPASS,AUTOGEN GRAFT:5	$9.30	$8.10	$9.30	$8.10	N	20
33516			COR ART BYPASS,AUTOG GRAFT:6/M	$1,293.68	$1,099.63	$1,895.42	$1,611.11	N	
33516	AA		COR ART BYPASS,AUTOG GRAFT:6/M	$9.30	$8.10	$9.30	$8.10	N	20
33517			CABG VENOUS&ARTERIAL,1 GRAFT	$89.09	$75.73	$89.09	$75.73	N	
33517	AA		CABG VENOUS&ARTERIAL,1 GRAFT	$9.30	$8.10	$9.30	$8.10	N	20

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
33518			CABG 2 VENOUS GRAFTS	$196.06	$166.65	$196.06	$166.65	N	
33518	AA		CABG 2 VENOUS GRAFTS	$9.30	$8.10	$9.30	$8.10	N	20
33519			CABG 3 VENOUS GRAFTS	$258.64	$219.84	$334.56	$284.38	N	
33519	AA		CABG 3 VENOUS GRAFTS	$9.30	$8.10	$9.30	$8.10	N	20
33521			CABG 4 VENOUS GRAFTS	$310.49	$263.92	$441.83	$375.56	N	
33521	AA		CABG 4 VENOUS GRAFTS	$9.30	$8.10	$9.30	$8.10	N	20
33522			CABG 5 VENOUS GRAFTS	$348.70	$296.39	$550.20	$467.67	N	
33522	AA		CABG 5 VENOUS GRAFTS	$9.30	$8.10	$9.30	$8.10	N	20
33523			CABG 6 OR MORE VENOUS GRAFTS	$392.49	$333.62	$657.05	$558.49	N	
33523	AA		CABG 6 OR MORE VENOUS GRAFTS	$9.30	$8.10	$9.30	$8.10	N	20
33530			REOPERATION,CORONARY BYPASS	$249.70	$212.25	$249.70	$212.25	N	
33530	AA		REOP.CABG OR VALVE PROC.	$9.30	$8.10	$9.30	$8.10	N	20
33533			CABG SINGLE ARTERIAL GRAFT	$902.15	$766.83	$1,641.72	$1,395.46	N	
33533	AA		CABG SINGLE ARTERIAL GRAFT	$9.30	$8.10	$9.30	$8.10	N	20
33534			CABG 2 CORONARY ARTERIAL GRAFT	$1,059.45	$900.53	$1,757.51	$1,493.89	N	
33534	AA		CABG 2 ATERIAL GRAFTS	$9.30	$8.10	$9.30	$8.10	N	20
33535			CABG 3 ARTERIAL GRAFTS	$1,176.42	$999.96	$1,853.93	$1,575.84	N	
33535	AA		CABG 3 ARTERIAL GRAFTS	$9.30	$8.10	$9.30	$8.10	N	20
33536			CABG 4 OR MORE ARTERIAL GRAFTS	$1,266.95	$1,076.90	$1,966.00	$1,671.10	N	
33536	AA		CABG 4 OR MORE ARTERIAL GRAFTS	$9.30	$8.10	$9.30	$8.10	N	20
33542			REMOVAL OF HEART LESION	$1,264.07	$1,074.46	$1,481.98	$1,259.69	N	
33542	AA		REMOVAL OF HEART LESION	$9.30	$8.10	$9.30	$8.10	N	20
33545			REPAIR OF HEART DAMAGE	$1,466.55	$1,246.56	$1,845.86	$1,568.98	N	
33545	AA		REPAIR OF HEART DAMAGE	$9.30	$8.10	$9.30	$8.10	N	20
33548			RESTORE/REMODEL, VENTRICLE	$1,413.55	$1,201.52	$2,019.68	$1,716.73	N	
33548	AA		RESTORE/REMODEL, VENTRICLE	$9.30	$8.10	$9.30	$8.10	N	20
33572			CORONARY ENDART/OPEN EACH VESS	$109.41	$92.99	$208.77	$177.45	N	
33572	AA		CORONARY ENDART/OPEN EACH VESS	$9.30	$8.10	$9.30	$8.10	N	20
33600			ARTIOVENTRICULAR VALVE REPAIR	$831.97	$707.17	$1,487.75	$1,264.59	N	
33600	AA		ATRIOVENTRICULAR VALVE REPAIR	$9.30	$8.10	$9.30	$8.10	N	15
33602			SEMILUNAR VALVE REPAIR A/PUL	$808.24	$687.00	$1,437.01	$1,221.46	N	
33602	AA		SEMILUNAR VALVE REPAIR	$9.30	$8.10	$9.30	$8.10	N	15
33606			PULMONARY ARTERY REPAIR	$859.99	$730.99	$1,565.39	$1,330.58	N	
33606	AA		PULMONARY ARTERY REPAIR	$9.30	$8.10	$9.30	$8.10	N	15
33608			COMPLEX CARIDAC ANOMALY REPAIR	$871.32	$740.62	$1,600.78	$1,360.67	N	
33608	AA		COMPLEX CARDIAC ANOMALY	$9.30	$8.10	$9.30	$8.10	N	15

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
33610			COMPLEX CARDIAC REPAIR IVS DEF	$859.45	$730.53	$1,563.33	$1,328.83	N	
33610	AA		COMPLEX CARDIAC REPAIR IVS DEF	$9.30	$8.10	$9.30	$8.10	N	15
33611			RIGHT VENTRICLE REPAIR TUNNEL	$937.88	$797.19	$1,682.90	$1,430.47	N	
33611	AA		RIGHT VENTRICLE REPAIR TUNNEL	$9.30	$8.10	$9.30	$8.10	N	15
33612			RIGHT VENTRICULAR REPAIR OBSTR	$962.75	$818.34	$1,776.26	$1,509.82	N	
33612	AA		RIGHT VENTRICULAR REPAI OBSTR	$9.30	$8.10	$9.30	$8.10	N	15
33615			CARDIAC ANOMALY REPAIR ASD&PA	$963.68	$819.12	$1,647.84	$1,400.66	N	
33615	AA		CARDIAC ANOMALY REPAIR ASD&PA	$9.30	$8.10	$9.30	$8.10	N	15
33617			COMPLEX CARDIAC REPAIR FONTAN	$1,042.69	$886.28	$1,878.65	$1,596.85	N	
33617	AA		COMPLES CARDIAC REPAIR FONTAN	$9.30	$8.10	$9.30	$8.10	N	15
33619			HEART REPAIR OF SINGLE VENT	$1,325.13	$1,126.36	$2,318.43	$1,970.67	N	
33619	AA		VENTRICLECARDIAC REPAIR NORWOD	$9.30	$8.10	$9.30	$8.10	N	20
33620			APPLY R&L PULM ART BANDS	$793.39	$674.38	$793.39	$674.38	N	
33620	AA		APPLY R&L PULM ART BANDS	$9.30	$8.10	$9.30	$8.10	N	20
33621			TRANSTHOR CATH FOR STENT	$450.69	$383.09	$450.69	$383.09	N	
33621	AA		TRANSTHOR CATH FOR STENT	$9.30	$8.10	$9.30	$8.10	N	20
33622			REDO COMPL CARDIAC ANOMALY	$1,643.12	$1,396.65	$1,643.12	$1,396.65	N	
33622	AA		REDO COMPL CARDIAC ANOMALY	$9.30	$8.10	$9.30	$8.10	N	20
33641			REPAIR HEART SEPTUM DEFECT	$789.95	$671.45	$1,096.11	$931.70	N	
33641	AA		REPAIR HEART SEPTUM DEFECT	$9.30	$8.10	$9.30	$8.10	N	20
33645			REVISION OF HEART VEINS	$834.07	$708.96	$1,295.42	$1,101.10	N	
33645	AA		REVISION OF HEART VEINS	$9.30	$8.10	$9.30	$8.10	N	20
33647			REPAIR ATRIAL SEPTAL DEFECT...	$874.32	$743.17	$1,473.38	$1,252.38	N	
33647	AA		REPAIR ATRIAL SEPTAL DEFECT...	$9.30	$8.10	$9.30	$8.10	N	20
33660			REPAIR OF HEART DEFECTS	$845.55	$718.71	$1,538.22	$1,307.49	N	
33660	AA		REPAIR OF HEART DEFECTS	$9.30	$8.10	$9.30	$8.10	N	20
33665			REPAIR OF HEART DEFECTS	$920.32	$782.27	$1,491.37	$1,267.66	N	
33665	AA		REPAIR OF HEART DEFECTS	$9.30	$8.10	$9.30	$8.10	N	20
33670			REPAIR OF HEART CHAMBERS	$944.51	$802.83	$1,690.22	$1,436.68	N	
33670	AA		REPAIR OF HEART CHAMBERS	$9.30	$8.10	$9.30	$8.10	N	20
33675			CLOSE MULT VSD	$947.48	$805.35	$1,769.53	$1,504.10	N	
33675	AA		CLOSE MULT VSD	$9.30	$8.10	$9.30	$8.10	N	20
33676			CLOSE MULT VSD W/RESECTION	$972.52	$826.64	$1,824.11	$1,550.50	N	
33676	AA		CLOSE MULT VSD W/RESECTION	$9.30	$8.10	$9.30	$8.10	N	20
33677			CL MULT VSD W/REM PUL BAND	$1,009.91	$858.42	$1,895.86	$1,611.48	N	
33677	AA		CL MULT VSD W/REM PUL BAND	$9.30	$8.10	$9.30	$8.10	N	20

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
33681			CLOSURE 1 VSD W/WO PATCH	$893.07	$759.11	$1,596.73	$1,357.22	N	
33681	AA		REPAIR HEART SEPTUM DEFECT	$9.30	$8.10	$9.30	$8.10	N	20
33684			CLSR 1 VSD W/WO PATCH W/VLVT	$908.29	$772.05	$1,499.46	$1,274.54	N	
33684	AA		REPAIR HEART SEPTUM DEFECT	$9.30	$8.10	$9.30	$8.10	N	20
33688			CLSR 1VSD W/WO PTCH RMVL BND	$902.94	$767.49	$1,462.14	$1,242.82	N	
33688	AA		REPAIR HEART SEPTUM DEFECT	$9.30	$8.10	$9.30	$8.10	N	20
33690			BANDING PULMONARY ARTERY	$585.68	$497.83	$1,020.78	$867.66	N	
33690	AA		REINFORCE PULMONARY ARTERY	$9.30	$8.10	$9.30	$8.10	N	20
33692			COMP RPR TOF WO PULM ATRESIA	$937.90	$797.21	$1,579.20	$1,342.32	N	
33692	AA		REPAIR OF HEART DEFECTS	$9.30	$8.10	$9.30	$8.10	N	20
33694			CMP RPR TOF WO PLM ATRS PTCH	$937.88	$797.19	$1,712.50	$1,455.63	N	
33694	AA		REPAIR OF HEART DEFECTS	$9.30	$8.10	$9.30	$8.10	N	20
33697			COMPL RPR TOF W/PULM ATRESIA	$987.79	$839.62	$1,762.99	$1,498.54	N	
33697	AA		TETRALOGY OF FALLOT REPAIR	$9.30	$8.10	$9.30	$8.10	N	15
33702			REPAIR OF HEART DEFECTS	$749.58	$637.14	$1,373.70	$1,167.65	N	
33702	AA		REPAIR OF HEART DEFECTS	$9.30	$8.10	$9.30	$8.10	N	20
33710			REPAIR OF HEART DEFECTS	$986.00	$838.10	$1,543.57	$1,312.03	N	
33710	AA		REPAIR OF HEART DEFECTS	$9.30	$8.10	$9.30	$8.10	N	20
33720			REPAIR OF HEART DEFECT	$750.07	$637.56	$1,369.55	$1,164.12	N	
33720	AA		REPAIR OF HEART DEFECT	$9.30	$8.10	$9.30	$8.10	N	20
33724			REPAIR VENOUS ANOMALY	$741.67	$630.42	$1,258.66	$1,069.86	N	
33724	AA		REPAIR VENOUS ANOMALY	$9.30	$8.10	$9.30	$8.10	N	20
33726			REPAIR PUL VENOUS STENOSIS	$976.58	$830.09	$1,656.87	$1,408.34	N	
33726	AA		REPAIR PUL VENOUS STENOSIS	$9.30	$8.10	$9.30	$8.10	N	20
33730			REPAIR HEART-VEIN DEFECT(S)	$967.48	$822.35	$1,709.64	$1,453.19	N	
33730	AA		REPAIR HEART-VEIN DEFECT(S)	$9.30	$8.10	$9.30	$8.10	N	20
33732			COR TRIATRIATUM/SUP MITRAL RN	$798.48	$678.71	$1,452.75	$1,234.84	N	
33732	AA		CARDIAC RESECTION OF LA MEMBRA	$9.30	$8.10	$9.30	$8.10	N	15
33735			REVISION OF HEART CHAMBER	$631.04	$536.38	$1,036.44	$880.97	N	
33735	AA		REVISION OF HEART CHAMBER	$9.30	$8.10	$9.30	$8.10	N	20
33736			HEART SURG W CARDIOPUL BYPASS	$683.88	$581.29	$1,236.38	$1,050.92	N	
33736	AA		BLALOCK HANLON OPEN HEART BYPA	$9.30	$8.10	$9.30	$8.10	N	20
33741			TAS CONGENITAL CAR ANOMAL	$358.61	$304.81	$358.61	$304.81	N	
33741	AA		TAS CONGENITAL CAR ANOMAL	$9.30	$8.10	$9.30	$8.10	N	15
33745			TIS CGEN CAR ANOMAL 1ST SHNT	$512.35	$435.50	$512.35	$435.50	N	
33745	AA		TIS CGEN CAR ANOMAL 1ST SHNT	$9.30	$8.10	$9.30	$8.10	N	15

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
33746			TIS CGEN CAR ANOMAL EA ADDL	$204.71	$174.00	$204.71	$174.00	N	
33746	AA		TIS CGEN CAR ANOMAL EA ADDL	$9.30	$8.10	$9.30	$8.10	N	
33750			SHUNT SUBCLAVIAN TO PULM ART	$610.79	$519.17	$1,057.69	$899.03	N	
33750	AA		MAJOR VESSEL SHUNT	$9.30	$8.10	$9.30	$8.10	N	20
33755			SHUNT AS-AORT TO PULM ART	$641.28	$545.09	$1,083.53	$921.00	N	
33755	AA		MAJOR VESSEL SHUNT	$9.30	$8.10	$9.30	$8.10	N	20
33762			SHUNT DESC AORTA TO PULM ART	$620.55	$527.46	$1,125.78	$956.92	N	
33762	AA		MAJOR VESSEL SHUNT	$9.30	$8.10	$9.30	$8.10	N	20
33764			SHUNT CENTRAL W/PROSTC GRAFT	$641.28	$545.09	$1,124.33	$955.68	N	
33764	AA		SHUNT:CENTRAL,W PROSTHETIC GFT	$9.30	$8.10	$9.30	$8.10	N	15
33766			SHUNT SUPR V/C P-ART 1 LUNG	$644.11	$547.49	$1,224.54	$1,040.86	N	
33766	AA		MAJOR VESSEL SHUNT	$9.30	$8.10	$9.30	$8.10	N	20
33767			SHUNT SUPR V/C P-ART BTH LNG	$686.86	$583.83	$1,284.49	$1,091.81	N	
33767	AA		BLALOCK HANLON OPEN HEART INFL	$9.30	$8.10	$9.30	$8.10	N	15
33768			ANAST CAVOPULM SEC SUP V/C	$198.17	$168.44	$378.66	$321.86	N	
33770			RPR TGA W/O SURG ENLGMNT VSD	$1,015.18	$862.90	$1,836.23	$1,560.80	N	
33770	AA		REPAIR TRANSPOSITION GREAT VES	$9.30	$8.10	$9.30	$8.10	N	15
33771			RPR TGA W/SURG ENLGMNT VSD	$1,042.30	$885.95	$1,682.43	$1,430.07	N	
33771	AA		REPAIR TRANS OF GREAT VESSELS	$9.30	$8.10	$9.30	$8.10	N	15
33774			RPR TGA ATRIAL BAFFLE PX	$871.66	$740.91	$1,618.37	$1,375.61	N	
33774	AA		REPAIR GREAT ARTERIES W BYPASS	$9.30	$8.10	$9.30	$8.10	N	20
33775			RPR TGA ATR BFL RMVL PLM BND	$896.25	$761.81	$1,673.45	$1,422.43	N	
33775	AA		REPAIR ARTERIES,BYPASS,REM PUL	$9.30	$8.10	$9.30	$8.10	N	20
33776			RPR TGA ATR BFL CLSR VSD	$948.14	$805.92	$1,762.10	$1,497.79	N	
33776	AA		REPAIR ARTERIES..W CL VENT SEP	$9.30	$8.10	$9.30	$8.10	N	20
33777			RPR TGA BFL RPR SBPULM OBSTR	$911.23	$774.55	$1,749.12	$1,486.75	N	
33777	AA		REPAIR ARTERIES..SUBPULM OBSTR	$9.30	$8.10	$9.30	$8.10	N	20
33778			RPR TGA AORTIC PULM ART RCNS	$1,131.02	$961.36	$2,019.98	$1,716.98	N	
33778	AA		REPAIR ARTERIES,AORTIC PUL REC	$9.30	$8.10	$9.30	$8.10	N	20
33779			RPR TGA RCNSTJ RMVL PLM BND	$1,113.14	$946.17	$1,752.08	$1,489.27	N	
33779	AA		REPAIR ARTERIES...REM PUL BAND	$9.30	$8.10	$9.30	$8.10	N	20
33780			RPR TGA RCNSTJ CLSR VSD	$1,135.16	$964.88	$2,075.91	$1,764.53	N	
33780	AA		REPAIR ARTERIES..CL VENT SEP D	$9.30	$8.10	$9.30	$8.10	N	20
33781			RPR TGA RCNSTJ RPR SBPL OBST	$1,106.03	$940.12	$1,780.14	$1,513.12	N	
33781	AA		REPAIR ARTERIES..REP SUBPU OBS	$9.30	$8.10	$9.30	$8.10	N	15
33782			AORTIC ROOT TRANSLOC W/VENTRIC	$1,545.41	$1,313.60	$1,545.41	$1,313.60	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
33782	AA		AORTIC ROOT TRANSLOC W/VENTRIC	$9.30	$8.10	$9.30	$8.10	N	20
33783			AORTIC ROOT TRANS W/REIMPLANT	$1,669.61	$1,419.17	$1,669.61	$1,419.17	N	
33783	AA		AORTIC ROOT TRANS W/REIMPLANT	$9.30	$8.10	$9.30	$8.10	N	20
33786			REPAIR ARTERIAL TRUNK	$1,092.92	$928.98	$1,967.80	$1,672.63	N	
33786	AA		REPAIR ARTERIAL TRUNK	$9.30	$8.10	$9.30	$8.10	N	20
33788			REVISION OF PULMONARY ARTERY	$739.87	$628.89	$1,365.52	$1,160.69	N	
33788	AA		REVISION OF PULMONARY ARTERY	$9.30	$8.10	$9.30	$8.10	N	20
33800			AORTIC SUSP,TRACH DECOMP	$478.16	$406.44	$860.99	$731.84	N	
33800	AA		AORTIC SUSP,TRACH DECOMP	$9.30	$8.10	$9.30	$8.10	N	20
33802			DIVISION ABERRANT VESSEL	$529.62	$450.18	$937.98	$797.28	N	
33802	AA		REPAIR VESSEL DEFECT	$9.30	$8.10	$9.30	$8.10	N	20
33803			DIV ABERRANT VSL W/REANAST	$556.85	$473.32	$1,045.07	$888.31	N	
33803	AA		REPAIR VESSEL DEFECT	$9.30	$8.10	$9.30	$8.10	N	20
33814			OBLTRJ A-PULM SEP DEF W/BYP	$739.81	$628.83	$1,357.08	$1,153.52	N	
33814	AA		OBLIT AORTOPUL SEP DEFECT W BY	$9.30	$8.10	$9.30	$8.10	N	20
33820			REPAIR PDA BY LIGATION	$470.50	$399.92	$867.81	$737.64	N	
33820	AA		REVISE MAJOR VESSEL	$9.30	$8.10	$9.30	$8.10	N	15
33822			REPAIR PDA DIV<18 YEARS	NA	NA	$930.16	$790.64	N	
33822	AA		REVISE MAJOR VESSEL	NA	NA	$9.30	$8.10	N	15
33824			REPAIR PDA DIV 18 YRS&OLDER	$574.95	$488.71	$1,040.86	$884.73	N	
33824	AA		REVISE MAJOR VESSEL	$9.30	$8.10	$9.30	$8.10	N	15
33840			EXC COA W/DIRECT ANASTOMOSIS	$603.10	$512.64	$1,064.94	$905.20	N	
33840	AA		REMOVE AORTA CONSTRICTION	$9.30	$8.10	$9.30	$8.10	N	20
33845			EXCISION COA W/GRAFT	$649.74	$552.28	$1,179.29	$1,002.39	N	
33845	AA		REMOVE AORTA CONSTRICTION	$9.30	$8.10	$9.30	$8.10	N	20
33851			EXC COA RPR L SUBCL ART/PRST	$619.20	$526.32	$1,128.50	$959.23	N	
33851	AA		EXCISE COARCTATION-AORTA:WALDH	$9.30	$8.10	$9.30	$8.10	N	20
33852			RPR HYPOPL A-ARCH WO BYP	$679.19	$577.31	$1,198.33	$1,018.58	N	
33852	AA		EXC COARCTATION AORTA W REPAIR	$9.30	$8.10	$9.30	$8.10	N	15
33853			RPR HYPOPL A-ARCH W/BYP	$886.59	$753.60	$1,637.46	$1,391.84	N	
33853	AA		REPAIR AORTIC ARCH WITH BYPASS	$9.30	$8.10	$9.30	$8.10	N	20
33858			AS-AORT GRF F/AORTIC DSJ	$1,624.84	$1,381.11	$1,624.84	$1,381.11	N	
33858	AA		AS-AORT GRF F/AORTIC DSJ	$9.30	$8.10	$9.30	$8.10	N	20
33859			AS-AORT GRF F/DS OTH/THN DSJ	$1,168.81	$993.48	$1,168.81	$993.48	N	
33859	AA		AS-AORT GRF F/DS OTH/THN DSJ	$9.30	$8.10	$9.30	$8.10	N	20
33863			AORTIC GRAFT CORONARY RECONSTR	$1,505.65	$1,279.80	$2,250.34	$1,912.79	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
33863	AA		AORTIC GRAFT CORONARY RECONSTR	$9.30	$8.10	$9.30	$8.10	N	15
33864			ASCENDING AORTA GRAFT, WITH CA	$1,538.99	$1,308.14	$2,579.22	$2,192.33	N	
33864	AA		ASCENDING AORTA GRAFT, WITH CA	$9.30	$8.10	$9.30	$8.10	N	20
33866			AORTIC HEMIARCH GRAFT	$438.62	$372.82	$438.62	$372.82	N	
33866	AA		AORTIC HEMIARCH GRAFT	$9.30	$8.10	$9.30	$8.10	N	
33871			TRANSVRS A-ARCH GRF HYPTHRM	$1,557.16	$1,323.58	$1,557.16	$1,323.58	N	
33871	AA		TRANSVRS A-ARCH GRF HYPTHRM	$9.30	$8.10	$9.30	$8.10	N	20
33875			THORACIC AORTA GRAFT	$1,313.61	$1,116.56	$1,667.16	$1,417.09	N	
33875	AA		THORACIC AORTA GRAFT	$9.30	$8.10	$9.30	$8.10	N	20
33877			REPAIR THORACOABDOMINAL ANEURY	$1,721.72	$1,463.46	$2,074.85	$1,763.62	N	
33877	AA		REPAIR THROCOABDOMINAL ANEURYS	$9.30	$8.10	$9.30	$8.10	N	20
33880			ENDOVASC TAA REPR INCL SUBCL	$849.70	$722.25	$1,582.68	$1,345.28	N	
33880	AA		ENDOVASC TAA REPR INCL SUBCL	$9.30	$8.10	$9.30	$8.10	N	20
33881			ENDOVASC TAA REPR W/O SUBCL	$730.05	$620.54	$1,360.62	$1,156.52	N	
33881	AA		ENDOVASC TAA REPR W/O SUBCL	$9.30	$8.10	$9.30	$8.10	N	20
33883			INSERT ENDOVASC PROSTH, TAA	$529.01	$449.66	$1,006.84	$855.81	N	
33883	AA		INSERT ENDOVASC PROSTH, TAA	$9.30	$8.10	$9.30	$8.10	N	20
33884			ENDOVASC PROSTH, TAA, ADD-ON	$186.89	$158.86	$372.19	$316.36	N	
33886			ENDOVASC PROSTH, DELAYED	$457.58	$388.94	$870.26	$739.72	N	
33886	AA		ENDOVASC PROSTH, DELAYED	$9.30	$8.10	$9.30	$8.10	N	20
33889			ARTERY TRANSPOSE/ENDOVAS TAA	$378.75	$321.93	$743.50	$631.98	N	
33889	AA		ARTERY TRANSPOSE/ENDOVAS TAA	$9.30	$8.10	$9.30	$8.10	N	20
33891			CAR-CAR BP GRFT/ENDOVAS TAA	$455.73	$387.37	$949.47	$807.05	N	
33891	AA		CAR-CAR BP GRFT/ENDOVAS TAA	$9.30	$8.10	$9.30	$8.10	N	20
33894			EVASC ST RPR THRC/AA ACRS BR	$468.05	$397.84	$468.05	$397.84	N	
33894	AA		EVASC ST RPR THRC/AA ACRS BR	$9.30	$8.10	$9.30	$8.10	N	8
33895			EVASC ST RPR THRC/AA X CRSG	$372.29	$316.44	$372.29	$316.44	N	
33895	AA		EVASC ST RPR THRC/AA X CRSG	$9.30	$8.10	$9.30	$8.10	N	8
33897			PERQ TRLUML ANGP NT/RECR COA	$276.86	$235.33	$276.86	$235.33	N	
33897	AA		PERQ TRLUML ANGP NT/RECR COA	$9.30	$8.10	$9.30	$8.10	N	8
33900			PERQ P-ART REVSC 1 NM NT UNI	$282.56	$240.18	$282.56	$240.18	N	
33900	AA		PERQ P-ART REVSC 1 NM NT UNI	$9.30	$8.10	$9.30	$8.10	N	8
33901			PERQ P-ART REVSC 1 NM NT BI	$371.48	$315.75	$371.48	$315.75	N	
33901	AA		PERQ P-ART REVSC 1 NM NT BI	$9.30	$8.10	$9.30	$8.10	N	8
33902			PERQ P-ART REVSC 1 ABNOR UNI	$358.61	$304.81	$358.61	$304.81	N	
33902	AA		PERQ P-ART REVSC 1 ABNOR UNI	$9.30	$8.10	$9.30	$8.10	N	8

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
33903			PERQ P-ART REVSC 1 ABNOR BI	$422.61	$359.22	$422.61	$359.22	N	
33903	AA		PERQ P-ART REVSC 1 ABNOR BI	$9.30	$8.10	$9.30	$8.10	N	8
33904			PERQ P-ART REVSC EACH ADDL	$141.69	$120.43	$141.69	$120.43	N	
33904	AA		PERQ P-ART REVSC EACH ADDL	$9.30	$8.10	$9.30	$8.10	N	8
33910			REMOVE LUNG ARTERY EMBOLI	$1,252.08	$1,064.27	$1,273.95	$1,082.86	N	
33910	AA		REMOVE LUNG ARTERY EMBOLI	$9.30	$8.10	$9.30	$8.10	N	20
33915			REMOVE LUNG ARTERY EMBOLI	$661.29	$562.10	$1,033.94	$878.85	N	
33915	AA		REMOVE LUNG ARTERY EMBOLI	$9.30	$8.10	$9.30	$8.10	N	20
33916			PULM ENDARTERECTOMY W BYPASS	$1,999.16	$1,699.29	$1,309.22	$1,112.84	N	
33916	AA		PULM ENDARTERECTOMY W BYPASS	$9.30	$8.10	$9.30	$8.10	N	15
33917			REP PULM ART STENOSIS	$707.93	$601.74	$1,296.90	$1,102.36	N	
33917	AA		REP PULM ART STENOSIS	$9.30	$8.10	$9.30	$8.10	N	15
33920			PULMONARY ATRESIA WITH VSDEFEC	$871.88	$741.09	$1,607.86	$1,366.68	N	
33920	AA		PULMONARY ATRESIA W VS DEFECT	$9.30	$8.10	$9.30	$8.10	N	15
33922			TRANS.PULMONARY ARTERY BYPASS	$674.30	$573.16	$1,204.44	$1,023.77	N	
33922	AA		TRANS PULMONARY ARTERY BYPASS	$9.30	$8.10	$9.30	$8.10	N	20
33924			REMOVE PULMONARY SHUNT	$136.23	$115.80	$260.55	$221.47	N	
33924	AA		REMOVE PULMONARY SHUNT	$9.30	$8.10	$9.30	$8.10	N	20
33925			RPR PUL ART UNIFOCAL W/O CPB	$825.58	$701.74	$1,567.25	$1,332.16	N	
33925	AA		RPR PUL ART UNIFOCAL W/O CPB	$9.30	$8.10	$9.30	$8.10	N	20
33926			REPR PUL ART, UNIFOCAL W/CPB	$1,158.68	$984.88	$2,112.51	$1,795.64	N	
33926	AA		REPR PUL ART, UNIFOCAL W/CPB	$9.30	$8.10	$9.30	$8.10	N	20
33927			IMPLTJ TOT RPLCMT HRT SYS	$1,213.90	$1,031.81	$1,213.90	$1,031.81	N	
33927	AA		IMPLTI TOT RPLCMT HRT SYS	$9.30	$8.10	$9.30	$8.10	N	20
33928			RMVL & RPLCMT TOT HRT SYS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
33928	AA		RMVL & RPLCMT TOT HRT SYS	$9.30	$8.10	$9.30	$8.10	N	20
33929			RMVL RPLCMT HRT SYS F/TRNSPL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
33929	AA		RMVL RPLCMT HRT SYS FLTRNSPL	$9.30	$8.10	$9.30	$8.10	N	20
33930			DONOR HEART-LUNG,PREP,MAINTAIN	$264.47	$224.80	$264.47	$224.80	N	
33930	AA		DONOR HEART LUNG,PREP,MAINTAIN	$9.30	$8.10	$9.30	$8.10	N	20
33933			PREPARE DONOR HEART/LUNG	$261.66	$222.41	$264.47	$224.80	N	
33935			HEART-LUNG TRANSPLANT,W/ ORG R	$2,356.58	$2,003.09	$3,169.95	$2,694.46	N	
33935	AA		HEART-LUNG TRANSPLANT,W/ ORG R	$9.30	$8.10	$9.30	$8.10	N	20
33940			DONOR CARDIECTOMY,PREP/MAINTAI	$400.00	$340.00	$400.00	$340.00	N	
33940	AA		DONOR CARDIECTOMY,PREP,MAINTAI	$9.30	$8.10	$9.30	$8.10	N	20
33944			PREPARE DONOR HEART	$242.06	$205.75	$264.47	$224.80	N	

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
33945			HEART TRANSPLANT,W/WO RECI CAR	$2,333.49	$1,983.47	$2,241.16	$1,904.99	N	
33945	AA		HEART TRANSPLANT,W/WO RECI CAR	$9.30	$8.10	$9.30	$8.10	N	20
33946			ECMO/ECLS INITIATION VENOUS	$148.02	$125.81	$148.02	$125.81	N	
33947			ECMO/ECLS INITIATION ARTERY	$164.12	$139.50	$164.12	$139.50	N	
33948			ECMO/ECLS DAILY MGMT-VENOUS	$114.51	$97.33	$114.51	$97.33	N	
33949			ECMO/ECLS DAILY MGMT ARTERY	$111.76	$95.00	$111.76	$95.00	N	
33951			ECMO/ECLS INSJ PRPH CANNULA	$201.46	$171.24	$201.46	$171.24	N	
33951	AA		ECMO/ECLS INSJ PRPH CANNULA	$9.30	$8.10	$9.30	$8.10	N	8
33951	26		ECMO/ECLS INSJ PRPH CANNULA	$211.14	$179.46	$211.14	$179.46	N	
33952			ECMO/ECLS INSJ PRPH CANNULA	$203.55	$173.01	$203.55	$173.01	N	
33952	AA		ECMO/ECLS INSJ PRPH CANNULA	$9.30	$8.10	$9.30	$8.10	N	8
33953			ECMO/ECLS INSJ PRPH CANNULA	$224.70	$190.99	$224.70	$190.99	N	
33953	AA		ECMO/ECLS INSJ PRPH CANNULA	$9.30	$8.10	$9.30	$8.10	N	8
33953	26		ECMO/ECLS INSJ PRPH CANNULA	$235.20	$199.92	$235.20	$199.92	N	
33954			ECMO/ECLS INSJ PRPH CANNULA	$227.40	$193.29	$227.40	$193.29	N	
33954	AA		ECMO/ECLS INSJ PRPH CANNULA	$9.30	$8.10	$9.30	$8.10	N	8
33954	26		ECMO/ECLS INSJ PRPH CANNULA	$228.15	$193.92	$228.15	$193.92	N	
33955			ECMO/ECLS INSJ CTR CANNULA	$392.58	$333.69	$392.58	$333.69	N	
33955	AA		ECMO/ECLS INSJ CTR CANNULA	$9.30	$8.10	$9.30	$8.10	N	15
33955	26		ECMO/ECLS INSJ CTR CANNULA	$488.62	$415.33	$488.62	$415.33	N	
33956			ECMO/ECLS INSJ CTR CANNULA	$397.79	$338.12	$397.79	$338.12	N	
33956	AA		ECMO/ECLS INSJ CTR CANNULA	$9.30	$8.10	$9.30	$8.10	N	15
33956	26		ECMO/ECLS INSJ CTR CANNULA	$460.03	$391.02	$460.03	$391.02	N	
33957			ECMO/ECLS REPOS PERPH CNULA	$87.85	$74.67	$87.85	$74.67	N	
33957	AA		ECMO/ECLS REPOS PERPH CNULA	$9.30	$8.10	$9.30	$8.10	N	8
33957	26		ECMO/ECLS REPOS PERPH CNULA	$163.19	$138.71	$163.19	$138.71	N	
33958			ECMO/ECLS REPOS PERPH CNULA	$87.85	$74.67	$87.85	$74.67	N	
33958	AA		ECMO/ECLS REPOS PERPH CNULA	$9.30	$8.10	$9.30	$8.10	N	8
33958	26		ECMO/ECLS REPOS PERPH CNULA	$159.77	$135.80	$159.77	$135.80	N	
33959			ECMO/ECLS REPOS PERPH CNULA	$111.42	$94.71	$111.42	$94.71	N	
33959	AA		ECMO/ECLS REPOS PERPH CNULA	$9.30	$8.10	$9.30	$8.10	N	8
33959	26		ECMO/ECLS REPOS PERPH CNULA	$188.26	$160.02	$188.26	$160.02	N	
33960			EXTERNAL CIRCULATION ASSIST	NA	NA	$856.63	$728.14	N	
33961			EXTRACORPOREAL CIRC EACH AD24H	NA	NA	$493.76	$419.70	N	
33962			ECMO/ECLS REPOS PERPH CNULA	$111.42	$94.71	$111.42	$94.71	N	
33962	AA		ECMO/ECLS REPOS PERPH CNULA	$9.30	$8.10	$9.30	$8.10	N	8

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
33962	26		ECMO/ECLS REPOS PERPH CNULA	$178.99	$152.14	$178.99	$152.14	N	
33963			ECMO/ECLS REPOS PERPH CNULA	$221.77	$188.50	$221.77	$188.50	N	
33963	AA		ECMO/ECLS REPOS PERPH CNULA	$9.30	$8.10	$9.30	$8.10	N	15
33963	26		ECMO/ECLS REPOS PERPH CNULA	$306.21	$260.28	$306.21	$260.28	N	
33964			ECMO/ECLS REPOS PERPH CNULA	$233.80	$198.73	$233.80	$198.73	N	
33964	AA		ECMO/ECLS REPOS PERPH CNULA	$9.30	$8.10	$9.30	$8.10	N	15
33964	26		ECMO/ECLS REPOS PERPH CNULA	$309.75	$263.28	$309.75	$263.28	N	
33965			ECMO/ECLS RMVL PERPH CANNULA	$87.85	$74.67	$87.85	$74.67	N	
33965	AA		ECMO/ECLS RMVL PERPH CANNULA	$9.30	$8.10	$9.30	$8.10	N	8
33965	26		ECMO/ECLS RMVL PERPH CANNULA	$163.19	$138.71	$163.19	$138.71	N	
33966			ECMO/ECLS RMVL PRPH CANNULA	$113.10	$96.14	$113.10	$96.14	N	
33966	AA		ECMO/ECLS RMVL PRPH CANNULA	$9.30	$8.10	$9.30	$8.10	N	8
33966	26		ECMO/ECLS RMVL PERPH CANNULA	$179.75	$152.78	$179.75	$152.78	N	
33967			INSERT I-AORT PERCUT DEVICE	$123.60	$105.06	$226.14	$192.22	N	
33968			REMOVE INTRA-AORT BALL ASSIST	$16.28	$13.84	$16.28	$13.84	N	
33969			ECMO/ECLS RMVL PERPH CANNULA	$129.13	$109.76	$129.13	$109.76	N	
33969	AA		ECMO/ECLS RMVL PERPH CANNULA	$9.30	$8.10	$9.30	$8.10	N	8
33969	26		ECMO/ECLS RMVL PERPH CANNULA	$187.37	$159.26	$187.37	$159.26	N	
33970			INTERNAL CIRCULATION ASSIST	$168.37	$143.11	$315.01	$267.76	N	
33970	AA		INTERNAL CIRCULATION ASSIST	$9.30	$8.10	$9.30	$8.10	N	6
33971			REMOVE INTRA-AORTIC BALOON,W/	$342.97	$291.52	$547.21	$465.13	N	
33971	AA		REMOVE INTRA-AORTIC BALOON,W/	$9.30	$8.10	$9.30	$8.10	N	6
33973			INSERT.INTRA-AORTIC BALLOON	$238.26	$202.52	$458.11	$389.40	N	
33973	AA		INSERT INTRA-AORTIC BALLOON	$9.30	$8.10	$9.30	$8.10	N	8
33974			REMOVAL INTRA-AORTIC BALLOON	$433.25	$368.26	$774.09	$657.97	N	
33974	AA		REMOVAL INTRA-AORTIC BALLOON	$9.30	$8.10	$9.30	$8.10	N	8
33975			IMPLANT.VENTRICULAR ASSISTSING	$623.36	$529.86	$967.10	$822.04	N	
33975	AA		IMPLANT VENTRICULAR ASSISTSING	$9.30	$8.10	$9.30	$8.10	N	8
33976			IMPLANT.BIVENTRICULAR DEVICE	$750.69	$638.09	$1,079.04	$917.18	N	
33976	AA		IMPLANT BEVENTRICULAR DEVICE	$9.30	$8.10	$9.30	$8.10	N	8
33977			REMOVAL VENTRICULAR ASSTDEVICE	$539.17	$458.29	$1,068.21	$907.98	N	
33977	AA		REMOVAL VENTRICULAR ASST DEVIC	$9.30	$8.10	$9.30	$8.10	N	8
33978			REMOVAL BIVENTRICULAR SUPPORT	$634.90	$539.66	$1,183.18	$1,005.71	N	
33978	AA		REMOVAL BIVENTRICULAR SUPPORT	$9.30	$8.10	$9.30	$8.10	N	8
33979			INSERT VENTRIC ASSIST DEV SING	$925.51	$786.68	$1,994.19	$1,695.06	N	
33979	AA		INSERT VENTRIC ASSIST DEV SING	$9.30	$8.10	$9.30	$8.10	N	15

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
33980			REMOV VENT ASSIST DEV SING VES	$850.85	$723.22	$1,827.23	$1,553.15	N	
33981			REPLACEMENT OF EXTRACORPOREAL	$393.31	$334.31	$393.31	$334.31	N	
33981	AA		REPLACEMENT OF EXTRACORPOREAL	$9.30	$8.10	$9.30	$8.10	N	20
33982			REPLACEMENT OF VENTRICULAR ASS	$924.76	$786.05	$924.76	$786.05	N	
33982	AA		REPLACEMENT OF VENTRICULAR ASS	$9.30	$8.10	$9.30	$8.10	N	20
33983			REPLACEMENT OF VENTRICULAR ASS	$1,087.77	$924.60	$1,087.77	$924.60	N	
33983	AA		REPLACEMENT OF VENTRICULAR ASS	$9.30	$8.10	$9.30	$8.10	N	20
33984			ECMO/ECLS RMVL PRPH CANNULA	$135.45	$115.13	$135.45	$115.13	N	
33984	AA		ECMO/ECLS RMVL PRPH CANNULA	$9.30	$8.10	$9.30	$8.10	N	8
33984	26		ECMO/ECLS RMVL PRPH CANNULA	$182.31	$154.96	$182.31	$154.96	N	
33985			ECMO/ECLS RMVL CTR CANNULA	$243.39	$206.88	$243.39	$206.88	N	
33985	AA		ECMO/ECLS RMVL CTR CANNULA	$9.30	$8.10	$9.30	$8.10	N	15
33985	26		ECMO/ECLS RMVL CTR CANNULA	$347.54	$295.40	$347.54	$295.40	N	
33986			ECMO/ECLS RMVL CTR CANNULA	$250.69	$213.09	$250.69	$213.09	N	
33986	AA		ECMO/ECLS RMVL CTR CANNULA	$9.30	$8.10	$9.30	$8.10	N	15
33986	26		ECMO/ECLS RMVL CTR CANNULA	$329.82	$280.35	$329.82	$280.35	N	
33987			ARTERY EXPOS/GRAFT ARTERY	$98.49	$83.72	$98.49	$83.72	N	
33988			INSERTION OF LEFT HEART VENT	$368.53	$313.25	$368.53	$313.25	N	
33988	AA		INSERTION OF LEFT HEART VENT	$9.30	$8.10	$9.30	$8.10	N	15
33988	26		INSERTION OF LEFT HEART VENT	$402.53	$342.15	$402.53	$342.15	N	
33989			REMOVAL OF LEFT HEART VENT	$233.80	$198.73	$233.80	$198.73	N	
33989	AA		REMOVAL OF LEFT HEART VENT	$9.30	$8.10	$9.30	$8.10	N	15
33989	26		INSERTION OF LIFE HEART VENT	$268.85	$228.52	$268.85	$228.52	N	
33990			INSERT VAD ARTERY ACCESS	$171.94	$146.15	$171.94	$146.15	N	
33990	AA		INSERT VAD ARTERY ACCESS	$9.30	$8.10	$9.30	$8.10	N	6
33991			INSERT VAD ART&VEIN ACCESS	$215.83	$183.46	$215.83	$183.46	N	
33991	AA		INSERT VAD ART&VEIN ACCESS	$9.30	$8.10	$9.30	$8.10	N	6
33992			REMOVE VAD DIFFERENT SESSION	$89.68	$76.23	$89.68	$76.23	N	
33992	AA		REMOVE VAD DIFFERENT SESSION	$9.30	$8.10	$9.30	$8.10	N	6
33993			REPOSITION VAD DIFF SESSION	$79.19	$67.31	$79.19	$67.31	N	
33993	AA		REPOSITION VAD DIFF SESSION	$9.30	$8.10	$9.30	$8.10	N	6
33995			INSJ PERQ VAD R HRT VENOUS	$168.90	$143.56	$168.90	$143.56	N	
33995	AA		INSJ PERQ VAD R HRT VENOUS	$9.30	$8.10	$9.30	$8.10	N	6
33997			RMVL PERQ RIGHT HEART VAD	$77.04	$65.48	$77.04	$65.48	N	
33997	AA		RMVL PERQ RIGHT HEART VAD	$9.30	$8.10	$9.30	$8.10	N	6
33999			UNLISTED PX CARDIAC SURGERY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
34001			REMOVAL OF ARTERY CLOT	$437.21	$371.62	$690.20	$586.67	N	
34001	AA		REMOVAL OF ARTERY CLOT	$9.30	$8.10	$9.30	$8.10	N	6
34051			REMOVAL OF ARTERY CLOT	$481.71	$409.45	$809.86	$688.38	N	
34051	AA		REMOVAL OF ARTERY CLOT	$9.30	$8.10	$9.30	$8.10	N	6
34101			REMOVAL OF ARTERY CLOT	$286.31	$243.36	$539.68	$458.73	N	
34101	AA		REMOVAL OF ARTERY CLOT	$9.30	$8.10	$9.30	$8.10	N	6
34111			EMBOLECTOMY/THROMBECTOMY,RADIA	$285.63	$242.78	$539.38	$458.48	N	
34111	AA		EMBOLECTOMY/THROMBECTOMY,RADIA	$9.30	$8.10	$9.30	$8.10	N	6
34151			REMOVAL OF ARTERY CLOT	$664.39	$564.73	$1,247.85	$1,060.67	N	
34151	AA		REMOVAL OF ARTERY CLOT	$9.30	$8.10	$9.30	$8.10	N	6
34201			REMOVAL OF ARTERY CLOT	$487.08	$414.02	$543.53	$462.00	N	
34201	AA		REMOVAL OF ARTERY CLOT	$9.30	$8.10	$9.30	$8.10	N	6
34201	AA	50	REMOVAL OF ARTERY CLOT, BILAT	$9.30	$8.10	$9.30	$8.10	N	6
34201	50		REMOVAL OF ARTERY CLOT BILAT	$412.50	$351.00	$1,087.06	$924.00	N	
34203			EMBOL-THROMBECTOMY,POBLITEAL-T	$453.55	$385.51	$864.57	$734.88	N	
34203	AA		EMBOL-THROMBECTOMY,POBLITEAL-T	$9.30	$8.10	$9.30	$8.10	N	6
34401			REMOVAL OF VEIN CLOT	$639.07	$543.21	$1,243.10	$1,056.63	N	
34401	AA		REMOVAL OF VEIN CLOT	$9.30	$8.10	$9.30	$8.10	N	6
34421			REMOVAL OF VEIN CLOT	$333.01	$283.05	$638.62	$542.83	N	
34421	AA		REMOVAL OF VEIN CLOT	$9.30	$8.10	$9.30	$8.10	N	5
34451			REMOVAL OF VEIN CLOT	$684.57	$581.88	$1,354.63	$1,151.44	N	
34451	AA		REMOVAL OF VEIN CLOT	$9.30	$8.10	$9.30	$8.10	N	6
34471			REMOVAL OF VEIN CLOT	$515.49	$438.17	$536.57	$456.08	N	
34471	AA		REMOVAL OF VEIN CLOT	$9.30	$8.10	$9.30	$8.10	N	5
34490			REMOVAL OF VEIN CLOT	$275.96	$234.57	$537.62	$456.98	N	
34490	AA		REMOVAL OF VEIN CLOT	$9.30	$8.10	$9.30	$8.10	N	5
34501			VALVULOPLASTY,FEMORAL VEIN	$430.21	$365.67	$863.05	$733.59	N	
34501	AA		VALVULOPLASTY,FEMORAL VEIN	$9.30	$8.10	$9.30	$8.10	N	3
34502			RECONSTRUCTION OF VENA CAVA	$744.91	$633.17	$1,376.03	$1,169.63	N	
34502	AA		RECONSTRUCTION OF VENA CAVA	$9.30	$8.10	$9.30	$8.10	N	15
34510			TRANSPOSE VENOUS VALVE,ANY VEI	$488.62	$415.33	$986.98	$838.94	N	
34510	AA		TRANSPOSE VENOUS VALVE,ANY VEI	$9.30	$8.10	$9.30	$8.10	N	3
34520			CROSS-OVER VEIN GRAFT TO VENOU	$473.80	$402.73	$921.27	$783.08	N	
34520	AA		CROSS-OVER VEIN GRAFT TO VENOU	$9.30	$8.10	$9.30	$8.10	N	3
34530			SAPHENOPOPLITEAL VEIN ANASTOMO	$451.26	$383.57	$869.37	$738.96	N	
34530	AA		SAPHENOPOPLITEAL VEIN ANASTOMO	$9.30	$8.10	$9.30	$8.10	N	6

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
34701			EVASC RPR A-AO NDGFT	$589.44	$501.02	$589.44	$501.02	N	
34701	AA		EVASC RPR A-AO NDGFT	$9.30	$8.10	$9.30	$8.10	N	10
34702			EVASC RPR A-AO NDGFT RPT	$852.72	$724.81	$852.72	$724.81	N	
34702	AA		EVASC RPR A-AO NDGFT RPTEPAI	$9.30	$8.10	$9.30	$8.10	N	10
34703			EVASC RPR A-UNILAC NDGFT	$652.89	$554.95	$652.89	$554.95	N	
34703	AA		EVASC RPR A-UNILAC NDGFT	$9.30	$8.10	$9.30	$8.10	N	10
34704			EVASC RPR A-UNILAC NDGFT RPT	$1,083.76	$921.20	$1,083.76	$921.20	N	
34704	AA		EVASC RPR A-UNILAC NDGFT RPT	$9.30	$8.10	$9.30	$8.10	N	10
34705			EVAC RPR A-BIILIAC NDGFT	$725.46	$616.64	$725.46	$616.64	N	
34705	AA		EVAC RFR A-BIILIAC NDGFT	$9.30	$8.10	$9.30	$8.10	N	10
34706			EVASC RPR A-BIILIAC RPT	$1,082.17	$919.84	$1,082.17	$919.84	N	
34706	AA		EVASC RPR A-BIILIAC RPT	$9.30	$8.10	$9.30	$8.10	N	10
34707			EVASC RPR ILIO-ILIAC NDGFT	$553.86	$470.78	$553.86	$470.78	N	
34707	AA		EVASC RPR ILIO-ILIAC NDGFT	$9.30	$8.10	$9.30	$8.10	N	10
34708			EVASC RPR ILIO-ILIAC RPT	$864.06	$734.45	$864.06	$734.45	N	
34708	AA		EVASC RPR ILIO-ILIAC RPT	$9.30	$8.10	$9.30	$8.10	N	10
34709			PLMT XTN PROSTH EVASC RPR	$152.46	$129.59	$152.46	$129.59	N	
34709	AA		PLMT XTN PROSTH EVASC RPR	$9.30	$8.10	$9.30	$8.10	N	
34710			DLYD PLMT XTN PROSTH 1ST VSL	$379.83	$322.85	$379.83	$322.85	N	
34710	AA		DLVD PLMT XTN PROSTH 1ST VSL	$9.30	$8.10	$9.30	$8.10	N	10
34711			DLYD PLMT XTN PROSTH EA ADDL	$139.59	$118.65	$139.59	$118.65	N	
34711	AA		DLVD PLMT XTN PROSTH EA ADDL	$9.30	$8.10	$9.30	$8.10	N	
34712			TCAT DLVR ENHNCD FIXJ DEV	$313.35	$266.35	$313.35	$266.35	N	
34712	AA		TCAT DLVR ENHNCD FIXJ DEV	$9.30	$8.10	$9.30	$8.10	N	10
34713			PERA ACCESS & CLSR FEM ART	$58.38	$49.62	$58.38	$49.62	N	
34713	AA		PERA ACCESS & CLSR FEM ART	$9.30	$8.10	$9.30	$8.10	N	
34714			OPN FEM ART EXPOS CNDT CRTJ	$128.20	$108.97	$128.20	$108.97	N	
34714	AA		OPN FEM ART EXPOS CNDT CRTJ	$9.30	$8.10	$9.30	$8.10	N	
34715			OPN AX/SUBCLA ART EXPOS	$141.28	$120.08	$141.28	$120.08	N	
34715	AA		OPN AX/SUBCLA ART EXPOS	$9.30	$8.10	$9.30	$8.10	N	
34716			OPN AX/SUBCLA ART EXPOS CNDT	$177.52	$150.89	$177.52	$150.89	N	
34716	AA		OPN AX/SUBCLA ART EXPOS CNDT	$9.30	$8.10	$9.30	$8.10	N	
34717			EVASC RPR A-ILIAC NDGFT	$209.14	$177.76	$209.14	$177.76	N	
34717	AA		EVASC RPR A-ILIAC NDGFT	$9.30	$8.10	$9.30	$8.10	N	
34718			EVASC RPR N/A A-ILIAC NDGFT	$587.90	$499.71	$587.90	$499.71	N	
34718	AA		EVASC RPR N/A A-ILIAC NDGFT	$9.30	$8.10	$9.30	$8.10	N	10

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
34808			ENDOVAS PLACE ILIAC ART OCC DE	$95.81	$81.43	$194.17	$165.04	N	
34808	AA		ENDOVAS PLACE ILIAC ART OCC DE	$9.30	$8.10	$9.30	$8.10	N	15
34812			OPEN FEM ART EXPOS/DEL AOR PRO	$97.49	$82.87	$210.67	$179.07	N	
34812	AA		OPEN FEM ART EXPOS/DEL AOR PRO	$9.30	$8.10	$9.30	$8.10	N	15
34813			PLACE FEM-FEM PROSTH GRAFT	$111.04	$94.38	$224.50	$190.82	N	
34820			OPEN ILIAC ART EXPOSURE	$159.53	$135.60	$354.21	$301.08	N	
34820	AA		OPEN ILLAC ART EXPOSURE	$9.30	$8.10	$9.30	$8.10	N	15
34830			OPEN REP INFRA AORT ANEURYSM	$838.98	$713.13	$1,628.70	$1,384.39	N	
34830	AA		OPEN REP INFRA AORT ANEURYSM	$9.30	$8.10	$9.30	$8.10	N	15
34831			OPEN REP INFRA AORTIC ANEURYSM	$921.36	$783.15	$1,658.86	$1,410.03	N	
34831	AA		OPEN REP INFRA AORTIC ANEURYSM	$9.30	$8.10	$9.30	$8.10	N	15
34832			OPEN REP INFRA AORT ANEURYSM	$901.98	$766.68	$1,756.06	$1,492.65	N	
34832	AA		OPEN REP INFRA AORT ANEURYSM	$9.30	$8.10	$9.30	$8.10	N	15
34833			OPEN ILIAC ARTERY EXPOSURE	$185.92	$158.03	$411.18	$349.50	N	
34834			OPEN BRACHIAL ARTERY EXPOSURE	$61.10	$51.93	$131.39	$111.68	N	
34841			ENDOVASC VISC AORTA 1 GRAFT	$1,059.41	$900.49	$1,059.41	$900.49	N	
34841	AA		ENDOVASC VISC AORTA 1 GRAFT	$9.30	$8.10	$9.30	$8.10	N	10
34842			ENDOVASC VISC AORTA 2 GRAFT	$1,166.76	$991.74	$1,166.76	$991.74	N	
34842	AA		ENDOVASC VISC AORTA 2 GRAFT	$9.30	$8.10	$9.30	$8.10	N	10
34843			ENDOVASC VISC AORTA 3 GRAFT	$1,274.11	$1,082.99	$1,274.11	$1,082.99	N	
34843	AA		ENDOVASC VISC AORTA 3 GRAFT	$9.30	$8.10	$9.30	$8.10	N	10
34844			ENDOVASC VISC AORTA 4 GRAFT	$1,381.46	$1,174.24	$1,381.46	$1,174.24	N	
34844	AA		ENDOVASC VISC AORTA 4 GRAFT	$9.30	$8.10	$9.30	$8.10	N	10
34845			VISC & INFRAREN ABD 1 PROSTH	$1,059.41	$900.49	$1,059.41	$900.49	N	
34845	AA		VISC & INFRAREN ABD 1 PROSTH	$9.30	$8.10	$9.30	$8.10	N	10
34846			VISC & INFRAREN ABD 2 PROSTH	$1,166.76	$991.74	$1,166.76	$991.74	N	
34846	AA		VISC & INFRAREN ABD 2 PROSTH	$9.30	$8.10	$9.30	$8.10	N	10
34847			VISC & INFRAREN ABD 3 PROSTH	$1,274.11	$1,082.99	$1,274.11	$1,082.99	N	
34847	AA		VISC & INFRAREN ABD 3 PROSTH	$9.30	$8.10	$9.30	$8.10	N	10
34848			VISC & INFRAREN ABD 4+ PROST	$1,381.46	$1,174.24	$1,381.46	$1,174.24	N	
34848	AA		VISC & INFRAREN ABD 4+ PROST	$9.30	$8.10	$9.30	$8.10	N	10
35001			REPAIR DEFECT OF ARTERY	$530.47	$450.90	$1,027.71	$873.56	N	
35001	AA		REPAIR DEFECT OF ARTERY	$9.30	$8.10	$9.30	$8.10	N	6
35002			REPAIR RUPTURED ANEURYSM,NECK	$543.79	$462.22	$1,081.07	$918.91	N	
35002	AA		REPAIR RUPTURED ANEURYSM,NECK	$9.30	$8.10	$9.30	$8.10	N	6
35005			REPAIR ANEURYSM,OCCLUSIVE DIS,	$476.75	$405.23	$924.88	$786.15	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
35005	AA		REPAIR ANEURYSM,OCCLUSIVE DIS,	$9.30	$8.10	$9.30	$8.10	N	6
35011			REPAIR DEFECT OF ARTERY	$482.98	$410.53	$914.58	$777.39	N	
35011	AA		REPAIR DEFECT OF ARTERY	$9.30	$8.10	$9.30	$8.10	N	8
35013			REPAIR RUPTURED ANEURYSM,AXIL-	$565.78	$480.91	$1,114.96	$947.72	N	
35013	AA		REPAIR RUPTURED ANEURYSM,AXIL-	$9.30	$8.10	$9.30	$8.10	N	6
35021			REPAIR DEFECT OF ARTERY	$608.49	$517.21	$1,025.05	$871.29	N	
35021	AA		REPAIR DEFECT OF ARTERY	$9.30	$8.10	$9.30	$8.10	N	20
35022			REPAIR RUPTURED ANEURYSM-SUBCL	$694.79	$590.57	$1,160.45	$986.38	N	
35022	AA		REPAIR RUPTURED ANEURYSM-SUBCL	$9.30	$8.10	$9.30	$8.10	N	20
35045			REPAIR ANEURYSM,OCCLU OIS,RAD/	$463.96	$394.37	$881.74	$749.48	N	
35045	AA		REPAIR ANEURYSM,OCCLU OIS,RAD/	$9.30	$8.10	$9.30	$8.10	N	8
35081			REPAIR DEFECT OF ARTERY	$823.42	$699.91	$1,392.26	$1,183.42	N	
35081	AA		REPAIR DEFECT OF ARTERY	$9.30	$8.10	$9.30	$8.10	N	15
35082			REPAIR RUPTURED ANEURYSM-ABDOM	$1,031.66	$876.91	$1,895.50	$1,611.18	N	
35082	AA		REPAIR RUPTURED ANEURYSM-ABDOM	$9.30	$8.10	$9.30	$8.10	N	15
35091			REPAIR DEFECT OF ARTERY	$846.85	$719.82	$1,730.26	$1,470.72	N	
35091	AA		REPAIR DEFECT OF ARTERY	$9.30	$8.10	$9.30	$8.10	N	15
35092			REP.RUPTURED ANEURYSM,ABD AORT	$1,234.82	$1,049.59	$2,208.78	$1,877.46	N	
35092	AA		REP.RUPTURED ANEURYSM,ABD AORT	$9.30	$8.10	$9.30	$8.10	N	15
35102			REPAIR DEFECT OF ARTERY	$894.46	$760.29	$1,523.30	$1,294.81	N	
35102	AA		REPAIR DEFECT OF ARTERY	$9.30	$8.10	$9.30	$8.10	N	15
35103			REPAIR ARTERY RUPTURE AORTA	$1,030.24	$875.70	$1,987.19	$1,689.11	N	
35103	AA		REP.RUPTURED ANEURYSM,ABD AORT	$9.30	$8.10	$9.30	$8.10	N	15
35111			REPAIR DEFECT OF ARTERY	$633.89	$538.80	$1,247.22	$1,060.14	N	
35111	AA		REPAIR DEFECT OF ARTERY	$9.30	$8.10	$9.30	$8.10	N	13
35112			REP.RUPTURED ANEURYSM,SPLENIC	$778.41	$661.65	$1,474.22	$1,253.08	N	
35112	AA		REP.RUPTURED ANCURYSM,SPLENIC	$9.30	$8.10	$9.30	$8.10	N	13
35121			REPAIR DEFECT OF ARTERY	$753.08	$640.11	$1,494.62	$1,270.42	N	
35121	AA		REPAIR DEFECT OF ARTERY	$9.30	$8.10	$9.30	$8.10	N	13
35122			RUPTURED ANEURYSM,HEPATIC,CELI	$899.55	$764.62	$1,714.54	$1,457.36	N	
35122	AA		RUPTURED ANEURYSM,HEPATIC,CELI	$9.30	$8.10	$9.30	$8.10	N	13
35131			REPAIR DEFECT OF ARTERY	$661.50	$562.27	$1,266.46	$1,076.49	N	
35131	AA		REPAIR DEFECT OF ARTERY	$9.30	$8.10	$9.30	$8.10	N	13
35132			RUPTURED ANEURYSM,ILIAC ARTERY	$778.41	$661.65	$1,494.96	$1,270.72	N	
35132	AA		RUPTURED ANEURYSM,ILIAC ARTERY	$9.30	$8.10	$9.30	$8.10	N	13
35141			REPAIR DEFECT OF ARTERY	$520.99	$442.84	$1,020.03	$867.03	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
35141	AA		REPAIR DEFECT OF ARTERY	$9.30	$8.10	$9.30	$8.10	N	8
35142			REPAIR RUPTURED ANEURYSM/FEMOR	$629.39	$534.98	$1,187.15	$1,009.08	N	
35142	AA		REPAIR RUPTURED ANEURYSM/FEMOR	$9.30	$8.10	$9.30	$8.10	N	8
35151			REPAIR DEFECT OF ARTERY	$590.39	$501.83	$1,149.85	$977.37	N	
35151	AA		REPAIR DEFECT OF ARTERY	$9.30	$8.10	$9.30	$8.10	N	8
35152			REPAIR RUPTD POPLITEAL ART	$666.67	$566.67	$1,301.83	$1,106.56	N	
35152	AA		REPAIR RUPT ANEURYSM,POPLITEAL	$9.30	$8.10	$9.30	$8.10	N	8
35180			RPR CGEN AV FISTULA HEAD&NCK	$376.09	$319.68	$695.68	$591.33	N	
35180	AA		REPAIR CONGENITAL FISTULA-HEAD	$9.30	$8.10	$9.30	$8.10	N	6
35182			RPR CGEN AV FISTULA THRX&ABD	$866.58	$736.59	$1,510.98	$1,284.33	N	
35182	AA		REP.CONGENITAL FIST-THORAX/ABD	$9.30	$8.10	$9.30	$8.10	N	11
35184			RPR CGEN AV FISTULA XTR	$461.13	$391.96	$924.50	$785.83	N	
35184	AA		REP.CONGENITAL FISTULA,EXTREMI	$9.30	$8.10	$9.30	$8.10	N	5
35188			RPR ACQ AV FISTULA HEAD&NECK	$645.77	$548.90	$773.88	$657.80	N	
35188	AA		REP ACQUIRED/TRAUMA FIST.-HEAD	$9.30	$8.10	$9.30	$8.10	N	6
35189			RPR ACQ AV FISTULA THRX&ABD	$719.14	$611.26	$1,408.57	$1,197.28	N	
35189	AA		REP.ACQUIRED/TRAUMA FIST.THORA	$9.30	$8.10	$9.30	$8.10	N	11
35190			REPAIR ACQ AV FISTULA XTR	$363.19	$308.71	$363.19	$308.71	N	
35190	AA		REP.ACQUIRED/TRAUMA FISTULA/EX	$9.30	$8.10	$9.30	$8.10	N	5
35201			REPAIR BLOOD VESSEL DIR NECK	$447.07	$380.01	$850.22	$722.69	N	
35201	AA		REPAIR BLOOD VESSEL LESION	$9.30	$8.10	$9.30	$8.10	N	6
35206			REPAIR BLOOD VESSEL DIR UXTR	$386.32	$328.37	$696.12	$591.70	N	
35206	AA		REPAIR BLOOD VESSEL LESION	$9.30	$8.10	$9.30	$8.10	N	5
35207			RPR BLD VSL DIR HAND FINGER	$378.77	$321.95	$614.02	$521.92	N	
35207	AA		REPAIR BLOOD VESSEL,DIRECT-HAN	$9.30	$8.10	$9.30	$8.10	N	5
35211			RPR BLVSL DIR NTRATHRC W/BYP	$672.50	$571.63	$1,153.60	$980.56	N	
35211	AA		REPAIR BLOOD VESSEL LESION	$9.30	$8.10	$9.30	$8.10	N	11
35216			RPR BLVSL DIR NTRTHRC WO BYP	$1,006.56	$855.57	$975.17	$828.89	N	
35216	AA		REPAIR BLOOD VESSEL LESION	$9.30	$8.10	$9.30	$8.10	N	11
35221			RPR BLD VSL DIR INTRA-ABDL	$709.20	$602.82	$1,207.01	$1,025.96	N	
35221	AA		REPAIR BLOOD VESSEL LESION	$9.30	$8.10	$9.30	$8.10	N	13
35226			REPAIR BLOOD VESSEL DIR LXTR	$397.33	$337.73	$769.92	$654.43	N	
35226	AA		REPAIR BLOOD VESSEL LESION	$9.30	$8.10	$9.30	$8.10	N	5
35231			REPAIR BLVSL VN GRF NECK	$611.16	$519.48	$1,048.58	$891.29	N	
35231	AA		REPAIR BLOOD VESSEL LESION	$9.30	$8.10	$9.30	$8.10	N	6
35236			REPAIR BLVSL VN GRF UXTR	$487.37	$414.26	$879.50	$747.58	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
35236	AA		REPAIR BLOOD VESSEL LESION	$9.30	$8.10	$9.30	$8.10	N	5
35241			RPR BLVSL VN GRF NTRTHRC W/B	$691.70	$587.95	$1,212.26	$1,030.42	N	
35241	AA		REPAIR BLOOD VESSEL LESION	$9.30	$8.10	$9.30	$8.10	N	11
35246			RPR BLVSL VN GRF NTRTHRC W/O	$751.96	$639.17	$1,337.15	$1,136.58	N	
35246	AA		REPAIR BLOOD VESSEL LESION	$9.30	$8.10	$9.30	$8.10	N	11
35251			RPR BLVSL VN GRF INTRA-ABDL	$831.75	$706.98	$1,475.94	$1,254.55	N	
35251	AA		REPAIR BLOOD VESSEL LESION	$9.30	$8.10	$9.30	$8.10	N	13
35256			REPAIR BLVSL VN GRF LXTR	$488.81	$415.48	$940.87	$799.74	N	
35256	AA		REPAIR BLOOD VESSEL LESION	$9.30	$8.10	$9.30	$8.10	N	5
35261			RPR BLVSL GRF OTH/THN VN NCK	$469.64	$399.19	$911.04	$774.38	N	
35261	AA		REPAIR BLOOD VESSEL LESION	$9.30	$8.10	$9.30	$8.10	N	6
35266			RPR BLVSL GRF OTH/TH VN UXTR	$416.29	$353.85	$770.66	$655.06	N	
35266	AA		REPAIR BLOOD VESSEL LESION	$9.30	$8.10	$9.30	$8.10	N	5
35271			RPR BLVS GR OT/TH VN NTRTH W	$666.50	$566.53	$1,149.02	$976.67	N	
35271	AA		REPAIR BLOOD VESSEL LESION	$9.30	$8.10	$9.30	$8.10	N	11
35276			RPR BLVS GR OT/T VN NTRTH WO	$703.31	$597.81	$1,249.21	$1,061.83	N	
35276	AA		REPAIR BLOOD VESSEL LESION	$9.30	$8.10	$9.30	$8.10	N	11
35281			RPR BLVSL GR OT/TH VN NTR-AB	$784.74	$667.02	$1,398.91	$1,189.08	N	
35281	AA		REPAIR BLOOD VESSEL LESION	$9.30	$8.10	$9.30	$8.10	N	13
35286			RPR BLVSL GRF OTH/TH VN LXTR	$443.93	$377.34	$853.18	$725.21	N	
35286	AA		REPAIR BLOOD VESSEL LESION	$9.30	$8.10	$9.30	$8.10	N	5
35301			RECHANNELING OF ARTERY	$539.00	$458.15	$955.82	$812.44	N	
35301	AA		RECHANNELING OF ARTERY	$9.30	$8.10	$9.30	$8.10	N	10
35302			RECHANNELING OF ARTERY	$531.88	$452.10	$934.14	$794.01	N	
35302	AA		RECHANNELING OF ARTERY	$9.30	$8.10	$9.30	$8.10	N	6
35303			RECHANNELING OF ARTERY	$584.25	$496.61	$1,025.86	$871.98	N	
35303	AA		RECHANNELING OF ARTERY	$9.30	$8.10	$9.30	$8.10	N	6
35304			RECHANNELING OF ARTERY	$607.07	$516.01	$1,067.18	$907.10	N	
35304	AA		RECHANNELING OF ARTERY	$9.30	$8.10	$9.30	$8.10	N	6
35305			RECHANNELING OF ARTERY	$582.53	$495.15	$1,025.86	$871.98	N	
35305	AA		RECHANNELING OF ARTERY	$9.30	$8.10	$9.30	$8.10	N	6
35306			RECHANNELING OF ARTERY	$210.69	$179.09	$382.90	$325.46	N	
35306	AA		RECHANNELING OF ARTERY	$9.30	$8.10	$9.30	$8.10	N	6
35311			RECHANNELING OF ARTERY	$745.09	$633.33	$1,352.42	$1,149.56	N	
35311	AA		RECHANNELING OF ARTERY	$9.30	$8.10	$9.30	$8.10	N	10
35321			RECHANNELING OF ARTERY	$434.89	$369.65	$822.45	$699.08	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
35321	AA		RECHANNELING OF ARTERY	$9.30	$8.10	$9.30	$8.10	N	10
35331			RECHANNELING OF ARTERY	$690.26	$586.72	$1,321.91	$1,123.63	N	
35331	AA		RECHANNELING OF ARTERY	$9.30	$8.10	$9.30	$8.10	N	20
35341			RECHANNELING OF ARTERY	$656.39	$557.93	$1,273.42	$1,082.41	N	
35341	AA		RECHANNELING OF ARTERY	$9.30	$8.10	$9.30	$8.10	N	20
35351			RECHANNELING OF ARTERY	$613.85	$521.77	$1,151.25	$978.56	N	
35351	AA		RECHANNELING OF ARTERY	$9.30	$8.10	$9.30	$8.10	N	20
35355			THROMBOENDARTERECTOMY-ILIOFEMO	$490.04	$416.53	$937.32	$796.72	N	
35355	AA		THROMBOENDARTERECTOMY-ILIOFEMO	$9.30	$8.10	$9.30	$8.10	N	15
35361			RECHANNELING OF ARTERY	$725.29	$616.50	$1,410.54	$1,198.96	N	
35361	AA		RECHANNELING OF ARTERY	$9.30	$8.10	$9.30	$8.10	N	15
35363			THROMBOENDARTERECTOMY/COMB.AOR	$773.72	$657.66	$1,508.98	$1,282.63	N	
35363	AA		THROMBOENDARTERECTOMY/COMB.AOR	$9.30	$8.10	$9.30	$8.10	N	15
35371			RECHANNELING OF ARTERY	$388.78	$330.46	$764.14	$649.52	N	
35371	AA		RECHANNELING OF ARTERY	$9.30	$8.10	$9.30	$8.10	N	10
35372			THROMBOENDARTERECTOMY..DEEP FE	$464.99	$395.24	$918.98	$781.13	N	
35372	AA		THROMBOENDARTERECTOMY..DEEP FE	$9.30	$8.10	$9.30	$8.10	N	10
35390			REOP.CAROTID THROMOENDARTERECT	$75.60	$64.26	$150.41	$127.85	N	
35390	AA		REOP CAROTID THROMMENDARTERECT	$9.30	$8.10	$9.30	$8.10	N	10
35400			ANGIOSCOPY THERAPEUTIC INTERVE	$68.18	$57.95	$68.18	$57.95	N	
35500			HARVEST UPPER EXTREM VEIN	$150.64	$128.04	$299.94	$254.95	N	
35501			ART BYP GRFT IPSILAT CAROTID	$694.47	$590.30	$976.16	$829.74	N	
35501	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	6
35506			ART BYP GRFT SUBCLAV-CAROTID	$607.42	$516.31	$1,027.38	$873.27	N	
35506	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	6
35508			ART BYP GRFT CAROTID-VERTBRL	$634.78	$539.56	$991.78	$843.02	N	
35508	AA		BUPASS GRAFT,W/VEIN:CAROTID-VE	$9.30	$8.10	$9.30	$8.10	N	6
35509			ART BYP GRFT CONTRAL CAROTID	$672.31	$571.46	$945.66	$803.81	N	
35509	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	6
35510			ART BYP GRFT CAROTID-BRCHIAL	$585.90	$498.01	$1,134.64	$964.44	N	
35510	AA		BYPASS GRAFT W/VEIN CAROT-BRAC	$9.30	$8.10	$9.30	$8.10	N	10
35511			ART BYP GRFT SUBCLAV-SUBCLAV	$534.14	$454.02	$1,073.20	$912.22	N	
35511	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	6
35512			ART BYP GRFT SUBCLAV-BRCHIAL	$574.72	$488.51	$1,113.06	$946.10	N	
35512	AA		BYPASS GRAFT W/VEIN SUBCLAV/BR	$9.30	$8.10	$9.30	$8.10	N	8
35515			ART BYP GRFT SUBCLAV-VERTBRL	$634.78	$539.56	$986.36	$838.41	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
35515	AA		BYPASS GRAFT,W/VEIN:SUBCLAVIAN	$9.30	$8.10	$9.30	$8.10	N	6
35516			ART BYP GRFT SUBCLAV-AXILARY	$581.67	$494.42	$815.54	$693.21	N	
35516	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	6
35518			ART BYP GRFT AXILLARY-AXILRY	$545.00	$463.25	$1,063.85	$904.27	N	
35518	AA		BYPASS GRAFT,W/VEIN:AXILLARY-A	$9.30	$8.10	$9.30	$8.10	N	6
35521			ART BYP GRFT AXILL-FEMORAL	$586.19	$498.26	$1,127.60	$958.46	N	
35521	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	20
35522			ART BYP GRFT AXILL-BRACHIAL	$557.71	$474.05	$1,081.18	$919.00	N	
35522	AA		BYPASS GRAFT W/VEIN AXILL/BRAC	$9.30	$8.10	$9.30	$8.10	N	8
35523			ART BYP GRFT BRCHL-ULNR-RDL	$587.03	$498.98	$1,054.32	$896.17	N	
35523	AA		BYPASS GRAFT, WITH VEIN: BRACH	$9.30	$8.10	$9.30	$8.10	N	8
35525			ART BYP GRFT BRACHIAL-BRCHL	$524.85	$446.12	$1,032.55	$877.67	N	
35525	AA		BYPASS GRAFT W/VEIN BRACH/BRAC	$9.30	$8.10	$9.30	$8.10	N	8
35526			ART BYP GRFT AOR/CAROT/INNOM	$830.18	$705.65	$1,478.02	$1,256.32	N	
35526	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	20
35531			ART BYP GRFT AORCEL/AORMESEN	$927.57	$788.43	$1,787.61	$1,519.47	N	
35531	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	15
35533			ART BYP GRFT AXILL/FEM/FEM	$717.84	$610.16	$1,396.05	$1,186.64	N	
35533	AA		BYPASS GRAFT,W/VEIN:AXIL-FEM-F	$9.30	$8.10	$9.30	$8.10	N	20
35535			ART BYP GRFT HEPATORENAL	$905.39	$769.58	$905.39	$769.58	N	
35535	AA		BYPASS GRAFT WITH VEIN: HEPA	$9.30	$8.10	$9.30	$8.10	N	15
35536			ART BYP GRFT SPLENORENAL	$804.81	$684.08	$1,577.18	$1,340.60	N	
35536	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	15
35537			ART BYP GRFT AORTOILIAC	$991.08	$842.41	$1,802.83	$1,532.41	N	
35537	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	15
35538			ART BYP GRFT AORTOBI-ILIAC	$1,110.35	$943.80	$2,013.38	$1,711.38	N	
35538	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	15
35539			ART BYP GRFT AORTOFEMORAL	$1,041.93	$885.64	$1,892.44	$1,608.57	N	
35539	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	15
35540			ART BYP GRFT AORTBIFEMORAL	$1,160.79	$986.67	$2,108.80	$1,792.48	N	
35540	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	15
35556			ART BYP GRFT FEM-POPLITEAL	$663.80	$564.23	$1,109.07	$942.71	N	
35556	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	8
35558			ART BYP GRFT FEM-FEMORAL	$583.42	$495.90	$1,082.30	$919.96	N	
35558	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	13
35560			ART BYP GRFT AORTORENAL	$811.78	$690.01	$1,603.05	$1,362.59	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
35560	AA		BYPASS GRAFT,W/VEIN:AORTORENAL	$9.30	$8.10	$9.30	$8.10	N	6
35563			ART BYP GRFT ILIOILIAC	$631.70	$536.94	$1,225.44	$1,041.62	N	
35563	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	15
35565			ART BYP GRFT ILIOFEMORAL	$624.32	$530.67	$1,174.42	$998.25	N	
35565	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	15
35566			ART BYP FEM-ANT-POST TIB/PRL	$789.72	$671.26	$1,349.78	$1,147.31	N	
35566	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	8
35570			ART BYP TIBIAL-TIB/PERONEAL	$702.39	$597.03	$702.39	$597.03	N	
35570	AA		BYPASS GRAFT WITH VEIN: TIBI	$9.30	$8.10	$9.30	$8.10	N	8
35571			ART BYP POP-TIBL-PRL-OTHER	$630.34	$535.78	$1,229.22	$1,044.83	N	
35571	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	8
35572			HARV FEMOROPOP VEIN 1 SEGMENT	$162.81	$138.38	$320.88	$272.75	N	
35583			VEIN BYP GRFT FEM-POPLITEAL	$686.46	$583.49	$1,145.01	$973.26	N	
35583	AA		IN-SITU BYPASS:FEMORAL-POPLITE	$9.30	$8.10	$9.30	$8.10	N	8
35585			VEIN BYP FEM-TIBIAL PERONEAL	$794.45	$675.28	$1,430.36	$1,215.81	N	
35585	AA		IN-SITU BYPASS:FEM-ANTER,POST,	$9.30	$8.10	$9.30	$8.10	N	8
35587			VEIN BYP POP-TIBL PERONEAL	$635.67	$540.32	$1,274.38	$1,083.23	N	
35587	AA		IN-SITU BYPASS:POPLIT-TIBIAL,P	$9.30	$8.10	$9.30	$8.10	N	8
35600			HARV UP EXTREM ART/1 SEGMENT	$88.60	$75.31	$232.70	$197.80	N	
35600	AA		HARV UP EXTREM ART/1 SEGMENT	$9.30	$8.10	$9.30	$8.10	N	10
35601			ART BYP COMMON IPSI CAROTID	$670.89	$570.25	$919.00	$781.15	N	
35601	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	6
35606			ART BYP CAROTID-SUBCLAVIAN	$560.04	$476.03	$976.74	$830.23	N	
35606	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	6
35612			ART BYP SUBCLAV-SUBCLAVIAN	$499.85	$424.87	$827.10	$703.03	N	
35612	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	6
35616			ART BYP SUBCLAV-AXILLARY	$525.72	$446.86	$835.91	$710.53	N	
35616	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	6
35621			ART BYP AXILLARY-FEMORAL	$521.86	$443.58	$1,012.48	$860.61	N	
35621	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	20
35623			ART BYP AXILLARY-POP-TIBIAL	$627.33	$533.23	$1,216.33	$1,033.88	N	
35623	AA		BYPASS GRAFT AXILLARY POPTIBIA	$9.30	$8.10	$9.30	$8.10	N	8
35626			ART BYP AORSUBCL/CAROT/INNOM	$765.37	$650.56	$1,403.41	$1,192.90	N	
35626	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	20
35631			ART BYP AOR-CELIAC-MSN-RENAL	$878.90	$747.06	$1,690.13	$1,436.61	N	
35631	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	15

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
35632			ART BYP ILIO-CELIAC	$859.72	$730.76	$859.72	$730.76	N	
35632	AA		BYPASS GRAFT WITH OTHER THAN	$9.30	$8.10	$9.30	$8.10	N	15
35633			ART BYP ILIO-MESENTERIC	$940.19	$799.16	$940.19	$799.16	N	
35633	AA		BYPASS GRAFT WITH OTHER THAN	$9.30	$8.10	$9.30	$8.10	N	15
35634			ART BYP ILIORENAL	$841.42	$715.21	$841.42	$715.21	N	
35634	AA		BYPASS GRAFT WITH OTHER THAN	$9.30	$8.10	$9.30	$8.10	N	15
35636			ART BYP SPENORENAL	$759.79	$645.82	$1,470.54	$1,249.96	N	
35636	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	15
35637			ART BYP AORTOILIAC	$789.94	$671.44	$1,436.41	$1,220.95	N	
35637	AA		BYPASS GRAFT,NOT VEIN:AORTOILI	$9.30	$8.10	$9.30	$8.10	N	15
35638			ART BYP AORTOBI-ILIAC	$832.15	$707.32	$1,458.98	$1,240.14	N	
35638	AA		BYPASS GRAFT,NOT VEIN:AORTOBI	$9.30	$8.10	$9.30	$8.10	N	15
35642			ART BYP CAROTID-VERTEBRAL	$473.91	$402.82	$930.06	$790.55	N	
35642	AA		BYPASS GRAFT,NOT VEIN,CAROTID-	$9.30	$8.10	$9.30	$8.10	N	6
35645			ART BYP SUBCLAV-VERTEBRL	$452.91	$384.97	$906.18	$770.26	N	
35645	AA		BYPASS GRAFT,NOT VEIN:SUBCLAV-	$9.30	$8.10	$9.30	$8.10	N	6
35646			ART BYP AORTOBIFEMORAL	$810.12	$688.60	$1,555.16	$1,321.89	N	
35646	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	15
35647			ART BYP AORTOFEMORAL	$731.17	$621.49	$1,401.87	$1,191.59	N	
35647	AA		BYPASS GRAFT AORTOFEMORAL	$9.30	$8.10	$9.30	$8.10	N	15
35650			ART BYP AXILLARY-AXILLARY	$487.50	$414.37	$964.10	$819.49	N	
35650	AA		BYPASS GRAFT,NOT VEIN:AXILLARY	$9.30	$8.10	$9.30	$8.10	N	6
35654			ART BYP AXILL-FEM-FEMORAL	$651.07	$553.41	$1,255.44	$1,067.12	N	
35654	AA		BYPASS GRAFT,NOT VEIN:AXILL-FE	$9.30	$8.10	$9.30	$8.10	N	13
35656			ART BYP FEMORAL-POPLITEAL	$510.60	$434.01	$991.37	$842.66	N	
35656	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	8
35661			ART BYP FEMORAL-FEMORAL	$516.85	$439.32	$983.44	$835.92	N	
35661	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	13
35663			ART BYP ILIOILIAC	$581.82	$494.54	$1,125.43	$956.62	N	
35663	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	15
35665			ART BYP ILIOFEMORAL	$558.97	$475.12	$1,072.88	$911.95	N	
35665	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	15
35666			ART BYP FEM-ANT-POST TIB/PRL	$613.39	$521.38	$1,155.65	$982.30	N	
35666	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	8
35671			ART BYP POP-TIBL-PRL-OTHER	$538.14	$457.41	$1,010.58	$858.99	N	
35671	AA		ARTERY BYPASS GRAFT	$9.30	$8.10	$9.30	$8.10	N	8

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
35681			COMPOSITE BYP GRFT PROS&VEIN	$37.63	$31.99	$37.63	$31.99	N	
35681	AA		BYPASS GRAFT, COMPOSITE	$9.30	$8.10	$9.30	$8.10	N	8
35682			COMPOSITE BYP GRFT 2 VEINS	$166.43	$141.47	$338.82	$288.00	N	
35683			COMPOSITE BYP GRFT 3/> SEGMT	$193.86	$164.78	$399.88	$339.90	N	
35685			PLACE VEIN PATCH @ DIST ANASTO	$93.85	$79.77	$190.66	$162.06	N	
35685	AA		PLACE VEIN PATCH @ DIST ANASTO	$9.30	$8.10	$9.30	$8.10	N	10
35686			CREATE DIST ARTERIOVEN FISTULA	$76.12	$64.70	$157.82	$134.14	N	
35686	AA		CREATE DIST ARTERIOVEN FISTULA	$9.30	$8.10	$9.30	$8.10	N	10
35691			ART TRNSPOSJ VERTBRL CAROTID	$452.25	$384.41	$931.58	$791.85	N	
35691	AA		TRANSPOSITION VERTEBRAL CAROTI	$9.30	$8.10	$9.30	$8.10	N	20
35693			ART TRNSPOSJ SUBCLAVIAN	$402.07	$341.76	$812.86	$690.93	N	
35693	AA		TRANSPOSITION VERT SUBCLAVIAN	$9.30	$8.10	$9.30	$8.10	N	20
35694			ART TRNSPOSJ SUBCLAV CAROTID	$472.51	$401.63	$976.72	$830.21	N	
35694	AA		TRANS SUBCLAVIAN TO CAROTID AR	$9.30	$8.10	$9.30	$8.10	N	20
35695			ART TRNSPOSJ CAROTID SUBCLAV	$490.16	$416.63	$976.20	$829.77	N	
35695	AA		TRANS CAROTID TO SUBCLAVIAN	$9.30	$8.10	$9.30	$8.10	N	20
35697			REIMPLANT VIS ART/INFRA AORTIC	$69.37	$58.96	$141.57	$120.33	N	
35700			REOPER.FEMORAL-POPLITEAL TIBIA	$71.82	$61.05	$71.82	$61.05	N	
35700	AA		REOPER FEMORAL-POPLITEAL TIBIA	$9.30	$8.10	$9.30	$8.10	N	20
35701			EXPLORATION, CAROTID ARTERY	$214.65	$182.45	$476.57	$405.08	N	
35701	AA		EXPLORATION, CAROTID ARTERY	$9.30	$8.10	$9.30	$8.10	N	5
35702			EXPL N/FLWD SURG UXTR ART	$199.03	$169.17	$199.03	$169.17	N	
35702	AA		EXPL N/FLWD SURG UXTR ART	$9.30	$8.10	$9.30	$8.10	N	10
35703			EXPL N/FLWD SURG LXTR ART	$201.65	$171.40	$201.65	$171.40	N	
35703	AA		EXPL N/FLWD SURG LXTR ART	$9.30	$8.10	$9.30	$8.10	N	10
35800			EXPLORE NECK VESSELS	$361.22	$307.04	$407.78	$346.62	N	
35800	AA		EXPLORE NECK VESSELS	$9.30	$8.10	$9.30	$8.10	N	5
35820			EXPLORE CHEST VESSELS	$969.72	$824.26	$708.83	$602.51	N	
35820	AA		EXPLORE CHEST VESSELS	$9.30	$8.10	$9.30	$8.10	N	5
35840			EXPLORE ABDOMINAL VESSELS	$597.00	$507.45	$527.96	$448.77	N	
35840	AA		EXPLORE ABDOMINAL VESSELS	$9.30	$8.10	$9.30	$8.10	N	5
35860			EXPLORE LIMB VESSELS	$406.90	$345.87	$335.26	$284.97	N	
35860	AA		EXPLORE LIMB VESSELS	$9.30	$8.10	$9.30	$8.10	N	5
35870			REPAIR OF GRAFT-ENTERIC FISTUL	$595.62	$506.27	$1,120.74	$952.63	N	
35870	AA		REPAIR OF GRAFT-ENTERIC FISTUL	$9.30	$8.10	$9.30	$8.10	N	13
35875			THROMBECTOMY OF ARTERIAL GRAFT	$282.97	$240.52	$537.70	$457.05	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
35875	AA		THROMBECTOMY OF ARTERIAL GRAFT	$9.30	$8.10	$9.30	$8.10	N	3
35876			THROMBECTOMY ARTERIAL VENOUS	$449.88	$382.40	$862.58	$733.20	N	
35876	AA		THROMBECTOMY ARTERIAL VENOUS	$9.30	$8.10	$9.30	$8.10	N	8
35879			OPEN REVIS LOW EXT ART BYPASS	$440.61	$374.51	$833.85	$708.77	N	
35879	AA		OPEN REVIS LOW EXT ART BYPASS	$9.30	$8.10	$9.30	$8.10	N	8
35881			OPEN REVIS LOW EXT ART BYPASS	$488.75	$415.44	$938.28	$797.54	N	
35881	AA		OPEN REVIS LOW EXT ART BYPASS	$9.30	$8.10	$9.30	$8.10	N	10
35883			REVJ FEM ANAST NONAUTOG GRF	$568.41	$483.15	$1,053.32	$895.32	N	
35883	AA		REVISE GRAFT W/NONAUTO GRAFT	$9.30	$8.10	$9.30	$8.10	N	8
35884			REVJ FEM ANAST AUTOG VN GRF	$590.19	$501.66	$1,118.38	$950.62	N	
35884	AA		REVISE GRAFT W/VEIN	$9.30	$8.10	$9.30	$8.10	N	8
35901			EXCISION OF INFECTED GRFT NECK	$230.70	$196.10	$230.70	$196.10	N	
35901	AA		EXCISION OF INFECTED GRAFTNECK	$9.30	$8.10	$9.30	$8.10	N	8
35903			EXC.INFECTED GRAFT EXTREMITY	$271.39	$230.68	$271.39	$230.68	N	
35903	AA		EXC INFECTED GRAFT EXTREMITY	$9.30	$8.10	$9.30	$8.10	N	8
35905			EXC.INFECTED GRAFT THORAX	$799.95	$679.95	$1,565.78	$1,330.91	N	
35905	AA		EXC INFECTED GRAFT THORAX	$9.30	$8.10	$9.30	$8.10	N	15
35907			EXC.INFECTED GRAFT ABDOMEN	$910.76	$774.14	$1,731.77	$1,472.00	N	
35907	AA		EXC INFECTED GRAFT ABDOMEN	$9.30	$8.10	$9.30	$8.10	N	15
36000			ESTABLISH ACCESS TO VEIN	$22.56	$19.18	$25.33	$21.53	N	
36000	AA		INTRO NEEDLE OR INTRACATH VEIN	$9.30	$8.10	$9.30	$8.10	N	3
36000	AA	50	INTRO NEEDLE OR INTRACATH VEIN	$9.30	$8.10	$9.30	$8.10	N	3
36000	SA		ESTABLISH ACCESS TO VEIN	$18.22	$18.22	$18.22	$18.22	N	
36000	50		INTRO OF NEEDLE OR INTRACATH V	$45.00	$45.00	$50.66	$45.00	N	
36002			INJ PROC PERC TX EXTREM PSEUDO	$76.25	$64.81	$164.22	$139.59	N	
36005			INJ PROC CONTR VENOGRAPHY	$121.67	$103.42	$291.73	$247.97	N	
36005	AA		INJ.PROC.CONTR.VENOGRAPHY	$9.30	$8.10	$9.30	$8.10	N	3
36010			INSERT SUP/INF VC CATHETER	$255.93	$217.54	$515.36	$438.06	N	
36010	AA		ESTABLISH ACCESS TO VEIN	$9.30	$8.10	$9.30	$8.10	N	3
36011			SELECTIVE CATHETER PLACEMENT,	$385.59	$327.75	$889.70	$756.25	N	
36011	AA		SELECTIVE CATHETER PLACEMENT,	$9.30	$8.10	$9.30	$8.10	N	3
36012			SELECIVE CATHETER PLACEMENT,..	$401.84	$341.56	$762.37	$648.01	N	
36012	AA		SELECTIVE CATHETER PLACEMENT,	$9.30	$8.10	$9.30	$8.10	N	3
36013			INTRODUCTION OF CATHETER...	$373.21	$317.23	$813.75	$691.69	N	
36013	AA		INTRODUCTION OR CATHETER...	$9.30	$8.10	$9.30	$8.10	N	3
36014			SELECTIVE CATHETER PLACEMENT..	$376.72	$320.21	$785.73	$667.87	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
36014	AA		SELECTIVE CATHETER PLACEMENT..	$9.30	$8.10	$9.30	$8.10	N	3
36015			SELECTIVE CATHETER PLACEMENT	$404.11	$343.49	$922.25	$783.91	N	
36015	AA		SELECTIVE CATHETER PLACEMENT	$9.30	$8.10	$9.30	$8.10	N	3
36100			ESTABLISH ACCESS TO ARTERY	$264.11	$224.49	$514.01	$436.91	N	
36100	AA		ESTABLISH ACCESS TO ARTERY	$9.30	$8.10	$9.30	$8.10	N	5
36100	AA	50	INTRO NEEDLE INTRACATH,CAR/VER	$9.30	$8.10	$9.30	$8.10	N	5
36100	50		INTRO NEEDLE INTRACATH,CAR/VER	$154.00	$131.00	$1,028.02	$873.81	N	
36140			INSERTION OF NEEDLE OR CATHE	$244.30	$207.65	$457.31	$388.71	N	
36140	AA		ESTABLISH ACCESS TO ARTERY	$9.30	$8.10	$9.30	$8.10	N	5
36140	AA	50	INTRO NEEDLE/INTRACATHETER..EX	$9.30	$8.10	$9.30	$8.10	N	5
36140	50		INTRO NEEDLE/INTRACATHETER:EXT	$93.00	$79.00	$985.12	$837.35	N	
36160			ESTABLISH ACCESS TO AORTA	$270.41	$229.84	$526.17	$447.24	N	
36160	AA		ESTABLISH ACCESS TO AORTA	$9.30	$8.10	$9.30	$8.10	N	5
36200			ESTABLISH ACCESS TO AORTA	$283.25	$240.76	$597.55	$507.92	N	
36200	AA		ESTABLISH ACCESS TO AORTA	$9.30	$8.10	$9.30	$8.10	N	5
36215			INTRODUCE CATHETER: EACH ADD..	$502.11	$426.79	$1,075.37	$914.06	N	
36215	AA		INTRODUCE CATHETER: EACH ADD..	$9.30	$8.10	$9.30	$8.10	N	5
36216			SELECTIVE CATHETER PLACEMENT..	$516.75	$439.24	$1,165.07	$990.31	N	
36216	AA		SELECTIVE CATHETER PLACEMENT..	$9.30	$8.10	$9.30	$8.10	N	5
36217			SELECTIVE CATHETER PLACEMENT..	$906.18	$770.25	$1,997.17	$1,697.59	N	
36217	AA		SELECTIVE CATHETER PLACEMENT..	$9.30	$8.10	$9.30	$8.10	N	5
36218			SELECTIVE CATHETER PLACEMENT..	$103.06	$87.60	$207.02	$175.97	N	
36218	AA		SELECTIVE CATHETER PLACEMENT..	$9.30	$8.10	$9.30	$8.10	N	5
36221			PLACE CATH THORACIC AORTA	$473.16	$402.19	$473.16	$402.19	N	
36221	26		PLACE CATH THORACIC AORTA	$95.40	$81.09	$95.40	$81.09	N	
36222			PLACE CATH CAROTID/INOM ART	$600.39	$510.33	$600.39	$510.33	N	
36222	26		PLACE CATH CAROTID/INOM ART	$137.66	$117.01	$137.66	$117.01	N	
36223			PLACE CATH CAROTID/INOM ART	$834.74	$709.53	$834.74	$709.53	N	
36223	26		PLACE CATH CAROTID/INOM ARTERY	$160.45	$136.38	$160.45	$136.38	N	
36224			PLACE CATH CAROTD ART	$1,017.79	$865.12	$1,017.79	$865.12	N	
36224	26		PLACE CATH CAROTID ARTERY	$180.36	$153.31	$180.36	$153.31	N	
36225			PLACE CATH SUBCLAVIAN ART	$792.08	$673.26	$792.08	$673.26	N	
36225	26		PLACE CATH SUBCLAVIAN ARTERY	$159.42	$135.51	$159.42	$135.51	N	
36226			PLACE CATH VERTEBRAL ART	$992.15	$843.32	$992.15	$843.32	N	
36226	AA		PLACE CATH VERTEBRAL ART	$9.30	$8.10	$9.30	$8.10	N	5
36226	26		PLACE CATH VERTEBRAL ARTERY	$179.02	$152.17	$179.02	$152.17	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
36227			PLACE CATH XTRNL CAROTID	$121.30	$103.10	$121.30	$103.10	N	
36227	26		PLACE CATH XTERNAL CAROTID	$58.94	$50.09	$58.94	$50.09	N	
36228			PLACE CATH INTRACRANIAL ART	$651.82	$554.05	$651.82	$554.05	N	
36228	26		PLACE CATH INTRACRANIAL ARTERY	$122.14	$103.82	$122.14	$103.82	N	
36245			INTRO.CATH,@ ADD...ABD.ART PLA	$596.01	$506.60	$1,248.55	$1,061.27	N	
36245	AA		INTRO.CATH,@ ADD...ABD.ART PLA	$9.30	$8.10	$9.30	$8.10	N	5
36246			SELECTIVE CATHETER PLACEMENT	$398.76	$338.94	$872.57	$741.68	N	
36246	AA		SELECTIVE CATHETER PLACEMENT	$9.30	$8.10	$9.30	$8.10	N	5
36247			SELECTIVE CATH PLACEMENT...	$681.56	$579.32	$1,605.68	$1,364.83	N	
36247	AA		SELECTIVE CATH PLACEMENT	$9.30	$8.10	$9.30	$8.10	N	5
36248			SELECTIVE CATHETER PLACEMENT..	$56.54	$48.06	$153.90	$130.82	N	
36248	AA		SELECTIVE CATHETER PLACEMENT	$9.30	$8.10	$9.30	$8.10	N	5
36251			INS CATH REN ART 1ST UNILAT	$615.75	$523.38	$615.75	$523.38	N	
36251	AA		INS CATH REN ART 1ST UNILAT	$9.30	$8.10	$9.30	$8.10	N	5
36251	26		INS CATH REN ART 1ST UNILAT	$121.25	$103.06	$121.25	$103.06	N	
36252			INS CATH REN ART 1ST BILAT	$668.02	$567.81	$668.02	$567.81	N	
36252	AA		INS CATH REN ART 1ST BILAT	$9.30	$8.10	$9.30	$8.10	N	5
36252	26		INS CATH REN ART 1ST BILAT	$170.12	$144.60	$170.12	$144.60	N	
36253			INS CATH REN ART 2ND+ UNILAT	$968.60	$823.31	$968.60	$823.31	N	
36253	AA		INS CATH REN ART 2ND+ UNILAT	$9.30	$8.10	$9.30	$8.10	N	5
36253	26		INS CATH REN ART 2ND+ UNILAT	$168.22	$142.98	$168.22	$142.98	N	
36254			INS CATH REN ART 2ND+ BILAT	$938.97	$798.12	$938.97	$798.12	N	
36254	AA		INS CATH REN ART 2ND+ BILAT	$9.30	$8.10	$9.30	$8.10	N	5
36254	26		INS CATH REN ART 2ND+ BILAT	$198.91	$169.07	$198.91	$169.07	N	
36260			INSERTION OF IMPLANTABLE PUMP	$327.00	$277.95	$510.68	$434.08	N	
36260	AA		INSERTION OF IMPLANTABLE PUMP	$9.30	$8.10	$9.30	$8.10	N	8
36261			REVISE IMPLANTED INFUSION PUMP	$207.25	$176.16	$317.18	$269.60	N	
36261	AA		REVISE IMPLANTED INFUSION PUMP	$9.30	$8.10	$9.30	$8.10	N	6
36262			REMOVE IMPLANTED INFUSION PUMP	$158.51	$134.73	$236.37	$200.91	N	
36262	AA		REMOVE IMPLANTED INFUSION PUMP	$9.30	$8.10	$9.30	$8.10	N	6
36299			UNLISTED PX VASCULAR NJX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
36400			VNPNXR<3YRS PHY/QHP FEM/JUG	NA	NA	$22.40	$19.04	N	
36400	AA		ESTABLISH ACCESS TO VEIN	$9.30	$8.10	$9.30	$8.10	N	2
36405			VNPNXR<3YRS PHY/QHP SCALP VN	NA	NA	$19.51	$16.59	N	
36406			VNPNXR<3YRS PHY/QHP OTHER VN	NA	NA	$16.00	$14.00	N	
36406	HU		VENIPUNCTURE,UNDER AGE 3YRS	NA	NA	$16.00	$16.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
36410			VNPNXR 3YR/> PHY/QHP DX/THER	$8.99	$7.64	$8.99	$7.64	N	
36415			COLL VENOUS BLD VENIPUNCTURE	$4.55	$3.86	$4.55	$3.86	N	
36415	FP		ROUTINE VENIPUNCTURE FOR COLLE	$16.36	$16.36	$16.36	$16.36	N	
36415	HU		ROUTINE VENIPUNCTURE	$1.80	$1.80	$1.80	$1.80	N	
36415	SA		ROUTINE VENIPUNCTURE FOR COLLE	$3.86	$3.86	$3.86	$3.86	N	
36415	SB		ROUTINE VENIPUNCTURE FOR COLLE	$4.55	$4.55	$4.55	$4.55	N	
36415	UD		ROUTINE VENIPUNCTURE FOR COLLE	$16.36	$16.36	$16.36	$16.36	N	
36416			COLLJ CAPILLARY BLOOD SPEC	$1.80	$1.80	$1.80	$1.80	N	
36416	FP		COLLECT CAP BLOOD SPECIMEN	$5.70	$5.70	$5.70	$5.70	N	
36416	HU		COLLECT CAP BLOOD SPECIMEN	$1.80	$1.80	$1.80	$1.80	N	
36416	SA		COLLECT CAP BLOOD SPECIMEN	$1.80	$1.80	$1.80	$1.80	N	
36416	UD		COLLECT CAP BLOOD SPECIMEN	$2.59	$2.59	$2.59	$2.59	N	
36420			VENIPUNCTURE CUTDOWN < 1 YR	NA	NA	$45.54	$38.71	N	
36420	AA		ESTABLISH ACCESS TO VEIN	$9.30	$8.10	$9.30	$8.10	N	5
36425			VENIPUNCTURE CUTDOWN 1 YR/>	$19.07	$16.21	$33.26	$28.27	N	
36425	AA		ESTABLISH ACCESS TO VEIN	$9.30	$8.10	$9.30	$8.10	N	3
36430			TRANSFUSION BLD/BLD COMPNT	$21.90	$18.62	$36.03	$30.63	N	
36440			BLD PUSH TFUJ 2 YR/<	NA	NA	$45.36	$38.56	N	
36450			BLD EXCHANGE TRUJ NEWBORN	NA	NA	$100.80	$85.68	N	
36455			BLD EXCHANGE TRUJ OTH THN NB	$60.32	$51.27	$60.32	$51.27	N	
36456			PRTL EXCHANGE TRANSFUSE NB	$46.72	$39.71	$58.26	$49.52	N	
36456	AA		PRTL EXCHANGE TRANSFUSE NB	NA	NA	$9.30	$8.10	N	3
36460			INTRAUTERINE TRANSFUSION FTL	$166.74	$141.73	$307.71	$261.56	N	
36465			NJX NONCMPND SCIRSNT 1 VEIN	$619.03	$526.17	$619.03	$526.17	N	
36465	AA		NJX NONCMPND SC/RNT LVIEN	$9.30	$8.10	$9.30	$8.10	N	3
36465	26		NJX NONCMPND SCIRSNT 1 VEIN	$57.57	$48.93	$57.57	$48.93	N	
36466			NJX NONCMPND SC/RSNT MITVN	$649.08	$551.72	$649.08	$551.72	N	
36466	AA		NJX NONCMPND SC/RSNT MLTVN	$9.30	$8.10	$9.30	$8.10	N	3
36466	26		NJX NONCMPND SC/RSNT MLT VN	$72.67	$61.77	$72.67	$61.77	N	
36470			INJECTION THERAPY OF VEIN	$11.59	$9.85	NA	NA	N	
36471			INJECTION THERAPY OF VEINS	$19.83	$16.85	NA	NA	N	
36473			ENDOVENOUS MCHNCHEM 1ST VEIN	$572.23	$486.39	$572.23	$486.39	N	
36473	AA		ENDOVENOUS MCHNCHEM 1ST VEIN	$9.30	$8.10	$9.30	$8.10	N	4
36473	26		ENDOVENOUS MCHNCHEM 1ST VEIN	$86.56	$73.58	$86.56	$73.58	N	
36474			ENDOVENOUS MCHNCHEM ADD-ON	$122.64	$104.24	$122.64	$104.24	N	
36474	AA		ENDOVENOUS MECHNCHEM ADD-ON	$9.30	$8.10	$9.30	$8.10	N	1

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
36474	26		ENDOVENOUS MCHNCHEM ADD-ON	$42.94	$36.49	$42.94	$36.49	N	
36475			ENDOVENOUS RF, 1ST VEIN	$514.13	$437.01	$1,536.20	$1,305.77	N	
36475	AA		ENDOVENOUS RF, 1ST VEIN	$9.30	$8.10	$9.30	$8.10	N	4
36475	26		ENDOVENOUS RF, 1ST VEIN	$132.80	$112.88	$287.01	$243.96	N	
36476			ENDOVENOUS RF, VEIN ADD-ON	$136.58	$116.09	$308.56	$262.28	N	
36476	26		ENDOVENOUS RF, VEIN ADD ON	$63.85	$54.27	$138.63	$117.84	N	
36478			ENDOVENOUS LASER, 1ST VEIN	$473.56	$402.53	$1,209.89	$1,028.41	N	
36478	AA		ENDOVENOUS LASER, 1ST VEIN	$9.30	$8.10	$9.30	$8.10	N	4
36478	26		ENDOVENOUS LASER, 1ST VEIN	$133.19	$113.21	$285.60	$242.76	N	
36479			ENDOVENOUS LASER VEIN ADDON	$148.33	$126.08	$326.92	$277.88	N	
36481			PERCUTANEOUS PORTAL VEIN CATHE	$834.66	$709.46	$432.02	$367.21	N	
36481	AA		PERCUTANEOUS PORTAL VEIN CATHE	$9.30	$8.10	$9.30	$8.10	N	5
36482			ENDOVEN THER CHEM ADHES 1ST	$800.45	$680.38	$800.45	$680.38	N	
36482	AA		ENDOVEN THER CHEMADHES 1ST	$9.30	$8.10	$9.30	$8.10	N	3
36482	26		ENDOVEN THER CHEM ADHES 1ST	$85.88	$73.00	$85.88	$73.00	N	
36483			ENDOVEN THER CHEM ADHES SBSQ	$68.07	$57.86	$68.07	$57.86	N	
36483	AA		ENDOVEN THER CHEM ADHES SBSQ	$9.30	$8.10	$9.30	$8.10	N	
36483	26		ENDOVEN THER CHEM ADHES SBSQ	$42.41	$36.05	$42.41	$36.05	N	
36500			VEIN CATH/SELECT. ORGAN SAMPLE	$87.60	$74.46	$163.37	$138.86	N	
36500	AA		VEIN CATH/SELECT. ORGAN SAMPLE	$9.30	$8.10	$9.30	$8.10	N	3
36510			UMBILICAL CATH-DX/THER/NEWBORN	NA	NA	$84.97	$72.22	N	
36511			THERAPEUTIC APHERESIS FOR WBC	$54.21	$46.07	$82.14	$69.82	N	
36512			THERAPEUTIC APHERESIS RBC'S	$51.32	$43.62	$82.49	$70.11	N	
36513			THERAPEUTIC APHERESIS PLATELET	$52.47	$44.60	$84.80	$72.08	N	
36514			THERAPEUTIC APHERESIS PLASMA	$69.33	$58.93	$583.26	$495.77	N	
36516			MECHANICAL SEPARATION OF PLA	$1,087.35	$924.24	$2,156.49	$1,833.02	N	
36522			PHOTOPHERESIS, EXTRACORPORAL	$665.69	$565.84	$1,157.87	$984.19	N	
36555			INSERT NON-TUN CENT INS CVC	NA	NA	$194.92	$165.68	N	
36555	AA		INSERT NON-TUN CENT INS CVC	NA	NA	$9.30	$8.10	N	4
36555	26		INSERT NON-TUN CENT INS CVC	NA	NA	$87.09	$74.03	N	
36556			INSERT NON-TUN CV CATH 5 YRS +	$103.86	$88.28	$222.09	$188.78	N	
36556	AA		INSERT NON-TUN CV CATH 5 YRS +	$9.30	$8.10	$9.30	$8.10	N	4
36556	SA	26	INSERT NON-TUNNEL CV CATH	$32.68	$32.68	$32.68	$32.68	N	
36556	26		INSERT NON-TUN CV CATH 5 YRS +	$40.47	$34.40	$87.00	$73.95	N	
36557			INSERT CV CATH WO/SUBCU PORT	NA	NA	$897.00	$762.45	N	
36557	AA		INSERT CV CATH WO/SUBCU PORT	NA	NA	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
36557	26		INSERT CV CATH WO/SUBCU PORT	NA	NA	$268.01	$227.81	N	
36558			INSERT CV CATH WO/SUBCU PORT	$395.83	$336.45	$760.30	$646.26	N	
36558	AA		INSERT CV CATH WO/SUBCU PORT	$9.30	$8.10	$9.30	$8.10	N	4
36558	26		INSERT CV CATH WO/SUBCU PORT	$125.64	$106.79	$255.14	$216.87	N	
36560			INSERT TUN CENT INSERT CVA <5	NA	NA	$1,128.41	$959.15	N	
36560	AA		INSERT TUN CENT INSERT CVA <5	NA	NA	$9.30	$8.10	N	4
36560	26		INSERT TUN CENT INSERT CVA <5	NA	NA	$317.27	$269.68	N	
36561			INSERT TUN CENT INSERT CVA	$466.54	$396.55	$1,151.32	$978.62	N	
36561	AA		INSERT TUN CENT INSERT CVA	$9.30	$8.10	$9.30	$8.10	N	4
36561	26		SUBCUTANEOUS PORT 5 & OLDER	$161.00	$136.85	$306.65	$260.65	N	
36563			SUBCUTANEOUS PORT AGE 5 & OLDE	$523.57	$445.03	$1,130.41	$960.85	N	
36563	AA		SUBCUTANEOUS PORT AGE 5 & OLDE	$9.30	$8.10	$9.30	$8.10	N	4
36563	26		SUBCUTANEOUS PORT AGE 5 & OLDE	$177.08	$150.51	$321.95	$273.66	N	
36565			SUBCUTANEOUS PUMP	$398.04	$338.33	$927.96	$788.77	N	
36565	AA		SUBCUTANEOUS PUMP	$9.30	$8.10	$9.30	$8.10	N	4
36565	26		SUBCUTANEOUS PUMP	$164.04	$139.43	$306.65	$260.65	N	
36566			SUBCUTANEOUS PORT OR PUMP	$1,965.76	$1,670.90	$1,089.52	$926.09	N	
36566	AA		SUBCUTANEOUS PORT OR PUMP	$9.30	$8.10	$9.30	$8.10	N	4
36566	26		SUBCUTANEOUS PORT OR PUMP	$173.14	$147.17	$327.89	$278.70	N	
36568			INSERTION OF PICC < AGE 5	NA	NA	$93.59	$79.55	N	
36568	AA		INSERTION OF PICC < AGE 5	NA	NA	$9.30	$8.10	N	4
36568	26		INSERTION OF PICC	NA	NA	$75.20	$63.92	N	
36569			INSERTION OF PICC AGE5 & OVER	$45.72	$38.86	$97.06	$82.50	N	
36569	AA		INSERTION OF PICC 5 & OVER	$9.30	$8.10	$9.30	$8.10	N	4
36569	26		SUBCU PORT/PUMP AGE 5 & OLDER	$31.00	$26.00	$82.50	$70.12	N	
36570			INSERT PIC VEN ACCESS PORT	NA	NA	$1,309.29	$1,112.90	N	
36570	AA		INSERT PIC VEN ACCESS PORT	NA	NA	$9.30	$8.10	N	4
36570	26		SUBCU PORT/PUMP AGE 5 & OVER	NA	NA	$277.34	$235.74	N	
36571			INSERTION OF PIC VAC 5 & >	$599.37	$509.46	$1,312.52	$1,115.64	N	
36571	AA		INSERT PIC VEN ACCESS PORT	$9.30	$8.10	$9.30	$8.10	N	4
36571	26		SUBCU PORT AGE 5 & OLDER	$152.78	$129.86	$276.37	$234.91	N	
36572			INSJ PICC RS&I <5 YR	$183.99	$156.39	$183.99	$156.39	N	
36572	AA		INSJ PICC RS&I <5 YR	$9.30	$8.10	$9.30	$8.10	N	4
36573			INSJ PICC RS&I 5 YR+	$184.82	$157.10	$184.82	$157.10	N	
36573	AA		INSJ PICC RS&I 5 YR+	$9.30	$8.10	$9.30	$8.10	N	4
36575			SUBCU PORT AGE 5 OR OLDER REP	$70.16	$59.64	$164.82	$140.10	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
36575	AA		SUBCU PORT AGE 5 OR OLDER REP	$9.30	$8.10	$9.30	$8.10	N	4
36575	26		SUBCU PORT AGE 5 OR OLDER REP	$16.13	$13.71	$35.90	$30.52	N	
36576			REP CVAD W/SUBCU PORT/PUMP	$166.17	$141.24	$166.17	$141.24	N	
36576	AA		REP CVAD W/SUBCU PORT/PUMP	$9.30	$8.10	$9.30	$8.10	N	4
36576	26		REP CVAD W/SUBCU PORT/PUMP	$89.19	$75.81	$89.19	$75.81	N	
36578			REPL CATH OF CVA DEVICE	$204.58	$173.89	$476.72	$405.21	N	
36578	AA		REPL CATH OF CVA DEVICE	$9.30	$8.10	$9.30	$8.10	N	4
36578	26		REPL CATH OF CVA DEVICE	$98.20	$83.47	$194.34	$165.19	N	
36580			REPL COMPL NON-TUN CENTER CATH	$91.41	$77.69	$228.51	$194.23	N	
36580	AA		REPL COMPL NON-TUN CENTR CATH	$9.30	$8.10	$9.30	$8.10	N	4
36580	26		REPL COMPL NON-TUN CENTER CATH	$31.08	$26.42	$60.94	$51.80	N	
36581			REPL COMPL TUNNEL CENTR CATH	$370.60	$315.01	$756.64	$643.14	N	
36581	AA		REPL COMPL TUNNEL CENTR CATH	$9.30	$8.10	$9.30	$8.10	N	4
36581	26		REPL COMPL TUNNEL CENTR CATH	$88.69	$75.38	$179.54	$152.61	N	
36582			REPL COMP TUN CVA DEV W/PORT	$420.14	$357.12	$1,054.85	$896.62	N	
36582	AA		REPL COMP TUN CVA DEV W/PORT	$9.30	$8.10	$9.30	$8.10	N	4
36582	26		REPL COMP TUN CVA DEV W/PORT	$139.41	$118.50	$267.09	$227.02	N	
36583			REPL COMP TUN CVA DEV W/PUMP	$552.54	$469.66	$1,057.10	$898.54	N	
36583	AA		REPL COMP TUN CVA DEV W/PUMP	$9.30	$8.10	$9.30	$8.10	N	4
36583	26		REPL COMP TUN CVA DEV W/PUMP	$162.88	$138.45	$269.35	$228.95	N	
36584			REPLACE PICC W/O SUBCU PORT	$157.47	$133.85	$219.15	$186.28	N	
36584	AA		REPLACE PICC W/O SUBCU PORT	$9.30	$8.10	$9.30	$8.10	N	4
36584	26		REPLACE PICC W/O SUBCU PORT	$28.32	$24.07	$61.75	$52.49	N	
36585			REPLACE CVAD W/SUBCU PORT	$655.87	$557.49	$1,103.60	$938.06	N	
36585	AA		REPLACE CVAD W/SUBCU PORT	$9.30	$8.10	$9.30	$8.10	N	4
36585	26		REPLACE CVAD W/SUBCU PORT	$150.66	$128.06	$250.03	$212.53	N	
36589			REMOVE TUN CVC W/O SUBCU PORT	$81.00	$68.85	$155.19	$131.91	N	
36589	AA		REMOVE TUN CVC W/O SUBCU PORT	$9.30	$8.10	$9.30	$8.10	N	4
36589	26		REMOVE TUN CVC W/O SUBCU PORT	$66.56	$56.57	$126.02	$107.11	N	
36590			REMOVE TUN CVAD W/SUBCU PORT	$109.32	$92.92	$229.14	$194.77	N	
36590	AA		REMOVE TUN CVAD W/SUBCU PORT	$9.30	$8.10	$9.30	$8.10	N	4
36590	26		REMOVE TUN CVAD SUBCU PORT	$92.67	$78.77	$175.68	$149.33	N	
36591			COLLECTION OF BLOOD SPECIMEN F	$14.10	$11.99	$18.82	$15.99	N	
36591	AA		COLLECTION OF BLOOD SPECIMEN F	$9.30	$8.10	$9.30	$8.10	N	3
36592			COLLECTION OF BLOOD SPECIMEN U	$15.12	$12.85	$23.36	$19.77	N	
36592	AA		COLLECTION OF BLOOD SPECIMEN U	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
36593			DECLOTTING BY THROMBOLYTIC AGE	$17.66	$15.01	$32.26	$27.42	N	
36593	AA		DECLOTTING BY THROMBOLYTIC AGE	$9.30	$8.10	$9.30	$8.10	N	4
36595			MECHAN REMOV PERICATH OBS MAT	$285.63	$242.78	$629.51	$535.08	N	
36595	AA		MECHAN REMOV PERICATH OBS MAT	$9.30	$8.10	$9.30	$8.10	N	4
36595	26		MECHAN REMOV PERICATH OBS MAT	$86.64	$73.64	$168.91	$144.00	N	
36596			MECH REMOV INTRALUM OBS MATERI	$57.32	$48.72	$134.08	$113.97	N	
36596	AA		MECH REMOV INTRALUM OBS MATERI	$9.30	$8.10	$9.30	$8.10	N	4
36596	26		MECH REMOV INTRALUM OBS MATERI	$22.31	$18.96	$42.15	$35.83	N	
36597			REPOSITION CVC W/FLUOR GUIDANC	$54.29	$46.15	$54.29	$46.15	N	
36597	AA		REPOSITION CVC W/FLUOR GUIDANC	$9.30	$8.10	$9.30	$8.10	N	4
36597	26		REPOSITION CVC W/FLUOR GUIDANC	$28.97	$24.62	$55.26	$46.97	N	
36598			INJ W/FLUOR, EVAL CV DEVICE	$58.38	$49.62	$114.78	$97.56	N	
36598	AA		INJ W/FLUOR, EVAL CV DEVICE	$9.30	$8.10	$9.30	$8.10	N	4
36600			WITHDRAWAL OF ARTERIAL BLOOD	$13.61	$11.57	$27.34	$23.24	N	
36600	AA		WITHDRAWAL OF ARTERIAL BLOOD	$9.30	$8.10	$9.30	$8.10	N	1
36620			ESTABLISH ACCESS TO ARTERY	$20.89	$17.76	$44.89	$38.16	N	
36620	AA		ESTABLISH ACCESS TO ARTERY	$9.30	$8.10	$9.30	$8.10	N	3
36620	SA		ESTABLISH ACCESS TO ARTERY	$17.76	$17.76	$17.76	$17.76	N	
36625			ESTABLISH ACCESS TO ARTERY	$50.44	$42.87	$92.38	$78.52	N	
36625	AA		ESTABLISH ACCESS TO ARTERY	$9.30	$8.10	$9.30	$8.10	N	5
36640			INSERTION CATHETER, ARTERY	$57.15	$48.58	$107.88	$91.70	N	
36640	AA		INSERTION CATHETER,ARTERY	$9.30	$8.10	$9.30	$8.10	N	3
36660			INSERTION CATHETER, ARTERY	NA	NA	$63.33	$53.83	N	
36660	AA		INSERTION CATHETER, ARTERY	$9.30	$8.10	$9.30	$8.10	N	5
36680			NEEDLE PLACEMENT-INTRAOSSEOUS	$28.95	$24.60	$57.82	$49.14	N	
36680	AA		NEEDLE PLACEMENT-INTRAOSSEOUS	$9.30	$8.10	$9.30	$8.10	N	2
36800			INSERTION OF CANNULA	$57.95	$49.25	$125.46	$106.64	N	
36800	AA		INSERTION OF CANNULA	$9.30	$8.10	$9.30	$8.10	N	5
36810			INSERTION OF CANNULA	$92.97	$79.02	$195.49	$166.16	N	
36810	AA		INSERTION OF CANNULA	$9.30	$8.10	$9.30	$8.10	N	5
36815			INSERTION OF CANNULA	$64.86	$55.13	$64.86	$55.13	N	
36815	AA		INSERTION OF CANNULA	$9.30	$8.10	$9.30	$8.10	N	5
36818			AV FUSE, UPPR ARM, CEPHALIC	$330.56	$280.97	$625.29	$531.49	N	
36818	AA		AV FUSE, UPPR ARM, CEPHALIC	$9.30	$8.10	$9.30	$8.10	N	6
36819			OPEN ARTERIOVEN ANASTOMOSIS	$349.25	$296.86	$716.38	$608.93	N	
36819	AA		OPEN ARTERIOVEN ANASTOMOSIS	$9.30	$8.10	$9.30	$8.10	N	6

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
36820			ARTERIOVEN ANAST OPEN FOREARM	$350.18	$297.65	$716.42	$608.96	N	
36820	AA		ARTERIOVEN ANAST OPEN FOREARM	$9.30	$8.10	$9.30	$8.10	N	6
36821			ARTERY-VEIN FUSION	$316.49	$269.02	$476.45	$404.98	N	
36821	AA		ARTERY-VEIN FUSION	$9.30	$8.10	$9.30	$8.10	N	5
36823			INSERT ARTERIAL/VENOUS CANNULA	$693.06	$589.10	$1,066.97	$906.92	N	
36823	AA		INSERT ARTERIAL/VENOUS CANNULA	$9.30	$8.10	$9.30	$8.10	N	6
36825			ARTERY-VEIN GRAFT	$380.20	$323.17	$522.33	$443.98	N	
36825	AA		ARTERY-VEIN GRAFT	$9.30	$8.10	$9.30	$8.10	N	5
36830			ARTERY-VEIN GRAFT	$320.06	$272.05	$605.90	$515.02	N	
36830	AA		ARTERY-VEIN GRAFT	$9.30	$8.10	$9.30	$8.10	N	5
36831			THROMBECTOMY, ARTERY/VEIN FIST	$297.08	$252.52	$418.82	$355.99	N	
36831	AA		THROMBECTOMY, ARTERY/VEIN FIST	$9.30	$8.10	$9.30	$8.10	N	6
36832			REVISE ARTERIOVENOUS FISTULA..	$362.95	$308.51	$534.34	$454.19	N	
36832	AA		REVISE ARTERIOVENOUS FISTULA..	$9.30	$8.10	$9.30	$8.10	N	5
36833			REV ARTERIOVENOUS FISTULA	$387.15	$329.08	$603.02	$512.56	N	
36833	AA		REV ARTEIOVENOUS FISTULA	$9.30	$8.10	$9.30	$8.10	N	6
36835			INSERTION THOMAS SHUNT	$237.64	$201.99	$401.58	$341.35	N	
36835	AA		ARTERY TO VEIN SHUNT	$9.30	$8.10	$9.30	$8.10	N	3
36836			PRQ AV FSTL CRTJ UXTR 1 ACS	$3,870.37	$3,289.81	$3,870.37	$3,289.81	N	
36836	AA		PRQ AV FSTL CRTJ UXTR 1 ACS	$9.30	$8.10	$9.30	$8.10	N	6
36836	26		PRQ AV FSTL CRTJ UXTR 1 ACS	$170.10	$144.58	$170.10	$144.58	N	
36837			PRQ AV FSTL CRT UXTR SEP ACS	$4,595.58	$3,906.24	$4,595.58	$3,906.24	N	
36837	AA		PRQ AV FSTL CRT UXTR SEP ACS	$9.30	$8.10	$9.30	$8.10	N	6
36837	26		PRQ AV FSTL CRT UXTR SEP ACS	$219.14	$186.27	$219.14	$186.27	N	
36838			DRIL UPPER EXTREM HEMODIAL ACC	$544.92	$463.18	$1,059.44	$900.52	N	
36838	AA		DRIL UPPER EXTREM HEMODIAL ACC	$9.30	$8.10	$9.30	$8.10	N	6
36860			CANNULA DECLOTTING	$115.84	$98.46	$115.84	$98.46	N	
36860	AA		CANNULA DECLOTTING	$9.30	$8.10	$9.30	$8.10	N	5
36861			CANNULA DECLOTTING	$66.84	$56.81	$138.20	$117.47	N	
36861	AA		CANNULA DECLOTTING	$9.30	$8.10	$9.30	$8.10	N	5
36901			INTRO CATH DIALYSIS CIRCUIT	$339.84	$288.86	$339.84	$288.86	N	
36901	AA		INTRO CATH DIALYSIS CIRCUIT	$9.30	$8.10	$9.30	$8.10	N	6
36901	26		INTRO CATH DIALYSIS CIRCUIT	$80.35	$68.29	$80.35	$68.29	N	
36902			INTRO CATH DIALYSIS CIRCUIT	$579.59	$492.65	$579.59	$492.65	N	
36902	AA		INTRO CATH DIALYSIS CIRCUIT	$9.30	$8.10	$9.30	$8.10	N	6
36902	26		INTRO CATH DIALYSIS CIRCUIT	$113.97	$96.87	$113.97	$96.87	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
36903			INTRO CATH DIALYSIS CIRCUIT	$2,012.95	$1,711.01	$2,012.95	$1,711.01	N	
36903	AA		INTRO CATH DIALYSIS CIRCUIT	$9.30	$8.10	$9.30	$8.10	N	6
36903	26		INTRO CATH DIALYSIS CIRCUIT	$149.82	$127.34	$149.82	$127.34	N	
36904			THRMBC/NFS DIALYSIS CIRCUIT	$867.66	$737.51	$867.66	$737.51	N	
36904	AA		THRMBC/NFS DIALYSIS CIRCUIT	$9.30	$8.10	$9.30	$8.10	N	6
36904	26		THRMBC/NFS DIALYSIS CIRCUIT	$174.85	$148.62	$174.85	$148.62	N	
36905			THRMBC/NFS DIALYSIS CIRCUIT	$1,087.01	$923.96	$1,087.01	$923.96	N	
36905	AA		THRMBC/NFS DIALYSIS CIRCUIT	$9.30	$8.10	$9.30	$8.10	N	6
36905	26		THRMBC/NFS DIALYSIS CIRCUIT	$210.50	$178.92	$210.50	$178.92	N	
36906			THRMBC/NFS DIALYSIS CIRCUIT	$2,565.59	$2,180.75	$2,565.59	$2,180.75	N	
36906	AA		THRMBC/NFS DIALYSIS CIRCUIT	$9.30	$8.10	$9.30	$8.10	N	6
36906	26		THRMBC/NFS DIALYSIS CIRCUIT	$242.27	$205.93	$242.27	$205.93	N	
36907			BALO ANGIOP CTR DIALYSIS SEG	$283.12	$240.65	$283.12	$240.65	N	
36907	AA		BALO ANGIOP CTR DIALYSIS SEG	$9.30	$8.10	$9.30	$8.10	N	6
36907	26		BALO ANGIOP CTR DIALYSIS SEG	$69.85	$59.37	$69.85	$59.37	N	
36908			STENT PLMT CTR DIALYSIS SEG	$677.36	$575.75	$677.36	$575.75	N	
36908	AA		STENT PLMT CTR DIALYSIS SEG	$9.30	$8.10	$9.30	$8.10	N	6
36908	26		STENT PLMT CTR DIALYSIS SEG	$98.57	$83.78	$98.57	$83.78	N	
36909			DIALYSIS CIRCUIT EMBOLJ	$898.60	$763.81	$898.60	$763.81	N	
36909	AA		DIALYSIS CIRCUIT EMBOLJ	$9.30	$8.10	$9.30	$8.10	N	6
36909	26		DIALYSIS CIRCUT EMBOLI	$95.15	$80.88	$95.15	$80.88	N	
37140			REVISION OF CIRCULATION	$1,137.77	$967.10	$1,160.86	$986.73	N	
37140	AA		REVISION OF CIRCULATION	$9.30	$8.10	$9.30	$8.10	N	10
37145			REVISION OF CIRCULATION	$1,056.19	$897.76	$1,242.27	$1,055.93	N	
37145	AA		REVISION OF CIRCULATION	$9.30	$8.10	$9.30	$8.10	N	10
37160			REVISION OF CIRCULATION	$1,084.47	$921.80	$1,079.81	$917.84	N	
37160	AA		REVISION OF CIRCULATION	$9.30	$8.10	$9.30	$8.10	N	10
37180			REVISION OF CIRCULATION	$1,042.65	$886.25	$1,225.58	$1,041.75	N	
37180	AA		REVISION OF CIRCULATION	$9.30	$8.10	$9.30	$8.10	N	10
37181			ANASTOMOSIS:SPLENORENAL,DISTAL	$1,137.77	$967.10	$1,316.90	$1,119.37	N	
37181	AA		ANASTOMOSIS:SPLENORENAL,DISTAL	$9.30	$8.10	$9.30	$8.10	N	10
37182			INSERT TRANSVEN INTRAHEP SHUNT	$387.10	$329.03	$772.39	$656.53	N	
37182	AA		INSERT TRANSVEN INTRAHEP SHUNT	$9.30	$8.10	$9.30	$8.10	N	7
37183			REVISION TIPS	$2,773.72	$2,357.66	$368.98	$313.63	N	
37183	AA		REVIS TRANSVEN INTRAHEP SHUNT	$9.30	$8.10	$9.30	$8.10	N	7
37184			PRIM ART M-THRMBC 1ST VSL	$819.29	$696.39	$2,276.67	$1,935.17	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
37184	AA		PRIM ART MECH THROMBECTOMY	$9.30	$8.10	$9.30	$8.10	N	6
37184	26		PRIM ART MECH THROMBECTOMY	$205.32	$174.52	$404.06	$343.45	N	
37185			PRIM ART M-THRMBC SBSQ VSL	$228.23	$193.99	$698.31	$593.56	N	
37185	26		PRIM ART M THROMBECT ADD ON	$77.32	$65.72	$147.57	$125.43	N	
37186			SEC ART THROMBECTOMY ADD-ON	$569.64	$484.19	$1,417.58	$1,204.94	N	
37186	26		SEC ART M-THROMBECT ADD ON	$116.25	$98.81	$221.34	$188.14	N	
37187			VENOUS MECH THROMBECTOMY	$805.44	$684.62	$2,102.53	$1,787.15	N	
37187	AA		VENOUS MECH THROMBECTOMY	$9.30	$8.10	$9.30	$8.10	N	6
37187	26		VENOUS MECH THROMBECTOMY	$187.56	$159.43	$375.83	$319.46	N	
37188			VEN MECHNL THRMBC REPEAT TX	$693.01	$589.05	$1,773.12	$1,507.15	N	
37188	AA		VENOUS M-THROMBECTOMY ADD-ON	$9.30	$8.10	$9.30	$8.10	N	6
37188	26		VENOUS M-THROMBECTOMY ADD ON	$134.78	$114.56	$271.88	$231.10	N	
37191			INS ENDOVAS VENA CAVA FILTR	$963.87	$819.29	$963.87	$819.29	N	
37191	AA		INS ENDOVAS VENA CAVA FILTR	$9.30	$8.10	$9.30	$8.10	N	6
37191	26		INS ENDOVAS VENA CAVA FILTER	$105.03	$89.28	$105.03	$89.28	N	
37192			REDO ENDOVAS VENA CAVA FILTR	$613.64	$521.59	$613.64	$521.59	N	
37192	AA		REDO ENDOVAS VENA CAVA FILTR	$9.30	$8.10	$9.30	$8.10	N	6
37192	26		REDO ENDOVAS VENA CAVA FILTR	$163.49	$138.96	$163.49	$138.96	N	
37193			REM ENDOVAS VENA CAVA FILTER	$719.75	$611.78	$719.75	$611.78	N	
37193	AA		REM ENDOVAS VENA CAVA FILTER	$9.30	$8.10	$9.30	$8.10	N	6
37193	26		REM ENDOVAS VENA CAVA FILTER	$164.75	$140.03	$164.75	$140.03	N	
37195			THROMBOLYSIS, CEREBRAL	$195.42	$166.11	$195.42	$166.11	N	
37195	AA		THROMBOLYSIS, CEREBRAL	$9.30	$8.10	$9.30	$8.10	N	5
37197			REMOVE INTRVAS FOREIGN BODY	$743.92	$632.33	$743.92	$632.33	N	
37197	AA		REMOVE INTRVAS FOREIGN BODY	$9.30	$8.10	$9.30	$8.10	N	6
37197	26		REMOVE INTRVAS FORIEGN BODY	$143.04	$121.58	$143.04	$121.58	N	
37200			TRANSCATHETER BIOPSY	$102.64	$87.24	$202.74	$172.33	N	
37200	AA		TRANSCATHETER BIOPSY	$9.30	$8.10	$9.30	$8.10	N	5
37211			THROMBOLYTIC ART THERAPY	$183.91	$156.32	$183.91	$156.32	N	
37211	AA		THROMBOLYTIC ART THERAPY	$9.30	$8.10	$9.30	$8.10	N	6
37212			THROMBOLYTIC VENOUS THERAPY	$160.70	$136.60	$160.70	$136.60	N	
37212	AA		THROMBOLYTIC VENOUS THERAPY	$9.30	$8.10	$9.30	$8.10	N	6
37213			THROMBLYTIC ART/VEN THERAPY	$109.73	$93.27	$109.73	$93.27	N	
37213	AA		THROMBLYTIC ART/VEN THERAPY	$9.30	$8.10	$9.30	$8.10	N	6
37214			CESSJ THERAPY CATH REMOVAL	$58.29	$49.54	$58.29	$49.54	N	
37214	AA		CESSJ THERAPY CATH REMOVAL	$9.30	$8.10	$9.30	$8.10	N	6

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
37215			TRANSCATH STENT, CCA W/EPS	$472.94	$402.00	$933.20	$793.22	N	
37215	AA		TRANSCATH STENT, CCA W/EPS	$9.30	$8.10	$9.30	$8.10	N	10
37216			TRANSCATH STENT, CCA W/O EPS	$558.28	$474.54	$899.14	$764.27	N	
37216	AA		TRANSCATH STENT, CCA W/O EPS	$9.30	$8.10	$9.30	$8.10	N	10
37217			STENT PLACEMT RETRO CAROTID	$517.54	$439.90	$517.54	$439.90	N	
37217	AA		STENT PLACEMT RETRO CAROTID	$9.30	$8.10	$9.30	$8.10	N	10
37218			STENT PLACEMT ANTE CAROTID	$398.63	$338.84	$398.63	$338.84	N	
37218	AA		STENT PLACEMT ANTE CAROTID	$9.30	$8.10	$9.30	$8.10	N	10
37218	26		STENT PLACEMENT ANTE CAROTID	$440.43	$374.63	$440.43	$374.63	N	
37220			ILIAC REVASC	$1,193.35	$1,014.34	$1,193.35	$1,014.34	N	
37220	AA		ILIAC REVASC	$9.30	$8.10	$9.30	$8.10	N	6
37220	26		ILIAC REVASC	$189.56	$161.13	$189.56	$161.13	N	
37221			ILIAC REVASC W/STENT	$1,460.60	$1,241.51	$1,460.60	$1,241.51	N	
37221	AA		ILIAC REVASC W/STENT	$9.30	$8.10	$9.30	$8.10	N	6
37221	26		ILIAC REVASC W/STENT	$233.35	$198.35	$233.35	$198.35	N	
37222			ILIAC REVASC ADD-ON	$296.82	$252.30	$296.82	$252.30	N	
37222	AA		ILIAC REVASC ADD-ON	$9.30	$8.10	$9.30	$8.10	N	6
37222	26		ILIAC REVASC ADD ON	$87.97	$74.77	$87.97	$74.77	N	
37223			ILIAC REVASC W/STENT ADD-ON	$602.44	$512.07	$602.44	$512.07	N	
37223	AA		ILIAC REVASC W/STENT ADD-ON	$9.30	$8.10	$9.30	$8.10	N	6
37223	26		ILIAC REVASC W/STENT ADD ON	$100.28	$85.24	$100.28	$85.24	N	
37224			FEM/POPL REVAS W/TLA	$1,384.06	$1,176.45	$1,384.06	$1,176.45	N	
37224	AA		FEM/POPL REVAS W/TLA	$9.30	$8.10	$9.30	$8.10	N	6
37224	26		FEM/POPL REVAS W/TLA	$210.50	$178.93	$210.50	$178.93	N	
37225			FEM/POPL REVAS W/ATHER	$4,137.80	$3,517.13	$4,137.80	$3,517.13	N	
37225	AA		FEM/POPL REVAS W/ATHER	$9.30	$8.10	$9.30	$8.10	N	6
37225	26		FEM/POPL REVAS W/ATHER	$282.55	$240.17	$282.55	$240.17	N	
37226			FEM/POPL REVASC W/STENT	$3,830.10	$3,255.58	$3,830.10	$3,255.58	N	
37226	AA		FEM/POPL REVASC W/STENT	$9.30	$8.10	$9.30	$8.10	N	6
37226	26		FEM/POPL REVASC W/STENT	$245.72	$208.86	$245.72	$208.86	N	
37227			FEM/POPL REVASC STNT & ATHER	$5,285.47	$4,492.65	$5,285.47	$4,492.65	N	
37227	AA		FEM/POPL REVASC STNT & ATHER	$9.30	$8.10	$9.30	$8.10	N	6
37227	26		FEM/POPL REVASC STNT & ATHER	$338.74	$287.92	$338.74	$287.92	N	
37228			TIB/PER REVASC W/TLA	$1,959.29	$1,665.39	$1,959.29	$1,665.39	N	
37228	AA		TIB/PER REVASC W/TLA	$9.30	$8.10	$9.30	$8.10	N	6
37228	26		TIB/PER REVASC W/TLA	$256.23	$217.79	$256.23	$217.79	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
37229			TIB/PER REVASC W/ATHER	$4,224.68	$3,590.98	$4,224.68	$3,590.98	N	
37229	AA		TIB/PER REVASC W/ATHER	$9.30	$8.10	$9.30	$8.10	N	6
37229	26		TIB/PER REVASC W/ATHER	$327.96	$278.77	$327.96	$278.77	N	
37230			TIB/PER REVASC W/STENT	$4,227.68	$3,593.52	$4,227.68	$3,593.52	N	
37230	AA		TIB/PER REVASC W/STENT	$9.30	$8.10	$9.30	$8.10	N	6
37230	26		TIB/PER REVASC W/STENT	$329.43	$280.01	$329.43	$280.01	N	
37231			TIB/PER REVASC STENT & ATHER	$5,550.56	$4,717.98	$5,550.56	$4,717.98	N	
37231	AA		TIB/PER REVASC STENT & ATHER	$9.30	$8.10	$9.30	$8.10	N	6
37231	26		TIB/PER REVASC STENT & ATHER	$350.97	$298.32	$350.97	$298.32	N	
37232			TIB/PER REVASC ADD-ON	$390.36	$331.80	$390.36	$331.80	N	
37232	AA		TIB/PER REVASC ADD-ON	$9.30	$8.10	$9.30	$8.10	N	6
37232	26		TIB/PER REVASC ADD ON	$94.16	$80.04	$94.16	$80.04	N	
37233			TIBPER REVASC W/ATHER ADD-ON	$507.12	$431.05	$507.12	$431.05	N	
37233	AA		TIBPER REVASC W/ATHER ADD-ON	$9.30	$8.10	$9.30	$8.10	N	6
37233	26		TIB/PER REVASC W/ATHER ADD ON	$152.47	$129.60	$152.47	$129.60	N	
37234			REVSC OPN/PRQ TIB/PERO STENT	$1,718.92	$1,461.08	$1,718.92	$1,461.08	N	
37234	AA		REVSC OPN/PRQ TIB/PERO STENT	$9.30	$8.10	$9.30	$8.10	N	6
37234	26		REVSC OPN/PRQ TIB/PERO STENT	$133.45	$113.43	$133.45	$113.43	N	
37235			TIB/PER REVASC STNT & ATHER	$1,903.25	$1,617.76	$1,903.25	$1,617.76	N	
37235	AA		TIB/PER REVASC STNT & ATHER	$9.30	$8.10	$9.30	$8.10	N	6
37235	26		TIB/PER REVASC STNT & ATHER	$176.74	$150.22	$176.74	$150.22	N	
37236			OPEN/PERQ PLACE STENT 1ST	$1,306.60	$1,110.61	$1,306.60	$1,110.61	N	
37236	AA		OPEN/PERQ PLACE STENT 1ST	$9.30	$8.10	$9.30	$8.10	N	10
37236	26		OPEN/PERQ PLACE STENT 1ST	$217.54	$184.91	$217.54	$184.91	N	
37237			OPEN/PERQ PLACE STENT EA ADD	$617.07	$524.51	$617.07	$524.51	N	
37237	26		OPEN/PERQ PLACE STENT EA ADD	$104.14	$88.51	$104.14	$88.51	N	
37238			OPEN/PERQ PLACE STENT SAME	$1,641.40	$1,395.19	$1,641.40	$1,395.19	N	
37238	AA		OPEN/PERQ PLACE STENT SAME	$9.30	$8.10	$9.30	$8.10	N	10
37238	26		OPEN/PERQ PLACE STENT SAME	$151.83	$129.06	$151.83	$129.06	N	
37239			OPEN/PERQ PLACE STENT EA ADD	$821.76	$698.50	$821.76	$698.50	N	
37239	AA		OPEN/PERQ PLACE STENT EA ADD	$9.30	$8.10	$9.30	$8.10	N	10
37239	26		OPEN/PERQ PLACE STENT EA ADD	$71.85	$61.07	$71.85	$61.07	N	
37241			VASC EMBOLIZE/OCCLUDE VENOUS	$2,196.07	$1,866.66	$2,196.07	$1,866.66	N	
37241	AA		VASC EMBOLIZE/OCCLUDE VENOUS	$9.30	$8.10	$9.30	$8.10	N	10
37241	26		VASC EMBOLIZE/OCCLUDE VENOUS	$210.87	$179.24	$210.87	$179.24	N	
37242			VASC EMBOLIZE/OCCLUDE ARTERY	$3,386.63	$2,878.63	$3,386.63	$2,878.63	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
37242	26		VASC EMBOLIZE/OCCLUDE ARTERY	$234.57	$199.38	$234.57	$199.38	N	
37243			VASC EMBOLIZE/OCCLUDE ORGAN	$4,107.09	$3,491.02	$4,107.09	$3,491.02	N	
37243	AA		VASC EMBOLIZE/OCCLUDE ORGAN	$9.30	$8.10	$9.30	$8.10	N	10
37243	26		VASC EMBOLIZE/OCCLUDE ORGAN	$277.10	$235.53	$277.10	$235.53	N	
37244			VASC EMBOLIZE/OCCLUDE BLEED	$3,133.98	$2,663.88	$3,133.98	$2,663.88	N	
37244	26		VASC EMBOLIZE/OCCLUDEBLEED	$325.98	$277.09	$325.98	$277.09	N	
37246			TRLUML BALO ANGIOP 1ST ART	$862.92	$733.48	$862.92	$733.48	N	
37246	AA		TRLUML BALO ANGIOP 1ST ART	$9.30	$8.10	$9.30	$8.10	N	5
37246	26		TRLUM/ BALO ANGIOP 1ST ART	$165.69	$140.83	$165.69	$140.83	N	
37247			TRLUML BALO ANGIOP ADDL ART	$292.06	$248.25	$292.06	$248.25	N	
37247	AA		TRLUML BALO ANGIOP ADDL ART	$9.30	$8.10	$9.30	$8.10	N	2
37247	26		TRLUML BALO ANGIOP ADDL ART	$82.70	$70.30	$82.70	$70.30	N	
37248			TRLUML BALO ANGIOP 1ST VEIN	$645.28	$548.49	$645.28	$548.49	N	
37248	AA		TRLUML BALO ANGIOP 1ST VEIN	$9.30	$8.10	$9.30	$8.10	N	5
37248	26		TRLUML BALO ANGIOP 1ST VEIN	$141.09	$119.93	$141.09	$119.93	N	
37249			TRLUML BALO ANGIOP ADDL VEIN	$213.27	$181.28	$213.27	$181.28	N	
37249	AA		TRLUML BALO ANGIOP ADDL VEIN	$9.30	$8.10	$9.30	$8.10	N	2
37249	26		TRLUML BALO ANGIOP ADD/VEIN	$69.68	$59.23	$69.68	$59.23	N	
37252			INTRVASC US NONCORONARY 1ST	$450.05	$382.54	$450.05	$382.54	N	
37252	26		INTRVASC US NONCORONARY 1ST	$42.38	$36.02	$42.38	$36.02	N	
37253			INTRVASC US NONCORONARY ADDL	$84.75	$72.04	$84.75	$72.04	N	
37253	26		INTRVASC US NONCORONARY ADDL	$33.78	$28.71	$33.78	$28.71	N	
37500			VASC ENDOSCOPY SURG W/LIG VEIN	$303.48	$257.96	$625.70	$531.85	N	
37501			UNLISTED VASC ENDOSCOPY PX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
37565			LIGATION INT JUGULAR VEIN	$356.43	$302.96	$573.98	$487.89	N	
37565	AA		LIGATION OF NECK VEIN	$9.30	$8.10	$9.30	$8.10	N	6
37600			LIGATION XTRNL CAROTID ART	$369.47	$314.05	$622.31	$528.97	N	
37600	AA		LIGATION OF NECK ARTERY	$9.30	$8.10	$9.30	$8.10	N	6
37605			LIGATION INT/COM CAROTID ART	$353.74	$300.67	$707.10	$601.04	N	
37605	AA		LIGATION OF NECK ARTERY	$9.30	$8.10	$9.30	$8.10	N	6
37606			LIG INT/COM CAROTID ART OCCL	$372.13	$316.31	$372.13	$316.31	N	
37606	AA		LIGATION OF NECK ARTERY	$9.30	$8.10	$9.30	$8.10	N	7
37607			LIG/BANDING ANGIOACS AV FSTL	$181.65	$154.40	$181.65	$154.40	N	
37607	AA		LIGATION OF ARTERIOVENOUS FIST	$9.30	$8.10	$9.30	$8.10	N	5
37609			LIGATION/BX TEMPORAL ARTERY	$152.47	$129.60	$258.49	$219.71	N	
37609	AA		TEMPORAL ARTERY PROCEDURE	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
37615			LIGATION MAJOR ARTERY NECK	$255.55	$217.22	$340.71	$289.61	N	
37615	AA		LIGATION OF NECK ARTERY	$9.30	$8.10	$9.30	$8.10	N	6
37616			LIGATION MAJOR ARTERY CHEST	$559.03	$475.18	$864.05	$734.44	N	
37616	AA		LIGATE MAJOR ARTERY:CHEST	$9.30	$8.10	$9.30	$8.10	N	6
37617			LIGATION MAJOR ARTERY ABD	$642.86	$546.43	$1,096.36	$931.91	N	
37617	AA		LIGATION OF ABDOMEN ARTERY	$9.30	$8.10	$9.30	$8.10	N	6
37618			LIGATION MAJOR ARTERY XTR	$192.43	$163.57	$295.31	$251.02	N	
37618	AA		LIGATION OF EXTREMITY ARTERY	$9.30	$8.10	$9.30	$8.10	N	6
37619			LIGATION OF INF VENA CAVA	$845.72	$718.86	$845.72	$718.86	N	
37619	AA		LIGATION OF INF VENA CAVA	$9.30	$8.10	$9.30	$8.10	N	15
37650			LIGATION OF FEMORAL VEIN	$222.07	$188.76	$435.24	$369.95	N	
37650	AA		INTERRUPT FEMORAL VEIN:UNILATE	$9.30	$8.10	$9.30	$8.10	N	4
37650	AA	50	INTERR/PART/COMP,FEM VE/LIG/BI	$9.30	$8.10	$9.30	$8.10	N	4
37650	50		INTERR/PART/COMP,FEM VE/LIG/BI	$155.00	$132.00	$870.48	$739.91	N	
37660			LIGATION COMMON ILIAC VEIN	$646.45	$549.48	$1,044.31	$887.67	N	
37660	AA		REVISION OF MAJOR VEIN	$9.30	$8.10	$9.30	$8.10	N	8
37700			LIGATION&DIV LONG SAPH VEIN	$119.76	$101.80	$228.26	$194.02	N	
37700	AA		REVISE LEG VEIN	$9.30	$8.10	$9.30	$8.10	N	3
37700	AA	50	REVISE LEG VEIN	$9.30	$8.10	$9.30	$8.10	N	3
37700	50		REVISE LEG VEIN	$155.00	$131.00	$456.51	$388.04	N	
37718			LIG DIV&STRPG SHORT SAPH VN	$190.47	$161.90	$355.97	$302.57	N	
37718	AA		LIGATE/STRIP SHORT LEG VEIN	$9.30	$8.10	$9.30	$8.10	N	3
37722			LIG DIV&STRPG LONG SAPH VEIN	$221.61	$188.36	$421.66	$358.41	N	
37722	AA		LIGATE/STRIP LONG LEG VEIN	$9.30	$8.10	$9.30	$8.10	N	3
37735			LIG&DIV&COMPL STRPG SAPH VN	$280.22	$238.18	$563.27	$478.78	N	
37735	AA		REMOVAL OF LEG VEINS/LESION	$9.30	$8.10	$9.30	$8.10	N	3
37735	AA	50	REMOVAL OF LEG VEINS/LESION	$9.30	$8.10	$9.30	$8.10	N	3
37735	50		REMOVAL OF LEG VEINS/LESION	$578.00	$491.00	$1,126.54	$957.56	N	
37760			LIG PRFRATR VN RADICAL 1 LEG	$277.63	$235.99	$554.77	$471.55	N	
37760	AA		REVISION OF LEG VEINS	$9.30	$8.10	$9.30	$8.10	N	3
37761			LIGATION OF PERFORATOR VEIN(S)	$257.92	$219.23	$257.92	$219.23	N	
37761	AA		LIGATION OF PERFORATOR VEIN(S)	$9.30	$8.10	$9.30	$8.10	N	3
37765			STAB PHLEBECTOMY VARICOSE VEIN	$203.52	$172.99	$403.34	$342.84	N	
37765	AA		STAB PHLEBECTOMY VARICOSE VEIN	$9.30	$8.10	$9.30	$8.10	N	3
37766			STAB PHLEBECTOMY VARICOSE VEIN	$241.08	$204.92	$489.09	$415.72	N	
37766	AA		STAB PHLEBECTOMY VARICOSE VEIN	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
37780			REVISION OF LEG VEIN	$115.22	$97.93	$233.78	$198.71	N	
37780	AA		REVISION OF LEG VEIN	$9.30	$8.10	$9.30	$8.10	N	3
37780	AA	50	REVISION OF LEG VEIN	$9.30	$8.10	$9.30	$8.10	N	3
37780	50		REVISION OF LEG VEIN	$81.00	$69.00	$467.55	$397.42	N	
37785			LIGAT,DIV EXC SEC VAR VEIN LEG	$33.75	$28.69	$313.79	$266.72	N	
37785	AA		LIGAT,DIV EXC SEC VAR VEIN LEG	$9.30	$8.10	$9.30	$8.10	N	3
37785	AA	50	LIGAT,DIV EXC SEC VAR VEIN LEG	$9.30	$8.10	$9.30	$8.10	N	3
37785	50		LIGAT,DIV EXC SEC VAR VEIN LEG	$59.10	$50.23	$627.58	$533.45	N	
37788			PENILE RENASCUL.ARTERY,W/WO VG	$616.45	$523.98	$1,070.48	$909.91	N	
37788	AA		PENILE REVASCULAR,ARTERY	$9.30	$8.10	$9.30	$8.10	N	3
37790			PENILE VENOUS OCCLUSIVE PROCED	$239.74	$203.77	$429.41	$365.00	N	
37790	AA		PENILE VENOUS OCCLUSIVE PROCED	$9.30	$8.10	$9.30	$8.10	N	3
37799			UNLISTED PX VASCULAR SURGERY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
38100			REMOVAL OF SPLEEN	$566.77	$481.75	$724.22	$615.59	N	
38100	AA		REMOVAL OF SPLEEN	$9.30	$8.10	$9.30	$8.10	N	7
38101			SPLENECTOMY: PARTIAL	$574.57	$488.38	$765.55	$650.72	N	
38101	AA		SPLENECTOMY: PARTIAL	$9.30	$8.10	$9.30	$8.10	N	7
38102			SPLENECTOMY WITH OTHER PROCEDU	$127.56	$108.43	$225.69	$191.83	N	
38102	AA		SPLENECTOMY WITH OTHER PROCEDU	$9.30	$8.10	$9.30	$8.10	N	7
38115			REP.RUP.SPLEEN,W/ORW/OUT SPLEN	$636.35	$540.89	$786.93	$668.89	N	
38115	AA		REP.RUP.SPLEEN,W/ORW/OUT SPLEN	$9.30	$8.10	$9.30	$8.10	N	7
38120			LAP SURG SPLENECTOMY	$525.10	$446.34	$853.75	$725.69	N	
38120	AA		LAP SURG SPLENECTOMY	$9.30	$8.10	$9.30	$8.10	N	7
38129			UNLISTED LAPS PX SPLEEN	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
38129	AA		UNLISTED LAP PROC SPLEEN	$9.30	$8.10	$9.30	$8.10	N	7
38200			INJECTION FOR SPLEEN X-RAY	$62.53	$53.15	$117.81	$100.14	N	
38200	AA		INJECTION FOR SPLEEN X-RAY	$9.30	$8.10	$9.30	$8.10	N	3
38205			HARVEST ALLOGENEIC STEM CELL	$40.62	$34.52	$72.22	$61.39	N	
38206			BLD-DER HEMAT PROG CELL HARVES	$39.94	$33.94	$72.22	$61.39	N	
38220			BONE MARROW ASPIRATION	$78.98	$67.13	$162.17	$137.84	N	
38220	AA		BONE MARROW ASPIRATION	$9.30	$8.10	$9.30	$8.10	N	5
38221			BONE MARROW BIOPSY NEEDLE/TROC	$80.60	$68.51	$80.60	$68.51	N	
38221	AA		BONE MARROW BIOPAY NEEDLE/TROC	$9.30	$8.10	$9.30	$8.10	N	5
38222			DX BONE MARROW BX & ASPIR	$87.39	$74.28	$87.39	$74.28	N	
38222	AA		DX BONE MARROW BX & ASPIR	$9.30	$8.10	$9.30	$8.10	N	5
38222	26		DX BONE MARROW BX & ASPIR	$36.24	$30.80	$36.24	$30.80	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
38230			BONE MARROW HARVEST,FOR TRANSP	$99.14	$84.26	$99.14	$84.26	N	
38230	AA		BONE MARROW HARVEST,FOR TRANSP	$9.30	$8.10	$9.30	$8.10	N	3
38232			BONE MARROW HARVEST AUTOLOG	$90.97	$77.32	$90.97	$77.32	N	
38232	AA		BONE MARROW HARVEST AUTOLOG	$9.30	$8.10	$9.30	$8.10	N	5
38240			BONE MARROW TRANSPLANTATION	$118.44	$100.67	$118.44	$100.67	N	
38240	AA		BONE MARROW TRANSPLANTATION	$9.30	$8.10	$9.30	$8.10	N	3
38241			BONE MARROW TRANSPLANT	$87.34	$74.24	$87.34	$74.24	N	
38241	AA		BONE MARROW TRANSPLANT	$9.30	$8.10	$9.30	$8.10	N	3
38242			BONE MARROW STEM CELL TRANSPL	$61.74	$52.47	$82.90	$70.46	N	
38243			TRANSPLJ HEMATOPOIETIC BOOST	$60.70	$51.59	$60.70	$51.59	N	
38243	AA		TRANSPLJ HEMATOPOIETIC BOOST	$9.30	$8.10	$9.30	$8.10	N	5
38300			DRAIN LYMPH NODE LESION	$169.48	$144.06	$216.52	$184.04	N	
38300	AA		DRAIN LYMPH NODE LESION	$9.30	$8.10	$9.30	$8.10	N	3
38305			DRAINAGE LYMPH NODE LESION	$249.40	$211.99	$366.34	$311.39	N	
38305	AA		DRAINAGE LYMPH NODE LESION	$9.30	$8.10	$9.30	$8.10	N	3
38308			INCISION OF LYMPH CHANNELS	$236.09	$200.68	$355.94	$302.55	N	
38308	AA		INCISION OF LYMPH CHANNELS	$9.30	$8.10	$9.30	$8.10	N	4
38380			THORACIC DUCT PROCEDURE	$289.95	$246.46	$450.79	$383.17	N	
38380	AA		THORACIC DUCT PROCEDURE	$9.30	$8.10	$9.30	$8.10	N	6
38381			THORACIC DUCT PROCEDURE	$397.11	$337.54	$695.02	$590.77	N	
38381	AA		THORACIC DUCT PROCEDURE	$9.30	$8.10	$9.30	$8.10	N	13
38382			SUTURE/LIGATE THOR.DUCT:ABDOME	$336.75	$286.23	$554.28	$471.14	N	
38382	AA		SUTURE/LIGATE THOR.DUCT:ABDOME	$9.30	$8.10	$9.30	$8.10	N	6
38500			BIOPSY/REMOVAL OF LYMPH NODE	$33.55	$28.52	$258.25	$219.51	N	
38500	AA		BIOPSY/REMOVAL OF LYMPH NODE	$9.30	$8.10	$9.30	$8.10	N	3
38505			NEEDLE BX,LYMPH NODE(S),SUPERF	$85.86	$72.98	$108.59	$92.30	N	
38505	AA		NEEDLE BX,LYMPH NODE(S),SUPERF	$9.30	$8.10	$9.30	$8.10	N	3
38510			BIOPSY/REMOVAL OF LYMPH NODE	$262.33	$222.98	$412.88	$350.95	N	
38510	AA		BIOPSY/REMOVAL OF LYMPH NODE	$9.30	$8.10	$9.30	$8.10	N	4
38520			BIOPSY/REMOVAL OF LYMPH NODE	$234.41	$199.24	$373.12	$317.15	N	
38520	AA		BIOPSY/REMOVAL OF LYMPH NODE	$9.30	$8.10	$9.30	$8.10	N	4
38525			BX,EXCISE-DEED AXILLARY NODES	$221.00	$187.85	$327.18	$278.11	N	
38525	AA		BX,EXCISE-DEED AXILLARY NODES	$9.30	$8.10	$9.30	$8.10	N	4
38530			BIOPSY/REMOVAL OF LYMPH NODE	$284.96	$242.22	$434.34	$369.19	N	
38530	AA		BIOPSY/REMOVAL OF LYMPH NODE	$9.30	$8.10	$9.30	$8.10	N	4
38531			OPEN BX/EXC INGUINOFEM NODES	$223.40	$189.89	$223.40	$189.89	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
38531	AA		OPEN BX/EXC INGUINOFEM NODES	$9.30	$8.10	$9.30	$8.10	N	12
38542			DISSECTION: DEEP JUGULAR NODE	$260.92	$221.78	$260.92	$221.78	N	
38542	AA		DISSECTION: DEEP JUGULAR NODE	$9.30	$8.10	$9.30	$8.10	N	6
38550			REMOVAL NECK/ARMPIT LESION	$263.20	$223.72	$377.46	$320.84	N	
38550	AA		REMOVAL NECK/ARMPIT LESION	$9.30	$8.10	$9.30	$8.10	N	4
38555			REMOVAL NECK/ARMPIT LESION	$511.07	$434.41	$788.18	$669.96	N	
38555	AA		REMOVAL NECK/ARMPIT LESION	$9.30	$8.10	$9.30	$8.10	N	4
38562			LIM.LYMPHADECTOMY/STAGING:PELV	$352.50	$299.63	$562.91	$478.48	N	
38562	AA		LIM.LYMPHADECTOMY/STAGING:PELV	$9.30	$8.10	$9.30	$8.10	N	6
38564			LIM.LYMPHADENECTOMY/STAGE:RETR	$348.70	$296.39	$559.22	$475.33	N	
38564	AA		LIM.LYMPHADENECTOMY/STAGE:RETR	$9.30	$8.10	$9.30	$8.10	N	6
38570			LAP SURG W/RETROPER LYMPH NODE	$255.74	$217.38	$460.54	$391.46	N	
38570	AA		LAP SURG W/RETROPER LYMPH NODE	$9.30	$8.10	$9.30	$8.10	N	6
38571			LAP SURG W/BILAT PELV LYMPHADE	$325.31	$276.51	$687.19	$584.11	N	
38571	AA		LAP SURG W/BILAT PELV LYMPHADE	$9.30	$8.10	$9.30	$8.10	N	6
38572			LAP SURG W/BIL PELV LYMPHADENE	$441.93	$375.64	$820.55	$697.47	N	
38572	AA		LAP SURG W/BIL PELV LYMPHADENE	$9.30	$8.10	$9.30	$8.10	N	6
38573			LAPS PELVIC LYMPHADEC	$581.47	$494.25	$581.47	$494.25	N	
38573	AA		LAPS PELVIC LYMPHADEC	$9.30	$8.10	$9.30	$8.10	N	6
38589			UNLISTED LAPS PX LYMPHTC SYS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
38589	AA		UNLISTED LAP PROC LYMPH SYSTEM	$9.30	$8.10	$9.30	$8.10	N	6
38700			REMOVAL OF LYMPH NODES, NECK	$400.95	$340.81	$493.52	$419.49	N	
38700	AA		REMOVAL OF LYMPH NODES, NECK	$9.30	$8.10	$9.30	$8.10	N	6
38700	AA	50	REMOVAL OF LYMPH NODES, NECK	$9.30	$8.10	$9.30	$8.10	N	6
38700	50		REMOVAL OF LYMPH NODES, NECK	$410.00	$349.00	$987.04	$838.98	N	
38720			REMOVAL OF LYMPH NODES, NECK	$665.69	$565.83	$783.36	$665.86	N	
38720	AA		REMOVAL OF LYMPH NODES, NECK	$9.30	$8.10	$9.30	$8.10	N	6
38720	AA	50	REMOVAL OF LYMPH GLANDS NECK:B	$9.30	$8.10	$9.30	$8.10	N	6
38720	50		REMOVAL OF LYMPH GLANDS NECK:B	$900.00	$765.00	$1,566.72	$1,331.71	N	
38724			CERVICAL LYMPHADENECTOMY	$717.81	$610.13	$831.42	$706.70	N	
38724	AA		CERVICAL LYMPHADENECTOMY	$9.30	$8.10	$9.30	$8.10	N	6
38740			REMOVE ARMPIT LYMPH NODES	$350.44	$297.87	$523.41	$444.90	N	
38740	AA		REMOVE ARMPIT LYMPH NODES	$9.30	$8.10	$9.30	$8.10	N	4
38745			REMOVE ARMPITS LYMPH NODES	$439.66	$373.71	$671.26	$570.57	N	
38745	AA		REMOVE ARMPITS LYMPH NODES	$9.30	$8.10	$9.30	$8.10	N	4
38746			THORACIC LYMPHADENECTOMY REGIO	$102.44	$87.07	$219.37	$186.46	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
38746	AA		THORACIC LYMPHADENECTOMY REGIO	$9.30	$8.10	$9.30	$8.10	N	4
38747			ABDOMINAL LYMPHADENECTOMYNODES	$129.30	$109.91	$229.85	$195.37	N	
38747	AA		ABDOMINAL LYMPHADENECTOMYNODES	$9.30	$8.10	$9.30	$8.10	N	4
38760			REMOVE GROIN LYMPH NODES	$415.08	$352.82	$667.62	$567.47	N	
38760	AA		REMOVE GROIN LYMPH NODES	$9.30	$8.10	$9.30	$8.10	N	4
38760	AA	50	REMOVE GROIN LYMPH GLANDS:BILA	$9.30	$8.10	$9.30	$8.10	N	6
38760	50		REMOVE GROIN LYMPH GLANDS:BILA	$410.00	$349.00	$1,335.23	$1,134.95	N	
38765			REMOVE GROIN LYMPH NODES	$647.91	$550.72	$1,003.28	$852.79	N	
38765	AA		REMOVE GROIN LYMPH NODES	$9.30	$8.10	$9.30	$8.10	N	6
38765	AA	50	REMOVE LYMPH GLANDS,GROIN/PELV	$9.30	$8.10	$9.30	$8.10	N	6
38765	50		REMOVE LYMPH GLANDS,GROIN/PELV	$656.00	$558.00	$2,006.56	$1,705.58	N	
38770			REMOVE PELVIS LYMPH NODES	$397.09	$337.53	$654.43	$556.27	N	
38770	AA		REMOVE PELVIS LYMPH NODES	$9.30	$8.10	$9.30	$8.10	N	6
38770	AA	50	REMOVE PELVIS LYMPH GLANDS:BIL	$9.30	$8.10	$9.30	$8.10	N	6
38770	50		REMOVE PELVIS LYMPH NODES:BILA	$492.00	$418.00	$1,308.86	$1,112.53	N	
38780			REMOVE ABDOMEN LYMPH NODES	$522.05	$443.74	$858.30	$729.56	N	
38780	AA		REMOVE ABDOMEN LYMPH NODES	$9.30	$8.10	$9.30	$8.10	N	6
38790			INJECTION FOR LYMPHATIC XRAY	$40.58	$34.49	$86.19	$73.26	N	
38790	AA		INJECTION FOR LYMPHATIC XRAY	$9.30	$8.10	$9.30	$8.10	N	3
38790	AA	50	INJ PROC FOR LYMPHANGIOGRAPHY	$9.30	$8.10	$9.30	$8.10	N	3
38790	50		INJ PROC FOR LYMPHANGIOGRAPHY	$85.00	$74.00	$178.78	$151.96	N	
38792			INJECT FOR ID OF SENTINEL NODE	$41.13	$34.96	$33.14	$28.17	N	
38792	AA		INJECT FOR ID OF SENTINEL NODE	$9.30	$8.10	$9.30	$8.10	N	3
38794			ACCESS THORACIC LYMPH DUCT	$139.28	$118.38	$267.22	$227.14	N	
38794	AA		ACCESS THORACIC LYMPH DUCT	$9.30	$8.10	$9.30	$8.10	N	3
38900			IO MAP OF SENT LYMPH NODE	$67.05	$56.99	$67.05	$56.99	N	
38999			UNLISTD PX HEMIC/LYMPHTC SYS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
39000			EXPLORATION OF MEDIASTINUM	$250.07	$212.56	$376.93	$320.39	N	
39000	AA		EXPLORATION OF MEDIASTINUM	$9.30	$8.10	$9.30	$8.10	N	13
39010			EXPLORATION OF MEDIASTINUM	$386.29	$328.34	$680.29	$578.24	N	
39010	AA		EXPLORATION OF MEDIASTINUM	$9.30	$8.10	$9.30	$8.10	N	13
39200			REMOVAL MEDIASTINAL LESION	$423.20	$359.72	$745.78	$633.92	N	
39200	AA		REMOVAL MEDIASTINAL LESION	$9.30	$8.10	$9.30	$8.10	N	13
39220			REMOVAL MEDIASTINAL LESION	$555.20	$471.92	$940.74	$799.63	N	
39220	AA		REMOVAL MEDIASTINAL LESION	$9.30	$8.10	$9.30	$8.10	N	13
39401			MEDIASTINOSCPY W/MEDSTNL BX	$149.91	$127.42	$149.91	$127.42	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
39401	AA		MEDIASTINOSCPY W/MEDSTNL BX	$9.30	$8.10	$9.30	$8.10	N	8
39402			MEDIASTINOSCPY W/LMPH NOD BX	$195.28	$165.98	$195.28	$165.98	N	
39402	AA		MEDIASTINOSCPY W/LMPH NOD BX	$9.30	$8.10	$9.30	$8.10	N	8
39499			UNLISTED PX MEDIASTINUM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
39501			REPAIR,LACERATION OF DIAPHRAGM	$419.75	$356.79	$688.17	$584.94	N	
39501	AA		REPAIR,LACERATION OF DIAPHRAGM	$9.30	$8.10	$9.30	$8.10	N	7
39503			NEONATE HERNIA REPAIR	$557.67	$474.02	$4,458.15	$3,789.43	N	
39503	AA		NEONATE HERNIA REPAIR	$9.30	$8.10	$9.30	$8.10	N	13
39540			REPAIR OF DIAPHRAGM HERNIA	$424.14	$360.51	$685.07	$582.31	N	
39540	AA		REPAIR OF DIAPHRAGM HERNIA	$9.30	$8.10	$9.30	$8.10	N	13
39541			REPAIR OF DIAPHRAGM HERNIA	$460.68	$391.58	$735.58	$625.25	N	
39541	AA		REPAIR OF DIAPHRAGM HERNIA	$9.30	$8.10	$9.30	$8.10	N	13
39545			REVISION OF DIAPHRAGM	$439.83	$373.86	$732.62	$622.72	N	
39545	AA		REVISION OF DIAPHRAGM	$9.30	$8.10	$9.30	$8.10	N	7
39560			RESECT DIAPHRAGM W/SIMPLE REP	$396.92	$337.38	$396.92	$337.38	N	
39560	AA		RESECT DIAPHRAGM W/SIMPLE REP	$9.30	$8.10	$9.30	$8.10	N	7
39561			RESECT DIAPHRAGM W/COMP REPAIR	$620.47	$527.40	$941.95	$800.66	N	
39561	AA		RESECT DIAPHRAGM W/COMP REPAIR	$9.30	$8.10	$9.30	$8.10	N	7
39599			UNLISTED PX DIAPHRAGM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
40490			BIOPSY OF LIP	$12.19	$10.36	$95.35	$81.05	N	
40490	AA		BIOPSY OF LIP	$9.30	$8.10	$9.30	$8.10	N	4
40500			VERMILIONECTOMY (LIP SHAVE)	$264.95	$225.20	$380.66	$323.56	N	
40500	AA		VERMILIONECTOMY (LIP SHAVE)	$9.30	$8.10	$9.30	$8.10	N	6
40510			PARTIAL EXCISION OF LIP	$244.86	$208.13	$387.69	$329.53	N	
40510	AA		PARTIAL EXCISION OF LIP	$9.30	$8.10	$9.30	$8.10	N	4
40520			PARTIAL EXCISION OF LIP	$253.36	$215.35	$419.18	$356.30	N	
40520	AA		PARTIAL EXCISION OF LIP	$9.30	$8.10	$9.30	$8.10	N	4
40525			EXCISE LIP,FULL THICKNESS,W/LO	$275.53	$234.20	$477.91	$406.23	N	
40525	AA		EXCISE LIP,FULL THICKNESS,W/LO	$9.30	$8.10	$9.30	$8.10	N	4
40527			EXCISE LIP,FULL THICKNESS-CROS	$313.95	$266.86	$567.04	$481.98	N	
40527	AA		EXCISE LIP,FULL THICKNESS-CROS	$9.30	$8.10	$9.30	$8.10	N	4
40530			PARTIAL REMOVAL OF LIP	$279.04	$237.18	$452.30	$384.46	N	
40530	AA		PARTIAL REMOVAL OF LIP	$9.30	$8.10	$9.30	$8.10	N	4
40650			RPR LIP FTH VERMILION ONLY	$243.12	$206.65	$357.03	$303.48	N	
40650	AA		REPAIR LIP	$9.30	$8.10	$9.30	$8.10	N	4
40652			RPR LIP FTH<HALF VER HEIGHT	$262.17	$222.84	$413.00	$351.05	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
40652	AA		REPAIR LIP	$9.30	$8.10	$9.30	$8.10	N	4
40654			RPR LIP FTH>1HALF VER HT/CPX	$295.59	$251.25	$477.74	$406.08	N	
40654	AA		REPAIR LIP...:>HALF VERT HGT/CO	$9.30	$8.10	$9.30	$8.10	N	5
40700			REPAIR CLEFT LIP	$504.41	$428.75	$740.56	$629.48	N	
40700	AA		REPAIR CLEFT LIP	$9.30	$8.10	$9.30	$8.10	N	6
40701			REPAIR CLEFT LIP	$593.54	$504.50	$934.64	$794.44	N	
40701	AA		REPAIR CLEFT LIP	$9.30	$8.10	$9.30	$8.10	N	6
40702			REPAIR CLEFT LIP	$499.72	$424.76	$728.57	$619.28	N	
40702	AA		REPAIR CLEFT LIP	$9.30	$8.10	$9.30	$8.10	N	6
40720			REPAIR CLEFT LIP	$512.49	$435.62	$817.19	$694.61	N	
40720	AA		REPAIR CLEFT LIP	$9.30	$8.10	$9.30	$8.10	N	6
40720	AA	50	REPAIR CLEFT LIP	$9.30	$8.10	$9.30	$8.10	N	6
40720	50		REPAIR CLEFT LIP	$453.00	$385.00	$1,634.38	$1,389.23	N	
40761			REPAIR CLEFT LIP	$537.78	$457.11	$871.21	$740.53	N	
40761	AA		REPAIR CLEFT LIP	$9.30	$8.10	$9.30	$8.10	N	6
40799			UNLISTED PROCEDURE LIPS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
40800			DRAINAGE OF MOUTH LESION	$20.54	$17.46	$141.59	$120.35	N	
40800	AA		DRAINAGE OF MOUTH LESION	$9.30	$8.10	$9.30	$8.10	N	3
40801			DRAINAGE OF MOUTH LESION	$148.16	$125.93	$225.87	$191.99	N	
40801	AA		DRAINAGE OF MOUTH LESION	$9.30	$8.10	$9.30	$8.10	N	3
40804			REMOVAL FOREIGN BODY, MOUTH	$19.85	$16.87	$157.80	$134.13	N	
40804	AA		REMOVAL FOREIGN BODY, MOUTH	$9.30	$8.10	$9.30	$8.10	N	3
40805			REMOVAL FOREIGN BODY, MOUTH	$28.83	$24.51	$246.83	$209.81	N	
40805	AA		REMOVAL FOREIGN BODY, MOUTH	$9.30	$8.10	$9.30	$8.10	N	4
40806			INCISION OF LIP FOLD	$50.82	$43.20	$73.41	$62.40	N	
40806	AA		INCISION OF LIP FOLD	$9.30	$8.10	$9.30	$8.10	N	4
40808			BIOPSY OF MOUTH LESION	$16.94	$14.40	$123.55	$105.02	N	
40808	AA		BIOPSY OF MOUTH LESION	$9.30	$8.10	$9.30	$8.10	N	4
40810			EXCISION OF MOUTH LESION	$108.01	$91.81	$143.30	$121.81	N	
40810	AA		EXCISION OF MOUTH LESION	$9.30	$8.10	$9.30	$8.10	N	4
40812			EXCISE/REPAIR MOUTH LESION	$138.23	$117.50	$207.85	$176.67	N	
40812	AA		EXCISE/REPAIR MOUTH LESION	$9.30	$8.10	$9.30	$8.10	N	4
40814			EXCISE/REPAIR MOUTH LESION	$187.32	$159.22	$287.86	$244.68	N	
40814	AA		EXCISE/REPAIR MOUTH LESION	$9.30	$8.10	$9.30	$8.10	N	4
40816			EXCISION OF MOUTH LESION	$202.14	$171.82	$303.27	$257.78	N	
40816	AA		EXCISION OF MOUTH LESION	$9.30	$8.10	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
40818			EXCISE ORAL MUCOSA FOR GRAFT	$181.23	$154.05	$258.14	$219.42	N	
40818	AA		EXCISE ORAL MUCOSA FOR GRAFT	$9.30	$8.10	$9.30	$8.10	N	4
40819			EXCISE LIP OR CHEEK FOLD	$27.35	$23.25	$223.52	$189.99	N	
40819	AA		EXCISE FRENUM,LABIAL,BUCCAL	$9.30	$8.10	$9.30	$8.10	N	5
40820			TREATMENT OF MOUTH LESION	$128.26	$109.02	$177.39	$150.78	N	
40820	AA		TREATMENT OF MOUTH LESION	$9.30	$8.10	$9.30	$8.10	N	3
40830			REPAIR MOUTH LACERATION	$22.59	$19.20	$187.80	$159.63	N	
40830	AA		REPAIR MOUTH LACERATION	$9.30	$8.10	$9.30	$8.10	N	3
40831			REPAIR MOUTH LACERATION	$149.40	$126.99	$245.07	$208.31	N	
40831	AA		REPAIR MOUTH LACERATION	$9.30	$8.10	$9.30	$8.10	N	3
40840			RECONSTRUCTION OF MOUTH	$428.65	$364.35	$640.42	$544.35	N	
40840	AA		RECONSTRUCTION OF MOUTH	$9.30	$8.10	$9.30	$8.10	N	3
40842			RECONSTRUCTION OF MOUTH	$413.91	$351.82	$649.91	$552.43	N	
40842	AA		RECONSTRUCTION OF MOUTH	$9.30	$8.10	$9.30	$8.10	N	3
40843			RECONSTRUCTION OF MOUTH	$601.09	$510.92	$829.42	$705.01	N	
40843	AA		RECONSTRUCTION OF MOUTH	$9.30	$8.10	$9.30	$8.10	N	3
40844			RECONSTRUCTION OF MOUTH	$755.10	$641.83	$1,100.70	$935.60	N	
40844	AA		RECONSTRUCTION OF MOUTH	$9.30	$8.10	$9.30	$8.10	N	3
40845			RECONSTRUCTION OF MOUTH	$735.94	$625.54	$1,226.06	$1,042.15	N	
40845	AA		RECONSTRUCTION OF MOUTH	$9.30	$8.10	$9.30	$8.10	N	3
40899			UNLISTED PX VESTIBULE MOUTH	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
41000			DRAINAGE OF MOUTH LESION	$74.20	$63.07	$123.36	$104.86	N	
41000	AA		DRAINAGE OF MOUTH LESION	$9.30	$8.10	$9.30	$8.10	N	5
41005			DRAINAGE OF MOUTH LESION	$114.53	$97.35	$156.70	$133.19	N	
41005	AA		DRAINAGE OF MOUTH LESION	$9.30	$8.10	$9.30	$8.10	N	5
41006			DRAINAGE OF MOUTH LESION	$171.22	$145.53	$275.62	$234.28	N	
41006	AA		DRAINAGE OF MOUTH LESION	$9.30	$8.10	$9.30	$8.10	N	5
41007			DRAINAGE OF MOUTH LESION	$165.77	$140.90	$281.89	$239.60	N	
41007	AA		DRAINAGE OF MOUTH LESION	$9.30	$8.10	$9.30	$8.10	N	5
41008			DRAINAGE OF MOUTH LESION	$200.93	$170.79	$277.75	$236.09	N	
41008	AA		DRAINAGE OF MOUTH LESION	$9.30	$8.10	$9.30	$8.10	N	5
41009			DRAINAGE OF MOUTH LESION	$42.62	$36.23	$296.02	$251.62	N	
41009	AA		DRAINAGE OF MOUTH LESION	$9.30	$8.10	$9.30	$8.10	N	5
41010			INCISION OF TONGUE FOLD	$106.90	$90.86	$151.95	$129.16	N	
41010	AA		INCISION OF TONGUE FOLD	$9.30	$8.10	$9.30	$8.10	N	3
41015			DRAINAGE OF MOUTH LESION	$201.55	$171.32	$322.35	$274.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
41015	AA		DRAINAGE OF MOUTH LESION	$9.30	$8.10	$9.30	$8.10	N	5
41016			DRAINAGE OF MOUTH LESION	$233.17	$198.19	$335.02	$284.77	N	
41016	AA		DRAINAGE OF MOUTH LESION	$9.30	$8.10	$9.30	$8.10	N	5
41017			DRAINAGE OF MOUTH LESION	$232.15	$197.33	$335.70	$285.34	N	
41017	AA		DRAINAGE OF MOUTH LESION	$9.30	$8.10	$9.30	$8.10	N	5
41018			DRAINAGE OF MOUTH LESION	$263.53	$224.00	$389.66	$331.21	N	
41018	AA		DRAINAGE OF MOUTH LESION	$9.30	$8.10	$9.30	$8.10	N	5
41019			PLACEMENT OF NEEDLES, CATHETER	$242.75	$206.33	$378.00	$321.30	N	
41019	AA		PLACEMENT OF NEEDLES, CATHETER	$9.30	$8.10	$9.30	$8.10	N	5
41100			BIOPSY OF TONGUE	$18.70	$15.89	$138.41	$117.65	N	
41100	AA		BIOPSY OF TONGUE	$9.30	$8.10	$9.30	$8.10	N	4
41105			BIOPSY OF TONGUE	$93.79	$79.72	$127.10	$108.04	N	
41105	AA		BIOPSY OF TONGUE	$9.30	$8.10	$9.30	$8.10	N	5
41108			BIOPSY OF FLOOR OF MOUTH	$84.48	$71.80	$106.72	$90.71	N	
41108	AA		BIOPSY OF FLOOR OF MOUTH	$9.30	$8.10	$9.30	$8.10	N	4
41110			EXCISION OF TONGUE LESION	$22.81	$19.39	$153.02	$130.07	N	
41110	AA		EXCISION OF TONGUE LESION	$9.30	$8.10	$9.30	$8.10	N	4
41112			EXCISION OF TONGUE LESION	$169.67	$144.22	$246.58	$209.59	N	
41112	AA		EXCISION OF TONGUE LESION	$9.30	$8.10	$9.30	$8.10	N	5
41113			EXCISION OF TONGUE LESION	$181.09	$153.93	$272.05	$231.24	N	
41113	AA		EXCISION OF TONGUE LESION	$9.30	$8.10	$9.30	$8.10	N	5
41114			EXCISE TONGUE LESION/LOCAL	$309.22	$262.84	$536.61	$456.12	N	
41114	AA		EXCISE TONGUE LESION/LOCAL	$9.30	$8.10	$9.30	$8.10	N	5
41115			EXCISION OF TONGUE FOLD	$129.29	$109.89	$172.29	$146.44	N	
41115	AA		EXCISION OF TONGUE FOLD	$9.30	$8.10	$9.30	$8.10	N	3
41116			EXCISION OF MOUTH LESION	$166.92	$141.88	$231.86	$197.08	N	
41116	AA		EXCISION OF MOUTH LESION	$9.30	$8.10	$9.30	$8.10	N	3
41120			PARTIAL REMOVAL OF TONGUE	$526.31	$447.36	$852.70	$724.79	N	
41120	AA		PARTIAL REMOVAL OF TONGUE	$9.30	$8.10	$9.30	$8.10	N	6
41130			PARTIAL REMOVAL OF TONGUE	$649.18	$551.80	$930.34	$790.79	N	
41130	AA		PARTIAL REMOVAL OF TONGUE	$9.30	$8.10	$9.30	$8.10	N	6
41135			TONGUE AND NECK SURGERY	$1,065.33	$905.53	$1,574.78	$1,338.57	N	
41135	AA		TONGUE AND NECK SURGERY	$9.30	$8.10	$9.30	$8.10	N	6
41140			REMOVAL OF TONGUE	$1,073.00	$912.05	$1,779.27	$1,512.38	N	
41140	AA		REMOVAL OF TONGUE	$9.30	$8.10	$9.30	$8.10	N	6
41145			TONGUE REMOVAL: NECK SURGERY	$1,349.63	$1,147.19	$2,063.04	$1,753.58	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
41145	AA		TONGUE REMOVAL: NECK SURGERY	$9.30	$8.10	$9.30	$8.10	N	6
41150			TONGUE, MOUTH, JAW SURGERY	$1,081.22	$919.03	$1,625.53	$1,381.70	N	
41150	AA		TONGUE, MOUTH, JAW SURGERY	$9.30	$8.10	$9.30	$8.10	N	6
41153			GLOSSECTOMY:RESECT FLOOR MOUTH	$1,176.66	$1,000.16	$1,660.58	$1,411.50	N	
41153	AA		GLOSSECTOMY:RESECT FLOOR MOUTH	$9.30	$8.10	$9.30	$8.10	N	6
41155			TONGUE, JAW, & NECK SURGERY	$1,461.74	$1,242.48	$1,855.95	$1,577.56	N	
41155	AA		TONGUE, JAW, & NECK SURGERY	$9.30	$8.10	$9.30	$8.10	N	6
41250			REPAIR TONGUE LACERATION	$142.30	$120.95	$159.00	$135.15	N	
41250	AA		REPAIR TONGUE LACERATION	$9.30	$8.10	$9.30	$8.10	N	3
41251			REPAIR TONGUE LACERATION	$155.47	$132.15	$189.54	$161.11	N	
41251	AA		REPAIR TONGUE LACERATION	$9.30	$8.10	$9.30	$8.10	N	4
41252			REPAIR TONGUE LACERATION	$163.27	$138.78	$234.78	$199.57	N	
41252	AA		REPAIR TONGUE LACERATION	$9.30	$8.10	$9.30	$8.10	N	4
41510			TONGUE TO LIP SURGERY	$228.73	$194.42	$383.44	$325.92	N	
41510	AA		TONGUE TO LIP SURGERY	$9.30	$8.10	$9.30	$8.10	N	4
41512			TONGUE BASE SUSPENSION PERMA	$332.89	$282.96	$332.89	$282.96	N	
41512	AA		TONGUE BASE SUSPENSION PERMA	$9.30	$8.10	$9.30	$8.10	N	5
41520			RECONSTRUCTION, TONGUE FOLD	$182.72	$155.31	$251.37	$213.66	N	
41520	AA		RECONSTRUCTION, TONGUE FOLD	$9.30	$8.10	$9.30	$8.10	N	4
41530			SUBMUCOSAL ABLATION OF THE TON	$448.98	$381.63	$448.98	$381.63	N	
41530	AA		SUBMUCOSAL ABLATION OF THE TON	$9.30	$8.10	$9.30	$8.10	N	5
41530	26		SUBMUCOSAL ABLATION OF TONGUE	$189.32	$160.92	$189.32	$160.92	N	
41599			UNLISTED PX TONGUE FLR MOUTH	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
41800			DRAINAGE OF GUM LESION	$30.42	$25.85	$128.74	$109.43	N	
41800	AA		DRAINAGE OF GUM LESION	$9.30	$8.10	$9.30	$8.10	N	5
41805			REMOVAL FOREIGN BODY, GUM	$152.73	$129.82	$133.97	$113.87	N	
41805	AA		REMOVAL FOREIGN BODY, GUM	$9.30	$8.10	$9.30	$8.10	N	3
41806			REMOVAL FOREIGN BODY,JAWBONE	$202.55	$172.16	$217.77	$185.10	N	
41806	AA		REMOVAL FOREIGN BODY,JAWBONE	$9.30	$8.10	$9.30	$8.10	N	3
41820			GINGIVECTOMY,EXC.GING, EACH QU	$44.00	$38.00	$44.00	$38.00	N	
41820	AA		GINGIVECTOMY,EXC.GING, EACH QU	$9.30	$8.10	$9.30	$8.10	N	5
41821			EXCISION OF GUM FLAP	$42.00	$37.00	$42.00	$37.00	N	
41821	AA		EXCISION OF GUM FLAP	$9.30	$8.10	$9.30	$8.10	N	5
41822			EXCISION OF GUM LESION	$178.85	$152.02	$214.50	$182.33	N	
41822	AA		EXCISION OF GUM LESION	$9.30	$8.10	$9.30	$8.10	N	3
41823			EXCISION OF GUM LESION	$53.39	$45.38	$307.52	$261.39	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
41823	AA		EXCISION OF GUM LESION	$9.30	$8.10	$9.30	$8.10	N	3
41825			EXCISION OF GUM LESION	$109.83	$93.36	$150.00	$127.50	N	
41825	AA		EXCISION OF GUM LESION	$9.30	$8.10	$9.30	$8.10	N	3
41826			EXCISION OF GUM LESION	$150.26	$127.72	$164.67	$139.97	N	
41826	AA		EXCISION OF GUM LESION	$9.30	$8.10	$9.30	$8.10	N	3
41827			EXCISION OF GUM LESION	$218.27	$185.53	$305.77	$259.90	N	
41827	AA		EXCISION OF GUM LESION	$9.30	$8.10	$9.30	$8.10	N	3
41828			EXC.ALVEOLAR MUCOSA	$177.56	$150.93	$239.95	$203.96	N	
41828	AA		EXC.ALVEOLAR MUCOSA	$9.30	$8.10	$9.30	$8.10	N	3
41830			REMOVAL OF GUM TISSUE	$235.35	$200.04	$287.21	$244.13	N	
41830	AA		REMOVAL OF GUM TISSUE	$9.30	$8.10	$9.30	$8.10	N	3
41850			TREATMENT OF GUM LESION	$29.00	$25.00	$29.00	$25.00	N	
41850	AA		TREATMENT OF GUM LESION	$9.30	$8.10	$9.30	$8.10	N	3
41870			PERIODONTAL MUCOSAL GRAFTING	$49.00	$42.00	$49.00	$42.00	N	
41870	AA		GUM GRAFT	$9.30	$8.10	$9.30	$8.10	N	3
41872			GINGIVOPLASTY EACH QUADRANT	$238.21	$202.47	$261.40	$222.19	N	
41872	AA		REPAIR GUM	$9.30	$8.10	$9.30	$8.10	N	3
41874			ALVEOLOPLASTY EACH QUADRANT	$197.17	$167.59	$275.53	$234.20	N	
41874	AA		REPAIR TOOTH SOCKET	$9.30	$8.10	$9.30	$8.10	N	3
41899			UNLISTED PX DENTALVLR STRUX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
41899	AA		UNLISTED PROCEDURE DENTOALVEOL	$9.30	$8.10	$9.30	$8.10	N	5
41899	52		UNLISTED PROCEDURE,DENTALVEOLA	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
42000			DRAINAGE MOUTH ROOF LESION	$80.04	$68.03	$129.62	$110.18	N	
42000	AA		DRAINAGE MOUTH ROOF LESION	$9.30	$8.10	$9.30	$8.10	N	3
42100			BIOPSY ROOF OF MOUTH	$72.83	$61.91	$116.17	$98.74	N	
42100	AA		BIOPSY ROOF OF MOUTH	$9.30	$8.10	$9.30	$8.10	N	3
42104			EXCISION LESION, MOUTH ROOF	$108.67	$92.37	$143.09	$121.62	N	
42104	AA		EXCISION LESION, MOUTH ROOF	$9.30	$8.10	$9.30	$8.10	N	5
42106			EXCISION LESION, MOUTH ROOF	$126.39	$107.43	$183.36	$155.86	N	
42106	AA		EXCISION LESION, MOUTH ROOF	$9.30	$8.10	$9.30	$8.10	N	5
42107			EXCISE UVULA LESION:LOCAL FLAP	$224.30	$190.65	$347.46	$295.34	N	
42107	AA		EXCISE UVULA LESION:LOCAL FLAP	$9.30	$8.10	$9.30	$8.10	N	5
42120			REMOVE PALATE/LESION	$499.69	$424.74	$610.46	$518.89	N	
42120	AA		REMOVE PALATE/LESION	$9.30	$8.10	$9.30	$8.10	N	6
42140			EXCISION OF UVULA	$30.91	$26.27	$181.61	$154.37	N	
42140	AA		EXCISION OF UVULA	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
42145			PALATPHARYNGOPLASTY	$342.87	$291.44	$528.19	$448.96	N	
42145	AA		PALATPHARYNGOPLASTY	$9.30	$8.10	$9.30	$8.10	N	6
42160			TREATMENT MOUTH ROOF LESION	$112.08	$95.27	$206.46	$175.49	N	
42160	AA		TREATMENT MOUTH ROOF LESION	$9.30	$8.10	$9.30	$8.10	N	5
42180			REPAIR LAC PALATE<2 CM	$126.77	$107.75	$189.74	$161.28	N	
42180	AA		REPAIR PALATE	$9.30	$8.10	$9.30	$8.10	N	5
42182			REPAIR PALATE	$163.77	$139.20	$264.22	$224.59	N	
42182	AA		REPAIR PALATE	$9.30	$8.10	$9.30	$8.10	N	5
42200			RECONSTRUCT CLEFT PALATE	$462.87	$393.44	$763.70	$649.14	N	
42200	AA		RECONSTRUCT CLEFT PALATE	$9.30	$8.10	$9.30	$8.10	N	6
42205			RECONSTRUCT CLEFT PALATE	$480.34	$408.29	$808.88	$687.55	N	
42205	AA		RECONSTRUCT CLEFT PALATE	$9.30	$8.10	$9.30	$8.10	N	6
42210			RECONSTRUCT CLEFT PALATE	$536.79	$456.27	$911.41	$774.70	N	
42210	AA		RECONSTRUCT CLEFT PALATE	$9.30	$8.10	$9.30	$8.10	N	6
42215			RECONSTRUCT CLEFT PALATE	$352.19	$299.36	$625.96	$532.07	N	
42215	AA		RECONSTRUCT CLEFT PALATE	$9.30	$8.10	$9.30	$8.10	N	6
42220			RECONSTRUCT CLEFT PALATE	$290.46	$246.89	$473.90	$402.81	N	
42220	AA		RECONSTRUCT CLEFT PALATE	$9.30	$8.10	$9.30	$8.10	N	6
42225			RECONSTRUCT CLEFT PALATE	$496.79	$422.27	$907.19	$771.11	N	
42225	AA		RECONSTRUCT CLEFT PALATE	$9.30	$8.10	$9.30	$8.10	N	6
42226			LENGTHEN PALATE,PHARYNGEAL FLA	$454.25	$386.11	$845.76	$718.90	N	
42226	AA		LENGTHEN PALATE,PHARYNGEAL FLA	$9.30	$8.10	$9.30	$8.10	N	6
42227			LENGTHEN PALATE, WITH ISLAND F	$422.78	$359.36	$858.54	$729.76	N	
42227	AA		LENGTHEN PALATE, WITH ISLAND F	$9.30	$8.10	$9.30	$8.10	N	6
42235			REPAIR ANTERIOR PALATE,INCL VO	$372.80	$316.88	$673.17	$572.19	N	
42235	AA		REPAIR ANTERIOR PALATE INCL VO	$9.30	$8.10	$9.30	$8.10	N	6
42260			REPAIR NASOLABIAL FISTULA	$428.73	$364.42	$693.46	$589.44	N	
42260	AA		REPAIR NOSE TO LIP FISTULA	$9.30	$8.10	$9.30	$8.10	N	6
42280			MAXILLARY IMPRESSION-PALATAL P	$88.07	$74.86	$121.14	$102.97	N	
42280	AA		MAXILLARY IMPRESSION-PALATAL P	$9.30	$8.10	$9.30	$8.10	N	5
42281			INSERT PIN-RETAINED PALATAL PR	$112.47	$95.60	$112.47	$95.60	N	
42281	AA		INSERT PIN-RETAINED PALATAL PR	$9.30	$8.10	$9.30	$8.10	N	5
42299			UNLISTED PX PALATE UVULA	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
42300			DRAINAGE OF SALIVARY GLAND	$107.33	$91.23	$161.76	$137.50	N	
42300	AA		DRAINAGE OF SALIVARY GLAND	$9.30	$8.10	$9.30	$8.10	N	3
42305			DRAINAGE OF SALIVARY GLAND	$216.92	$184.38	$367.14	$312.07	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
42305	AA		DRAINAGE OF SALIVARY GLAND	$9.30	$8.10	$9.30	$8.10	N	5
42310			DRAINAGE OF SALIVARY GLAND	$85.67	$72.82	$130.18	$110.65	N	
42310	AA		DRAINAGE OF SALIVARY GLAND	$9.30	$8.10	$9.30	$8.10	N	5
42320			DRAINAGE OF SALIVARY GLAND	$129.82	$110.35	$191.78	$163.02	N	
42320	AA		DRAINAGE OF SALIVARY GLAND	$9.30	$8.10	$9.30	$8.10	N	3
42330			REMOVAL OF SALIVARY STONE	$117.07	$99.51	$182.35	$155.00	N	
42330	AA		REMOVAL OF SALIVARY STONE	$9.30	$8.10	$9.30	$8.10	N	3
42335			REMOVAL OF SALIVARY STONE	$215.75	$183.38	$279.80	$237.83	N	
42335	AA		REMOVAL OF SALIVARY STONE	$9.30	$8.10	$9.30	$8.10	N	4
42340			REMOVAL OF SALIVARY STONE	$265.34	$225.54	$363.12	$308.65	N	
42340	AA		REMOVAL OF SALIVARY STONE	$9.30	$8.10	$9.30	$8.10	N	4
42400			BIOPSY OF SALIVARY GLAND	$47.12	$40.05	$82.42	$70.05	N	
42400	AA		BIOPSY OF SALIVARY GLAND	$9.30	$8.10	$9.30	$8.10	N	5
42405			BIOPSY OF SALIVARY GLAND	$30.49	$25.91	$248.34	$211.09	N	
42405	AA		BIOPSY OF SALIVARY GLAND	$9.30	$8.10	$9.30	$8.10	N	3
42408			EXCISION OF SALIVARY CYST	$270.94	$230.30	$357.70	$304.05	N	
42408	AA		EXCISION OF SALIVARY CYST	$9.30	$8.10	$9.30	$8.10	N	5
42409			DRAINAGE OF SALIVARY CYST	$196.91	$167.37	$250.50	$212.93	N	
42409	AA		DRAINAGE OF SALIVARY CYST	$9.30	$8.10	$9.30	$8.10	N	5
42410			EXCISE PAROTID GLAND/LESION	$313.82	$266.74	$533.57	$453.53	N	
42410	AA		EXCISE PAROTID GLAND/LESION	$9.30	$8.10	$9.30	$8.10	N	5
42415			EXCISE PAROTID GLAND/LESION	$525.31	$446.51	$944.78	$803.06	N	
42415	AA		EXCISE PAROTID GLAND/LESION	$9.30	$8.10	$9.30	$8.10	N	5
42420			EXCISE PAROTID GLAND/LESION	$587.53	$499.40	$1,088.22	$924.98	N	
42420	AA		EXCISE PAROTID GLAND/LESION	$9.30	$8.10	$9.30	$8.10	N	5
42425			EXCISE PAROTID GLAND/LESION	$417.48	$354.86	$734.84	$624.61	N	
42425	AA		EXCISE PAROTID GLAND/LESION	$9.30	$8.10	$9.30	$8.10	N	5
42426			EXCISE PAROTID GLAND/LESION	$667.34	$567.24	$1,167.16	$992.09	N	
42426	AA		EXCISE PAROTID GLAND/LESION	$9.30	$8.10	$9.30	$8.10	N	6
42440			EXCISION SUBMAXILLARY GLAND	$208.09	$176.88	$400.34	$340.29	N	
42440	AA		EXCISION SUBMAXILLARY GLAND	$9.30	$8.10	$9.30	$8.10	N	5
42450			EXCISION SUBLINGUAL GLAND	$237.27	$201.68	$359.01	$305.16	N	
42450	AA		EXCISION SUBLINGUAL GLAND	$9.30	$8.10	$9.30	$8.10	N	5
42500			REPAIR SALIVARY DUCT	$225.57	$191.73	$341.13	$289.96	N	
42500	AA		REPAIR SALIVARY DUCT	$9.30	$8.10	$9.30	$8.10	N	5
42505			REPAIR SALIVARY DUCT	$287.95	$244.76	$453.56	$385.53	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
42505	AA		REPAIR SALIVARY DUCT	$9.30	$8.10	$9.30	$8.10	N	5
42507			PAROTID DUCT DIVERSION	$246.89	$209.85	$429.56	$365.13	N	
42507	AA		PAROTID DUCT DIVERSION	$9.30	$8.10	$9.30	$8.10	N	5
42509			PAROTID DUCT DIVERSION	$405.84	$344.96	$738.44	$627.67	N	
42509	AA		PAROTID DUCT DIVERSION	$9.30	$8.10	$9.30	$8.10	N	5
42510			BILAT,PAROTID DUCT DIV.W/LIGA	$302.92	$257.48	$541.83	$460.56	N	
42510	AA		BILAT,PAROTID DUCT DIV.W/LIGA	$9.30	$8.10	$9.30	$8.10	N	5
42550			INJECTION FOR SALIVARY X-RAY	$75.34	$64.04	$144.02	$122.42	N	
42550	AA		INJECTION FOR SALIVARY X-RAY	$9.30	$8.10	$9.30	$8.10	N	3
42600			CLOSURE OF SALIVARY FISTULA	$272.07	$231.26	$388.70	$330.39	N	
42600	AA		CLOSURE OF SALIVARY FISTULA	$9.30	$8.10	$9.30	$8.10	N	5
42650			DILATION OF SALIVARY DUCT	$37.41	$31.80	$63.74	$54.18	N	
42650	AA		DILATION OF SALIVARY DUCT	$9.30	$8.10	$9.30	$8.10	N	3
42660			DILATION OF SALIVARY DUCT	$49.61	$42.17	$84.18	$71.56	N	
42660	AA		DILATION OF SALIVARY DUCT	$9.30	$8.10	$9.30	$8.10	N	5
42665			LIGATION OF SALIVARY DUCT	$187.52	$159.39	$228.60	$194.31	N	
42665	AA		LIGATION OF SALIVARY DUCT	$9.30	$8.10	$9.30	$8.10	N	5
42699			UNLISTED PX SALIVRY GLND/DUX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
42700			DRAINAGE OF TONSIL ABSCESS	$96.43	$81.96	$145.30	$123.51	N	
42700	AA		DRAINAGE OF TONSIL ABSCESS	$9.30	$8.10	$9.30	$8.10	N	5
42720			DRAINAGE OF THROAT ABSCESS	$222.35	$189.00	$348.26	$296.02	N	
42720	AA		DRAINAGE OF THROAT ABSCESS	$9.30	$8.10	$9.30	$8.10	N	5
42725			DRAINAGE OF THROAT ABSCESS	$397.95	$338.25	$644.74	$548.03	N	
42725	AA		DRAINAGE OF THROAT ABSCESS	$9.30	$8.10	$9.30	$8.10	N	5
42800			BIOPSY OF THROAT	$79.19	$67.31	$121.50	$103.27	N	
42800	AA		BIOPSY OF THROAT	$9.30	$8.10	$9.30	$8.10	N	3
42804			BIOPSY OF UPPER NOSE/THROAT	$107.90	$91.71	$169.38	$143.98	N	
42804	AA		BIOPSY OF UPPER NOSE/THROAT	$9.30	$8.10	$9.30	$8.10	N	3
42806			BIOPSY OF UPPER NOSE/THROAT	$120.62	$102.52	$192.22	$163.38	N	
42806	AA		BIOPSY OF UPPER NOSE/THROAT	$9.30	$8.10	$9.30	$8.10	N	3
42808			EXCISE PHARYNX LESION	$116.96	$99.41	$183.50	$155.98	N	
42808	AA		EXCISE PHARYNX LESION	$9.30	$8.10	$9.30	$8.10	N	5
42809			REMOVE PHARYNX FOREIGN BODY	$102.69	$87.28	$141.34	$120.14	N	
42809	AA		REMOVE PHARYNX FOREIGN BODY	$9.30	$8.10	$9.30	$8.10	N	5
42810			EXCISION OF NECK CYST	$195.56	$166.22	$305.72	$259.86	N	
42810	AA		EXCISION OF NECK CYST	$9.30	$8.10	$9.30	$8.10	N	5

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
42815			EXCISION OF NECK CYST	$269.00	$228.65	$459.38	$390.48	N	
42815	AA		EXCISION OF NECK CYST	$9.30	$8.10	$9.30	$8.10	N	5
42820			REMOVE TONSILS AND ADENOIDS	$146.58	$124.59	$244.42	$207.76	N	
42820	AA		REMOVE TONSILS AND ADENOIDS	NA	NA	$9.30	$8.10	N	5
42821			REMOVE TONSILS AND ADENOIDS	$152.89	$129.95	$264.74	$225.03	N	
42821	AA		REMOVE TONSILS AND ADENOIDS	$9.30	$8.10	$9.30	$8.10	N	5
42825			REMOVAL OF TONSILS	NA	NA	$154.92	$131.68	N	
42825	AA		REMOVAL OF TONSILS	NA	NA	$9.30	$8.10	N	5
42826			REMOVAL OF TONSILS	$129.21	$109.83	$217.66	$185.01	N	
42826	AA		REMOVAL OF TONSILS	$9.30	$8.10	$9.30	$8.10	N	5
42830			REMOVAL OF ADENOIDS	NA	NA	$174.36	$148.21	N	
42830	AA		REMOVAL OF ADENOIDS	NA	NA	$9.30	$8.10	N	5
42831			REMOVAL OF ADENOIDS	$117.49	$99.87	$188.87	$160.54	N	
42831	AA		REMOVAL OF ADENOIDS	$9.30	$8.10	$9.30	$8.10	N	5
42835			REMOVAL OF ADENOIDS	NA	NA	$162.72	$138.31	N	
42835	AA		REMOVAL OF ADENOIDS	NA	NA	$9.30	$8.10	N	5
42836			REMOVAL OF ADENOIDS	$124.48	$105.80	$208.98	$177.64	N	
42836	AA		REMOVAL OF ADENOIDS	$9.30	$8.10	$9.30	$8.10	N	5
42842			RAD.RESECT..TONSIL,ETC.W/O CLO	$501.85	$426.57	$671.50	$570.77	N	
42842	AA		RAD.RESECT..TONSIL,ETC.W/O CLO	$9.30	$8.10	$9.30	$8.10	N	6
42844			RAD.RESECT.TONSIL,ETC.W/LOCAL	$681.69	$579.43	$1,038.41	$882.65	N	
42844	AA		RAD.RESECT.TONSIL,ETC.W/LOCAL	$9.30	$8.10	$9.30	$8.10	N	6
42845			RAD.RESECT.TONSIL,ETC.W/OTHER	$216.69	$184.19	$1,614.01	$1,371.91	N	
42845	AA		RAD.RESECT.TONSIL,ETC.W/OTHER	$9.30	$8.10	$9.30	$8.10	N	6
42860			EXCISION OF TONSIL TAGS	$98.83	$84.00	$157.27	$133.68	N	
42860	AA		EXCISION OF TONSIL TAGS	$9.30	$8.10	$9.30	$8.10	N	5
42860	AA	52	EXCISION OF TONSIL TAGS	$9.30	$8.10	$9.30	$8.10	N	5
42860	52		EXCISION OF TONSIL TAGS	$22.00	$19.00	$22.00	$19.00	N	
42870			EXCISION OF LINGUAL TONSIL	$58.98	$50.13	$474.84	$403.61	N	
42870	AA		EXCISION OF LINGUAL TONSIL	$9.30	$8.10	$9.30	$8.10	N	5
42890			LIMITED PHARYNGECTOMY	$700.11	$595.09	$920.94	$782.80	N	
42890	AA		PARTIAL REMOVAL OF PHARYNX	$9.30	$8.10	$9.30	$8.10	N	6
42892			RESECTION OF LATERAL PHARYNGEA	$918.62	$780.83	$1,121.90	$953.62	N	
42892	AA		RESECTION OF LATERAL PHARYNGEA	$9.30	$8.10	$9.30	$8.10	N	6
42894			RESECT PHARY. WALL-MYOCUTANEOU	$1,164.41	$989.75	$1,526.50	$1,297.53	N	
42894	AA		RESECT PHARY. WALL-MYOCUTANEOU	$9.30	$8.10	$9.30	$8.10	N	6

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
42900			REPAIR THROAT WOUND	$164.80	$140.08	$304.95	$259.21	N	
42900	AA		REPAIR THROAT WOUND	$9.30	$8.10	$9.30	$8.10	N	4
42950			RECONSTRUCTION OF THROAT	$397.65	$338.00	$680.78	$578.66	N	
42950	AA		RECONSTRUCTION OF THROAT	$9.30	$8.10	$9.30	$8.10	N	6
42953			PHARYNGOESPHAGEAL REPAIR	$479.11	$407.24	$898.61	$763.82	N	
42953	AA		PHARYNGOESPHAGEAL REPAIR	$9.30	$8.10	$9.30	$8.10	N	6
42955			SURGICAL OPENING OF THROAT	$378.06	$321.35	$619.98	$526.98	N	
42955	AA		SURGICAL OPENING OF THROAT	$9.30	$8.10	$9.30	$8.10	N	6
42960			CONTROL THROAT BLEEDING	$80.73	$68.62	$146.12	$124.20	N	
42960	AA		CONTROL THROAT BLEEDING	$9.30	$8.10	$9.30	$8.10	N	5
42961			CONTROL THROAT BLEEDING	$210.18	$178.65	$358.34	$304.59	N	
42961	AA		CONTROL THROAT BLEEDING	$9.30	$8.10	$9.30	$8.10	N	5
42962			CONTROL THROAT BLEEDING	$258.76	$219.94	$443.75	$377.19	N	
42962	AA		CONTROL THROAT BLEEDING	$9.30	$8.10	$9.30	$8.10	N	6
42970			CONTROL NOSE/THROAT BLEEDING	$41.18	$35.00	$325.04	$276.28	N	
42970	AA		CONTROL NOSE/THROAT BLEEDING	$9.30	$8.10	$9.30	$8.10	N	5
42971			CONTROL NOSE/THROAT BLEEDING	$226.46	$192.49	$385.14	$327.37	N	
42971	AA		CONTROL NOSE/THROAT BLEEDING	$9.30	$8.10	$9.30	$8.10	N	5
42972			CONTROL NOSE/THROAT BLEEDING	$252.93	$214.99	$439.70	$373.75	N	
42972	AA		CONTROL NOSE/THROAT BLEEDING	$9.30	$8.10	$9.30	$8.10	N	5
42975			DISE EVAL SLP DO BRTH FLX DX	$47.94	$40.75	$47.94	$40.75	N	
42975	AA		DISE EVAL SLP DO BRTH FLX DX	$9.30	$8.10	$9.30	$8.10	N	6
42999			UNLISTED PX PHRNX ADND/TNSL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
43020			INCISION OF ESOPHAGUS	$283.67	$241.12	$465.38	$395.58	N	
43020	AA		INCISION OF ESOPHAGUS	$9.30	$8.10	$9.30	$8.10	N	6
43030			CRICOPHARYNGEAL MYOTOMY	$261.80	$222.53	$450.43	$382.87	N	
43030	AA		THROAT MUSCLE SURGERY	$9.30	$8.10	$9.30	$8.10	N	6
43045			ESOPHAGOTOMY THRC RMVL FB	$637.50	$541.87	$1,075.42	$914.10	N	
43045	AA		INCISION OF ESOPHAGUS	$9.30	$8.10	$9.30	$8.10	N	13
43100			EXCISION OF ESOPHAGUS LESION	$317.34	$269.74	$529.42	$450.00	N	
43100	AA		EXCISION OF ESOPHAGUS LESION	$9.30	$8.10	$9.30	$8.10	N	15
43101			EXCISION OF ESOPHAGUS LESION	$491.32	$417.62	$849.06	$721.70	N	
43101	AA		EXCISION OF ESOPHAGUS LESION	$9.30	$8.10	$9.30	$8.10	N	15
43107			TOT ESOPH/WO THOR W/PHARYNGO	$1,442.48	$1,226.10	$2,038.14	$1,732.42	N	
43107	AA		TOT ESOPH/WO THOR W/PHARYNGO	$9.30	$8.10	$9.30	$8.10	N	15
43108			TOT ESOPHAG/W/SM BOWEL RECONST	$2,132.93	$1,812.99	$1,683.07	$1,430.61	N	

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
43108	AA		TOT ESOPHAR/W/SM BOWEL RECONST	$9.30	$8.10	$9.30	$8.10	N	15
43112			TOT ESOPH W/THOR/PHARYNGOGASTR	$1,649.45	$1,402.03	$2,202.97	$1,872.52	N	
43112	AA		TOT EXOPH W/THOR/PHARYNGOGASTR	$9.30	$8.10	$9.30	$8.10	N	15
43113			TOT ESOPH W/THOR/SM BOWEL RECO	$2,089.53	$1,776.10	$1,758.08	$1,494.37	N	
43113	AA		TOT ESOPH W/THORYSM BOWEL RECO	$9.30	$8.10	$9.30	$8.10	N	15
43116			PARTIAL ESOPHAGECTOMY W GRAFT	$2,383.45	$2,025.93	$1,643.54	$1,397.01	N	
43116	AA		PARTIAL ESOPHAGECTOMY W GRAFT	$9.30	$8.10	$9.30	$8.10	N	15
43117			DISTAL 2/3 ESOPHAGECTOMY	$1,577.88	$1,341.19	$2,003.08	$1,702.62	N	
43117	AA		DISTAL 2/3 ESOPHAGECTOMY	$9.30	$8.10	$9.30	$8.10	N	15
43118			ESOPHAGECTOMY W COLON OR S BOW	$1,741.64	$1,480.39	$1,638.06	$1,392.35	N	
43118	AA		ESOPHAGECTOMY W COLON OR S BOW	$9.30	$8.10	$9.30	$8.10	N	15
43121			PARTL ESOPHAGECTOMY DIS 2/3	$1,379.91	$1,172.92	$1,501.94	$1,276.65	N	
43121	AA		PARTL ESOPHAGECTOMY DIS 2/3	$9.30	$8.10	$9.30	$8.10	N	15
43122			PART ESOPHAGECTOMY THORACOABDM	$1,257.62	$1,068.97	$2,013.94	$1,711.85	N	
43122	AA		PART EXOPHAGECTOMY THORACOABDM	$9.30	$8.10	$9.30	$8.10	N	15
43123			ESOPHAGETOMY COLON/SM BWL	$2,165.46	$1,840.64	$1,650.39	$1,402.83	N	
43123	AA		ESOPHAGECTOMY COLON/SM BWL	$9.30	$8.10	$9.30	$8.10	N	15
43124			TL/PART ESOPHAGECTOMY WO CONST	$1,835.39	$1,560.08	$1,417.78	$1,205.11	N	
43124	AA		TL/PART ESOPHAGECTOMY WO CONST	$9.30	$8.10	$9.30	$8.10	N	15
43130			REMOVAL OF ESOPHAGUS POUCH	$393.39	$334.38	$662.30	$562.95	N	
43130	AA		REMOVAL OF ESOPHAGUS POUCH	$9.30	$8.10	$9.30	$8.10	N	6
43135			REMOVAL OF ESOPHAGUS POUCH	$712.21	$605.37	$852.35	$724.50	N	
43135	AA		REMOVAL OF ESOPHAGUS POUCH	$9.30	$8.10	$9.30	$8.10	N	6
43180			ESOPHAGOSCOPY RIGID TRNSO	$271.60	$230.86	$271.60	$230.86	N	
43180	AA		ESOPHAGOSCOPY RIGID TRNSO	$9.30	$8.10	$9.30	$8.10	N	5
43180	26		ESOPHAGOSCOPY RIGID TRNSO	$288.43	$245.17	$288.43	$245.17	N	
43191			ESOPHAGOSCOPY RIGID TRNSO DX	$77.20	$65.62	$77.20	$65.62	N	
43191	AA		ESOPHAGOSCOPY RIGID TRNSO DX	$9.30	$8.10	$9.30	$8.10	N	5
43192			ESOPHAGOSCP RIG TRNSO INJECT	$83.87	$71.29	$83.87	$71.29	N	
43192	AA		ESOPHAGOSCP RIG TRNSO INJECT	$9.30	$8.10	$9.30	$8.10	N	5
43193			ESOPHAGOSCP RIG TRNSO BIOPSY	$84.03	$71.42	$84.03	$71.42	N	
43193	AA		ESOPHAGOSCP RIG TRNSO BIOPSY	$9.30	$8.10	$9.30	$8.10	N	5
43194			ESOPHAGOSCP RIG TRNSO REM FB	$94.48	$80.31	$94.48	$80.31	N	
43194	AA		ESOPHAGOSCP RIG TRNSO REM FB	$9.30	$8.10	$9.30	$8.10	N	5
43195			ESOPHAGOSCOPY RIGID BALLOON	$91.71	$77.95	$91.71	$77.95	N	
43195	AA		ESOPHAGOSCOPY RIGID BALLOON	$9.30	$8.10	$9.30	$8.10	N	5

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
43196			ESOPHAGOSCP GUIDE WIRE DILAT	$96.91	$82.37	$96.91	$82.37	N	
43196	AA		ESOPHAGOSCP GUIDE WIRE DILAT	$9.30	$8.10	$9.30	$8.10	N	5
43197			ESOPHAGOSCOPY FLEX DX BRUSH	$96.43	$81.96	$96.43	$81.96	N	
43197	AA		ESOPHAGOSCOPY FLEX DX BRUSH	$9.30	$8.10	$9.30	$8.10	N	5
43197	26		ESOPHAGOSCOPY FLEX DX BRUSH	$40.01	$34.01	$40.01	$34.01	N	
43198			ESOPHAGOSC FLEX TRNSN BIOPSY	$106.83	$90.80	$106.83	$90.80	N	
43198	AA		ESOPHAGOSC FLEX TRNSN BIOPY	$9.30	$8.10	$9.30	$8.10	N	5
43198	26		ESOPHAGOSCOPY FLEX TRNSN BIOPS	$47.86	$40.68	$47.86	$40.68	N	
43200			ESOPHAGUS ENDOSCOPY	$130.87	$111.24	$194.57	$165.38	N	
43200	AA		ESOPHAGUS ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	4
43201			ESOPHAGOSCOPY W/DIR SUBMUC INJ	$129.37	$109.96	$227.93	$193.74	N	
43201	AA		ESOPHAGOSCOPY W/DIR SUBMUC INJ	$9.30	$8.10	$9.30	$8.10	N	5
43201	26		ESOPHAGOSCOPY W/DIR SUBMUC INJ	$50.69	$43.08	$107.55	$91.42	N	
43202			ESOPHAGUS ENDOSCOPY, BIOPSY	$174.92	$148.68	$252.82	$214.89	N	
43202	AA		ESOPHAGUS ENDOSCOPY, BIOPSY	$9.30	$8.10	$9.30	$8.10	N	4
43204			ESOPHAGUS ENDOSCOPY	$65.87	$55.99	$142.46	$121.09	N	
43204	AA		ESOPHAGUS ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	4
43205			ESOPHAGOSCOPY W LIGATION VARIC	$68.31	$58.06	$148.49	$126.22	N	
43205	AA		ESOPHAGOSCOPY W LIGATION VARIC	$9.30	$8.10	$9.30	$8.10	N	5
43206			ESOPH OPTICAL ENDOMICROSCOPY	$150.71	$128.10	$150.71	$128.10	N	
43206	AA		ESOPH OPTICAL ENDOMICROSCOPY	$9.30	$8.10	$9.30	$8.10	N	6
43206	26		ESOPH OPTICAL ENDOMICROSCOPY	$64.89	$55.16	$64.89	$55.16	N	
43210			EGD ESOPHAGOGASTRC FNDOPLSTY	$208.67	$177.37	$208.67	$177.37	N	
43210	AA		EGD ESOPHAGOGASTRC FNDOPLSTY	$9.30	$8.10	$9.30	$8.10	N	5
43211			ESOPHAGOSCOP MUCOSAL RESECT	$113.52	$96.49	$113.52	$96.49	N	
43211	AA		ESOPHAGOSCOP MUCOSAL RESECT	$9.30	$8.10	$9.30	$8.10	N	5
43212			ESOPHAGOSCOP STENT PLACEMENT	$92.00	$78.20	$92.00	$78.20	N	
43212	AA		ESOPHAGOSCOP STENT PLACEMENT	$9.30	$8.10	$9.30	$8.10	N	5
43213			ESOPHAGOSCOPY RETRO BALLOON	$589.31	$500.91	$589.31	$500.91	N	
43213	AA		ESOPHAGOSCOPY RETRO BALLOON	$9.30	$8.10	$9.30	$8.10	N	5
43213	26		ESOPHAGOSCOPY RETRO BALLOON	$125.74	$106.87	$125.74	$106.87	N	
43214			ESOPHAGOSC DILATE BALLOON 30	$95.25	$80.96	$95.25	$80.96	N	
43214	AA		ESOPHAGOSC DILATE BALLOON 30	$9.30	$8.10	$9.30	$8.10	N	5
43215			ESOPHAGUS ENDOSCOPY	$193.48	$164.46	$129.42	$110.00	N	
43215	AA		ESOPHAGUS ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	4
43216			ESOPHAGOSCOPY W/REMOVAL TUMORS	$200.48	$170.41	$200.48	$170.41	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
43216	AA		ESOPHAGOSCOPY W/REMOVAL TUMORS	$9.30	$8.10	$9.30	$8.10	N	5
43217			ESOPHAGUS ENDOSCOPY	$206.75	$175.74	$335.83	$285.46	N	
43217	AA		ESOPHAGUS ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	4
43220			ESOPHAGUS ENDOSCOPY,DILATION	$86.58	$73.59	$104.33	$88.68	N	
43220	AA		ESOPHAGUS ENDOSCOPY,DILATION	$9.30	$8.10	$9.30	$8.10	N	4
43226			ESOPHAGUS/STOMACH ENDOSCOPY	$190.80	$162.18	$114.54	$97.36	N	
43226	AA		ESOPHAGUS/STOMACH ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	4
43227			ESOPHAGUS/STOMACH ENDOSCOPY	$289.75	$246.28	$170.98	$145.33	N	
43227	AA		ESOPHAGUS/STOMACH ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	4
43229			ESOPHAGOSCOPY LESION ABLATE	$344.34	$292.69	$344.34	$292.69	N	
43229	AA		ESOPHAGOSCOPY LESION ABLATE	$9.30	$8.10	$9.30	$8.10	N	5
43229	26		ESOPHAGOSCOPY LESION ABLATE	$95.22	$80.94	$95.22	$80.94	N	
43231			ESOPHAGOSCOPY RIGID/FLEX W/US	$75.42	$64.11	$152.10	$129.29	N	
43231	AA		ESOPHAGOSCOPY RIGID/FLEX W/US	$9.30	$8.10	$9.30	$8.10	N	5
43232			ESOPHAGOSCOPY W/US FINE NEEDLE	$95.83	$81.45	$95.83	$81.45	N	
43232	AA		ESOPHAGOSCOPY W/US FINE NEEDLE	$9.30	$8.10	$9.30	$8.10	N	5
43233			EGD BALLOON DIL ESOPH30 MM/>	$111.02	$94.36	$111.02	$94.36	N	
43233	AA		EGD BALLOON DIL ESOPH30 MM/>	$9.30	$8.10	$9.30	$8.10	N	5
43235			UPPER GI ENDOSCOPY,DIAGNOSIS	$142.92	$121.48	$256.92	$218.38	N	
43235	AA		UPPER GI ENDOSCOPY,DIAGNOSIS	$9.30	$8.10	$9.30	$8.10	N	4
43236			UPPER GI ENDOSCOPY W/DIR INJ	$196.99	$167.44	$316.34	$268.89	N	
43236	AA		UPPER GI ENDOSCOPY W/DIR INJ	$9.30	$8.10	$9.30	$8.10	N	5
43236	26		UPPER GI ENDOSCOPY W/DIR INJ	$67.16	$57.08	$139.92	$118.93	N	
43237			UPPER GI ENDOSCOPY W/ULTRASOUN	$94.58	$80.39	$192.48	$163.61	N	
43237	AA		UPPER GI ENDOSCOPY W/ULTRASOUN	$9.30	$8.10	$9.30	$8.10	N	5
43238			UPPER GI ENDOSC W/ASPIR/BIOPSY	$112.54	$95.65	$238.26	$202.52	N	
43238	AA		UPPER GI ENDOSC W/ASPIR/BIOSPY	$9.30	$8.10	$9.30	$8.10	N	5
43239			UPPER GI ENDOSCOPY, BIOPSY	$185.09	$157.33	$291.64	$247.89	N	
43239	AA		UPPER GI ENDOSCOPY, BIOPSY	$9.30	$8.10	$9.30	$8.10	N	4
43240			UPPER GI ENDO W/DRAIN PSEUDOCY	$188.60	$160.31	$321.67	$273.42	N	
43240	AA		UPPER GI ENDO W/DRAIN PSEUDOCY	$9.30	$8.10	$9.30	$8.10	N	5
43241			UPPER EENDOSCOPY W/TUBE/CATH..	$69.25	$58.86	$69.25	$58.86	N	
43241	AA		UPPER EENDOSCOPY W/TUBE/CATH..	$9.30	$8.10	$9.30	$8.10	N	4
43242			UP GI W/US FINE NEEDLE BX	$126.74	$107.72	$275.90	$234.52	N	
43242	AA		UP GI END W/US FINE NEEDLE BX	$9.30	$8.10	$9.30	$8.10	N	5
43243			UPPER GI ENDOSCOPY..INJECT SCL	$115.10	$97.83	$215.00	$182.75	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
43243	AA		UPPER GI ENDOSCOPY..INJ SCLER	$9.30	$8.10	$9.30	$8.10	N	4
43244			UPPER GI ENDOSCOPY/BAND LIGATN	$118.25	$100.51	$237.12	$201.55	N	
43244	AA		UPPER GI ENDOSCOPY/BAND LIGATN	$9.30	$8.10	$9.30	$8.10	N	5
43245			UPPER GI ENDOSCOPY FOR DILAT	$289.67	$246.22	$289.67	$246.22	N	
43245	AA		UPPER GI ENDOSCOPY FOR DILAT	$9.30	$8.10	$9.30	$8.10	N	4
43246			UPPER GI ENDOSCOPY,TUBE PLCMNT	$97.13	$82.56	$203.97	$173.37	N	
43246	AA		UPPER GI ENDOSCOPY,TUBE PLCMNT	$9.30	$8.10	$9.30	$8.10	N	4
43247			OPERATIVE UPPER GI ENDOSCOPY	$189.25	$160.86	$161.33	$137.13	N	
43247	AA		OPERATIVE UPPER GI ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	4
43248			UPPER G.I. W GUIDE WIRE DILATA	$203.40	$172.89	$150.83	$128.21	N	
43248	AA		UPPER GI W GUIDE WIRE PILATA	$9.30	$8.10	$9.30	$8.10	N	5
43249			ESOPHGOSCOPY W BALLOON DILATN	$517.86	$440.18	$139.24	$118.35	N	
43249	AA		ESOPHGOSCOPY W BALLOON DILATN	$9.30	$8.10	$9.30	$8.10	N	5
43250			UPPER GI REMOVAL OF TUMORS ETC	$221.14	$187.97	$153.30	$131.00	N	
43250	AA		UPPER GI REMOVAL TUMORS ETC	$9.30	$8.10	$9.30	$8.10	N	5
43251			OPERATIVE UPPER GI ENDOSCOPY	$242.24	$205.90	$175.45	$149.13	N	
43251	AA		OPERATIVE UPPER GI ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	4
43252			UPPR GI OPTICL ENDOMICRSCOPY	$168.69	$143.38	$168.69	$143.38	N	
43252	AA		UPPR GI OPTICL ENDOMICRSCOPY	$9.30	$8.10	$9.30	$8.10	N	5
43252	26		UPPER GI OPTICAL ENDOMICROSCOP	$81.51	$69.28	$81.51	$69.28	N	
43253			EGD US TRANSMURAL INJXN/MARK	$126.90	$107.86	$126.90	$107.86	N	
43253	AA		EGD US TRANSMURAL INJXN/MARK	$9.30	$8.10	$9.30	$8.10	N	5
43254			EGD ENDO MUCOSAL RESECTION	$130.49	$110.91	$130.49	$110.91	N	
43254	AA		EGD ENDO MUCOSAL RESECTION	$9.30	$8.10	$9.30	$8.10	N	5
43255			OPERATIVE UPPER GI ENDOSCOPY	$304.69	$258.99	$226.54	$192.56	N	
43255	AA		OPERATIVE UPPER GI ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	4
43257			UPPR GI SCOPE W/THRML TXMNT	$112.38	$95.52	$243.71	$207.15	N	
43257	AA		UPPR GI SCOPE W/THRML TXMNT	$9.30	$8.10	$9.30	$8.10	N	5
43259			UPPER GI ULTRASONIC EXAMINATIO	$109.44	$93.02	$237.67	$202.02	N	
43259	AA		UPPER GI ULTRASONIC EXAMINATI	$9.30	$8.10	$9.30	$8.10	N	5
43260			UPPER GI ENDOSCOPY,DIAGNOSIS	$155.47	$132.15	$278.52	$236.74	N	
43260	AA		UPPER GI ENDOSCOPY,DIAGNOSIS	$9.30	$8.10	$9.30	$8.10	N	4
43261			ERCP WITH BIOPSY SINGLE ORMANY	$162.97	$138.52	$292.94	$249.00	N	
43261	AA		ERCP WITH BIOPSY SINGLE ORMANY	$9.30	$8.10	$9.30	$8.10	N	5
43262			OPERATIVE UPPER GI ENDOSCOPY	$171.95	$146.15	$343.95	$292.36	N	
43262	AA		OPERATIVE UPPER GI ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
43263			ERCP W-W/O SPEC COLL/SPHIN.OF	$172.28	$146.44	$340.11	$289.10	N	
43263	AA		ERCP W-W/O SPEC COLL/SPHIN.OF	$9.30	$8.10	$9.30	$8.10	N	4
43264			OPERATIVE UPPER GI ENDOSCOPY	$175.54	$149.21	$175.54	$149.21	N	
43264	AA		OPERATIVE UPPER GI ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	4
43265			ERCP,W/WO BIOPSY.....	$208.01	$176.80	$208.01	$176.80	N	
43265	AA		ERCP, W/WO BOPSY	$9.30	$8.10	$9.30	$8.10	N	5
43266			EGD ENDOSCOPIC STENT PLACE	$105.29	$89.50	$105.29	$89.50	N	
43266	AA		EGD ENDOSCOPIC STENT PLACE	$9.30	$8.10	$9.30	$8.10	N	5
43270			EGD LESION ABLATION	$355.01	$301.76	$355.01	$301.76	N	
43270	AA		EGD LESION ABLATION	$9.30	$8.10	$9.30	$8.10	N	5
43270	26		EGD LESION ABLATION	$108.78	$92.46	$108.78	$92.46	N	
43273			ENDOSCOPIC CANNULATION OF PAPI	$57.29	$48.70	$57.29	$48.70	N	
43273	AA		ENDOSCOPIC CANNULATION OF PAPI	$9.30	$8.10	$9.30	$8.10	N	5
43274			ERCP DUCT STENT PLACEMENT	$222.54	$189.16	$222.54	$189.16	N	
43274	AA		ERCP DUCT STENT PLACEMENT	$9.30	$8.10	$9.30	$8.10	N	5
43275			ERCP REMOVE FORGN BODY DUCT	$181.25	$154.06	$181.25	$154.06	N	
43275	AA		ERCP REMOVE FORGN BODY DUCT	$9.30	$8.10	$9.30	$8.10	N	5
43276			ERCP STENT EXCHANGE W/DILATE	$231.52	$196.79	$231.52	$196.79	N	
43276	AA		ERCP STENT EXCHANGE W/DILATE	$9.30	$8.10	$9.30	$8.10	N	5
43277			ERCP EA DUCT/AMPULLA DILATE	$182.23	$154.90	$182.23	$154.90	N	
43277	AA		ERCP EA DUCT/AMPULLA DILATE	$9.30	$8.10	$9.30	$8.10	N	5
43278			ERCP LESION ABLATE W/DILATE	$208.34	$177.09	$208.34	$177.09	N	
43278	AA		ERCP LESION ABLATE W/DILATE	$9.30	$8.10	$9.30	$8.10	N	5
43279			LAPAROSCOPY SURGICAL ESOPHA	$630.08	$535.57	$630.08	$535.57	N	
43279	AA		LAPAROSCOPY SURGICAL ESOPHA	$9.30	$8.10	$9.30	$8.10	N	5
43280			LAP SURG ESOPHAGOGAS FUNDOPLAS	$531.76	$451.99	$858.81	$729.99	N	
43280	AA		LAP SURG ESOPHAGOGAS FUNDOPLAS	$9.30	$8.10	$9.30	$8.10	N	7
43281			LAPAROSCOPY, SURGICAL, REPAIR	$753.46	$640.44	$753.46	$640.44	N	
43281	AA		LAPAROSCOPY, SURGICAL, REPAIR	$9.30	$8.10	$9.30	$8.10	N	7
43282			LAPAROSCOPY, SURGICAL, REPAIR	$849.09	$721.73	$849.09	$721.73	N	
43282	AA		LAPAROSCOPY, SURGICAL, REPAIR	$9.30	$8.10	$9.30	$8.10	N	7
43283			LAP ESOPH LENGTHENING	$76.05	$64.64	$76.05	$64.64	N	
43284			LAPS ESOPHGL SPHNCTR AGMNTJ	$325.37	$276.56	$325.37	$276.56	N	
43284	AA		LAPS ESOPHGL SPHNCTR AGMNTJ	$9.30	$8.10	$9.30	$8.10	N	7
43285			RMVL ESOPHGL SPHNCTR DEV	$334.01	$283.90	$334.01	$283.90	N	
43285	AA		RMVL ESOPHGL SPHNCTR DEV	$9.30	$8.10	$9.30	$8.10	N	7

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
43286			ESPHG TOT W/LAPS MOBLJ	$1,548.42	$1,316.16	$1,548.42	$1,316.16	N	
43286	AA		ESPHG TOT W/LAPS MOBLJ	$9.30	$8.10	$9.30	$8.10	N	7
43287			ESPHG DST/2/3 W/LAPS MOBLJ	$1,718.48	$1,460.71	$1,718.48	$1,460.71	N	
43287	AA		ESPHG DST/2/3 W/LAPS MOBLJ	$9.30	$8.10	$9.30	$8.10	N	7
43288			ESPHG THRSC MOBLJ	$1,814.46	$1,542.29	$1,814.46	$1,542.29	N	
43288	AA		ESPHG THRSC MOBLJ	$9.30	$8.10	$9.30	$8.10	N	7
43289			UNLISTED LAPS PX ESOPH	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
43289	AA		UNLISTED LAP PROC ESOPHAGUS	$9.30	$8.10	$9.30	$8.10	N	7
43290			EGD FLX TRNSORL DPLMNT BALO	$1,227.81	$1,043.63	$1,227.81	$1,043.63	N	
43290	AA		EGD FLX TRNSORL DPLMNT BALO	$9.30	$8.10	$9.30	$8.10	N	5
43290	26		EGD FLX TRNSORL DPLMNT BALO	$86.88	$73.85	$86.88	$73.85	N	
43291			EGD FLX TRNSORL RMVL BALO	$225.93	$192.04	$225.93	$192.04	N	
43291	AA		EGD FLX TRNSORL RMVL BALO	$9.30	$8.10	$9.30	$8.10	N	5
43291	26		EGD FLX TRNSORL RMVL BALO	$78.43	$66.66	$78.43	$66.66	N	
43300			REPAIR OF ESOPHAGUS	$313.27	$266.28	$538.53	$457.75	N	
43300	AA		REPAIR OF ESOPHAGUS	$9.30	$8.10	$9.30	$8.10	N	15
43305			REPAIR ESOPHAGUS AND FISTULA	$542.17	$460.84	$958.06	$814.35	N	
43305	AA		REPAIR ESOPHAGUS AND FISTULA	$9.30	$8.10	$9.30	$8.10	N	15
43310			REPAIR OF ESOPHAGUS	$718.73	$610.92	$1,284.05	$1,091.44	N	
43310	AA		REPAIR OF ESOPHAGUS	$9.30	$8.10	$9.30	$8.10	N	15
43312			REPAIR ESOPHAGUS AND FISTULA	$765.01	$650.25	$1,419.82	$1,206.84	N	
43312	AA		REPAIR ESOPHAGUS AND FISTULA	$9.30	$8.10	$9.30	$8.10	N	15
43313			ESOPHAGOPLASTY THOR WO REPAIR	$1,431.06	$1,216.40	$2,230.23	$1,895.70	N	
43313	AA		ESOPHAGOPLASTY THOR WO REPAIR	$9.30	$8.10	$9.30	$8.10	N	15
43314			ESOPHAGOPLASTY THORACIC W/REP	$1,527.57	$1,298.43	$2,435.41	$2,070.10	N	
43314	AA		ESOPHAGOPLASTY THORACIC W/REP	$9.30	$8.10	$9.30	$8.10	N	7
43320			FUSE ESOPHAGUS & STOMACH	$690.14	$586.61	$1,022.94	$869.50	N	
43320	AA		FUSE ESOPHAGUS & STOMACH	$9.30	$8.10	$9.30	$8.10	N	13
43325			REVISE ESOPHAGUS & STOMACH	$671.23	$570.55	$1,008.67	$857.37	N	
43325	AA		REVISE ESOPHAGUS & STOMACH	$9.30	$8.10	$9.30	$8.10	N	13
43327			ESOPH FUNDOPLASTY LAP	$413.50	$351.48	$413.50	$351.48	N	
43327	AA		ESOPH FUNDOPLASTY LAP	$9.30	$8.10	$9.30	$8.10	N	7
43328			ESOPH FUNDOPLASTY THOR	$544.04	$462.43	$544.04	$462.43	N	
43328	AA		ESOPH FUNDOPLASTY THOR	$9.30	$8.10	$9.30	$8.10	N	7
43330			REPAIR OF ESOPHAGUS	$660.31	$561.26	$991.57	$842.83	N	
43330	AA		REPAIR OF ESOPHAGUS	$9.30	$8.10	$9.30	$8.10	N	13

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
43331			REPAIR OF ESOPHAGUS	$652.82	$554.90	$1,054.84	$896.61	N	
43331	AA		REPAIR OF ESOPHAGUS	$9.30	$8.10	$9.30	$8.10	N	13
43332			TRANSAB ESOPH HIAT HERN RPR	$563.56	$479.02	$563.56	$479.02	N	
43332	AA		TRANSAB ESOPH HIAT HERN RPR	$9.30	$8.10	$9.30	$8.10	N	7
43333			TRANSAB ESOPH HIAT HERN RPR	$619.60	$526.66	$619.60	$526.66	N	
43333	AA		TRANSAB ESOPH HIAT HERN RPR	$9.30	$8.10	$9.30	$8.10	N	7
43334			TRANSTHOR DIAPHRAG HERN RPR	$601.05	$510.89	$601.05	$510.89	N	
43334	AA		TRANSTHOR DIAPHRAG HERN RPR	$9.30	$8.10	$9.30	$8.10	N	15
43335			TRANSTHOR DIAPHRAG HERN RPR	$644.67	$547.97	$644.67	$547.97	N	
43335	AA		TRANSTHOR DIAPHRAG HERN RPR	$9.30	$8.10	$9.30	$8.10	N	15
43336			THORABD DIAPHR HERN REPAIR	$700.89	$595.76	$700.89	$595.76	N	
43336	AA		THORABD DIAPHR HERN REPAIR	$9.30	$8.10	$9.30	$8.10	N	15
43337			THORABD DIAPHR HERN REPAIR	$746.57	$634.58	$746.57	$634.58	N	
43337	AA		THORABD DIAPHR HERN REPAIR	$9.30	$8.10	$9.30	$8.10	N	15
43338			ESOPH LENGTHENING	$54.79	$46.57	$54.79	$46.57	N	
43340			FUSE ESOPHAGUS & INTESTINE	$681.66	$579.41	$996.42	$846.95	N	
43340	AA		FUSE ESOPHAGUS & INTESTINE	$9.30	$8.10	$9.30	$8.10	N	13
43341			FUSE ESOPHAGUS & INTESTINE	$681.77	$579.50	$1,084.82	$922.10	N	
43341	AA		FUSE ESOPHAGUS & INTESTINE	$9.30	$8.10	$9.30	$8.10	N	13
43351			SURGICAL OPENING, ESOPHAGUS	$645.46	$548.64	$985.03	$837.28	N	
43351	AA		SURGICAL OPENING, ESOPHAGUS	$9.30	$8.10	$9.30	$8.10	N	13
43352			SURGICAL OPENING, ESOPHAGUS	$522.77	$444.35	$827.37	$703.26	N	
43352	AA		SURGICAL OPENING, ESOPHAGUS	$9.30	$8.10	$9.30	$8.10	N	13
43360			GI RECONSTRUCTN FR SP ESOPHCTM	$1,088.95	$925.61	$1,786.25	$1,518.31	N	
43360	AA		GI RECONSTRUCTN FR SP ESOPHCTM	$9.30	$8.10	$9.30	$8.10	N	15
43361			GI RECONSTRT W COLON/INST CONT	$1,328.32	$1,129.07	$1,985.60	$1,687.76	N	
43361	AA		GI RECONSTRT W COLON/INST CONT	$9.30	$8.10	$9.30	$8.10	N	15
43400			LIGATE ESOPHAGUS VEINS	$750.94	$638.30	$1,047.90	$890.71	N	
43400	AA		LIGATE ESOPHAGUS VEINS	$9.30	$8.10	$9.30	$8.10	N	6
43405			LIGATE/STAPLING GE JTION	$711.79	$605.02	$1,041.31	$885.12	N	
43405	AA		LIGATE/STAPLING GE JTION	$9.30	$8.10	$9.30	$8.10	N	7
43410			REPAIR ESOPHAGUS WOUND	$514.41	$437.24	$735.29	$624.99	N	
43410	AA		REPAIR ESOPHAGUS WOUND	$9.30	$8.10	$9.30	$8.10	N	6
43415			REPAIR ESOPHAGUS WOUND	$1,249.25	$1,061.86	$1,292.42	$1,098.56	N	
43415	AA		REPAIR ESOPHAGUS WOUND	$9.30	$8.10	$9.30	$8.10	N	13
43420			REPAIR ESOPHAGUS OPENING	$503.99	$428.39	$747.06	$635.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
43420	AA		REPAIR ESOPHAGUS OPENING	$9.30	$8.10	$9.30	$8.10	N	6
43425			REPAIR ESOPHAGUS OPENING	$701.76	$596.49	$1,092.40	$928.54	N	
43425	AA		REPAIR ESOPHAGUS OPENING	$9.30	$8.10	$9.30	$8.10	N	13
43450			DILATE ESOPHAGUS 1/MULT PASS	$93.82	$79.74	$136.45	$115.98	N	
43450	AA		DILATE ESOPHAGUS	$9.30	$8.10	$9.30	$8.10	N	3
43453			DILATE ESOPHAGUS	$77.16	$65.58	$257.26	$218.67	N	
43453	AA		DILATE ESOPHAGUS	$9.30	$8.10	$9.30	$8.10	N	4
43453	AA	76	DILATE ESOPHAGUS	$9.30	$8.10	$9.30	$8.10	N	4
43460			PRESSURE TREATMENT ESOPHAGUS	$103.07	$87.61	$179.54	$152.61	N	
43460	AA		PRESSURE TREATMENT ESOPHAGUS	$9.30	$8.10	$9.30	$8.10	N	4
43496			FREE JEJUNUM TRANSF W/MICROVAS	$700.82	$595.70	$700.82	$595.70	N	
43496	AA		FREE JEJUNUM TRANSF W/MICROVAS	$9.30	$8.10	$9.30	$8.10	N	15
43497			TRANSORL LWR ESOPHGL MYOTOMY	$386.39	$328.43	$386.39	$328.43	N	
43497	AA		TRANSORL LWR ESOPHGL MYOTOMY	$9.30	$8.10	$9.30	$8.10	N	5
43499			UNLISTED PROCEDURE ESOPHAGUS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
43500			SURGICAL OPENING OF STOMACH	$391.09	$332.43	$560.51	$476.44	N	
43500	AA		SURGICAL OPENING OF STOMACH	$9.30	$8.10	$9.30	$8.10	N	7
43501			GASTROTOMY: WITH SUTURE REPAIR	$664.39	$564.73	$992.89	$843.95	N	
43501	AA		GASTROTOMY: WITH SUTURE REPAIR	$9.30	$8.10	$9.30	$8.10	N	7
43502			GASTROSTOM W REPAIR ESPH LESN	$752.71	$639.80	$1,143.23	$971.75	N	
43502	AA		GASTROSTOM W REPAIR ESPH LESN	$9.30	$8.10	$9.30	$8.10	N	7
43510			SURGICAL OPENING OF STOMACH	$472.50	$401.62	$680.55	$578.47	N	
43510	AA		SURGICAL OPENING OF STOMACH	$9.30	$8.10	$9.30	$8.10	N	7
43520			INCISION OF PYLORIC MUSCLE	$354.82	$301.60	$534.50	$454.32	N	
43520	AA		INCISION OF PYLORIC MUSCLE	$9.30	$8.10	$9.30	$8.10	N	7
43605			BIOPSY,STOMACH,BY LAPAROTOMY	$419.21	$356.33	$604.61	$513.92	N	
43605	AA		BIOPSY,STOMACH,BY LAPAROTOMY	$9.30	$8.10	$9.30	$8.10	N	7
43610			EXCISION OF STOMACH LESION	$482.13	$409.81	$726.96	$617.92	N	
43610	AA		EXCISION OF STOMACH LESION	$9.30	$8.10	$9.30	$8.10	N	7
43611			EXCISION MALIG TUMOR OF STOMAC	$606.91	$515.87	$889.66	$756.21	N	
43611	AA		EXCI MALIGNANT TUMOR OF STOMAC	$9.30	$8.10	$9.30	$8.10	N	7
43620			REMOVAL OF STOMACH	$974.74	$828.52	$1,465.86	$1,245.98	N	
43620	AA		REMOVAL OF STOMACH	$9.30	$8.10	$9.30	$8.10	N	7
43621			GASTRECTOMY W ROUX-EN-Y RECONS	$1,117.46	$949.84	$1,496.14	$1,271.72	N	
43621	AA		GASTRECTOMY W ROUX-EN Y RECONS	$9.30	$8.10	$9.30	$8.10	N	7
43622			GASTRECTOMY W INTESTINAL POUCH	$1,134.00	$963.90	$1,581.77	$1,344.50	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
43622	AA		GASTRECTOMY W INTESTINAL POUCH	$9.30	$8.10	$9.30	$8.10	N	7
43631			GASTRECTOMY GASTRODUODENOSTOMY	$716.26	$608.82	$1,112.74	$945.83	N	
43631	AA		GASTRECTOMY GASTRODUODENOSTOMY	$9.30	$8.10	$9.30	$8.10	N	7
43632			GASTRECTOMY GASTROJEJUNOSTOMY	$1,001.16	$850.98	$1,112.74	$945.83	N	
43632	AA		GASTRECTOMY GASTROJEJUNOSTOMY	$9.30	$8.10	$9.30	$8.10	N	7
43633			GASTRECTOMY ROUX-Y RECONSTRUCT	$947.02	$804.96	$1,136.69	$966.18	N	
43633	AA		GASTRECTOMY ROUX-EN-Y-RECONSTR	$9.30	$8.10	$9.30	$8.10	N	7
43634			GASTRECTOMY W INTESTINAL POUCH	$1,043.86	$887.28	$1,234.00	$1,048.90	N	
43634	AA		GASTRECTOMY W INTESTINAL POUCH	$9.30	$8.10	$9.30	$8.10	N	7
43635			PARTIAL REMOVAL OF STOMACH	$54.78	$46.56	$54.78	$46.56	N	
43635	AA		PARTIAL REMOVAL OF STOMACH	$9.30	$8.10	$9.30	$8.10	N	7
43640			VAGOTOMY & PYLORUS REPAIR	$590.19	$501.66	$850.26	$722.72	N	
43640	AA		VAGOTOMY & PYLORUS REPAIR	$9.30	$8.10	$9.30	$8.10	N	7
43641			VAGOTOMY W/PYLOROPLASTY:PARIET	$596.72	$507.21	$861.61	$732.37	N	
43641	AA		VAGOTOMY ..PARIETAL CELL	$9.30	$8.10	$9.30	$8.10	N	7
43644			LAP GASTRIC BYPASS/ROUX-EN-Y	$856.46	$727.99	$1,354.28	$1,151.14	N	
43644	AA		LAP GASTRIC BYPASS/ROUX-EN-Y	$9.30	$8.10	$9.30	$8.10	N	7
43645			LAP GASTR BYPASS INCL SMAA I	$912.85	$775.92	$1,459.98	$1,240.99	N	
43645	AA		LAP GASTR BYPASS INCL SMAA I	$9.30	$8.10	$9.30	$8.10	N	7
43647			LAP IMPL ELECTRODE, ANTRUM	$388.03	$329.83	$388.03	$329.83	N	
43647	AA		LAP IMPL ELECTRODE, ANTRUM	$9.30	$8.10	$9.30	$8.10	N	7
43648			LAP REVISE/REMV ELTRD ANTRUM	$274.14	$233.02	$274.14	$233.02	N	
43648	AA		LAP REVISE/REMV ELTRD ANTRUM	$9.30	$8.10	$9.30	$8.10	N	7
43651			LAP SURG TRANS VAGUS NERVES	$328.43	$279.17	$521.39	$443.18	N	
43651	AA		LAP SURG TRANS VAGUS NERVES	$9.30	$8.10	$9.30	$8.10	N	7
43652			LAP SURG TRANSECT VAGUS NERVES	$381.41	$324.19	$625.05	$531.29	N	
43652	AA		LAP SURG TRANSECT VAGUS NERVES	$9.30	$8.10	$9.30	$8.10	N	7
43653			LAP SURGICAL GASTROSTOMY	$289.53	$246.10	$416.06	$353.65	N	
43653	AA		LAP SURGICAL GASTROSTOMY	$9.30	$8.10	$9.30	$8.10	N	7
43659			UNLISTED LAPS PX STOMACH	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
43659	AA		UNLISTED LAP PROC STOMACH	$9.30	$8.10	$9.30	$8.10	N	7
43752			NASO/ORO-GASTRIC TUBE PLACEMEN	$19.37	$16.46	$19.37	$16.46	N	
43752	AA		NASO/ORO-GASTRIC TUBE PLACEMEN	$9.30	$8.10	$9.30	$8.10	N	5
43753			TX GASTRO INTUB W/ASP	$10.40	$8.84	$10.40	$8.84	N	
43753	AA		TX GASTRO INTUB W/ASP	$9.30	$8.10	$9.30	$8.10	N	5
43754			DX GASTR INTUB W/ASP SPEC	$116.59	$99.10	$116.59	$99.10	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
43754	AA		DX GASTR INTUB W/ASP SPEC	$9.30	$8.10	$9.30	$8.10	N	5
43754	26		DX GASTR INTUB W/ASP SPEC	$19.22	$16.33	$19.22	$16.33	N	
43755			DX GASTR INTUB W/ASP SPECS	$99.78	$84.81	$99.78	$84.81	N	
43755	AA		DX GASTR INTUB W/ASP SPECS	$9.30	$8.10	$9.30	$8.10	N	5
43755	26		DX GASTR INTUB W/ASP SPECS	$29.60	$25.16	$29.60	$25.16	N	
43756			DX DUOD INTUB W/ASP SPEC	$133.79	$113.72	$133.79	$113.72	N	
43756	AA		DX DUOD INTUB W/ASP SPEC	$9.30	$8.10	$9.30	$8.10	N	5
43756	26		DX DUOD INTUB W/ASP SPEC	$24.86	$21.13	$24.86	$21.13	N	
43757			DX DUOD INTUB W/ASP SPECS	$179.99	$152.99	$179.99	$152.99	N	
43757	AA		DX DUOD INTUB W/ASP SPECS	$9.30	$8.10	$9.30	$8.10	N	5
43757	26		DX DUOD INTUB W/ASP SPECS	$37.76	$32.09	$37.76	$32.09	N	
43761			REPOSITION GASTRIC TUBE/ENT.FE	$12.04	$10.23	$107.09	$91.02	N	
43761	AA		REPOSITION GASTRIC TUBE/ENT FE	$9.30	$8.10	$9.30	$8.10	N	3
43762			RPLC GTUBE NO REVJ TRC	$110.82	$94.20	$110.82	$94.20	N	
43762	AA		RPLC GTUBE NO REVJ TRC	$9.30	$8.10	$9.30	$8.10	N	4
43763			RPLC GTUBE REVJ GSTRST TRC	$163.29	$138.80	$163.29	$138.80	N	
43763	AA		RPLC GTUBE REVJ GSTRST TRC	$9.30	$8.10	$9.30	$8.10	N	
43770			LAP, PLACE GASTR ADJUST BAND	$558.66	$474.86	$854.95	$726.71	N	
43770	AA		LAP, PLACE GASTR ADJUST BAND	$9.30	$8.10	$9.30	$8.10	N	7
43771			LAP, REVISE ADJUST GAST BAND	$632.99	$538.04	$983.66	$836.11	N	
43771	AA		LAP, REVISE ADJUST GAST BAND	$9.30	$8.10	$9.30	$8.10	N	7
43772			LAP, REMOVE ADJUST GAST BAND	$471.06	$400.40	$749.45	$637.03	N	
43772	AA		LAP, REMOVE ADJUST GAST BAND	$9.30	$8.10	$9.30	$8.10	N	7
43773			LAP, CHANGE ADJUST GAST BAND	$632.99	$538.04	$983.94	$836.35	N	
43773	AA		LAP, CHANGE ADJUST GAST BAND	$9.30	$8.10	$9.30	$8.10	N	7
43774			LAP REMOV ADJ GAST BAND/PORT	$476.74	$405.23	$751.84	$639.06	N	
43774	AA		LAP REMOV ADJ GAST BAND/PORT	$9.30	$8.10	$9.30	$8.10	N	7
43775			LAPAROSCOPY, SURGICAL, GASTRIC	$540.70	$459.59	$540.70	$459.59	N	
43775	AA		LAPAROSCOPY, SURGICAL, GASTRIC	$9.30	$8.10	$9.30	$8.10	N	7
43800			PYLOROPLASTY	$459.99	$390.99	$686.16	$583.24	N	
43800	AA		RECONSTRUCTION OF PYLORUS	$9.30	$8.10	$9.30	$8.10	N	7
43810			GASTRODUODENOSTOMY	$503.50	$427.97	$729.56	$620.13	N	
43810	AA		FUSION OF STOMACH AND BOWEL	$9.30	$8.10	$9.30	$8.10	N	7
43820			GASTROJEJUNOSTOMY WO VAGOTMY	$664.63	$564.93	$763.08	$648.62	N	
43820	AA		FUSION OF STOMACH AND BOWEL	$9.30	$8.10	$9.30	$8.10	N	7
43825			GASTROJEJUNOSTOMY W/VAGOTOMY	$648.71	$551.40	$953.88	$810.80	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
43825	AA		FUSION OF STOMACH AND BOWEL	$9.30	$8.10	$9.30	$8.10	N	7
43830			GSTRST OPEN WO CONSTJ TUBE	$349.62	$297.17	$502.46	$427.09	N	
43830	AA		SURGICAL OPENING OF STOMACH	$9.30	$8.10	$9.30	$8.10	N	7
43831			GASTROSTOMY OPEN NEONATAL	NA	NA	$431.33	$366.63	N	
43831	AA		SURGICAL OPENING OF STOMACH	NA	NA	$9.30	$8.10	N	7
43832			GSTRST OPEN W/CONSTJ TUBE	$518.03	$440.32	$783.51	$665.99	N	
43832	AA		SURGICAL OPENING OF STOMACH	$9.30	$8.10	$9.30	$8.10	N	7
43840			REPAIR OF STOMACH LESION	$671.77	$571.00	$781.89	$664.60	N	
43840	AA		REPAIR OF STOMACH LESION	$9.30	$8.10	$9.30	$8.10	N	7
43842			GASTROPLASTY, MORBID OBESITY	$423.00	$368.00	$920.04	$782.03	N	
43842	AA		GASTROPLASTY, MORBID OBESITY	$9.30	$8.10	$9.30	$8.10	N	7
43843			GASTROPLASTY,MORBID OBESITY	$635.41	$540.10	$925.02	$786.26	N	
43843	AA		GASTROPLASTY, MORBID OBESITY	$9.30	$8.10	$9.30	$8.10	N	7
43845			GASTRIC RESTRICTIVE PROCEDURE	$968.00	$822.80	$1,466.14	$1,246.22	N	
43845	AA		GASTRIC RESTRICTIVE PROCEDURE	$9.30	$8.10	$9.30	$8.10	N	7
43846			ROUX-EN-Y/GASTRIC BYPASS	$816.20	$693.77	$1,194.00	$1,014.90	N	
43846	AA		ROUX-EN-Y/GASTRIC BYPASS	$9.30	$8.10	$9.30	$8.10	N	7
43847			GI RESTRICTIVE W SM BW REONSTN	$892.31	$758.46	$1,325.18	$1,126.41	N	
43847	AA		GI RESTRICTIVE W SM BW REONSTN	$9.30	$8.10	$9.30	$8.10	N	7
43848			REVISION OF GI RESTRICTIVE SUR	$953.43	$810.41	$1,443.94	$1,227.35	N	
43848	AA		REVISION OF GI RESTRICTIVE SUR	$9.30	$8.10	$9.30	$8.10	N	7
43860			REVISE STOMACH-BOWEL FUSION	$806.44	$685.47	$1,225.54	$1,041.71	N	
43860	AA		REVISE STOMACH-BOWEL FUSION	$9.30	$8.10	$9.30	$8.10	N	7
43865			REVISE STOMACH-BOWEL FUSION	$841.88	$715.60	$1,297.83	$1,103.16	N	
43865	AA		REVISE STOMACH-BOWEL FUSION	$9.30	$8.10	$9.30	$8.10	N	7
43870			REPAIR STOMACH OPENING	$351.56	$298.83	$496.90	$422.37	N	
43870	AA		REPAIR STOMACH OPENING	$9.30	$8.10	$9.30	$8.10	N	7
43880			REPAIR STOMACH-BOWEL FISTULA	$792.32	$673.47	$1,210.92	$1,029.28	N	
43880	AA		REPAIR STOMACH-BOWEL FISTULA	$9.30	$8.10	$9.30	$8.10	N	7
43881			IMPL/REDO ELECTRD, ANTRUM	$353.24	$300.25	$353.24	$300.25	N	
43881	AA		IMPL/REDO ELECTRD, ANTRUM	$9.30	$8.10	$9.30	$8.10	N	7
43882			REVISE/REMOVE ELECTRD ANTRUM	$376.78	$320.26	$376.78	$320.26	N	
43882	AA		REVISE/REMOVE ELECTRD ANTRUM	$9.30	$8.10	$9.30	$8.10	N	7
43886			REVISE GASTRIC PORT, OPEN	$185.95	$158.06	$240.39	$204.33	N	
43886	AA		REVISE GASTRIC PORT, OPEN	$9.30	$8.10	$9.30	$8.10	N	7
43887			REMOVE GASTRIC PORT, OPEN	$168.29	$143.04	$234.26	$199.12	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
43887	AA		REMOVE GASTRIC PORT, OPEN	$9.30	$8.10	$9.30	$8.10	N	7
43888			CHANGE GASTRIC PORT, OPEN	$234.04	$198.93	$331.95	$282.16	N	
43888	AA		CHANGE GASTRIC PORT, OPEN	$9.30	$8.10	$9.30	$8.10	N	7
43999			UNLISTED PROCEDURE STOMACH	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
44005			FREEING OF BOWEL ADHESION	$538.24	$457.50	$804.04	$683.43	N	
44005	AA		FREEING OF BOWEL ADHESION	$9.30	$8.10	$9.30	$8.10	N	6
44010			INCISION OF SMALL BOWEL	$416.78	$354.26	$628.89	$534.55	N	
44010	AA		INCISION OF SMALL BOWEL	$9.30	$8.10	$9.30	$8.10	N	6
44015			NEEDLE CATHETER JEJUNOSTOMY	$68.44	$58.17	$123.03	$104.58	N	
44015	AA		NEEDLE CATHETER JEJUNOSTOMY	$9.30	$8.10	$9.30	$8.10	N	6
44020			EXPLORATION OF SMALL BOWEL	$482.07	$409.76	$698.18	$593.46	N	
44020	AA		EXPLORATION OF SMALL BOWEL	$9.30	$8.10	$9.30	$8.10	N	6
44021			ENTEROTOMY...:FOR DECOMPRESSIO	$481.47	$409.25	$702.34	$596.99	N	
44021	AA		ENTEROTOMY...:FOR DECOMPRESSIO	$9.30	$8.10	$9.30	$8.10	N	6
44025			EXPLORATION OF LARGE BOWEL	$485.42	$412.61	$711.59	$604.85	N	
44025	AA		EXPLORATION OF LARGE BOWEL	$9.30	$8.10	$9.30	$8.10	N	6
44050			REDUCE BOWEL OBSTRUCTION	$463.16	$393.69	$700.13	$595.11	N	
44050	AA		REDUCE BOWEL OBSTRUCTION	$9.30	$8.10	$9.30	$8.10	N	6
44055			CORRECT MALROTATION-CG, LADD P	$735.07	$624.81	$1,077.13	$915.56	N	
44055	AA		CORRECT MALROTATION-CG, LADD P	$9.30	$8.10	$9.30	$8.10	N	6
44100			BIOPSY OF BOWEL	$51.26	$43.57	$92.66	$78.76	N	
44100	AA		BIOPSY OF BOWEL	$9.30	$8.10	$9.30	$8.10	N	3
44110			EXCISION OF BOWEL LESION(S)	$419.83	$356.86	$596.31	$506.87	N	
44110	AA		EXCISION OF BOWEL LESION(S)	$9.30	$8.10	$9.30	$8.10	N	6
44111			EXCISION OF BOWEL LESION(S)	$482.76	$410.35	$713.74	$606.68	N	
44111	AA		EXCISION OF BOWEL LESION(S)	$9.30	$8.10	$9.30	$8.10	N	6
44120			REMOVAL OF SMALL INTESTINE	$602.03	$511.73	$843.23	$716.75	N	
44120	AA		REMOVAL OF SMALL INTESTINE	$9.30	$8.10	$9.30	$8.10	N	6
44121			ENTERECTOMY EACH ADD RESECTION	$116.89	$99.35	$209.08	$177.72	N	
44121	AA		ENTERECTOMY EACH ADD RESECTION	$9.30	$8.10	$9.30	$8.10	N	6
44125			REMOVAL OF SMALL INTESTINE	$579.28	$492.39	$867.01	$736.96	N	
44125	AA		REMOVAL OF SMALL INTESTINE	$9.30	$8.10	$9.30	$8.10	N	6
44126			ENTERECTOMY WO TAPERING	$1,214.10	$1,031.99	$1,739.10	$1,478.23	N	
44126	AA		ENTERECTOMY WO TAPERING	$9.30	$8.10	$9.30	$8.10	N	6
44127			ENTERECTOMY WITH TAPERING	$1,399.69	$1,189.73	$1,998.89	$1,699.05	N	
44127	AA		ENTERECTOMY WITH TAPERING	$9.30	$8.10	$9.30	$8.10	N	6

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
44128			ENTERECTOMY EACH ADD RESEC/ANA	$118.18	$100.45	$210.30	$178.76	N	
44130			BOWEL TO BOWEL FUSION	$649.58	$552.14	$724.09	$615.47	N	
44130	AA		BOWEL TO BOWEL FUSION	$9.30	$8.10	$9.30	$8.10	N	7
44132			DONOR ENTERECTOMY FROM CADAVER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
44133			DONOR ENTERECT FROM LIV DONOR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
44135			INTEST ALLOTRANSP FROM CADAVER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
44136			INTEST ALLOTRANSP LIVING DONOR	$970.00	$825.00	$970.00	$825.00	N	
44137			REMOVE INTESTINAL ALLOGRAFT	$837.75	$712.08	$837.75	$712.08	N	
44137	AA		REMOVE INTESTINAL ALLOGRAFT	$9.30	$8.10	$9.30	$8.10	N	7
44139			MOBILEZE SPLENIC FLEXUE	$58.36	$49.61	$104.56	$88.88	N	
44139	AA		MOBILIZE SPLENIC FLEXUE	$9.30	$8.10	$9.30	$8.10	N	6
44140			PARTIAL REMOVAL OF COLON	$660.98	$561.83	$1,036.89	$881.35	N	
44140	AA		PARTIAL REMOVAL OF COLON	$9.30	$8.10	$9.30	$8.10	N	6
44141			PARTIAL REMOVAL OF COLON	$888.87	$755.54	$1,031.96	$877.17	N	
44141	AA		PARTIAL REMOVAL OF COLON	$9.30	$8.10	$9.30	$8.10	N	6
44143			PARTIAL REMOVAL OF COLON	$810.16	$688.63	$1,179.06	$1,002.20	N	
44143	AA		PARTIAL REMOVAL OF COLON	$9.30	$8.10	$9.30	$8.10	N	8
44144			PARTIAL REMOVAL OF COLON	$865.13	$735.36	$1,090.98	$927.34	N	
44144	AA		PARTIAL REMOVAL OF COLON	$9.30	$8.10	$9.30	$8.10	N	6
44145			PARTIAL REMOVAL OF COLON	$807.95	$686.76	$1,298.35	$1,103.60	N	
44145	AA		PARTIAL REMOVAL OF COLON	$9.30	$8.10	$9.30	$8.10	N	6
44146			PARTIAL REMOVAL OF COLON	$1,027.93	$873.74	$1,407.20	$1,196.12	N	
44146	AA		PARTIAL REMOVAL OF COLON	$9.30	$8.10	$9.30	$8.10	N	7
44147			PARTIAL COLECTOMY-ABDO&TRANSAN	$948.28	$806.03	$1,024.66	$870.96	N	
44147	AA		PARTIAL COLECTOMY-ABDO&TRANSAN	$9.30	$8.10	$9.30	$8.10	N	6
44150			REMOVAL OF COLON	$910.15	$773.62	$1,254.26	$1,066.12	N	
44150	AA		REMOVAL OF COLON	$9.30	$8.10	$9.30	$8.10	N	7
44151			COLECTOMY: W/ CONTINENT ILEOST	$1,056.50	$898.03	$1,407.01	$1,195.96	N	
44151	AA		COLECTOMY: W/ CONTINENT ILEOST	$9.30	$8.10	$9.30	$8.10	N	7
44155			REMOVAL OF COLON	$1,012.01	$860.20	$1,428.75	$1,214.44	N	
44155	AA		REMOVAL OF COLON	$9.30	$8.10	$9.30	$8.10	N	7
44156			COLECTOMY...:W/ CONTINENT ILEO	$1,129.13	$959.76	$1,599.54	$1,359.61	N	
44156	AA		COLECTOMY...:W/ CONTINENT ILEO	$9.30	$8.10	$9.30	$8.10	N	7
44157			COLECTOMY W/ILEOANAL ANAST	$1,074.31	$913.16	$1,656.08	$1,407.67	N	
44157	AA		COLECTOMY W/ILEOANAL ANAST	$9.30	$8.10	$9.30	$8.10	N	7
44158			COLECTOMY W/NEO-RECTUM POUCH	$1,100.72	$935.61	$1,698.51	$1,443.74	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
44158	AA		COLECTOMY W/NEO-RECTUM POUCH	$9.30	$8.10	$9.30	$8.10	N	7
44160			REMOVAL OF COLON	$611.77	$520.00	$920.73	$782.62	N	
44160	AA		REMOVAL OF COLON	$9.30	$8.10	$9.30	$8.10	N	7
44180			LAP, ENTEROLYSIS	$455.29	$387.00	$722.59	$614.20	N	
44180	AA		LAP, ENTEROLYSIS	$9.30	$8.10	$9.30	$8.10	N	7
44186			LAP, JEJUNOSTOMY	$323.28	$274.78	$509.26	$432.87	N	
44186	AA		LAP, JEJUNOSTOMY	$9.30	$8.10	$9.30	$8.10	N	7
44187			LAP, ILEO/JEJUNO-STOMY	$536.34	$455.88	$842.50	$716.13	N	
44187	AA		LAP, ILEO/JEJUNO-STOMY	$9.30	$8.10	$9.30	$8.10	N	7
44188			LAP, COLOSTOMY	$597.00	$507.45	$923.56	$785.03	N	
44188	AA		LAP, COLOSTOMY	$9.30	$8.10	$9.30	$8.10	N	7
44202			LAP SURG INTEST RESECT W/ANAST	$682.67	$580.27	$1,083.41	$920.90	N	
44202	AA		LAP SURG INTEST RESECT W/ANAST	$9.30	$8.10	$9.30	$8.10	N	6
44203			SURG LAP EA ADD SM INTES RESEC	$116.55	$99.07	$208.10	$176.89	N	
44203	AA		SURG LAP EA ADD SM INTES RESEC	$9.30	$8.10	$9.30	$8.10	N	6
44204			SURG LAP COLEC PART W/ANASTOMO	$752.50	$639.62	$1,221.83	$1,038.56	N	
44204	AA		SURG LAP COLEC PART W/ANESTOMO	$9.30	$8.10	$9.30	$8.10	N	6
44205			SURG LAP PART COLEC W/ILEOCOL	$653.62	$555.58	$1,083.75	$921.19	N	
44205	AA		SURG LAP PART COLEC W/ILEOCOL	$9.30	$8.10	$9.30	$8.10	N	6
44206			LAP SURG HARTMANN TYPE PROCEDU	$850.55	$722.96	$1,336.98	$1,136.43	N	
44206	AA		LAP SURG HARTMANN TYPE PROCEDU	$9.30	$8.10	$9.30	$8.10	N	6
44207			LAP SURG LOW PELVIC ANASTOMOS	$883.20	$750.72	$1,445.84	$1,228.96	N	
44207	AA		LAP SURG LOW PELVIC ANASTOMOS	$9.30	$8.10	$9.30	$8.10	N	6
44208			LAP SURG LOW PELV ANAST W/COL	$960.82	$816.70	$1,571.28	$1,335.59	N	
44208	AA		LAP SURG LOW PELV ANAST W/COL	$9.30	$8.10	$9.30	$8.10	N	6
44210			LAP SURG COLECT W/OLEOSTOMY	$864.41	$734.75	$1,388.46	$1,180.19	N	
44210	AA		LAP SURG COLECT W/ILEOSTOMY	$9.30	$8.10	$9.30	$8.10	N	6
44211			LAP SURG COLECT W/PROCTECTOMY	$1,029.40	$874.99	$1,726.94	$1,467.90	N	
44211	AA		LAP SURG COLECT W/PROCTECTOMY	$9.30	$8.10	$9.30	$8.10	N	6
44212			LAP SURG COLECT TOT ABD W/PROC	$991.04	$842.38	$1,602.80	$1,362.38	N	
44212	AA		LAP SURG COLECT TOT ABD W/PROC	$9.30	$8.10	$9.30	$8.10	N	6
44213			LAP, MOBIL SPLENIC FL ADD-ON	$90.30	$76.76	$165.05	$140.29	N	
44227			LAP, CLOSE ENTEROSTOMY	$810.55	$688.96	$1,298.70	$1,103.89	N	
44227	AA		LAP, CLOSE ENTEROSTOMY	$9.30	$8.10	$9.30	$8.10	N	7
44238			UNLISTED LAPS PX INTESTINE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
44238	AA		UNLISTED LAP PROC INTESTINE	$9.30	$8.10	$9.30	$8.10	N	9

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
44300			OPEN BOWEL TO SKIN	$416.54	$354.05	$616.10	$523.68	N	
44300	AA		OPEN BOWEL TO SKIN	$9.30	$8.10	$9.30	$8.10	N	6
44310			ILEOSTOMY	$511.78	$435.01	$789.78	$671.32	N	
44310	AA		ILEOSTOMY	$9.30	$8.10	$9.30	$8.10	N	6
44312			REVISION OF ILEOSTOMY	$59.27	$50.38	$416.14	$353.72	N	
44312	AA		REVISION OF ILEOSTOMY	$9.30	$8.10	$9.30	$8.10	N	4
44314			REVISION OF ILEOSTOMY	$494.39	$420.23	$749.50	$637.07	N	
44314	AA		REVISION OF ILEOSTOMY	$9.30	$8.10	$9.30	$8.10	N	7
44316			DEVISE BOWEL POUCH	$698.67	$593.87	$1,026.27	$872.33	N	
44316	AA		DEVISE BOWEL POUCH	$9.30	$8.10	$9.30	$8.10	N	7
44320			COLOSTOMY	$591.89	$503.11	$883.44	$750.92	N	
44320	AA		COLOSTOMY	$9.30	$8.10	$9.30	$8.10	N	6
44322			COLOSTOMY/CECOSTOMY: MULTIPLE	$499.52	$424.59	$715.05	$607.79	N	
44322	AA		COLOSTOMY/CECOSTOMY: MULTIPLE	$9.30	$8.10	$9.30	$8.10	N	6
44340			REVISION OF COLOSTOMY	$62.56	$53.17	$417.87	$355.19	N	
44340	AA		REVISION OF COLOSTOMY	$9.30	$8.10	$9.30	$8.10	N	6
44345			REVISION OF COLOSTOMY	$519.15	$441.28	$779.20	$662.32	N	
44345	AA		REVISION OF COLOSTOMY	$9.30	$8.10	$9.30	$8.10	N	6
44346			REVISE COLOSTOMY: REPAIR HERNI	$583.40	$495.89	$849.90	$722.41	N	
44346	AA		REVISE COLOSTOMY: REPAIR HERNI	$9.30	$8.10	$9.30	$8.10	N	6
44360			SMALL BOWEL ENDOSCOPY	$69.61	$59.16	$124.82	$106.10	N	
44360	AA		SMALL BOWEL ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	4
44361			SMALL BOWEL ENDOSCOPY,BIOPSY	$76.96	$65.41	$137.66	$117.01	N	
44361	AA		SMALL BOWEL ENDOSCOPY,BIOPSY	$9.30	$8.10	$9.30	$8.10	N	4
44363			SMALL BOWEL ENDOSCOPY	$92.62	$78.73	$165.14	$140.37	N	
44363	AA		SMALL BOWEL ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	4
44364			SMALL BOWEL ENDOSCOPY	$98.83	$84.00	$176.46	$149.99	N	
44364	AA		SMALL BOWEL ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	4
44365			SMALL INTEST. REMOVAL TUMORS	$88.22	$74.98	$157.89	$134.20	N	
44365	AA		SMALL INTEST REMOVAL TUMORS	$9.30	$8.10	$9.30	$8.10	N	5
44366			SMALL BOWEL ENDOSCOPY	$115.80	$98.43	$207.61	$176.47	N	
44366	AA		SMALL BOWEL ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	4
44369			SMALL BOWEL ENDOSCOPY	$118.58	$100.79	$211.38	$179.67	N	
44369	AA		SMALL BOWEL ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	4
44370			SMALL INTEST ENDOSC W/STENT PL	$128.98	$109.63	$229.55	$195.12	N	
44370	AA		SMALL INTEST ENDOSC W/STENT PL	$9.30	$8.10	$9.30	$8.10	N	5

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
44372			SMALL INTESTINE ENDOSCOPY..PLA	$116.10	$98.68	$208.49	$177.21	N	
44372	AA		SMALL INTESTINE ENDOSCOPY ENTE	$9.30	$8.10	$9.30	$8.10	N	4
44373			SMALL INTESTINE ENDOSCOPY..CON	$93.26	$79.27	$166.50	$141.52	N	
44373	AA		SMALLINTESTINEENDOSCOPY ENTERO	$9.30	$8.10	$9.30	$8.10	N	4
44376			SMALL INTEST. ENDOSCOPY W/WOSP	$137.17	$116.59	$247.27	$210.18	N	
44376	AA		SMALL INTEST ENDOSCOPY W/WO SP	$9.30	$8.10	$9.30	$8.10	N	5
44377			SMALL INTESTINAL ENDOSCOPY BX	$143.86	$122.28	$258.95	$220.11	N	
44377	AA		SMALL INTESTINAL ENDOSCOPY BIO	$9.30	$8.10	$9.30	$8.10	N	5
44378			ENDOSCOPY SM INTESTINE CON BL	$185.17	$157.39	$332.09	$282.27	N	
44378	AA		SMALL INTESTINAL ENDO BLEEDING	$9.30	$8.10	$9.30	$8.10	N	5
44379			SMALL INTEST ENDOSC W/STENT PL	$197.21	$167.63	$353.25	$300.26	N	
44379	AA		SMALL INTEST ENDOSC W/STENT PL	$9.30	$8.10	$9.30	$8.10	N	5
44380			SMALL BOWEL ENDOSCOPY	$99.00	$84.15	$99.00	$84.15	N	
44380	AA		SMALL BOWEL ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	4
44381			SMALL BOWEL ENDOSCOPY BR/WA	$468.07	$468.07	$468.07	$468.07	N	
44381	AA		SMALL BOWEL ENDOSCOPY BR/WA	$9.30	$8.10	$9.30	$8.10	N	5
44382			SMALL BOWEL ENDOSCOPY	$146.44	$124.47	$146.44	$124.47	N	
44382	AA		SMALL BOWEL ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	4
44384			SMALL BOWEL ENDOSCOPY	$74.15	$74.15	$74.15	$74.15	N	
44384	AA		SMALL BOWEL ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	5
44385			ENDOSCOPY OF BOWEL POUCH	$108.34	$92.08	$175.97	$149.57	N	
44385	AA		ENDOSCOPY OF BOWEL POUCH	$9.30	$8.10	$9.30	$8.10	N	4
44386			FIBEROPTIC EVAL../BX/SPEC.COLL	$153.06	$130.10	$298.88	$254.05	N	
44386	AA		FIBEROPTIC EVAL../BX/SPEC.COLL	$9.30	$8.10	$9.30	$8.10	N	4
44388			COLON ENDOSCOPY	$157.50	$133.88	$269.53	$229.10	N	
44388	AA		COLON ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	4
44389			COLON ENDOSCOPY	$203.26	$172.77	$332.21	$282.38	N	
44389	AA		COLON ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	4
44390			COLON ENDOSCOPY	$200.15	$170.12	$372.13	$316.31	N	
44390	AA		COLON ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	4
44391			COLON ENDOSCOPY	$310.89	$264.25	$443.17	$376.69	N	
44391	AA		COLON ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	4
44392			COLON ENDOSCOPY	$193.31	$164.31	$354.42	$301.25	N	
44392	AA		COLON ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	4
44394			COLONOSCOPY W REMOVAL TUMORS	$216.14	$183.71	$416.62	$354.12	N	
44394	AA		COLONOSCOPY W REMOVAL TUMORS	$9.30	$8.10	$9.30	$8.10	N	5

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
44401			COLONOSCOPY WITH ABLATION	$1,128.56	$959.27	$1,128.56	$959.27	N	
44401	AA		COLONOSCOPY WITH ABLATION	$9.30	$8.10	$9.30	$8.10	N	5
44402			COLONOSCOPY W/STENT PLCMT	$126.09	$107.17	$126.09	$107.17	N	
44402	AA		COLONOSCOPY W/STENT PLCMT	$9.30	$8.10	$9.30	$8.10	N	5
44403			COLONOSCOPY W/RESECTION	$146.49	$124.51	$146.49	$124.51	N	
44403	AA		COLONOSCOPY W/RESECTION	$9.30	$8.10	$9.30	$8.10	N	5
44404			COLONOSCOPY W/INJECTION	$207.51	$207.51	$207.51	$207.51	N	
44404	AA		COLONOSCOPY W/INJECTION	$9.30	$8.10	$9.30	$8.10	N	5
44405			COLONOSCOPY W/DILATION	$271.21	$230.53	$271.21	$230.53	N	
44405	AA		COLONOSCOPY W/DILATION	$9.30	$8.10	$9.30	$8.10	N	5
44406			COLONOSCOPY W/ULTRASOUND	$111.07	$94.41	$111.07	$94.41	N	
44406	AA		COLONOSCOPY W/ULTRASOUND	$9.30	$8.10	$9.30	$8.10	N	5
44407			COLONOSCOPY W/NDL ASPIR/BX	$132.95	$113.00	$132.95	$113.00	N	
44407	AA		COLONOSCOPY W/NDL ASPIR/BX	$9.30	$8.10	$9.30	$8.10	N	5
44408			COLONOSCOPY W/DECOMPRESSION	$112.05	$95.24	$112.05	$95.24	N	
44408	AA		COLONOSCOPY W/DECOMPRESSION	$9.30	$8.10	$9.30	$8.10	N	5
44500			INTRO OF MILLER ABBOTT TUBE SP	$9.28	$7.89	$20.00	$17.00	N	
44500	AA		INTRO OF MILLER ABBOTT TUBE SP	$9.30	$8.10	$9.30	$8.10	N	5
44602			SUTURE SMALL INTESTINE ULCER	$688.81	$585.48	$785.97	$668.07	N	
44602	AA		SUTURE SMALL INTESTINE ULCER	$9.30	$8.10	$9.30	$8.10	N	6
44603			SUTURE SM INTESTINE MUL ULCERS	$793.13	$674.16	$907.53	$771.40	N	
44603	AA		SUTURE SMALL INTEST MULTIPLE P	$9.30	$8.10	$9.30	$8.10	N	6
44604			SUTURE LRG INTESTINE WO COLOST	$517.96	$440.26	$788.01	$669.81	N	
44604	AA		SUTURE LRG INTESTINE WO COLOST	$9.30	$8.10	$9.30	$8.10	N	6
44605			REPAIR OF BOWEL LESION	$633.18	$538.20	$975.98	$829.59	N	
44605	AA		REPAIR OF BOWEL LESION	$9.30	$8.10	$9.30	$8.10	N	6
44615			SUTURE LRG INTESTINE W COLOSTO	$527.63	$448.49	$790.83	$672.21	N	
44615	AA		SUTURE LRG INTESTINE W COLOSTO	$9.30	$8.10	$9.30	$8.10	N	6
44620			REPAIR BOWEL OPENING	$425.58	$361.74	$610.86	$519.23	N	
44620	AA		REPAIR BOWEL OPENING	$9.30	$8.10	$9.30	$8.10	N	6
44625			REPAIR BOWEL OPENING	$495.80	$421.43	$744.26	$632.62	N	
44625	AA		REPAIR BOWEL OPENING	$9.30	$8.10	$9.30	$8.10	N	6
44626			CLOSE ENTEROSTOMY	$777.63	$660.98	$1,230.66	$1,046.06	N	
44626	AA		CLOSE ENTEROSTOMY	$9.30	$8.10	$9.30	$8.10	N	6
44640			REPAIR BOWEL-SKIN FISTULA	$683.98	$581.38	$1,056.80	$898.28	N	
44640	AA		REPAIR BOWEL-SKIN FISTULA	$9.30	$8.10	$9.30	$8.10	N	6

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER
W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.
MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS
MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS
N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
44650			REPAIR BOWEL FISTULA	$703.67	$598.12	$1,101.17	$935.99	N	
44650	AA		REPAIR BOWEL FISTULA	$9.30	$8.10	$9.30	$8.10	N	6
44660			REPAIR BOWEL-BLADDER FISTULA	$656.09	$557.68	$1,020.94	$867.80	N	
44660	AA		REPAIR BOWEL-BLADDER FISTULA	$9.30	$8.10	$9.30	$8.10	N	6
44661			REPAIR BOWEL-BLADDER FISTULA	$755.68	$642.33	$1,190.88	$1,012.25	N	
44661	AA		REPAIR BOWEL-BLADDER FISTULA	$9.30	$8.10	$9.30	$8.10	N	6
44680			SURGICAL REVISION, INTESTINE	$532.19	$452.36	$764.21	$649.58	N	
44680	AA		SURGICAL REVISION, INTESTINE	$9.30	$8.10	$9.30	$8.10	N	6
44700			SMALL BOWEL EXCLUSION	$489.73	$416.27	$789.40	$670.99	N	
44700	AA		SMALL BOWEL EXCLUSION	$9.30	$8.10	$9.30	$8.10	N	6
44701			INTRAOPERATIVE COLONIC LAVAGE	$82.66	$70.26	$144.90	$123.17	N	
44705			PREPARE FECAL MICROBIOTA	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
44715			PREPARE DONOR INTESTINE	$213.59	$181.55	$213.59	$181.55	N	
44720			PREP DONOR INTESTINE/VENOUS	$132.86	$112.93	$227.04	$192.98	N	
44721			Prep donor INTESTINE/ARTERY	$186.16	$158.24	$331.39	$281.68	N	
44799			UNLISTED PROCEDURE, INTESTINE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
44800			EXCISION OF BOWEL POUCH	$385.53	$327.70	$581.04	$493.88	N	
44800	AA		EXCISION OF BOWEL POUCH	$9.30	$8.10	$9.30	$8.10	N	6
44820			EXCISION OF MESENTERY LESION	$422.77	$359.35	$615.17	$522.89	N	
44820	AA		EXCISION OF MESENTERY LESION	$9.30	$8.10	$9.30	$8.10	N	6
44850			REPAIR OF MESENTERY	$371.41	$315.69	$549.96	$467.47	N	
44850	AA		REPAIR OF MESENTERY	$9.30	$8.10	$9.30	$8.10	N	6
44899			UNLISTED PX MECKEL'S DVRTCLM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
44900			DRAINAGE OF APPENDIX ABSCESS	$389.24	$330.85	$518.70	$440.89	N	
44900	AA		DRAINAGE OF APPENDIX ABSCESS	$9.30	$8.10	$9.30	$8.10	N	6
44950			APPENDECTOMY	$318.13	$270.41	$501.10	$425.94	N	
44950	AA		APPENDECTOMY	$9.30	$8.10	$9.30	$8.10	N	6
44955			APPENDECTOMY	$40.62	$34.52	$40.62	$34.52	N	
44955	AA		APPENDECTOMY	$9.30	$8.10	$9.30	$8.10	N	6
44960			APPENDECTOMY	$434.02	$368.91	$619.17	$526.29	N	
44960	AA		APPENDECTOMY	$9.30	$8.10	$9.30	$8.10	N	6
44970			LAP SURGICAL APPENDECTOMY	$300.20	$255.17	$447.18	$380.10	N	
44970	AA		LAP SURGICAL APPENDECTOMY	$9.30	$8.10	$9.30	$8.10	N	6
44979			UNLISTED LAPS PX APPENDIX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
44979	AA		UNLISTED LAP PROC APPENDIX	$9.30	$8.10	$9.30	$8.10	N	6
45000			DRAINAGE OF PELVIC ABSCESS	$214.25	$182.11	$258.71	$219.91	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
45000	AA		DRAINAGE OF PELVIC ABSCESS	$9.30	$8.10	$9.30	$8.10	N	4
45005			DRAINAGE OF RECTAL ABSCESS	$160.35	$136.30	$208.04	$176.83	N	
45005	AA		DRAINAGE OF RECTAL ABSCESS	$9.30	$8.10	$9.30	$8.10	N	3
45020			DRAINAGE OF RECTAL ABSCESS	$286.84	$243.81	$276.44	$234.97	N	
45020	AA		DRAINAGE OF RECTAL ABSCESS	$9.30	$8.10	$9.30	$8.10	N	6
45100			BIOPSY OF RECTUM	$152.62	$129.73	$209.43	$178.02	N	
45100	AA		BIOPSY OF RECTUM	$9.30	$8.10	$9.30	$8.10	N	4
45108			ANORECTAL MYOMECTOMY	$188.80	$160.48	$261.92	$222.63	N	
45108	AA		REMOVAL OF ANORECTAL LESION	$9.30	$8.10	$9.30	$8.10	N	6
45110			REMOVAL OF RECTUM	$887.55	$754.42	$1,404.66	$1,193.96	N	
45110	AA		REMOVAL OF RECTUM	$9.30	$8.10	$9.30	$8.10	N	7
45111			PARTIAL REMOVAL OF RECTUM	$534.10	$453.98	$824.85	$701.12	N	
45111	AA		PARTIAL REMOVAL OF RECTUM	$9.30	$8.10	$9.30	$8.10	N	4
45112			REMOVAL OF RECTUM	$883.32	$750.82	$1,465.02	$1,245.26	N	
45112	AA		REMOVAL OF RECTUM	$9.30	$8.10	$9.30	$8.10	N	7
45113			PROCTECTOMY PARTIAL RECTAL	$907.91	$771.72	$1,496.55	$1,272.07	N	
45113	AA		PROTECTOMY PARTIAL W MUCOSECTM	$9.30	$8.10	$9.30	$8.10	N	7
45114			PARTIAL REMOVAL OF RECTUM	$894.62	$760.43	$1,331.26	$1,131.57	N	
45114	AA		PARTIAL REMOVAL OF RECTUM	$9.30	$8.10	$9.30	$8.10	N	7
45116			PARTIAL REMOVAL OF RECTUM	$754.01	$640.91	$1,201.62	$1,021.37	N	
45116	AA		PARTIAL REMOVAL OF RECTUM	$9.30	$8.10	$9.30	$8.10	N	6
45119			PROCTECTOMY	$914.10	$776.99	$1,496.19	$1,271.76	N	
45119	AA		PROCTECTOMY	$9.30	$8.10	$9.30	$8.10	N	7
45120			REMOVAL OF RECTUM	$790.49	$671.91	$1,206.23	$1,025.30	N	
45120	AA		REMOVAL OF RECTUM	$9.30	$8.10	$9.30	$8.10	N	7
45121			PROCTECTOMY:W/COLECTOMT,W/MULT	$861.39	$732.18	$1,326.96	$1,127.92	N	
45121	AA		PROCTECTOMY:W/COLECTOMT,W/MULT	$9.30	$8.10	$9.30	$8.10	N	7
45123			PROCTECTOMY WO ANASTAMOSIS	$546.72	$464.71	$815.10	$692.83	N	
45123	AA		PROCTECTOMY WO ANASTAMOSIS	$9.30	$8.10	$9.30	$8.10	N	7
45126			PELVIC EXTENT FOR COLORECT MAL	$1,330.77	$1,131.15	$2,206.67	$1,875.67	N	
45126	AA		PELVIC EXTENT FOR COLORECT MAL	$9.30	$8.10	$9.30	$8.10	N	8
45130			EXCISION OF RECTAL PROLAPSE	$532.48	$452.60	$802.05	$681.74	N	
45130	AA		EXCISION OF RECTAL PROLAPSE	$9.30	$8.10	$9.30	$8.10	N	4
45135			EXCISION OF RECTAL PROLAPSE	$635.98	$540.58	$964.03	$819.43	N	
45135	AA		EXCISION OF RECTAL PROLAPSE	$9.30	$8.10	$9.30	$8.10	N	7
45136			EXCIS ILEOANAL RESERV W/ILEOST	$870.36	$739.80	$1,370.67	$1,165.07	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
45136	AA		EXCIS ILEOANAL RESERV W/ILEOST	$9.30	$8.10	$9.30	$8.10	N	5
45150			EXCISION OF RECTAL STRICTURE	$213.29	$181.30	$297.74	$253.08	N	
45150	AA		EXCISION OF RECTAL STRICTURE	$9.30	$8.10	$9.30	$8.10	N	4
45160			EXCISION OF RECTAL LESION	$510.07	$433.56	$759.02	$645.17	N	
45160	AA		EXCISION OF RECTAL LESION	$9.30	$8.10	$9.30	$8.10	N	6
45171			EXCISION OF RECTAL TUMOR, TRAN	$309.08	$262.71	$309.08	$262.71	N	
45171	AA		EXCISION OF RECTAL TUMOR, TRAN	$9.30	$8.10	$9.30	$8.10	N	5
45172			EXCISION OF RECTAL TUMOR, TRAN	$409.49	$348.06	$409.49	$348.06	N	
45172	AA		EXCISION OF RECTAL TUMOR, TRAN	$9.30	$8.10	$9.30	$8.10	N	5
45190			DESTRUCT RECTAL TUMOR ANY MTHD	$346.95	$294.90	$498.09	$423.37	N	
45190	AA		DESTRUCT RECTAL TUMOR ANY MTHD	$9.30	$8.10	$9.30	$8.10	N	4
45300			PROCTOSIGMOIDOSCOPY: DIAGNOSTI	$65.08	$55.31	$65.10	$55.34	N	
45300	AA		PROCTOSIGMOIDOSCOPY: DIAGNOSTI	$9.30	$8.10	$9.30	$8.10	N	3
45300	AA	76	PROCTOSIGMOIDOSCOPY: DIAGNOSTI	$9.30	$8.10	$9.30	$8.10	N	3
45303			PROCTOSIGMOIDOSCOPY WITH DILAT	$91.12	$77.45	$650.82	$553.19	N	
45303	AA		PROCTOSIGMOIDOSCOPY WITH DILAT	$9.30	$8.10	$9.30	$8.10	N	4
45305			PROCTOSIGMOIDOSCOPY WITH BIOPS	$89.33	$75.93	$124.74	$106.03	N	
45305	AA		PROCTOSIGMOIDOSCOPY WITH BIOPS	$9.30	$8.10	$9.30	$8.10	N	3
45307			PROCTOSIGMOIDOSCOPY:REMOVE FOR	$105.77	$89.90	$136.10	$115.69	N	
45307	AA		PROCTOSIGMOIDOSCOPY:REMOVE FOR	$9.30	$8.10	$9.30	$8.10	N	4
45308			PROCTOSIGMOIDOSCOPY REMO TUMOR	$101.34	$86.13	$96.75	$82.24	N	
45308	AA		PROCTOSIGMOIDOSCOPY REMO TUMOR	$9.30	$8.10	$9.30	$8.10	N	4
45309			PROCTOSIGMOIPOSCOPY REM.SNARE	$104.63	$88.94	$165.72	$140.86	N	
45309	AA		PROCTOSIGMOIDOSCOPY REM SNARE	$9.30	$8.10	$9.30	$8.10	N	4
45315			PROCTOSIGMOIDOSCOPY: REMOVE MU	$112.95	$96.01	$146.06	$124.15	N	
45315	AA		PROCTOSIGMOIDOSCOPY: REMOVE MU	$9.30	$8.10	$9.30	$8.10	N	4
45315	AA	22	PROCTOSIGMOIDOSCOPY: REMOVE MU	$9.30	$8.10	$9.30	$8.10	N	4
45315	22		PROCTOSIGMOIDOSCOPY: REMOVE MU	$76.00	$65.00	$182.58	$155.19	N	
45317			PROCTOSIGMOIDOSCOPY: HEMORRHAG	$21.72	$18.46	$134.64	$114.44	N	
45317	AA		PROCTOSIGMOIDOSCOPY: HEMORRHAG	$9.30	$8.10	$9.30	$8.10	N	4
45320			PROCTOSIGMOIDOSCOPY:ABLATE TUM	$110.43	$93.86	$153.74	$130.68	N	
45320	AA		PROCTOSIGMOIDOSCOPY:ABLATE TUM	$9.30	$8.10	$9.30	$8.10	N	4
45321			PROCTOSIGMOIDOSCOPY/DECOM/VOLU	$51.49	$43.77	$51.49	$43.77	N	
45321	AA		PROCTOSIGMOIDOSCOPY/DECOM/VOLU	$9.30	$8.10	$9.30	$8.10	N	4
45327			RIGID PROCTOSIGMOID W/STENT	$58.18	$49.45	$80.30	$68.26	N	
45327	AA		RIGID PROCTOSIGMOID W/STENT	$9.30	$8.10	$9.30	$8.10	N	5

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
45330			SIGMOIDOSCOPY,FLEX FIBEROPTIC:	$93.75	$79.69	$110.06	$93.55	N	
45330	AA		SIGMOIDOSCOPY,FLEX FIBEROPTIC:	$9.30	$8.10	$9.30	$8.10	N	4
45331			SIGMOIDOSCOPY,FLEX FIBEROPT W/	$141.70	$120.45	$143.51	$121.99	N	
45331	AA		SIGMOIDOSCOPY,FLEX FIBEROPT W/	$9.30	$8.10	$9.30	$8.10	N	4
45332			SIGMOIDOSCOPY: DIAGNOSTIC	$137.49	$116.86	$231.29	$196.59	N	
45332	AA		SIGMOIDOSCOPY: DIAGNOSTIC	$9.30	$8.10	$9.30	$8.10	N	4
45333			SIGMOIDOSCOPY: DIAGNOSTIC	$161.65	$137.40	$226.58	$192.60	N	
45333	AA		SIGMOIDOSCOPY: DIAGNOSTIC	$9.30	$8.10	$9.30	$8.10	N	4
45334			SIGMOIDOSCOPY: DIAGNOSTIC	$239.71	$203.75	$130.90	$111.27	N	
45334	AA		SIGMOIDOSCOPY: DIAGNOSTIC	$9.30	$8.10	$9.30	$8.10	N	4
45335			SIGMOID FLEX W/DIR SUBMUC INJ	$144.18	$122.55	$158.66	$134.86	N	
45335	AA		SIGMOID FLEX W/DIR SUBMUC INJ	$9.30	$8.10	$9.30	$8.10	N	5
45335	26		SIGMOID FLEX W/DIR SUBMUC INJ	$33.21	$28.23	$69.73	$59.27	N	
45337			SIGMOIDOSCOPY:DECOMPRESS VOLVU	$55.39	$47.08	$55.39	$47.08	N	
45337	AA		SIGMOIDOSCOPY:DECOMPRESS VOLVU	$9.30	$8.10	$9.30	$8.10	N	4
45338			SIGMOIDOSCOPY BY SNARE TUMOR	$148.39	$126.13	$257.03	$218.48	N	
45338	AA		SIGMOIDOSCOPY BY SNARE TUMOR	$9.30	$8.10	$9.30	$8.10	N	4
45340			SIG W/TNDSC BALLOON DILATION	$222.65	$189.25	$274.19	$233.06	N	
45340	AA		SIGMOID FLEX W/DILAT BY BALLOO	$9.30	$8.10	$9.30	$8.10	N	5
45340	26		SIGMOID FLEX W/DILAT BY BALLOO	$38.11	$32.39	$81.52	$69.29	N	
45341			SIGMOID W/ENDOSCOPIC US EXAM	$60.31	$51.26	$60.31	$51.26	N	
45341	AA		SIGMOID W/ENDOSCOPIC US EXAM	$9.30	$8.10	$9.30	$8.10	N	5
45342			SIGMOID W/US OR FINE NEEDLE BX	$82.50	$70.12	$82.50	$70.12	N	
45342	AA		SIGMOID W/US OR FINE NEEDLE BX	$9.30	$8.10	$9.30	$8.10	N	5
45346			SIGMOIDOSCOPY W/ABLATION	$1,091.41	$927.69	$1,091.41	$927.69	N	
45346	AA		SIGMOIDOSCOPY W/ABLATION	$9.30	$8.10	$9.30	$8.10	N	5
45347			SIGMOIDOSCOPY W/PLCMT STENT	$74.63	$63.43	$74.63	$63.43	N	
45347	AA		SIGMOIDOSCOPY W/PLCMT STENT	$9.30	$8.10	$9.30	$8.10	N	5
45349			SIGMOIDOSCOPY W/RESECTION	$95.88	$81.50	$95.88	$81.50	N	
45349	AA		SIGMOIDOSCOPY W/RESECTION	$9.30	$8.10	$9.30	$8.10	N	5
45350			SGMDSC W/BAND LIGATION	$325.17	$276.39	$325.17	$276.39	N	
45350	AA		SGMDSC W/BAND LIGATION	$9.30	$8.10	$9.30	$8.10	N	5
45378			DIAGNOSTIC COLONOSCOPY	$168.69	$143.39	$332.41	$282.55	N	
45378	AA		DIAGNOSTIC COLONOSCOPY	$9.30	$8.10	$9.30	$8.10	N	3
45379			COLONOSCOPY	$214.37	$182.21	$420.05	$357.04	N	
45379	AA		COLONOSCOPY	$9.30	$8.10	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
45380			COLONOSCOPY AND BIOPSY	$214.09	$181.97	$395.02	$335.76	N	
45380	AA		COLONOSCOPY AND BIOPSY	$9.30	$8.10	$9.30	$8.10	N	3
45381			COLONOSCOPY SUBMUCOUS NJX	$218.34	$185.58	$383.23	$325.75	N	
45381	AA		COLONOSCOPY FLEX W/DIR SUB INJ	$9.30	$8.10	$9.30	$8.10	N	5
45381	26		COLONOSCOPY FLEX W/DIR SUB INJ	$97.52	$82.89	$197.32	$167.72	N	
45382			COLONOSCOPY W/CONTROL BLEED	$324.43	$275.77	$529.94	$450.45	N	
45382	AA		COLONOSCOPY,CONTROL BLEEDING	$9.30	$8.10	$9.30	$8.10	N	4
45384			COLONOSCOPY W/LESION REMOVAL	$241.02	$204.87	$390.89	$332.25	N	
45384	AA		COLONOSCOPY REMOVAL TUMORS ETC	$9.30	$8.10	$9.30	$8.10	N	4
45385			COLONOSCOPY W/LESION REMOVAL	$223.92	$190.33	$445.29	$378.49	N	
45385	AA		COLONOSCOPY, LESION REMOVAL	$9.30	$8.10	$9.30	$8.10	N	3
45386			COLONOSCOPY W/BALLOON DILAT	$297.64	$252.99	$578.06	$491.35	N	
45386	AA		COLONOSCOPY FLEX W/DILAT BALL	$9.30	$8.10	$9.30	$8.10	N	5
45386	26		COLONOSCOPY FLEX W/DILAT BALL	$102.90	$87.46	$216.74	$184.23	N	
45388			COLONOSCOPY W/ABLATION	$1,168.23	$992.99	$1,168.23	$992.99	N	
45388	AA		COLONOSCOPY W/ABLATION	$9.30	$8.10	$9.30	$8.10	N	5
45389			COLONOSCOPY W/STENT PLCMT	$139.61	$118.67	$139.61	$118.67	N	
45389	AA		COLONOSCOPY W/STENT PLCMT	$9.30	$8.10	$9.30	$8.10	N	5
45390			COLONOSCOPY W/RESECTION	$160.19	$136.16	$160.19	$136.16	N	
45390	AA		COLONOSCOPY W/RESECTION	$9.30	$8.10	$9.30	$8.10	N	5
45391			COLONOSCOPY W/ENDOSCOPE US	$124.45	$105.78	$240.52	$204.44	N	
45391	AA		COLONOSCOPY W/ENDOSCOPE US	$9.30	$8.10	$9.30	$8.10	N	5
45392			COLONOSCOPY W/ENDOSCOPIC FNB	$146.66	$124.66	$303.67	$258.12	N	
45392	AA		COLONOSCOPY W/ENDOSCOPIC FNB	$9.30	$8.10	$9.30	$8.10	N	5
45393			COLONOSCOPY W/DECOMPRESSION	$121.15	$102.98	$121.15	$102.98	N	
45393	AA		COLONOSCOPY W/DECOMPRESSION	$9.30	$8.10	$9.30	$8.10	N	5
45395			LAP, REMOVAL OF RECTUM	$954.93	$811.69	$1,536.38	$1,305.92	N	
45395	AA		LAP, REMOVAL OF RECTUM	$9.30	$8.10	$9.30	$8.10	N	7
45397			LAP, REMOVE RECTUM W/POUCH	$1,034.64	$879.44	$1,668.25	$1,418.01	N	
45397	AA		LAP, REMOVE RECTUM W/POUCH	$9.30	$8.10	$9.30	$8.10	N	7
45398			COLONOSCOPY W/BAND LIGATION	$398.94	$339.09	$398.94	$339.09	N	
45398	AA		COLONOSCOPY W/BAND LIGATION	$9.30	$8.10	$9.30	$8.10	N	5
45399			UNLISTED PROCEDURE COLON	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
45399	AA		UNLISTED PROCEDURE COLON	$9.30	$8.10	$9.30	$8.10	N	7
45400			LAPAROSCOPIC PROCTOPEXY	$554.95	$471.70	$896.99	$762.44	N	
45400	AA		LAPAROSCOPIC PROCTOPEXY	$9.30	$8.10	$9.30	$8.10	N	7

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
45402			LAP PROCTOPEXY W/SIG RESECT	$740.83	$629.71	$1,214.30	$1,032.15	N	
45402	AA		LAP PROCTOPEXY W/SIG RESECT	$9.30	$8.10	$9.30	$8.10	N	7
45499			LAPAROSCOPE PROC, RECTUM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
45499	AA		LAPAROSCOPE PROC, RECTUM	$9.30	$8.10	$9.30	$8.10	N	7
45500			REPAIR OF RECTUM	$286.62	$243.63	$372.42	$316.56	N	
45500	AA		REPAIR OF RECTUM	$9.30	$8.10	$9.30	$8.10	N	4
45505			REPAIR OF RECTUM	$301.44	$256.22	$395.70	$336.34	N	
45505	AA		REPAIR OF RECTUM	$9.30	$8.10	$9.30	$8.10	N	4
45520			PERIRECTAL INJ..FOR PROLAPSE:	$79.81	$67.83	$74.50	$63.33	N	
45520	AA		PERIRECTAL INJ..FOR PROLAPSE:	$9.30	$8.10	$9.30	$8.10	N	4
45540			CORRECT RECTAL PROLAPSE	$515.60	$438.26	$799.17	$679.29	N	
45540	AA		CORRECT RECTAL PROLAPSE	$9.30	$8.10	$9.30	$8.10	N	4
45541			CORRECT RECTAL PROLAPSE	$465.20	$395.42	$671.02	$570.37	N	
45541	AA		CORRECT RECTAL PROLAPSE	$9.30	$8.10	$9.30	$8.10	N	4
45550			REPAIR RECTUM:REMOVE SIGMOID	$713.21	$606.22	$1,116.82	$949.29	N	
45550	AA		REPAIR RECTUM:REMOVE SIGMOID	$9.30	$8.10	$9.30	$8.10	N	8
45560			REPAIR OF RECTOCELE	$341.96	$290.66	$538.92	$458.08	N	
45560	AA		REPAIR OF RECTOCELE	$9.30	$8.10	$9.30	$8.10	N	4
45562			EXPLORATION/REPAIR/DRAINAGE	$580.94	$493.79	$777.18	$660.60	N	
45562	AA		ESPLORATION/REPAIR/DRAINAGE	$9.30	$8.10	$9.30	$8.10	N	4
45563			RECTAL SURG W COLOSTOMY	$819.23	$696.34	$1,189.92	$1,011.43	N	
45563	AA		RECTAL SURG W COLOSTOMY	$9.30	$8.10	$9.30	$8.10	N	4
45800			REPAIR RECTUMBLADDER FISTULA	$629.97	$535.47	$867.95	$737.76	N	
45800	AA		REPAIR RECTUMBLADDER FISTULA	$9.30	$8.10	$9.30	$8.10	N	6
45805			REPAIR FISTULA: COLOSTOMY	$725.47	$616.65	$1,039.05	$883.19	N	
45805	AA		REPAIR FISTULA: COLOSTOMY	$9.30	$8.10	$9.30	$8.10	N	6
45820			REPAIR RECTOURETHRAL FISTULA	$631.44	$536.72	$889.22	$755.84	N	
45820	AA		REPAIR RECTOURETHRAL FISTULA	$9.30	$8.10	$9.30	$8.10	N	6
45825			REPAIR FISTULA: COLOSTOMY	$760.21	$646.17	$1,072.98	$912.04	N	
45825	AA		REPAIR FISTULA: COLOSTOMY	$9.30	$8.10	$9.30	$8.10	N	6
45900			REDUCTION OF RECTAL PROLAPSE	$21.32	$18.12	$142.27	$120.93	N	
45900	AA		REDUCTION OF RECTAL PROLAPSE	$9.30	$8.10	$9.30	$8.10	N	3
45905			DILATION OF ANAL SPHINCTER	$85.47	$72.65	$129.21	$109.83	N	
45905	AA		DILATION OF ANAL SPHINCTER	$9.30	$8.10	$9.30	$8.10	N	4
45910			DILATION OF RECTAL NARROWING	$96.67	$82.17	$153.70	$130.65	N	
45910	AA		DILATION OF RECTAL NARROWING	$9.30	$8.10	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
45915			REMOVE RECTAL OBSTRUCTION	$178.18	$151.45	$255.04	$216.78	N	
45915	AA		REMOVE RECTAL OBSTRUCTION	$9.30	$8.10	$9.30	$8.10	N	4
45990			SURG DX EXAM, ANORECTAL	$52.42	$44.56	$88.74	$75.43	N	
45990	AA		SURG DX EXAM, ANORECTAL	$9.30	$8.10	$9.30	$8.10	N	5
45999			UNLISTED PROCEDURE RECTUM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
46020			PLACEMENT OF SETON	$57.96	$49.27	$180.23	$153.20	N	
46020	AA		PLACEMENT OF SETON	$9.30	$8.10	$9.30	$8.10	N	5
46030			REMOVAL ANAL SETON OTH MRK	$126.54	$107.55	$88.82	$75.50	N	
46030	AA		REMOVAL OF RECTAL MARKER	$9.30	$8.10	$9.30	$8.10	N	3
46040			INCISION OF RECTAL ABSCESS	$280.74	$238.63	$361.75	$307.49	N	
46040	AA		INCISION OF RECTAL ABSCESS	$9.30	$8.10	$9.30	$8.10	N	4
46045			INCISION OF RECTAL ABSCESS	$221.28	$188.09	$250.61	$213.02	N	
46045	AA		INCISION OF RECTAL ABSCESS	$9.30	$8.10	$9.30	$8.10	N	4
46050			INCISION OF ANAL ABSCESS	$118.28	$100.53	$128.27	$109.03	N	
46050	AA		INCISION OF ANAL ABSCESS	$9.30	$8.10	$9.30	$8.10	N	4
46060			INCISION OF RECTAL ABSCESS	$245.77	$208.90	$309.63	$263.19	N	
46060	AA		INCISION OF RECTAL ABSCESS	$9.30	$8.10	$9.30	$8.10	N	4
46070			INCISION ANAL SEPTUM INFANT	NA	NA	$158.74	$134.93	N	
46070	AA		INCISION OF ANAL SEPTUM	NA	NA	$9.30	$8.10	N	4
46080			INCISION OF ANAL SPHINCTER	$143.21	$121.73	$167.99	$142.79	N	
46080	AA		INCISION OF ANAL SPHINCTER	$9.30	$8.10	$9.30	$8.10	N	4
46083			EXC.EXT.THROMBOSED HEMORRHOID	$20.76	$17.64	$134.53	$114.35	N	
46083	AA		EXC.EXT.THROMBOSED HEMORRHOID	$9.30	$8.10	$9.30	$8.10	N	3
46200			REMOVAL OF ANAL FISSURE	$239.98	$203.98	$250.29	$212.74	N	
46200	AA		REMOVAL OF ANAL FISSURE	$9.30	$8.10	$9.30	$8.10	N	4
46220			REMOVAL OF ANAL TAB	$25.04	$21.28	$132.38	$112.52	N	
46220	AA		REMOVAL OF ANAL TAB	$9.30	$8.10	$9.30	$8.10	N	4
46221			LIGATION OF HEMORRHOID(S)	$143.96	$122.37	$161.20	$137.02	N	
46221	AA		LIGATION OF HEMORRHOID(S)	$9.30	$8.10	$9.30	$8.10	N	7
46230			REMOVAL OF ANAL TABS	$156.21	$132.77	$194.61	$165.42	N	
46230	AA		REMOVAL OF ANAL TABS	$9.30	$8.10	$9.30	$8.10	N	4
46250			HEMORRHOIDECTOMY, EXTERNAL: CO	$241.76	$205.49	$317.34	$269.74	N	
46250	AA		HEMORRHOIDECTOMY, EXTERNAL: CO	$9.30	$8.10	$9.30	$8.10	N	4
46255			HEMORRHOIDECTOMY	$260.91	$221.77	$360.72	$306.61	N	
46255	AA		HEMORRHOIDECTOMY	$9.30	$8.10	$9.30	$8.10	N	4
46257			REMOVE HEMORRHOIDS & FISSURE	$209.71	$178.25	$287.02	$243.97	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
46257	AA		REMOVE HEMORRHOIDS & FISSURE	$9.30	$8.10	$9.30	$8.10	N	4
46258			REMOVE HEMORRHOIDS & FISTULA	$243.25	$206.76	$312.22	$265.38	N	
46258	AA		REMOVE HEMORRHOIDS & FISTULA	$9.30	$8.10	$9.30	$8.10	N	4
46260			HEMORRHOIDECTOMY	$242.11	$205.79	$331.76	$282.00	N	
46260	AA		HEMORRHOIDECTOMY	$9.30	$8.10	$9.30	$8.10	N	4
46261			REMOVE HEMORRHOIDS & FISSURE	$266.84	$226.81	$369.34	$313.94	N	
46261	AA		REMOVE HEMORRHOIDS & FISSURE	$9.30	$8.10	$9.30	$8.10	N	4
46262			REMOVE HEMORRHOIDS & FISTULA	$295.60	$251.26	$388.22	$329.98	N	
46262	AA		REMOVE HEMORRHOIDS & FISTULA	$9.30	$8.10	$9.30	$8.10	N	4
46270			REMOVAL OF ANAL FISTULA	$269.73	$229.27	$300.51	$255.44	N	
46270	AA		REMOVAL OF ANAL FISTULA	$9.30	$8.10	$9.30	$8.10	N	4
46275			REMOVAL OF ANAL FISTULA	$284.04	$241.43	$316.63	$269.14	N	
46275	AA		REMOVAL OF ANAL FISTULA	$9.30	$8.10	$9.30	$8.10	N	4
46280			REMOVAL OF ANAL FISTULA	$242.37	$206.01	$318.85	$271.02	N	
46280	AA		REMOVAL OF ANAL FISTULA	$9.30	$8.10	$9.30	$8.10	N	4
46285			REMOVAL OF ANAL FISTULA	$284.69	$241.99	$269.90	$229.41	N	
46285	AA		REMOVAL OF ANAL FISTULA	$9.30	$8.10	$9.30	$8.10	N	4
46288			REPAIR ANAL FISTULA	$280.77	$238.65	$373.30	$317.30	N	
46288	AA		REPAIR ANAL FISTULA	$9.30	$8.10	$9.30	$8.10	N	4
46320			REMOVAL OF HEMORRHOID CLOT	$106.31	$90.36	$128.48	$109.21	N	
46320	AA		REMOVAL OF HEMORRHOID CLOT	$9.30	$8.10	$9.30	$8.10	N	4
46500			INJECTION TREATMENT OF ANUS	$31.54	$26.81	$127.55	$108.42	N	
46500	AA		INJECTION TREATMENT OF ANUS	$9.30	$8.10	$9.30	$8.10	N	3
46505			CHEMODENERVATION ANAL MUSC	$156.48	$133.00	$198.04	$168.33	N	
46505	AA		CHEMODENERVATION ANAL MUSC	$9.30	$8.10	$9.30	$8.10	N	5
46505	26		CHEMODENERVATION ANAL MUSC	$124.70	$105.99	$161.40	$137.19	N	
46600			ANOSCOPY: DIAGNOSTIC	$57.70	$49.05	$70.21	$59.68	N	
46600	AA		ANOSCOPY: DIAGNOSTIC	$9.30	$8.10	$9.30	$8.10	N	3
46601			DIAGNOSTIC ANOSCOPY	$74.10	$62.98	$74.10	$62.98	N	
46601	AA		DIAGNOSTIC ANOSCOPY	$9.30	$8.10	$9.30	$8.10	N	5
46604			ANOSCOPY WITH DIRECT DILATION	$62.01	$52.71	$355.38	$302.08	N	
46604	AA		ANOSCOPY WITH DIRECT DILATION	$9.30	$8.10	$9.30	$8.10	N	4
46606			ANOSCOPY WITH BIOPSY	$27.44	$23.32	$156.85	$133.32	N	
46606	AA		ANOSCOPY WITH BIOPSY	$9.30	$8.10	$9.30	$8.10	N	3
46607			DIAGNOSTIC ANOSCOPY & BIOPSY	$102.18	$86.85	$102.18	$86.85	N	
46607	AA		DIAGNOSTIC ANOSCOPY & BIOPSY	$9.30	$8.10	$9.30	$8.10	N	5

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
46608			ANOSCOPY:REMOVE FOREIGN BODY	$142.97	$121.52	$202.08	$171.77	N	
46608	AA		ANOSCOPY:REMOVE FOREIGN BODY	$9.30	$8.10	$9.30	$8.10	N	4
46610			ANOSCOPY: REMOVE POLYP	$135.41	$115.10	$183.22	$155.74	N	
46610	AA		ANOSCOPY: REMOVE POLYP	$9.30	$8.10	$9.30	$8.10	N	4
46611			ANOSCOPY W REMOVAL TUMOR ETC.	$109.57	$93.13	$176.15	$149.73	N	
46611	AA		ANOSCOPY W REMOVAL TUMOR ETC	$9.30	$8.10	$9.30	$8.10	N	4
46612			ANOSCOPY: REMOVE MULTIPLE POLY	$162.63	$138.23	$258.67	$219.87	N	
46612	AA		ANOSCOPY: REMOVE MULTIPLE POLY	$9.30	$8.10	$9.30	$8.10	N	4
46614			ANOSCOPY: CONTROL OF HEMORRHAG	$83.05	$70.59	$138.80	$117.98	N	
46614	AA		ANOSCOPY: CONTROL OF HEMORRHAG	$9.30	$8.10	$9.30	$8.10	N	4
46615			ANOSCOPY W ABLATION OF TUMORS	$86.94	$73.90	$152.28	$129.44	N	
46615	AA		ANOSCOPY W ABLATION OF TUMORS	$9.30	$8.10	$9.30	$8.10	N	4
46700			REPAIR OF ANAL STRICTURE	$327.13	$278.06	$458.94	$390.10	N	
46700	AA		REPAIR OF ANAL STRICTURE	$9.30	$8.10	$9.30	$8.10	N	4
46705			REPAIR OF ANAL STRICTURE	NA	NA	$369.90	$314.42	N	
46705	AA		REPAIR OF ANAL STRICTURE	NA	NA	$9.30	$8.10	N	4
46706			REP ANAL FISTULA W/FIBRIN GLUE	$91.05	$77.39	$126.24	$107.30	N	
46707			REPAIR OF ANORECTAL FISTULA WI	$255.16	$216.89	$255.16	$216.89	N	
46707	AA		REPAIR OF ANORECTAL FISTULA WI	$9.30	$8.10	$9.30	$8.10	N	5
46710			REPR PER/VAG POUCH SNGL PROC	$552.15	$469.32	$810.26	$688.72	N	
46710	AA		REPR PER/VAG POUCH SNGL PROC	$9.30	$8.10	$9.30	$8.10	N	5
46712			REPR PER/VAG POUCH DBL PROC	$1,090.80	$927.18	$1,694.70	$1,440.50	N	
46712	AA		REPR PER/VAG POUCH DBL PROC	$9.30	$8.10	$9.30	$8.10	N	5
46715			REPAIR OF ANOVAGINAL FISTULA	$279.44	$237.52	$375.95	$319.56	N	
46715	AA		REPAIR OF ANOVAGINAL FISTULA	$9.30	$8.10	$9.30	$8.10	N	6
46716			REPAIR OF ANOVAGINAL FISTULA	$619.49	$526.57	$793.58	$674.55	N	
46716	AA		REPAIR OF ANOVAGINAL FISTULA	$9.30	$8.10	$9.30	$8.10	N	7
46730			CONSTRUCTION OF ABSENT ANUS	$988.76	$840.45	$1,325.99	$1,127.09	N	
46730	AA		CONSTRUCTION OF ABSENT ANUS	NA	NA	$9.30	$8.10	N	6
46735			CONSTRUCTION OF ABSENT ANUS	$1,135.16	$964.88	$1,570.80	$1,335.18	N	
46735	AA		CONSTRUCTION OF ABSENT ANUS	NA	NA	$9.30	$8.10	N	7
46740			CONSTRUCTION OF ABSENT ANUS	$1,077.36	$915.75	$1,468.34	$1,248.09	N	
46740	AA		CONSTRUCTION OF ABSENT ANUS	$9.30	$8.10	$9.30	$8.10	N	7
46742			REP IMPERF ANUS/TRANSABD SACR	$1,240.77	$1,054.65	$1,815.90	$1,543.52	N	
46742	AA		REPAIR OF IMPERFORATE ANUS HI	$9.30	$8.10	$9.30	$8.10	N	6
46744			REPAIR OF CLOACAL ANOMALY	$1,743.11	$1,481.64	$2,568.14	$2,182.92	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
46744	AA		REPAIR OF CLOACAL ANOMALY	$9.30	$8.10	$9.30	$8.10	N	6
46746			REP CLOAC ANOM	$1,917.95	$1,630.26	$2,919.99	$2,481.99	N	
46746	AA		REPAIR CLOACAL ANOM COMBINEDAS	$9.30	$8.10	$9.30	$8.10	N	6
46748			REPAIR CLOACAL ANOMALY COMBINE	$2,076.72	$1,765.21	$2,930.42	$2,490.86	N	
46748	AA		REPAIR CLOACAL ANOMALY COMBINE	$9.30	$8.10	$9.30	$8.10	N	6
46750			REPAIR OF ANAL SPHINCTER	$370.12	$314.60	$527.60	$448.46	N	
46750	AA		REPAIR OF ANAL SPHINCTER	$9.30	$8.10	$9.30	$8.10	N	4
46751			REPAIR OF ANAL SPHINCTER	$336.34	$285.89	$488.95	$415.61	N	
46751	AA		REPAIR OF ANAL SPHINCTER	$9.30	$8.10	$9.30	$8.10	N	4
46753			RECONSTRUCTION OF ANUS	$310.81	$264.19	$420.17	$357.14	N	
46753	AA		RECONSTRUCTION OF ANUS	$9.30	$8.10	$9.30	$8.10	N	4
46754			REMOVAL OF SUTURE FROM ANUS	$175.07	$148.81	$197.30	$167.71	N	
46754	AA		REMOVAL OF SUTURE FROM ANUS	$9.30	$8.10	$9.30	$8.10	N	4
46760			REPAIR OF ANAL SPHINCTER	$546.37	$464.41	$743.45	$631.93	N	
46760	AA		REPAIR OF ANAL SPHINCTER	$9.30	$8.10	$9.30	$8.10	N	4
46761			SPHINCTEROPLASTY,ANAL:LEV MUSC	$449.81	$382.34	$683.43	$580.92	N	
46761	AA		SPHINCTEROPLASTY,ANAL:LEV MUSC	$9.30	$8.10	$9.30	$8.10	N	4
46900			REMOVAL OF ANAL LESION	$122.02	$103.72	$153.28	$130.29	N	
46900	AA		REMOVAL OF ANAL LESION	$9.30	$8.10	$9.30	$8.10	N	3
46910			REMOVAL OF ANAL LESION	$133.23	$113.24	$163.14	$138.67	N	
46910	AA		REMOVAL OF ANAL LESION	$9.30	$8.10	$9.30	$8.10	N	3
46916			CRYOSURGERY-ANAL LESIONS	$129.70	$110.25	$169.26	$143.87	N	
46916	AA		CRYSOSURGERY-ANAL LESIONS	$9.30	$8.10	$9.30	$8.10	N	3
46917			DESTROY ANAL LESION(S):LASER	$44.01	$37.41	$375.43	$319.12	N	
46917	AA		DESTROY ANAL LESION(S): LASER	$9.30	$8.10	$9.30	$8.10	N	3
46922			DESTROY ANAL LESION(S)-SURG EX	$155.95	$132.56	$176.58	$150.10	N	
46922	AA		DESTROY ANAL LESION(S)-SURG EX	$9.30	$8.10	$9.30	$8.10	N	4
46924			DESTROY ANAL LESIONS,ANY METH,	$278.57	$236.78	$390.44	$331.87	N	
46924	AA		DESTROY ANAL LESIONS,ANY METH,	$9.30	$8.10	$9.30	$8.10	N	4
46930			DESTRUCTION OF INTERNAL HEMORR	$111.30	$94.60	$111.30	$94.60	N	
46930	AA		DESTRUCTION OF INTERNAL HEMORR	$9.30	$8.10	$9.30	$8.10	N	5
46930	26		DESTRUCTION OF INTERNAL HEMORR	$77.65	$66.00	$77.65	$66.00	N	
46940			TREATMENT OF ANAL FISSURE	$132.59	$112.70	$148.00	$125.80	N	
46940	AA		TREATMENT OF ANAL FISSURE	$9.30	$8.10	$9.30	$8.10	N	4
46942			TREATMENT OF ANAL FISSURE	$125.77	$106.90	$132.54	$112.66	N	
46942	AA		TREATMENT OF ANAL FISSURE	$9.30	$8.10	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
46945			LIGATION OF HEMORRHOIDS	$34.56	$29.38	$174.73	$148.52	N	
46945	AA		LIGATION OF HEMORRHOIDS	$9.30	$8.10	$9.30	$8.10	N	3
46946			LIGATION OF HEMORRHOIDS	$191.78	$163.01	$216.10	$183.68	N	
46946	AA		LIGATION OF HEMORRHOIDS	$9.30	$8.10	$9.30	$8.10	N	3
46947			HEMORRHOIDOPEXY BY STAPLING	$194.72	$165.51	$278.83	$237.01	N	
46947	AA		HEMORRHOIDOPEXY BY STAPLING	$9.30	$8.10	$9.30	$8.10	N	5
46948			INT HRHC TRANAL DARTLZJ 2+	$222.66	$189.26	$222.66	$189.26	N	
46948	AA		INT HRHC TRANAL DARTLZJ 2+	$9.30	$8.10	$9.30	$8.10	N	5
46999			UNLISTED PROCEDURE ANUS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
47000			NEEDLE BIOPSY OF LIVER PERQ	$29.53	$25.10	$168.11	$142.90	N	
47000	AA		NEEDLE BIOPSY OF LIVER	$9.30	$8.10	$9.30	$8.10	N	3
47001			NDL BIOPSY LVR TM OTH MAJ PX	$50.70	$43.10	$89.50	$76.08	N	
47001	AA		BIOPSY LIVER(NOT SEPARATE PROC	$9.30	$8.10	$9.30	$8.10	N	4
47010			HEPATOT OPN DRG ABSC/CST 1/2	$600.82	$510.69	$844.05	$717.44	N	
47010	AA		DRAINAGE OF LIVER LESION	$9.30	$8.10	$9.30	$8.10	N	6
47015			LAPT ASPIR&/NJX HEP PRST CST	$577.28	$490.68	$785.60	$667.76	N	
47015	AA		LAP W ASPIRATION &/OR INJ HEPA	$9.30	$8.10	$9.30	$8.10	N	5
47100			WEDGE BIOPSY OF LIVER	$422.07	$358.76	$618.78	$525.96	N	
47100	AA		WEDGE BIOPSY OF LIVER	$9.30	$8.10	$9.30	$8.10	N	7
47120			PARTIAL REMOVAL OF LIVER	$1,149.14	$976.76	$1,773.15	$1,507.18	N	
47120	AA		PARTIAL REMOVAL OF LIVER	$9.30	$8.10	$9.30	$8.10	N	13
47122			HEPATECTOMY,RESECT LIVER:TRISE	$1,682.15	$1,429.83	$2,682.28	$2,279.94	N	
47122	AA		HEPATECTOMY,RESECT LIVER:TRISE	$9.30	$8.10	$9.30	$8.10	N	13
47125			PARTIAL REMOVAL OF LIVER	$1,509.81	$1,283.34	$2,407.12	$2,046.05	N	
47125	AA		PARTIAL REMOVAL OF LIVER	$9.30	$8.10	$9.30	$8.10	N	13
47130			PARTIAL REMOVAL OF LIVER	$1,618.33	$1,375.58	$2,602.34	$2,211.99	N	
47130	AA		PARTIAL REMOVAL OF LIVER	$9.30	$8.10	$9.30	$8.10	N	13
47133			DONOR HEPATECTOMY,W/PREP-MAINT	$400.00	$340.00	$400.00	$340.00	N	
47133	AA		DONOR HEPATECTOMY,W/PREP-MAINT	$9.30	$8.10	$9.30	$8.10	N	13
47135			LIVER TRANSPLANT,W/W/O RECI HE	$2,661.89	$2,262.60	$3,938.65	$3,347.85	N	
47135	AA		LIVER TRANSPLANT,W/W/O RECI HE	$9.30	$8.10	$9.30	$8.10	N	30
47140			DONOR HEPATECTOMY L LAT SEGMEN	$1,763.66	$1,499.11	$2,646.74	$2,249.73	N	
47140	AA		DONOR HEPATECTOMY L LAT SEGMEN	$9.30	$8.10	$9.30	$8.10	N	13
47141			DONOR HEPATECTOMY TOT L LOBECT	$2,105.02	$1,789.26	$3,199.14	$2,719.27	N	
47141	AA		DONOR HEPATECTOMY TOT L LOBECT	$9.30	$8.10	$9.30	$8.10	N	13
47142			DONOR HEPATECTOMY TOT RT LOBEC	$2,316.29	$1,968.84	$3,523.17	$2,994.69	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
47142	AA		DONOR HEPATECTOMY TOT RT LOBEC	$9.30	$8.10	$9.30	$8.10	N	13
47143			PREP DONOR LIVER, WHOLE	$227.95	$193.75	$316.41	$268.95	N	
47144			PREP DONOR LIVER, 3-SEGMENT	$298.12	$253.40	$474.61	$403.42	N	
47145			PREP DONOR LIVER, LOBE SPLIT	$298.12	$253.40	$460.01	$391.01	N	
47146			PREP DONOR LIVER/VENOUS	$158.93	$135.09	$284.10	$241.49	N	
47147			PREP DONOR LIVER/ARTERIAL	$185.83	$157.96	$331.39	$281.68	N	
47300			SURGERY FOR LIVER LESION	$561.46	$477.24	$780.26	$663.22	N	
47300	AA		SURGERY FOR LIVER LESION	$9.30	$8.10	$9.30	$8.10	N	7
47350			REPAIR LIVER WOUND	$671.80	$571.03	$995.28	$845.99	N	
47350	AA		REPAIR LIVER WOUND	$9.30	$8.10	$9.30	$8.10	N	7
47360			REPAIR LIVER WOUND	$922.23	$783.90	$1,342.94	$1,141.50	N	
47360	AA		REPAIR LIVER WOUND	$9.30	$8.10	$9.30	$8.10	N	7
47361			REPAIR LIVER WOUND	$1,474.43	$1,253.26	$2,290.03	$1,946.53	N	
47361	AA		REPAIR LIVER WOUND	$9.30	$8.10	$9.30	$8.10	N	7
47362			REPAIR LIVER WOUND	$700.08	$595.06	$954.63	$811.44	N	
47362	AA		REPAIR LIVER WOUND	$9.30	$8.10	$9.30	$8.10	N	7
47370			SURG LAP RADIOFREQUENCY	$620.65	$527.55	$973.40	$827.39	N	
47370	AA		SURG LAP RADIOFREQUENCY	$9.30	$8.10	$9.30	$8.10	N	7
47371			LAP SURG CRYOSURGICAL	$622.79	$529.37	$975.22	$828.93	N	
47371	AA		LAP SURG CRYOSURGICAL	$9.30	$8.10	$9.30	$8.10	N	7
47379			UNLISTED LAPS PX LIVER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
47380			OPEN ABLATION RADIOFREQ LIVER	$713.07	$606.11	$1,128.94	$959.60	N	
47380	AA		OPEN ABLATION RADIOFREQ LIVER	$9.30	$8.10	$9.30	$8.10	N	7
47381			OPEN ABLATION LIVER TOWER CRYO	$731.52	$621.79	$1,144.70	$972.99	N	
47381	AA		OPEN ABLATION LIVER TUMOR CRYO	$9.30	$8.10	$9.30	$8.10	N	7
47382			ABLATION LIVER TUMOR PERCU	$350.95	$298.31	$714.63	$607.44	N	
47382	AA		ABLATION LIVER TUMOR PERCU	$9.30	$8.10	$9.30	$8.10	N	7
47383			PERQ ABLTJ LVR CRYOABLATION	$2,863.75	$2,434.19	$2,863.75	$2,434.19	N	
47383	AA		PERQ ABLTJ LVR CRYOABLATION	$9.30	$8.10	$9.30	$8.10	N	7
47383	26		PERQ ABLTJ LVR CRYOABLATION	$218.25	$185.51	$218.25	$185.51	N	
47399			UNLISTED PROCEDURE LIVER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
47400			INCISION OF LIVER DUCT	$1,056.06	$897.65	$1,573.35	$1,337.35	N	
47400	AA		INCISION OF LIVER DUCT	$9.30	$8.10	$9.30	$8.10	N	7
47420			INCISION OF BILE DUCT	$658.73	$559.92	$1,002.85	$852.42	N	
47420	AA		INCISION OF BILE DUCT	$9.30	$8.10	$9.30	$8.10	N	7
47425			INCISION OF BILE DUCT	$674.62	$573.43	$1,002.66	$852.26	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
47425	AA		INCISION OF BILE DUCT	$9.30	$8.10	$9.30	$8.10	N	7
47460			INCISE BILE DUCT SPHINCTER	$627.52	$533.39	$918.70	$780.90	N	
47460	AA		INCISE BILE DUCT SPHINCTER	$9.30	$8.10	$9.30	$8.10	N	7
47480			INCISION OF GALLBLADDER	$437.34	$371.73	$584.25	$496.61	N	
47480	AA		INCISION OF GALLBLADDER	$9.30	$8.10	$9.30	$8.10	N	7
47490			PERCUTANEOUS CHOLECYSTOSTOMY	$162.77	$138.35	$346.92	$294.88	N	
47490	AA		PERCUTANEOUS CHOLECYSTOSTOMY	$9.30	$8.10	$9.30	$8.10	N	6
47531			INJECTION FOR CHOLANGIOGRAM	$204.78	$174.06	$204.78	$174.06	N	
47531	AA		INJECTION FOR CHOLANGIOGRAM	$9.30	$8.10	$9.30	$8.10	N	4
47531	26		INJECTION FOR CHOLANGIOGRAM	$34.00	$28.90	$34.00	$28.90	N	
47532			INJECTION FOR CHOLANGIOGRAM	$408.48	$347.20	$408.48	$347.20	N	
47532	AA		INJECTION FOR CHOLANGIOGRAM	$9.30	$8.10	$9.30	$8.10	N	4
47532	26		INJECTION FOR CHOLANGIOGRAM	$101.07	$85.91	$101.07	$85.91	N	
47533			PLMT BILIARY DRAINAGE CATH	$562.48	$478.11	$562.48	$478.11	N	
47533	AA		PLMT BILIARY DRAINAGE CATH	$9.30	$8.10	$9.30	$8.10	N	4
47533	26		PLMT BILIARY DRAINAGE CATH	$125.42	$106.60	$125.42	$106.60	N	
47534			PLMT BILIARY DRAINAGE CATH	$618.62	$525.82	$618.62	$525.82	N	
47534	AA		PLMT BILIARY DRAINAGE CATH	$9.30	$8.10	$9.30	$8.10	N	4
47534	26		PLMT BILIARY DRAINAGE CATH	$175.61	$149.26	$175.61	$149.26	N	
47535			CONVERSION EXT BIL DRG CATH	$430.06	$365.55	$430.06	$365.55	N	
47535	AA		CONVERSION EXT BIL DRG CATH	$9.30	$8.10	$9.30	$8.10	N	4
47535	26		CONVERSION EXT BIL DRG CATH	$93.42	$79.41	$93.42	$79.41	N	
47536			EXCHANGE BILIARY DRG CATH	$307.06	$261.00	$307.06	$261.00	N	
47536	AA		EXCHANGE BILIARY DRG CATH	$9.30	$8.10	$9.30	$8.10	N	4
47536	26		EXCHANGE BILIARY DRG CATH	$63.21	$53.73	$63.21	$53.73	N	
47537			REMOVAL BILIARY DRG CATH	$237.18	$201.60	$237.18	$201.60	N	
47537	AA		REMOVAL BILIARY DRG CATH	$9.30	$8.10	$9.30	$8.10	N	4
47537	26		REMOVAL BILIARY DRG CATH	$46.18	$39.25	$46.18	$39.25	N	
47538			PERQ PLMT BILE DUCT STENT	$1,794.80	$1,525.58	$1,794.80	$1,525.58	N	
47538	AA		PERQ PLMT BILE DUCT STENT	$9.30	$8.10	$9.30	$8.10	N	4
47538	26		PERQ PLMT BILE DUCT STENT	$111.79	$95.02	$111.79	$95.02	N	
47539			PERQ PLMT BILE DUCT STENT	$2,001.01	$1,700.85	$2,001.01	$1,700.85	N	
47539	AA		PERQ PLMT BILE DUCT STENT	$9.30	$8.10	$9.30	$8.10	N	4
47539	26		PERQ PLMT BILE DUCT STENT	$201.08	$170.91	$201.08	$170.91	N	
47540			PERQ PLMT BILE DUCT STENT	$2,024.02	$1,720.41	$2,024.02	$1,720.41	N	
47540	AA		PERQ PLMT BILE DUCT STENT	$9.30	$8.10	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
47540	26		PERQ PLMT BILE DUCT STENT	$207.95	$176.75	$207.95	$176.75	N	
47541			PLMT ACCESS BIL TREE SM BWL	$566.81	$481.78	$566.81	$481.78	N	
47541	AA		PLMT ACCESS BIL TREE SM BWL	$9.30	$8.10	$9.30	$8.10	N	4
47541	26		PLMT ACCESS BIL TREE SM BWL	$159.82	$135.84	$159.82	$135.84	N	
47542			DILATE BILIARY DUCT/AMPULLA	$240.89	$204.75	$240.89	$204.75	N	
47542	AA		DILATE BILIARY DUCT/AMPULLA	$9.30	$8.10	$9.30	$8.10	N	4
47542	26		DILATE BILIARY DUCT/AMPULIA	$64.33	$54.68	$64.33	$54.68	N	
47543			ENDOLUMINAL BX BILIARY TREE	$189.59	$161.15	$189.59	$161.15	N	
47543	AA		ENDOLUMINAL BX BILIARY TREE	$9.30	$8.10	$9.30	$8.10	N	4
47543	26		ENDOLUMINAL BX BILIARY TREE	$67.75	$57.59	$67.75	$57.59	N	
47544			REMOVAL DUCT GLBLDR CALCULI	$403.40	$342.89	$403.40	$342.89	N	
47544	AA		REMOVAL DUCT GLBLDR CALCULI	$9.30	$8.10	$9.30	$8.10	N	4
47544	26		REMOVAL DUCT GLBLDR CALCULI	$74.24	$63.10	$74.24	$63.10	N	
47550			BILIARY ENDOSCOPY, INTRAOPERAT	$79.05	$67.19	$141.90	$120.62	N	
47550	AA		BILIARY ENDOSCOPY, INTRAOPERAT	$9.30	$8.10	$9.30	$8.10	N	3
47552			BILIARY ENDOSCOPY...:DIAGNOSTI	$133.68	$113.63	$283.81	$241.24	N	
47552	AA		BILIARY ENDOSCOPY...:DIAGNOSTI	$9.30	$8.10	$9.30	$8.10	N	3
47553			BILIARY ENDOSCOPY...: & SPEC C	$133.68	$113.63	$281.62	$239.38	N	
47553	AA		BILIARY ENDOSCOPY...: & SPEC C	$9.30	$8.10	$9.30	$8.10	N	3
47554			BILIARY ENDOSCOPY...:REMOVE ST	$215.56	$183.22	$428.49	$364.21	N	
47554	AA		BILIARY ENDOSCOPY...:REMOVE ST	$9.30	$8.10	$9.30	$8.10	N	3
47555			BILIARY ENDOSCOPY:DILATE DUCT	$158.60	$134.81	$332.49	$282.62	N	
47555	AA		BILIARY ENDOSCOPY:DILATE DUCT	$9.30	$8.10	$9.30	$8.10	N	3
47556			BILIARY ENDOSCOPY,PERCU T-TUBE	$179.63	$152.68	$376.55	$320.07	N	
47556	AA		BILIARY ENDOSCOPY,PERCU T-TUBE	$9.30	$8.10	$9.30	$8.10	N	7
47562			LAP SURG CHOLECYSTECTOMY	$329.10	$279.74	$562.41	$478.05	N	
47562	AA		LAP SURG CHOLECYSTECTOMY	$9.30	$8.10	$9.30	$8.10	N	7
47563			LAP SURG CHOLECYST W/CHOLANGIO	$357.70	$304.05	$603.69	$513.13	N	
47563	AA		LAP SURG CHOLECYST W/CHOLANGIO	$9.30	$8.10	$9.30	$8.10	N	7
47564			LAP SURG CHOLECYST W/EXPLOR	$555.29	$472.00	$707.00	$600.95	N	
47564	AA		LAP SURG CHOLECYST W/EXPLOR	$9.30	$8.10	$9.30	$8.10	N	7
47570			LAP SURG CHOLECYSTOENTEROSTOMY	$385.34	$327.54	$628.36	$534.11	N	
47570	AA		LAP SURG CHOLECYSTOENTEROSTOMY	$9.30	$8.10	$9.30	$8.10	N	7
47579			UNLISTED LAPS PX BILIARY TRC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
47579	AA		UNLISTED LAP PROC BILIARY DUCT	$9.30	$8.10	$9.30	$8.10	N	7
47600			CHOLECYSTECTOMY	$530.94	$451.30	$689.90	$586.41	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
47600	AA		REMOVAL OF GALLBLADDER	$9.30	$8.10	$9.30	$8.10	N	7
47605			CHOLECYSTECTOMY W/CHOLANG	$558.18	$474.45	$741.98	$630.68	N	
47605	AA		REMOVAL OF GALLBLADDER	$9.30	$8.10	$9.30	$8.10	N	7
47610			REMOVAL OF GALLBLADDER	$619.83	$526.85	$936.70	$796.20	N	
47610	AA		REMOVAL OF GALLBLADDER	$9.30	$8.10	$9.30	$8.10	N	7
47612			CHOLECYSTECTOMY:W/CHOLEDOCHOEN	$628.10	$533.89	$933.45	$793.43	N	
47612	AA		CHOLECYSTECTOMY:W/CHOLEDOCHOEN	$9.30	$8.10	$9.30	$8.10	N	7
47620			REMOVAL OF GALLBLADDER	$677.67	$576.02	$1,021.64	$868.39	N	
47620	AA		REMOVAL OF GALLBLADDER	$9.30	$8.10	$9.30	$8.10	N	7
47700			EXPLORATION OF BILE DUCTS	$525.34	$446.54	$805.80	$684.93	N	
47700	AA		EXPLORATION OF BILE DUCTS	$9.30	$8.10	$9.30	$8.10	N	7
47701			PORTOENTEROSTOMY	$854.98	$726.73	$1,376.54	$1,170.06	N	
47701	AA		PORTOENTEROSTOMY	$9.30	$8.10	$9.30	$8.10	N	7
47711			EXCISION OF BILE DUCT TUMOR	$765.22	$650.43	$1,154.20	$981.07	N	
47711	AA		EXCISION OF BILE DUCT TUMOR	$9.30	$8.10	$9.30	$8.10	N	7
47712			EXCISION OF BILE DUCT TUMOR	$981.38	$834.17	$1,492.34	$1,268.49	N	
47712	AA		EXCISION OF BILE DUCT TUMOR	$9.30	$8.10	$9.30	$8.10	N	7
47715			EXCISE CHOLEDOCAL CYST	$657.96	$559.27	$953.03	$810.08	N	
47715	AA		EXCISE CHOLEDOCAL CYST	$9.30	$8.10	$9.30	$8.10	N	7
47720			FUSE GALLBLADDER & BOWEL	$572.38	$486.52	$818.18	$695.46	N	
47720	AA		FUSE GALLBLADDER & BOWEL	$9.30	$8.10	$9.30	$8.10	N	7
47721			FUSE UPPER GI STRUCTURES	$669.70	$569.24	$968.74	$823.43	N	
47721	AA		FUSE UPPER GI STRUCTURES	$9.30	$8.10	$9.30	$8.10	N	7
47740			FUSE GALLBLADDER & BOWEL	$649.16	$551.78	$938.82	$797.99	N	
47740	AA		FUSE GALLBLADDER & BOWEL	$9.30	$8.10	$9.30	$8.10	N	7
47741			ROUX-EN-Y W GASTROENTEROSTOMY	$728.55	$619.26	$1,072.56	$911.68	N	
47741	AA		ROUX-EN-Y W GASTROENTEROSTOMY	$9.30	$8.10	$9.30	$8.10	N	7
47760			FUSE BILE DUCTS AND BOWEL	$1,105.05	$939.29	$1,285.18	$1,092.41	N	
47760	AA		FUSE BILE DUCTS AND BOWEL	$9.30	$8.10	$9.30	$8.10	N	7
47765			FUSE LIVER DUCTS & BOWEL	$1,485.47	$1,262.65	$1,249.27	$1,061.88	N	
47765	AA		FUSE LIVER DUCTS & BOWEL	$9.30	$8.10	$9.30	$8.10	N	7
47780			FUSE BILE DUCTS AND BOWEL	$1,215.01	$1,032.75	$1,320.31	$1,122.27	N	
47780	AA		FUSE BILE DUCTS AND BOWEL	$9.30	$8.10	$9.30	$8.10	N	7
47785			ANASTOMOSIS REY/INTRA HEPATIC	$1,582.19	$1,344.86	$1,543.70	$1,312.14	N	
47785	AA		ANASTOMOSIS REY/INTRA HEPATIC	$9.30	$8.10	$9.30	$8.10	N	7
47800			RECONSTRUCTION OF BILE DUCTS	$768.26	$653.02	$1,168.03	$992.83	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
47800	AA		RECONSTRUCTION OF BILE DUCTS	$9.30	$8.10	$9.30	$8.10	N	7
47801			PLACEMENT OF CHOLEDOCHAL STENT	$548.17	$465.94	$790.12	$671.60	N	
47801	AA		PLACEMENT OF CHOLEDOCHAL STENT	$9.30	$8.10	$9.30	$8.10	N	7
47900			EXTRA HEPATIC DUCT SUTURE	$681.60	$579.36	$1,007.46	$856.34	N	
47900	AA		EXTRA HEPATIC DUCT SUTURE	$9.30	$8.10	$9.30	$8.10	N	7
47999			UNLISTED PX BILIARY TRACT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
48000			DRAINAGE OF ABDOMEN	$926.11	$787.19	$1,379.54	$1,172.61	N	
48000	AA		DRAINAGE OF ABDOMEN	$9.30	$8.10	$9.30	$8.10	N	7
48001			DRAINS W CHOLE,GASTROS,JEJUNOS	$1,132.00	$962.20	$1,729.03	$1,469.68	N	
48001	AA		DRAINS W CHOLE,GASTROS,JEJUNOS	$9.30	$8.10	$9.30	$8.10	N	8
48020			REMOVAL OF PANCREATIC STONE	$584.44	$496.77	$806.37	$685.41	N	
48020	AA		REMOVAL OF PANCREATIC STONE	$9.30	$8.10	$9.30	$8.10	N	7
48100			BIOPSY OF PANCREAS	$439.89	$373.91	$623.87	$530.29	N	
48100	AA		BIOPSY OF PANCREAS	$9.30	$8.10	$9.30	$8.10	N	3
48102			BX PANCREAS:PERCUTANEOUS NEEDL	$249.32	$211.92	$426.32	$362.37	N	
48102	AA		BX PANCREAS:PERCUTANEOUS NEEDL	$9.30	$8.10	$9.30	$8.10	N	3
48105			RESECT/DEBRIDE PANCREAS	$1,385.72	$1,177.86	$2,114.35	$1,797.20	N	
48105	AA		RESECT/DEBRIDE PANCREAS	$9.30	$8.10	$9.30	$8.10	N	7
48120			REMOVAL OF PANCREAS LESION	$550.55	$467.97	$794.96	$675.72	N	
48120	AA		REMOVAL OF PANCREAS LESION	$9.30	$8.10	$9.30	$8.10	N	7
48140			PARTIAL REMOVAL OF PANCREAS	$772.70	$656.79	$1,137.54	$966.91	N	
48140	AA		PARTIAL REMOVAL OF PANCREAS	$9.30	$8.10	$9.30	$8.10	N	7
48145			PARTIAL REMOVAL OF PANCREAS	$805.00	$684.25	$1,185.63	$1,007.79	N	
48145	AA		PARTIAL REMOVAL OF PANCREAS	$9.30	$8.10	$9.30	$8.10	N	7
48146			PANCREATOMY CHILD-TYPE PROCEDU	$928.83	$789.50	$1,343.61	$1,142.07	N	
48146	AA		PANCREATOMY CHILD-TYPE PROCEDU	$9.30	$8.10	$9.30	$8.10	N	8
48148			REMOVAL OF PANCREATIC DUCT	$618.67	$525.87	$873.10	$742.14	N	
48148	AA		REMOVAL OF PANCREATIC DUCT	$9.30	$8.10	$9.30	$8.10	N	7
48150			PARTIAL REMOVAL OF PANCREAS	$1,530.68	$1,301.07	$2,364.38	$2,009.73	N	
48150	AA		PARTIAL REMOVAL OF PANCREAS	$9.30	$8.10	$9.30	$8.10	N	7
48152			PANCREATECTOMY WO PAN/JEJENOST	$1,415.72	$1,203.36	$2,170.21	$1,844.68	N	
48152	AA		PANCREATECTOMY WO PAN.JEJUNOST	$9.30	$8.10	$9.30	$8.10	N	8
48153			PANCREATECTOMY NEAR TOTAL WPJ.	$1,521.31	$1,293.11	$2,361.97	$2,007.67	N	
48153	AA		PANCREATECTOMY NEAR TOTAL W PJ	$9.30	$8.10	$9.30	$8.10	N	8
48154			PANCREATECTOMY WO PI PROX SUB	$1,421.91	$1,208.62	$2,183.47	$1,855.95	N	
48154	AA		PANCREATECTOMY WO P.J.NEARTOTA	$9.30	$8.10	$9.30	$8.10	N	8

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
48155			REMOVAL OF PANCREAS	$897.63	$762.98	$1,270.31	$1,079.77	N	
48155	AA		REMOVAL OF PANCREAS	$9.30	$8.10	$9.30	$8.10	N	7
48160			PANCREATECTOMY,TOTAL:W TRANSPL	$2,000.00	$1,700.00	$2,000.00	$1,700.00	N	
48160	AA		PANCREATECTOMY,TOTAL:W/TRANSPL	$9.30	$8.10	$9.30	$8.10	N	8
48400			INJECTION PANCEATOGRAPHY INTRA	$51.84	$44.06	$87.80	$74.63	N	
48500			SURGERY OF PANCREAS CYST	$569.52	$484.09	$791.15	$672.48	N	
48500	AA		SURGERY OF PANCREAS CYST	$9.30	$8.10	$9.30	$8.10	N	7
48510			EXT.DRAINAGE,PANCREAS PSEUDOCY	$108.79	$92.47	$758.31	$644.57	N	
48510	AA		EXT.DRAINAGE,PANCREAS PSEUDOCY	$9.30	$8.10	$9.30	$8.10	N	3
48520			FUSE PANCREAS CYST AND BOWEL	$543.54	$462.01	$780.46	$663.39	N	
48520	AA		FUSE PANCREAS CYST AND BOWEL	$9.30	$8.10	$9.30	$8.10	N	7
48540			FUSE PANCREAS CYST AND BOWEL	$644.94	$548.20	$974.81	$828.59	N	
48540	AA		FUSE PANCREAS CYST AND BOWEL	$9.30	$8.10	$9.30	$8.10	N	7
48545			PANCREATORRHAPHY TRAUMA	$665.70	$565.85	$914.91	$777.68	N	
48545	AA		PANCREATORRHAPHY TRAUMA	$9.30	$8.10	$9.30	$8.10	N	8
48547			DUODENAL EXCLU W GASTROJEJUNO	$882.17	$749.84	$1,272.34	$1,081.49	N	
48547	AA		DUODENAL EXCLU.W GASTROJEJUNOS	$9.30	$8.10	$9.30	$8.10	N	8
48548			FUSE PANCREAS AND BOWEL	$823.42	$699.90	$1,233.47	$1,048.45	N	
48548	AA		FUSE PANCREAS AND BOWEL	$9.30	$8.10	$9.30	$8.10	N	7
48550			DONOR PANCREATECTOMY CADAVER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
48551			PREP DONOR PANCREAS	$160.06	$136.05	$146.65	$124.65	N	
48552			PREP DONOR PANCREAS/VENOUS	$114.27	$97.13	$194.65	$165.45	N	
48554			TRANSPLANT PANCREAS ALLOGRAFT	$1,315.02	$1,117.76	$1,315.02	$1,117.76	N	
48554	AA		TRANSPLANT PANCREAS ALLOGRAFT	$9.30	$8.10	$9.30	$8.10	N	20
48556			REMOVE TRANSPLANTED PANCREAS	$644.17	$547.54	$644.17	$547.54	N	
48556	AA		REMOVE TRANSPLANTED PANCREAS	$9.30	$8.10	$9.30	$8.10	N	20
48999			UNLISTED PROCEDURE PANCREAS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
49000			EXPLORATION OF ABDOMEN	$381.26	$324.07	$596.41	$506.95	N	
49000	AA		EXPLORATION OF ABDOMEN	$9.30	$8.10	$9.30	$8.10	N	6
49002			REEXPLORATION OF ABDOMEN	$514.20	$437.07	$541.80	$460.53	N	
49002	AA		REEXPLORATION OF ABDOMEN	$9.30	$8.10	$9.30	$8.10	N	6
49010			EXPLORE,RETROPERITONEAL AREA	$455.50	$387.18	$632.73	$537.82	N	
49010	AA		EXPLORE,RETROPERITONEAL AREA	$9.30	$8.10	$9.30	$8.10	N	6
49013			PRPERTL PEL PACK HEMRRG TRMA	$222.03	$188.72	$222.03	$188.72	N	
49013	AA		PRPERTL PEL PACK HEMRRG TRMA	$9.30	$8.10	$9.30	$8.10	N	6
49014			REEXPLORATION PELVIC WOUND	$185.62	$157.77	$185.62	$157.77	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
49014	AA		REEXPLORATION PELVIC WOUND	$9.30	$8.10	$9.30	$8.10	N	6
49020			DRAIN ABDOMINAL ABSCESS	$786.10	$668.18	$1,151.45	$978.73	N	
49020	AA		DRAIN ABDOMINAL ABSCESS	$9.30	$8.10	$9.30	$8.10	N	6
49040			DRAIN ABDOMINAL ABSCESS	$497.62	$422.97	$694.89	$590.65	N	
49040	AA		DRAIN ABDOMINAL ABSCESS	$9.30	$8.10	$9.30	$8.10	N	7
49060			DRAIN RETROPERITONEAL ABSCESS	$545.28	$463.48	$804.62	$683.93	N	
49060	AA		DRAIN ABDOMINAL ABSCESS	$9.30	$8.10	$9.30	$8.10	N	6
49062			OPEN DRAIN EXTRAPER LYMPHOCELE	$382.50	$325.13	$584.15	$496.53	N	
49062	AA		OPEN DRAIN EXTRAPER LYMPHOCELE	$9.30	$8.10	$9.30	$8.10	N	3
49082			ABD PARACENTESIS	$103.87	$88.29	$103.87	$88.29	N	
49082	AA		ABD PARACENTESIS	$9.30	$8.10	$9.30	$8.10	N	4
49082	26		ABD PARACENTESIS	$35.73	$30.37	$35.73	$30.37	N	
49083			ABD PARACENTESIS W/IMAGING	$143.55	$122.02	$143.55	$122.02	N	
49083	AA		ABD PARACENTESIS W/IMAGING	$9.30	$8.10	$9.30	$8.10	N	4
49083	SA	26	ABD PARACENTESIS W/IMAGING	$41.54	$41.54	$41.54	$41.54	N	
49083	26		ABD PARACENTESIS W/IMAGING	$51.45	$43.73	$51.45	$43.73	N	
49084			PERITONEAL LAVAGE	$52.48	$44.61	$52.48	$44.61	N	
49084	AA		PERITONEAL LAVAGE	$9.30	$8.10	$9.30	$8.10	N	4
49180			NEEDLE BX,ABDOMINAL/RETROPERI.	$86.23	$73.29	$163.17	$138.69	N	
49180	AA		NEEDLE BX,ABDOMINAL/RETROPERI.	$9.30	$8.10	$9.30	$8.10	N	4
49185			SCLEROTX FLUID COLLECTION	$608.44	$517.17	$608.44	$517.17	N	
49185	AA		SCLEROTX FLUID COLLECTION	$9.30	$8.10	$9.30	$8.10	N	4
49185	26		SCLEROTX FLUID COLLECTION	$57.69	$49.03	$57.69	$49.03	N	
49215			EXCISE PRESACRAL/SACROCOCCYGEA	$1,086.49	$923.52	$1,664.34	$1,414.69	N	
49215	AA		EXCISE PRESACRAL/SACROCOCCYGEA	$9.30	$8.10	$9.30	$8.10	N	7
49250			EXCISION OF UMBILICUS	$297.89	$253.21	$440.45	$374.38	N	
49250	AA		EXCISION OF UMBILICUS	$9.30	$8.10	$9.30	$8.10	N	6
49255			OMENTECTOMY...RESECT OMENTUM	$394.61	$335.42	$584.48	$496.81	N	
49255	AA		OMENTECTOMY...RESECT OMENTUM	$9.30	$8.10	$9.30	$8.10	N	6
49320			DIAG LAP ABD PERIT & OMENTUM	$164.69	$139.98	$269.70	$229.24	N	
49320	AA		DIAG LAP ABD PERIT & OMENTUM	$9.30	$8.10	$9.30	$8.10	N	6
49321			LAP ABD/PERIT/OMENT W/BX	$171.54	$145.81	$280.99	$238.84	N	
49321	AA		LAP ABD/PERIT/OMENT W/BX	$9.30	$8.10	$9.30	$8.10	N	6
49322			LAP ABD/PERIT/OMENT W/ASP CYST	$186.18	$158.25	$302.65	$257.25	N	
49322	AA		LAP ABD/PERIT/OMENT W/ASP CYST	$9.30	$8.10	$9.30	$8.10	N	6
49323			LAP ABD/PERIT/OMENT W/DRAINAGE	$318.29	$270.54	$487.52	$414.39	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
49323	AA		LAP ABD/PERIT/OMENT W/DRAINAGE	$9.30	$8.10	$9.30	$8.10	N	6
49324			LAP INSERTION PERM IP CATH	$191.04	$162.38	$294.71	$250.51	N	
49324	AA		LAP INSERTION PERM IP CATH	$9.30	$8.10	$9.30	$8.10	N	6
49325			LAP REVISION PERM IP CATH	$203.89	$173.31	$317.14	$269.57	N	
49325	AA		LAP REVISION PERM IP CATH	$9.30	$8.10	$9.30	$8.10	N	6
49326			LAP W/OMENTOPEXY ADD-ON	$91.40	$77.69	$143.66	$122.11	N	
49326	AA		LAP W/OMENTOPEXY ADD-ON	$9.30	$8.10	$9.30	$8.10	N	6
49327			LAP INS DEVICE FOR RT	$63.42	$53.90	$63.42	$53.90	N	
49327	AA		LAP INS DEVICE FOR RT	$9.30	$8.10	$9.30	$8.10	N	6
49329			UNLSTD LAPS PX ABD PERTM&OMN	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
49329	AA		UNLISTED LAP PROC ABD/PER/OMEN	$9.30	$8.10	$9.30	$8.10	N	6
49400			AIR INJECTION INTO ABDOMEN	$73.49	$62.46	$140.11	$119.09	N	
49400	AA		AIR INJECTION INTO ABDOMEN	$9.30	$8.10	$9.30	$8.10	N	3
49402			REMOVE FOREIGN BODY, ADBOMEN	$424.16	$360.54	$632.75	$537.84	N	
49402	AA		REMOVE FOREIGN BODY, ADBOMEN	$9.30	$8.10	$9.30	$8.10	N	6
49405			IMAGE CATH FLUID COLXN VISC	$428.66	$364.36	$428.66	$364.36	N	
49405	AA		IMAGE CATH FLUID COLXN VISC	$9.30	$8.10	$9.30	$8.10	N	6
49405	26		IMAGE CATH FLUID COLXN VISC	$93.04	$79.08	$93.04	$79.08	N	
49406			IMAGE CATH FLUID PERI/RETRO	$428.83	$364.50	$428.83	$364.50	N	
49406	AA		IMAGE CATH FLUID PERI/RETRO	$9.30	$8.10	$9.30	$8.10	N	6
49406	26		IMAGE CATH FLUID PERI/RETRO	$92.87	$78.94	$92.87	$78.94	N	
49407			IMAGE CATH FLUID TRNS/VGNL	$366.17	$311.24	$366.17	$311.24	N	
49407	AA		IMAGE CATH FLUID TRNS/VGNL	$9.30	$8.10	$9.30	$8.10	N	6
49407	26		IMAGE CATH FLUID TRNS/VGNL	$98.69	$83.89	$98.69	$83.89	N	
49411			PLACEMENT OF INTERSTITIAL DEVI	$237.60	$201.96	$237.60	$201.96	N	
49411	AA		PLACEMENT OF INTERSTITIAL DEVI	$9.30	$8.10	$9.30	$8.10	N	6
49411	26		PLACEMENT OF INTERSTITIAL DEVI	$90.27	$76.73	$90.27	$76.73	N	
49412			INS DEVICE FOR RT GUIDE OPEN	$40.11	$34.09	$40.11	$34.09	N	
49418			INSERT TUN IP CATH PERC	$475.07	$403.81	$475.07	$403.81	N	
49418	AA		INSERT TUN IP CATH PERC	$9.30	$8.10	$9.30	$8.10	N	6
49418	26		INSERT TUN IP CATH PERC	$96.45	$81.98	$96.45	$81.98	N	
49419			INSERT INTRAPER CANNULA/CATH	$203.90	$173.32	$354.98	$301.73	N	
49421			INSERT PERM.CANNULA/CATH-DRAIN	$110.17	$93.64	$235.08	$199.82	N	
49421	AA		INSERT PERM.CANNULA/CATH-DRAIN	$9.30	$8.10	$9.30	$8.10	N	5
49422			REMOVE CANNULA/CATHETER	$107.53	$91.40	$107.53	$91.40	N	
49422	AA		REMOVE CANNULA/CATHETER	$9.30	$8.10	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
49423			EXCHANGE ABSCESS DRAIN CATH	$281.92	$239.63	$527.52	$448.39	N	
49423	AA		EXCHANGE ABSCESS DRAIN CATH	$9.30	$8.10	$9.30	$8.10	N	4
49424			CONTRAST INJ ASSESS ABSCESS	$87.58	$74.44	$151.42	$128.70	N	
49424	AA		CONTRAST INJ ASSESS ABSCESS	$9.30	$8.10	$9.30	$8.10	N	4
49425			PERITONEAL-VENOUS SHUNT	$388.62	$330.32	$594.66	$505.46	N	
49425	AA		PERITONEAL-VENOUS SHUNT	$9.30	$8.10	$9.30	$8.10	N	5
49426			REVISION OF PERITONEAL-VENOUS	$334.07	$283.96	$503.78	$428.22	N	
49426	AA		REVISION OF PERITONEAL-VENOUS	$9.30	$8.10	$9.30	$8.10	N	6
49427			INJ PROC EVAL PLACED PER	$18.94	$16.10	$40.38	$34.33	N	
49427	AA		INJ.PROC.EVAL.PLACED PER.	$9.30	$8.10	$9.30	$8.10	N	3
49428			PERITONEAL VENOU SHUNT LIGATN	$214.01	$181.91	$348.24	$296.00	N	
49428	AA		PERITONEAL VENOU SHUNT LIGATN	$9.30	$8.10	$9.30	$8.10	N	4
49429			PERITONEAL VENOUS SHUNT REMOVE	$226.96	$192.92	$380.14	$323.12	N	
49429	AA		PERITONEAL VENOUS SHUNT REMOVE	$9.30	$8.10	$9.30	$8.10	N	4
49435			INSERT SUBQ EXTEN TO IP CATH	$57.62	$48.97	$92.40	$78.54	N	
49436			EMBEDDED IP CATH EXIT-SITE	$263.40	$223.89	$140.06	$119.05	N	
49436	AA		EMBEDDED IP CATH EXIT-SITE	$9.30	$8.10	$9.30	$8.10	N	6
49440			INSERTION OF GASTROSTOMY TUBE,	$402.04	$341.73	$194.32	$165.17	N	
49440	AA		INSERTION OF GASTROSTOMY TUBE,	$9.30	$8.10	$9.30	$8.10	N	6
49441			INSERTION OF DUODENOSTOMY OR J	$468.11	$397.89	$211.36	$179.66	N	
49441	AA		INSERTION OF DUODENOSTOMY OR J	$9.30	$8.10	$9.30	$8.10	N	6
49442			INSERTION OF CECOSTOMY OR OTHE	$382.04	$324.73	$175.18	$148.91	N	
49442	AA		INSERTION OF CECOSTOMY OR OTHE	$9.30	$8.10	$9.30	$8.10	N	6
49446			CONVERSION OF GASTROSTOMY TUBE	$386.80	$328.78	$137.47	$116.85	N	
49446	AA		CONVERSION OF GASTROSTOMY TUBE	$9.30	$8.10	$9.30	$8.10	N	6
49450			REPLACEMENT OF GASTROSTOMY OR	$286.78	$243.76	$55.70	$47.34	N	
49450	AA		REPLACEMENT OF GASTROSTOMY OR	$9.30	$8.10	$9.30	$8.10	N	6
49451			REPLACEMENT OF DUODENOSTOMY OR	$306.33	$260.38	$76.83	$65.35	N	
49451	AA		REPLACEMENT OF DUODENOSTOMY OR	$9.30	$8.10	$9.30	$8.10	N	6
49452			REPLACEMENT OF GASTRO-JEJUNOST	$371.89	$316.11	$119.95	$101.96	N	
49452	AA		REPLACEMENT OF GASTRO-JEJUNOST	$9.30	$8.10	$9.30	$8.10	N	6
49460			MECHANICAL REMOVAL OF OBSTRUCT	$349.38	$296.97	$39.18	$33.31	N	
49460	AA		MECHANICAL REMOVAL OF OBSTRUCT	$9.30	$8.10	$9.30	$8.10	N	6
49465			CONTRAST INJECTION(S) FOR RADI	$67.34	$57.23	$25.95	$20.76	N	
49465	AA		CONTRAST INJECTION(S) FOR RADI	$9.30	$8.10	$9.30	$8.10	N	6
49491			REP INIT ING HERNIA PRETERM IN	NA	NA	$564.28	$479.64	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
49491	AA		REP INIT ING HERNIA PRETERM IN	$9.30	$8.10	$9.30	$8.10	N	4
49492			REP INIT ING HERN PRETERM INFA	$476.94	$405.39	$703.74	$598.18	N	
49492	AA		REP INIT ING HERN PRETERM INFA	$9.30	$8.10	$9.30	$8.10	N	4
49495			INGUINAL HERNIA REPAIR <6MO	NA	NA	$308.18	$261.96	N	
49495	AA		REPAIR INGUINAL HERNIA UNDER6M	$9.30	$8.10	$9.30	$8.10	N	4
49496			HERNIA REPAIR <6M INCAR/STRANG	NA	NA	$454.41	$386.25	N	
49496	AA		REP.INCARCER.STRANGULA UNDER6M	$9.30	$8.10	$9.30	$8.10	N	8
49500			REPAIR INGUINAL HERNIA,UNDER 5	NA	NA	$299.76	$254.80	N	
49500	AA		REPAIR INGUINAL HERNIA,UNDER 5	NA	NA	$9.30	$8.10	N	4
49500	AA	50	REPAIR INGUINAL HERNIA,UNDER 5	NA	NA	$9.30	$8.10	N	4
49500	50		REPAIR INGUINAL HERNIA,UNDER 5	NA	NA	$599.52	$509.59	N	
49501			ING HERNIA REP 6M-5Y INC/STRN	NA	NA	$456.35	$387.90	N	
49501	AA		REPAIR INGUINAL HERNIA 6MO-5YR	$9.30	$8.10	$9.30	$8.10	N	4
49505			REP INGUINAL HERNIA,AGE 5 OR>	$261.92	$222.63	$397.62	$337.97	N	
49505	AA		REPAIR INGUINAL HERNIA	$9.30	$8.10	$9.30	$8.10	N	4
49505	AA	50	REPAIR INGUINAL HERNIA	$9.30	$8.10	$9.30	$8.10	N	4
49505	50		REPAIR INGUINAL HERNIA	$272.00	$236.00	$795.23	$675.95	N	
49507			INGUINAL HERNIA REPAIR >5 YR	$293.79	$249.72	$491.08	$417.42	N	
49507	AA		REPAIR INGUINAL HERNIA 5YRSOVE	$9.30	$8.10	$9.30	$8.10	N	4
49520			REREPAIR INGUINAL HERNIA	$315.88	$268.50	$492.59	$418.70	N	
49520	AA		REREPAIR INGUINAL HERNIA	$9.30	$8.10	$9.30	$8.10	N	4
49520	AA	50	REP INGUINAL HERNIA RECURRENT	$9.30	$8.10	$9.30	$8.10	N	4
49520	50		REP RECURRENT INGUINAL HERNIA	$317.00	$269.00	$985.18	$837.41	N	
49521			REPAIR INGU HERNIA ANY AGE RED	$357.54	$303.90	$602.90	$512.46	N	
49521	AA		REPAIR INGU HERNIA ANY AGE RED	$9.30	$8.10	$9.30	$8.10	N	4
49525			REPAIR INGUINAL HERNIA:SLIDING	$287.16	$244.08	$442.43	$376.07	N	
49525	AA		REPAIR INGUINAL HERNIA	$9.30	$8.10	$9.30	$8.10	N	4
49525	AA	50	REP SLIDING INGUINAL HERNIA:BI	$9.30	$8.10	$9.30	$8.10	N	4
49525	50		REP SLIDING INGUINAL HERNIA:BI	$273.00	$232.00	$884.86	$752.13	N	
49540			REPAIR LUMBAR HERNIA	$335.79	$285.42	$529.48	$450.06	N	
49540	AA		REPAIR LUMBAR HERNIA	$9.30	$8.10	$9.30	$8.10	N	4
49540	AA	50	REPAIR BILATERAL LUMBAR HERNIA	$9.30	$8.10	$9.30	$8.10	N	4
49540	50		REPAIR BILATERAL LUMBAR HERNIA	$310.00	$264.00	$1,058.96	$900.12	N	
49550			REPAIR FEMORAL HERNIA	$289.31	$245.91	$446.32	$379.37	N	
49550	AA		REPAIR FEMORAL HERNIA	$9.30	$8.10	$9.30	$8.10	N	4
49550	AA	50	REP BILATERAL FEMORAL HERNIA	$9.30	$8.10	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
49550	50		REPAIR FEMORAL HERNIA BILATERA	$273.00	$232.00	$892.64	$758.74	N	
49553			REPAIR FEMEROL HERNIA ANY AGE	$315.81	$268.43	$484.72	$412.01	N	
49553	AA		REPAIR FEMORAL HERNIA ANY AGE	$9.30	$8.10	$9.30	$8.10	N	4
49555			REP RECURRENT FEMORAL HERNIA	$302.25	$256.91	$465.49	$395.66	N	
49555	AA		REP RECURRENT FEMORAL HERNIA	$9.30	$8.10	$9.30	$8.10	N	4
49555	AA	50	REP RECURRENT BILAT FEMORAL HE	$9.30	$8.10	$9.30	$8.10	N	4
49555	50		REP FEMORAL HERNIA,RECURRENT	$317.00	$269.00	$930.98	$791.33	N	
49557			REPAIR FEMERAL HERNIA REOCCURE	$358.95	$305.10	$564.60	$479.91	N	
49557	AA		REPAIR FEMORAL HERNIA REOCCURE	$9.30	$8.10	$9.30	$8.10	N	4
49591			RPR AA HRN 1ST < 3 CM RDC	$168.51	$143.23	$168.51	$143.23	N	
49591	AA		RPR AA HRN 1ST < 3 CM RDC	$9.30	$8.10	$9.30	$8.10	N	6
49592			RPR AA HRN 1ST < 3 NCR/STRN	$234.15	$199.03	$234.15	$199.03	N	
49592	AA		RPR AA HRN 1ST < 3 NCR/STRN	$9.30	$8.10	$9.30	$8.10	N	7
49593			RPR AA HRN 1ST 3-10 RDC	$281.60	$239.36	$281.60	$239.36	N	
49593	AA		RPR AA HRN 1ST 3-10 RDC	$9.30	$8.10	$9.30	$8.10	N	6
49594			RPR AA HRN 1ST 3-10 NCR/STRN	$366.18	$311.25	$366.18	$311.25	N	
49594	AA		RPR AA HRN 1ST 3-10 NCR/STRN	$9.30	$8.10	$9.30	$8.10	N	7
49595			RPR AA HRN 1ST > 10 RDC	$379.61	$322.67	$379.61	$322.67	N	
49595	AA		RPR AA HRN 1ST > 10 RDC	$9.30	$8.10	$9.30	$8.10	N	6
49596			RPR AA HRN 1ST > 10 NCR/STRN	$503.77	$428.20	$503.77	$428.20	N	
49596	AA		RPR AA HRN 1ST > 10 NCR/STRN	$9.30	$8.10	$9.30	$8.10	N	7
49600			REPAIR UMBILICAL LESION	$366.43	$311.47	$566.05	$481.14	N	
49600	AA		REPAIR UMBILICAL LESION	$9.30	$8.10	$9.30	$8.10	N	6
49605			REPAIR UMBILICAL LESION	$481.04	$408.88	$3,645.48	$3,098.66	N	
49605	AA		REPAIR UMBILICAL LESION	$9.30	$8.10	$9.30	$8.10	N	7
49606			REPAIR UMBILICAL LESION	$561.77	$477.50	$920.72	$782.61	N	
49606	AA		REPAIR UMBILICAL LESION	$9.30	$8.10	$9.30	$8.10	N	7
49610			REPAIR UMBILICAL LESION	$346.59	$294.60	$539.71	$458.76	N	
49610	AA		REPAIR UMBILICAL LESION	$9.30	$8.10	$9.30	$8.10	N	7
49611			REPAIR UMBILICAL LESION	$305.88	$259.99	$541.90	$460.62	N	
49611	AA		REPAIR UMBILICAL LESION	$9.30	$8.10	$9.30	$8.10	N	7
49613			RPR AA HRN RCR < 3 RDC	$207.15	$176.08	$207.15	$176.08	N	
49613	AA		RPR AA HRN RCR < 3 RDC	$9.30	$8.10	$9.30	$8.10	N	6
49614			RPR AA HRN RCR < 3 NCR/STRN	$280.77	$238.65	$280.77	$238.65	N	
49614	AA		RPR AA HRN RCR < 3 NCR/STRN	$9.30	$8.10	$9.30	$8.10	N	7
49615			RPR AA HRN RCR 3-10 RDC	$313.91	$266.82	$313.91	$266.82	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
49615	AA		RPR AA HRN RCR 3-10 RDC	$9.30	$8.10	$9.30	$8.10	N	6
49616			RPR AA HRN RCR 3-10 NCR/STRN	$421.28	$358.09	$421.28	$358.09	N	
49616	AA		RPR AA HRN RCR 3-10 NCR/STRN	$9.30	$8.10	$9.30	$8.10	N	7
49617			RPR AA HRN RCR > 10 RDC	$436.09	$370.67	$436.09	$370.67	N	
49617	AA		RPR AA HRN RCR > 10 RDC	$9.30	$8.10	$9.30	$8.10	N	6
49618			RPR AA HRN RCR > 10 NCR/STRN	$610.58	$518.99	$610.58	$518.99	N	
49618	AA		RPR AA HRN RCR > 10 NCR/STRN	$9.30	$8.10	$9.30	$8.10	N	7
49621			RPR PARASTOMAL HERNIA RDC	$369.46	$314.04	$369.46	$314.04	N	
49621	AA		RPR PARASTOMAL HERNIA RDC	$9.30	$8.10	$9.30	$8.10	N	6
49622			RPR PARASTOMAL HRNA NCR/STRN	$459.43	$390.52	$459.43	$390.52	N	
49622	AA		RPR PARASTOMAL HRNA NCR/STRN	$9.30	$8.10	$9.30	$8.10	N	6
49623			RMVL NINFCT MESH HERNIA RPR	$99.12	$84.25	$99.12	$84.25	N	
49623	AA		RMVL NINFCT MESH HERNIA RPR	$9.30	$8.10	$9.30	$8.10	N	
49650			LAP REP INIT INGUINAL HERNIA	$217.50	$184.87	$333.95	$283.86	N	
49650	AA		LAP REP INIT INGUINAL HERNIA	$9.30	$8.10	$9.30	$8.10	N	6
49651			LAP REP RECUR INGUINAL HERNIA	$283.52	$240.99	$431.27	$366.58	N	
49651	AA		LAP REP RECUR INGUINAL HERNIA	$9.30	$8.10	$9.30	$8.10	N	6
49659			UNLSTD LAPS PX HRNAP HRNRPHY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
49659	AA		UNLISTED LAP PROC HERNIA	$9.30	$8.10	$9.30	$8.10	N	6
49900			REPAIR OF ABDOMINAL WALL	$411.99	$350.19	$647.17	$550.09	N	
49900	AA		REPAIR OF ABDOMINAL WALL	$9.30	$8.10	$9.30	$8.10	N	7
49904			OMENTAL FLAP, EXTRA ABDOMINAL	$683.78	$581.21	$1,228.21	$1,043.98	N	
49904	AA		OMENTAL FLAP, EXTRA ABDOMINAL	$9.30	$8.10	$9.30	$8.10	N	13
49905			OMENTAL FLAP	$170.99	$145.34	$306.96	$260.92	N	
49905	AA		OMENTAL FLAP	$9.30	$8.10	$9.30	$8.10	N	7
49906			FREE OMENTAL FLAP W/MICROVASC	$700.82	$595.70	$700.82	$595.70	N	
49906	AA		FREE OMENTAL FLAP W/MICROVASC	$9.30	$8.10	$9.30	$8.10	N	7
49999			UNLISTED PX ABD PERTM&OMN	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
49999	AA		UNLISTED PROC, ABD,PERIT,OMENT	$9.30	$8.10	$9.30	$8.10	N	7
50010			RENAL EXPLORATION	$347.86	$295.68	$551.44	$468.72	N	
50010	AA		EXPLORATION OF KIDNEY	$9.30	$8.10	$9.30	$8.10	N	6
50020			DRG PERIRNL/RENAL ABSC OPEN	$498.78	$423.96	$765.74	$650.88	N	
50020	AA		DRAINAGE OF KIDNEY ABSCESS	$9.30	$8.10	$9.30	$8.10	N	6
50040			NFROS NFROT W/DRG	$454.53	$386.35	$733.55	$623.52	N	
50040	AA		DRAINAGE OF KIDNEY	$9.30	$8.10	$9.30	$8.10	N	6
50045			NEPHROTOMY W/EXPLORATION	$457.95	$389.25	$749.06	$636.70	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
50045	AA		EXPLORATION OF KIDNEY	$9.30	$8.10	$9.30	$8.10	N	6
50060			NL REMOVAL CALCULUS	$556.94	$473.39	$915.45	$778.13	N	
50060	AA		REMOVAL OF KIDNEY STONE	$9.30	$8.10	$9.30	$8.10	N	6
50065			NL SEC SURG OPERJ CALCULUS	$590.16	$501.63	$909.98	$773.48	N	
50065	AA		INCISION OF KIDNEY	$9.30	$8.10	$9.30	$8.10	N	6
50070			NL COMP CGEN KDN ABNORMALITY	$579.25	$492.36	$963.30	$818.80	N	
50070	AA		INCISION OF KIDNEY	$9.30	$8.10	$9.30	$8.10	N	6
50075			NL RMVL LG STAGHORN CALCULUS	$710.71	$604.10	$1,189.67	$1,011.22	N	
50075	AA		REMOVAL OF KIDNEY STONE	$9.30	$8.10	$9.30	$8.10	N	6
50080			PERCUT NEPHRO/PYELO,W/ OR W/O	$342.61	$291.22	$708.59	$602.30	N	
50080	AA		PERCUT NEPHRO/PYELO,W/ OR W/O	$9.30	$8.10	$9.30	$8.10	N	6
50081			PERCUT NEPHRO/PYELO,W/ OR W/O	$549.33	$466.93	$1,031.70	$876.95	N	
50081	AA		PERCUT NEPHRO/PYELO,W/ OR W/O	$9.30	$8.10	$9.30	$8.10	N	6
50100			TRNSXJ/REPOS ABRRNT RNL VSLS	$536.52	$456.04	$833.55	$708.52	N	
50100	AA		REVISE KIDNEY BLOOD VESSELS	$9.30	$8.10	$9.30	$8.10	N	6
50120			PYELOTOMY W/EXPLORATION	$465.86	$395.98	$768.18	$652.95	N	
50120	AA		EXPLORATION OF KIDNEY	$9.30	$8.10	$9.30	$8.10	N	6
50125			PYELOTOMY W/DRG PYELOSTOMY	$481.71	$409.45	$800.74	$680.63	N	
50125	AA		EXPLORE AND DRAIN KIDNEY	$9.30	$8.10	$9.30	$8.10	N	6
50130			PYELOTOMY W/REMOVAL CALCULUS	$505.98	$430.08	$825.37	$701.56	N	
50130	AA		REMOVAL OF KIDNEY STONE	$9.30	$8.10	$9.30	$8.10	N	6
50200			BIOPSY OF KIDNEY	$49.94	$42.45	$131.65	$111.90	N	
50200	AA		BIOPSY OF KIDNEY	$9.30	$8.10	$9.30	$8.10	N	3
50205			RENAL BX SURG EXPOSURE KDN	$374.56	$318.38	$565.66	$480.81	N	
50205	AA		BIOPSY OF KIDNEY	$9.30	$8.10	$9.30	$8.10	N	4
50220			REMOVAL OF KIDNEY	$519.48	$441.56	$827.15	$703.08	N	
50220	AA		REMOVAL OF KIDNEY	$9.30	$8.10	$9.30	$8.10	N	6
50225			REMOVAL OF KIDNEY	$579.90	$492.92	$959.84	$815.86	N	
50225	AA		REMOVAL OF KIDNEY	$9.30	$8.10	$9.30	$8.10	N	6
50230			REMOVAL OF KIDNEY	$624.61	$530.92	$1,034.09	$878.97	N	
50230	AA		REMOVAL OF KIDNEY	$9.30	$8.10	$9.30	$8.10	N	6
50234			REMOVAL OF KIDNEY & URETER	$635.81	$540.43	$1,054.53	$896.35	N	
50234	AA		REMOVAL OF KIDNEY & URETER	$9.30	$8.10	$9.30	$8.10	N	7
50236			REMOVAL OF KIDNEY & URETER	$714.45	$607.28	$1,185.18	$1,007.41	N	
50236	AA		REMOVAL OF KIDNEY & URETER	$9.30	$8.10	$9.30	$8.10	N	7
50240			NEPHRECTOMY PARTIAL	$650.11	$552.59	$1,046.80	$889.78	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
50240	AA		PARTIAL REMOVAL OF KIDNEY	$9.30	$8.10	$9.30	$8.10	N	6
50250			OPN ABLTJ 1/> RNL MAS CRYSRG	$595.02	$505.77	$983.93	$836.34	N	
50250	AA		CRYOABLATE RENAL MASS OPEN	$9.30	$8.10	$9.30	$8.10	N	7
50280			EXC/UNROOFING CYST KIDNEY	$464.29	$394.64	$757.29	$643.69	N	
50280	AA		REMOVAL OF KIDNEY LESION	$9.30	$8.10	$9.30	$8.10	N	6
50290			EXCISION PERINEPHRIC CYST	$441.49	$375.27	$726.25	$617.31	N	
50290	AA		REMOVAL OF KIDNEY LESION	$9.30	$8.10	$9.30	$8.10	N	6
50300			DONAR NEPHRECTOMY,CADAVER,CARE	$240.00	$204.00	$240.00	$204.00	N	
50300	AA		DONAR NEPHRECTOMY,CADAVER,CARE	$9.30	$8.10	$9.30	$8.10	N	7
50320			DONOR NEPHRECTOMY,CARE HOMOG-L	$763.01	$648.55	$1,133.02	$963.07	N	
50320	AA		DONOR NEPHRECTOMY,CARE HOMOG-L	$9.30	$8.10	$9.30	$8.10	N	6
50323			PREP CADAVER RENAL ALLOGRAFT	$192.43	$163.56	$134.73	$114.52	N	
50325			PREP DONOR RENAL GRAFT	$131.81	$112.04	$134.73	$114.52	N	
50327			PREP RENAL GRAFT/VENOUS	$104.80	$89.08	$180.84	$153.71	N	
50328			PREP RENAL GRAFT/ARTERIAL	$92.10	$78.28	$158.38	$134.62	N	
50329			PREP RENAL GRAFT/URETERAL	$87.52	$74.39	$151.33	$128.63	N	
50340			RECIPIENT NEPHRECTOMY	$481.39	$409.18	$653.10	$555.14	N	
50340	AA		RECIPIENT NEPHRECTOMY:,UNILATE	$9.30	$8.10	$9.30	$8.10	N	6
50340	AA	50	RECIPIENT NEPHRECTOMY:BILATERA	$9.30	$8.10	$9.30	$8.10	N	6
50340	50		RECIPIENT NEPHRECTOMY:BILATERA	$590.00	$501.00	$1,306.21	$1,110.28	N	
50360			RNL ALTRNSPLJ W/O RCP NFRCT	$1,206.12	$1,025.20	$1,634.03	$1,388.93	N	
50360	AA		HOMOTRANSPLANT/IMPLANT GRF,NO	$9.30	$8.10	$9.30	$8.10	N	8
50365			RNL ALTRNSPLJ W/RCP NFRCT	$1,440.95	$1,224.80	$1,911.29	$1,624.59	N	
50365	AA		SEE 50360-W/UNILAT RECI NEPHRE	$9.30	$8.10	$9.30	$8.10	N	8
50365	AA	50	SEE 50360-W/UNILAT RECI NEPHRE	$9.30	$8.10	$9.30	$8.10	N	8
50365	50		SEE 50360-W/UNILAT RECI NEPHRE	$1,800.00	$1,530.00	$3,822.58	$3,249.19	N	
50370			RMVL TRANSPLANTED RNL ALGRFT	$606.94	$515.90	$725.39	$616.58	N	
50370	AA		REMOVE TRANSPLANTED KIDNEY	$9.30	$8.10	$9.30	$8.10	N	6
50380			RNL AUTOTRNSPLJ RIMPLTJ KDN	$1,020.46	$867.39	$1,138.07	$967.36	N	
50380	AA		RENAL AUTOTRANSPLANT,REIMPLANT	$9.30	$8.10	$9.30	$8.10	N	8
50382			CHANGE URETER STENT, PERCUT	$482.57	$410.18	$1,184.58	$1,006.89	N	
50382	AA		CHANGE URETER STENT, PERCUT	$9.30	$8.10	$9.30	$8.10	N	6
50384			REMOVE URETER STENT, PERCUT	$413.93	$351.84	$935.14	$794.87	N	
50384	AA		REMOVE URETER STENT, PERCUT	$9.30	$8.10	$9.30	$8.10	N	6
50385			REMOVAL (VIA SNARE/CAPTURE) AN	$489.08	$415.72	$202.90	$172.46	N	
50385	AA		REMOVAL (VIA SNARE/CAPTURE) AN	$9.30	$8.10	$9.30	$8.10	N	6

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
50386			REMOVAL (VIA SNARE/CAPTURE) OF	$365.20	$310.42	$153.86	$130.78	N	
50386	AA		REMOVAL (VIA SNARE/CAPTURE) OF	$9.30	$8.10	$9.30	$8.10	N	6
50387			CHANGE NEPHROURETERAL CATH	$265.65	$225.80	$528.50	$449.23	N	
50387	AA		CHANGE EXT/INT URETER STENT	$9.30	$8.10	$9.30	$8.10	N	6
50389			REMOVE RENAL TUBE W/FLUORO	$199.36	$169.46	$320.95	$272.81	N	
50389	AA		REMOVE RENAL TUBE W/FLUORO	$9.30	$8.10	$9.30	$8.10	N	6
50390			DRAINAGE OF KIDNEY LESION	$45.20	$38.42	$87.23	$74.15	N	
50390	AA		DRAINAGE OF KIDNEY LESION	$9.30	$8.10	$9.30	$8.10	N	3
50391			INSTLL RX AGNT INTO RNAL TUB	$61.50	$52.28	$119.71	$101.76	N	
50391	AA		INSTLL RX AGNT INTO RNAL TUB	$9.30	$8.10	$9.30	$8.10	N	5
50391	26		INSTILL RX AGNT INTO RNAL TUB	$47.23	$40.14	$87.48	$74.36	N	
50396			MEASURE KIDNEY PRESSURE	$56.30	$47.85	$106.57	$90.58	N	
50396	AA		MEASURE KIDNEY PRESSURE	$9.30	$8.10	$9.30	$8.10	N	3
50400			REVISION OF KIDNEY/URETER	$564.92	$480.18	$924.06	$785.45	N	
50400	AA		REVISION OF KIDNEY/URETER	$9.30	$8.10	$9.30	$8.10	N	6
50405			REVISION OF KIDNEY/URETER	$681.25	$579.06	$1,114.98	$947.73	N	
50405	AA		REVISION OF KIDNEY/URETER	$9.30	$8.10	$9.30	$8.10	N	6
50430			NJX PX NFROSGRM &/URTRGRM	$307.95	$261.76	$307.95	$261.76	N	
50430	AA		NJX PX NFROSGRM &/URTRGRM	$9.30	$8.10	$9.30	$8.10	N	6
50430	26		NJX PX NFROSGRM &/URTRGRM	$74.13	$63.01	$74.13	$63.01	N	
50431			NJX PX NFROSGRM &/URTRGRM	$156.54	$133.06	$156.54	$133.06	N	
50431	AA		NJX PX NFROSGRM &/URTRGRM	$9.30	$8.10	$9.30	$8.10	N	6
50431	26		NJX PX NFROSGRM &/URTRGRM	$32.49	$27.62	$32.49	$27.62	N	
50432			PLMT NEPHROSTOMY CATHETER	$439.20	$373.32	$439.20	$373.32	N	
50432	AA		PLMT NEPHROSTOMY CATHETER	$9.30	$8.10	$9.30	$8.10	N	6
50432	26		PLMT NEPHROSTOMY CATHETER	$97.97	$83.27	$97.97	$83.27	N	
50433			PLMT NEPHROURETERAL CATHETER	$546.86	$464.83	$546.86	$464.83	N	
50433	AA		PLMT NEPHROURETERAL CATHETER	$9.30	$8.10	$9.30	$8.10	N	6
50433	26		PLMT NEPHROURETERAL CATHETER	$121.69	$103.43	$121.69	$103.43	N	
50434			CONVERT NEPHROSTOMY CATHETER	$439.28	$373.38	$439.28	$373.38	N	
50434	AA		CONVERT NEPHROSTOMY CATHETER	$9.30	$8.10	$9.30	$8.10	N	6
50434	26		CONVERT NEPHROSTOMY CATHETER	$91.43	$77.71	$91.43	$77.71	N	
50435			EXCHANGE NEPHROSTOMY CATH	$288.53	$245.25	$288.53	$245.25	N	
50435	AA		EXCHANGE NEPHROSTOMY CATH	$9.30	$8.10	$9.30	$8.10	N	6
50435	26		EXCHANGE NEPHROSTOMY CATH	$48.07	$40.86	$48.07	$40.86	N	
50436			DILAT XST TRC NDURLGC PX	$73.40	$62.39	$73.40	$62.39	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
50436	AA		DILAT XST TRC NDURLGC PX	$9.30	$8.10	$9.30	$8.10	N	
50437			DILAT XST TRC NEW ACCESS RCS	$121.71	$103.45	$121.71	$103.45	N	
50437	AA		DILAT XST TRC NEW ACCESS RCS	$9.30	$8.10	$9.30	$8.10	N	
50500			REPAIR OF KIDNEY WOUND	$637.10	$541.54	$962.16	$817.84	N	
50500	AA		REPAIR OF KIDNEY WOUND	$9.30	$8.10	$9.30	$8.10	N	6
50520			CLOSE KIDNEY-SKIN FISTULA	$574.83	$488.61	$840.26	$714.22	N	
50520	AA		CLOSE KIDNEY-SKIN FISTULA	$9.30	$8.10	$9.30	$8.10	N	6
50525			CLOSE NEPHROVISCERAL FISTULA	$727.32	$618.22	$1,063.26	$903.77	N	
50525	AA		REPAIR RENAL-ABDOMEN FISTULA	$9.30	$8.10	$9.30	$8.10	N	6
50526			CLOSE NEPHROVISCERAL FISTULA	$778.35	$661.59	$1,151.30	$978.60	N	
50526	AA		REPAIR RENAL-ABDOMEN FISTULA	$9.30	$8.10	$9.30	$8.10	N	6
50540			REVISION OF HORSESHOE KIDNEY	$560.84	$476.71	$952.34	$809.49	N	
50540	AA		REVISION OF HORSESHOE KIDNEY	$9.30	$8.10	$9.30	$8.10	N	6
50541			LAP ABLATION OF RENAL CYSTS	$449.03	$381.68	$759.17	$645.29	N	
50541	AA		LAP ABLATION OF RENAL CYSTS	$9.30	$8.10	$9.30	$8.10	N	6
50542			LAP SURG ABLAT RENAL MASS LES	$570.24	$484.70	$948.98	$806.64	N	
50542	AA		LAP SURG ABLAT RENAL MASS LES	$9.30	$8.10	$9.30	$8.10	N	7
50543			LAP SURG PARTIAL NEPHRECTOMY	$727.70	$618.55	$1,204.91	$1,024.18	N	
50543	AA		LAP SURG PARTIAL NEPHRECTOMY	$9.30	$8.10	$9.30	$8.10	N	7
50544			LAPAROSCOPY SURG PYELOPLASTY	$604.68	$513.97	$1,043.71	$887.16	N	
50544	AA		LAPAROSCOPY SURG PYELOPLASTY	$9.30	$8.10	$9.30	$8.10	N	6
50545			SURG LAP: RAD NEPHRECTOMY	$650.79	$553.17	$1,120.26	$952.22	N	
50545	AA		SURG LAP: RAD NEPHRECTOMY	$9.30	$8.10	$9.30	$8.10	N	6
50546			LAPAROSCOPY SURG NEPHRECTOMY	$589.29	$500.90	$977.27	$830.68	N	
50546	AA		LAPAROSCOPY SURG NEPHRECTOMY	$9.30	$8.10	$9.30	$8.10	N	6
50547			LAP SURG DONOR NEPHRECTOMY	$807.20	$686.12	$1,264.10	$1,074.49	N	
50547	AA		LAP SURG DONOR NEPHRECTOMY	$9.30	$8.10	$9.30	$8.10	N	6
50548			LAP ASSIST NEPHROURETERECTOMY	$653.71	$555.65	$1,133.16	$963.19	N	
50548	AA		LAP ASSIST NEPHROURETERECTOMY	$9.30	$8.10	$9.30	$8.10	N	6
50549			UNLISTED LAPS PX RENAL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
50549	AA		UNLISTED LAP PROC RENAL	$9.30	$8.10	$9.30	$8.10	N	6
50551			KIDNEY ENDOSCOPY	$179.69	$152.74	$329.36	$279.96	N	
50551	AA		KIDNEY ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	3
50553			KIDNEY ENDOSCOPY	$192.37	$163.51	$348.86	$296.53	N	
50553	AA		KIDNEY ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	3
50555			KIDNEY ENDOSCOPY & BIOPSY	$205.38	$174.57	$382.97	$325.52	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
50555	AA		KIDNEY ENDOSCOPY & BIOPSY	$9.30	$8.10	$9.30	$8.10	N	3
50557			KIDNEY ENDOSCOPY & TREATMENT	$208.86	$177.53	$378.60	$321.81	N	
50557	AA		KIDNEY ENDOSCOPY & TREATMENT	$9.30	$8.10	$9.30	$8.10	N	3
50561			KIDNEY ENDOSCOPY & TREATMENT	$236.40	$200.94	$428.30	$364.06	N	
50561	AA		KIDNEY ENDOSCOPY & TREATMENT	$9.30	$8.10	$9.30	$8.10	N	3
50562			RENAL ENDOSC W/WO IRRIG W/RESE	$280.49	$238.41	$512.77	$435.85	N	
50562	AA		RENAL ENDOSC W/WO IRRIG W/RESE	$9.30	$8.10	$9.30	$8.10	N	7
50570			KIDNEY ENDOSCOPY	$237.06	$201.50	$430.66	$366.06	N	
50570	AA		KIDNEY ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	3
50572			KIDNEY ENDOSCOPY	$256.60	$218.11	$470.81	$400.19	N	
50572	AA		KIDNEY ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	3
50574			KIDNEY ENDOSCOPY & BIOPSY	$272.55	$231.67	$497.78	$423.11	N	
50574	AA		KIDNEY ENDOSCOPY & BIOPSY	$9.30	$8.10	$9.30	$8.10	N	3
50575			RENAL ENDOSC W ENDOPYELOTOMY	$344.04	$292.43	$628.06	$533.85	N	
50575	AA		RENAL ENDOSC W ENDOPYELOTOMY	$9.30	$8.10	$9.30	$8.10	N	6
50576			KIDNEY ENDOSCOPY & TREATMENT	$271.90	$231.12	$494.41	$420.25	N	
50576	AA		KIDNEY ENDOSCOPY & TREATMENT	$9.30	$8.10	$9.30	$8.10	N	3
50580			KIDNEY ENDOSCOPY & TREATMENT	$292.57	$248.68	$533.57	$453.53	N	
50580	AA		KIDNEY ENDOSCOPY & TREATMENT	$9.30	$8.10	$9.30	$8.10	N	3
50590			LITHOTRIPSY,ESW	$366.30	$311.35	$728.00	$618.80	N	
50590	AA		LITHOTRIPSY,ESW	$9.30	$8.10	$9.30	$8.10	N	4
50592			PERC RF ABLATE RENAL TUMOR	$1,343.14	$1,141.66	$1,386.30	$1,178.36	N	
50592	AA		PERC RF ABLATE RENAL TUMOR	$9.30	$8.10	$9.30	$8.10	N	6
50592	50		PERC RF ABLATE RENAL TUMOR	$266.99	$226.94	$2,079.45	$1,767.53	N	
50593			ABLATION, RENAL TUMOR(S), UNIL	$1,802.41	$1,532.05	$390.50	$331.92	N	
50593	AA		ABLATION, RENAL TUMOR(S), UNIL	$9.30	$8.10	$9.30	$8.10	N	6
50593	50		ABLATION, RENAL TUMOR(S), BILA	$358.40	$304.64	$780.99	$663.84	N	
50600			EXPLORATION OF URETER	$459.44	$390.52	$760.22	$646.18	N	
50600	AA		EXPLORATION OF URETER	$9.30	$8.10	$9.30	$8.10	N	6
50605			URETEROYOMY/INSERT STENT	$496.75	$422.23	$760.02	$646.01	N	
50605	AA		URETEROTOMY/INSERT STENT	$9.30	$8.10	$9.30	$8.10	N	6
50606			ENDOLUMINAL BX URTR RNL PLVS	$237.98	$202.28	$237.98	$202.28	N	
50606	AA		ENDOLUMINAL BX URTR RNL PLVS	$9.30	$8.10	$9.30	$8.10	N	
50606	26		ENDOLUMINAL BX URTR RNL PLVS	$66.52	$56.54	$66.52	$56.54	N	
50610			REMOVAL OF URETER STONE	$462.92	$393.48	$781.77	$664.50	N	
50610	AA		REMOVAL OF URETER STONE	$9.30	$8.10	$9.30	$8.10	N	6

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
50620			REMOVAL OF URETER STONE	$442.73	$376.32	$725.74	$616.88	N	
50620	AA		REMOVAL OF URETER STONE	$9.30	$8.10	$9.30	$8.10	N	6
50630			REMOVAL OF URETER STONE	$437.52	$371.89	$717.34	$609.74	N	
50630	AA		REMOVAL OF URETER STONE	$9.30	$8.10	$9.30	$8.10	N	6
50650			REMOVAL OF URETER	$508.66	$432.36	$831.50	$706.77	N	
50650	AA		REMOVAL OF URETER	$9.30	$8.10	$9.30	$8.10	N	6
50660			REMOVAL OF URETER	$558.72	$474.91	$928.35	$789.10	N	
50660	AA		REMOVAL OF URETER	$9.30	$8.10	$9.30	$8.10	N	6
50684			INJECTION FOR URETER XRAY	$62.76	$53.35	$114.83	$97.61	N	
50684	AA		INJECTION FOR URETER XRAY	$9.30	$8.10	$9.30	$8.10	N	3
50686			MEASURE URETER PRESSURE	$71.15	$60.47	$147.21	$125.13	N	
50686	AA		MEASURE URETER PRESSURE	$9.30	$8.10	$9.30	$8.10	N	3
50688			CHANGE OF URETER TUBE	$38.68	$32.88	$75.02	$63.77	N	
50688	AA		CHANGE OF URETER TUBE	$9.30	$8.10	$9.30	$8.10	N	3
50690			INJECTION FOR URETER XRAY	$58.77	$49.95	$100.83	$85.71	N	
50690	AA		INJECTION FOR URETER XRAY	$9.30	$8.10	$9.30	$8.10	N	3
50693			PLMT URETERAL STENT PRQ	$480.19	$408.16	$480.19	$408.16	N	
50693	AA		PLMT URETERAL STENT PRQ	$9.30	$8.10	$9.30	$8.10	N	6
50693	26		PLMT URETERAL STENT PRQ	$97.50	$82.88	$97.50	$82.88	N	
50694			PLMT URETERAL STENT PRQ	$539.69	$458.73	$539.69	$458.73	N	
50694	AA		PLMT URETERAL STENT PRQ	$9.30	$8.10	$9.30	$8.10	N	6
50694	26		PLMT URETERAL STENT PRQ	$127.26	$108.17	$127.26	$108.17	N	
50695			PLMT URETERAL STENT PRQ	$647.00	$549.95	$647.00	$549.95	N	
50695	AA		PLMT URETERAL STENT PRQ	$9.30	$8.10	$9.30	$8.10	N	6
50695	26		PLMT URETERAL STENT PRQ	$163.04	$138.58	$163.04	$138.58	N	
50700			REVISION OF URETER	$454.68	$386.48	$759.69	$645.73	N	
50700	AA		REVISION OF URETER	$9.30	$8.10	$9.30	$8.10	N	6
50705			URETERAL EMBOLIZATION/OCCL	$893.00	$759.05	$893.00	$759.05	N	
50705	AA		URETERAL EMBOLIZATION/OCCL	$9.30	$8.10	$9.30	$8.10	N	
50705	26		URETERAL EMBOLIZATION/OCCL	$84.97	$72.22	$84.97	$72.22	N	
50706			BALLOON DILATE URTRL STRIX	$404.39	$343.73	$404.39	$343.73	N	
50706	AA		BALLOON DILATE URTRL STRIX	$9.30	$8.10	$9.30	$8.10	N	
50706	26		BALLOON DILATE URTRL STRIX	$85.94	$73.04	$85.94	$73.04	N	
50715			RELEASE OF URETER	$595.78	$506.41	$956.73	$813.22	N	
50715	AA		RELEASE OF URETER	$9.30	$8.10	$9.30	$8.10	N	6
50715	AA	50	RELEASE OF URETER	$9.30	$8.10	$9.30	$8.10	N	6

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
50715	50		RELEASE OF URETER	$305.00	$265.00	$1,913.46	$1,626.44	N	
50722			RELEASE OF URETER	$501.32	$426.12	$837.73	$712.07	N	
50722	AA		RELEASE OF URETER	$9.30	$8.10	$9.30	$8.10	N	6
50725			RELEASE/REVISE URETER	$539.02	$458.17	$902.02	$766.71	N	
50725	AA		RELEASE/REVISE URETER	$9.30	$8.10	$9.30	$8.10	N	6
50727			REVISE URIN-CUT ANASTOMOSIS	$253.47	$215.45	$421.54	$358.31	N	
50727	AA		REVISE URIN-CUT ANASTOMOSIS	$9.30	$8.10	$9.30	$8.10	N	6
50728			REVISE URIN-CUTAN ANAST W/REP	$345.75	$293.88	$597.93	$508.24	N	
50728	AA		REVISE URIN-CUTAN ANAST W/REP	$9.30	$8.10	$9.30	$8.10	N	6
50740			FUSION OF URETER & KIDNEY	$606.62	$515.63	$902.26	$766.92	N	
50740	AA		FUSION OF URETER & KIDNEY	$9.30	$8.10	$9.30	$8.10	N	6
50750			FUSION OF URETER & KIDNEY	$563.78	$479.21	$928.10	$788.89	N	
50750	AA		FUSION OF URETER & KIDNEY	$9.30	$8.10	$9.30	$8.10	N	6
50760			URETEROURETEROSTOMY	$553.56	$470.52	$888.14	$754.92	N	
50760	AA		FUSION OF URETERS	$9.30	$8.10	$9.30	$8.10	N	6
50770			TRANSURETEROURETEROSTOMY...	$563.78	$479.21	$929.83	$790.36	N	
50770	AA		TRANSURETEROUETEROSTOMY.....	$9.30	$8.10	$9.30	$8.10	N	6
50780			REIMPLANT URETER IN BLADDER	$546.12	$464.20	$882.01	$749.71	N	
50780	AA		REIMPLANT URETER IN BLADDER	$9.30	$8.10	$9.30	$8.10	N	6
50780	AA	50	CONNECT URETER TO BLADDER	$9.30	$8.10	$9.30	$8.10	N	6
50780	50		CONNECT URETER TO BLADDER	$635.00	$540.00	$1,764.02	$1,499.41	N	
50782			URETERONEOCYSTOSTOMY TO BLADDE	$526.16	$447.24	$962.64	$818.24	N	
50782	AA		URETERONEOCYSTOSTOMY BLADDER	$9.30	$8.10	$9.30	$8.10	N	6
50783			REIMPLANT URETER IN BLADDER	$550.91	$468.27	$986.50	$838.52	N	
50783	AA		REIMPLANT URETER IN BLADDER	$9.30	$8.10	$9.30	$8.10	N	6
50785			REIMPLANT URETER IN BLADDER	$594.83	$505.61	$972.62	$826.73	N	
50785	AA		REIMPLANT URETER IN BLADDER	$9.30	$8.10	$9.30	$8.10	N	6
50785	AA	50	REIMPLANT URETER IN BLADDER	$9.30	$8.10	$9.30	$8.10	N	6
50785	50		REIMPLANT URETER IN BLADDER	$731.00	$621.00	$1,945.25	$1,653.46	N	
50800			IMPLANT URETER IN BOWEL	$453.28	$385.29	$713.46	$606.44	N	
50800	AA		IMPLANT URETER IN BOWEL	$9.30	$8.10	$9.30	$8.10	N	6
50800	AA	50	IMPLANT URETER IN BOWEL	$9.30	$8.10	$9.30	$8.10	N	6
50800	50		IMPLANT URETER IN BOWEL	$635.00	$540.00	$1,426.91	$1,212.88	N	
50810			FUSION OF URETER & BOWEL	$697.05	$592.49	$1,010.27	$858.73	N	
50810	AA		FUSION OF URETER & BOWEL	$9.30	$8.10	$9.30	$8.10	N	6
50815			URETEROCOLON CONDUIT/ANASTOMOS	$599.73	$509.77	$961.71	$817.46	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
50815	AA		URETEROCOLON CONDUIT/ANASTOMOS	$9.30	$8.10	$9.30	$8.10	N	6
50815	AA	50	URETEROCOLON CONDUIT/ANASTOMOS	$9.30	$8.10	$9.30	$8.10	N	6
50815	50		URETEROCOLON CONDUIT/ANASTOMOS	$924.00	$785.00	$1,923.42	$1,634.91	N	
50820			CONSTRUCT BOWEL BLADDER	$642.24	$545.90	$1,040.80	$884.68	N	
50820	AA		CONSTRUCT BOWEL BLADDER	$9.30	$8.10	$9.30	$8.10	N	6
50820	AA	50	CONSTRUCT BOWEL BLADDER	$9.30	$8.10	$9.30	$8.10	N	6
50820	50		CONSTRUCT BOWEL BLADDER	$906.00	$770.00	$2,081.60	$1,769.36	N	
50825			CONTINENT DIVISION,W/BOWEL ANA	$803.11	$682.64	$1,329.17	$1,129.79	N	
50825	AA		CONTINENT DIVISION,W/BOWEL ANA	$9.30	$8.10	$9.30	$8.10	N	6
50830			URINARY UNDIVERSION	$877.52	$745.89	$1,471.35	$1,250.65	N	
50830	AA		URINARY UNDIVERSION	$9.30	$8.10	$9.30	$8.10	N	6
50840			REPLACE URETER BY BOWEL	$603.32	$512.82	$961.18	$817.01	N	
50840	AA		REPLACE URETER BY BOWEL	$9.30	$8.10	$9.30	$8.10	N	6
50840	AA	50	REPLACE URETER BY BOWEL	$9.30	$8.10	$9.30	$8.10	N	6
50840	50		REPLACE URETER BY BOWEL	$924.00	$785.00	$1,922.37	$1,634.01	N	
50845			CUTANE APPENDICU-VESICOSTOMY	$615.99	$523.59	$1,008.56	$857.28	N	
50845	AA		CUTANE.APPENDICO-VESICOSTOMY	$9.30	$8.10	$9.30	$8.10	N	6
50860			TRANSPLANT URETER TO SKIN	$464.13	$394.51	$748.06	$635.85	N	
50860	AA		TRANSPLANT URETER TO SKIN	$9.30	$8.10	$9.30	$8.10	N	6
50860	AA	50	TRANSPLANT URETER TO SKIN	$9.30	$8.10	$9.30	$8.10	N	6
50860	50		TRANSPLANT URETER TO SKIN	$543.00	$462.00	$1,496.11	$1,271.70	N	
50900			REPAIR OF URETER	$414.46	$352.29	$672.33	$571.48	N	
50900	AA		REPAIR OF URETER	$9.30	$8.10	$9.30	$8.10	N	6
50920			CLOSURE URETER/SKIN FISTULA	$433.35	$368.34	$705.54	$599.71	N	
50920	AA		CLOSURE URETER/SKIN FISTULA	$9.30	$8.10	$9.30	$8.10	N	6
50930			CLOSURE URETER/BOWEL FISTULA	$538.70	$457.89	$899.50	$764.57	N	
50930	AA		CLOSURE URETER/BOWEL FISTULA	$9.30	$8.10	$9.30	$8.10	N	6
50940			RELEASE OF URETER	$436.11	$370.69	$712.83	$605.91	N	
50940	AA		RELEASE OF URETER	$9.30	$8.10	$9.30	$8.10	N	6
50945			LAP SURG URENTEROLITHOTOMY	$474.25	$403.11	$815.92	$693.53	N	
50945	AA		LAP SURG URETEROLITHOTOMY	$9.30	$8.10	$9.30	$8.10	N	6
50947			SURG LAP: URETERONEOCYSTOSTOMY	$674.35	$573.19	$1,166.61	$991.62	N	
50947	AA		SURG LAP: URETERONEOCYSTOSTOMY	$9.30	$8.10	$9.30	$8.10	N	6
50948			SURG LAP: URETERONEOCYS WO CYS	$623.16	$529.68	$1,056.18	$897.76	N	
50948	AA		SURG LAP: URETERONEOCYS WO CYS	$9.30	$8.10	$9.30	$8.10	N	6
50949			UNLISTED LAPS PX URETER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
50949	AA		UNLISTED LAP PROC URETER	$9.30	$8.10	$9.30	$8.10	N	6
50951			URETERAL ENDOSCOPY..EXCL.OF RA	$188.27	$160.03	$342.33	$290.98	N	
50951	AA		ENDOSCOPY OF URETER--IN OFFICE	$9.30	$8.10	$9.30	$8.10	N	3
50953			ENDOSCOPY OF URETER	$199.40	$169.49	$359.30	$305.41	N	
50953	AA		ENDOSCOPY OF URETER	$9.30	$8.10	$9.30	$8.10	N	3
50955			URETER ENDOSCOPY & BIOPSY	$212.29	$180.44	$445.38	$378.57	N	
50955	AA		URETER ENDOSCOPY & BIOPSY	$9.30	$8.10	$9.30	$8.10	N	3
50957			URETER ENDOSCOPY & TREATMENT	$214.29	$182.14	$383.59	$326.05	N	
50957	AA		URETER ENDOSCOPY & TREATMENT	$9.30	$8.10	$9.30	$8.10	N	3
50961			URETER ENDOSCOPY & TREATMENT	$191.97	$163.17	$351.34	$298.64	N	
50961	AA		URETER ENDOSCOPY & TREATMENT	$9.30	$8.10	$9.30	$8.10	N	3
50970			URETER ENDOSCOPY	$179.09	$152.22	$324.60	$275.91	N	
50970	AA		URETER ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	3
50972			URETER ENDOSCOPY W/CATHETER	$34.61	$29.42	$315.81	$268.44	N	
50972	AA		URETER ENDOSCOPY W/CATHETER	$9.30	$8.10	$9.30	$8.10	N	3
50974			URETER ENDOSCOPY & BIOPSY	$228.26	$194.02	$414.04	$351.93	N	
50974	AA		URETER ENDOSCOPY & BIOPSY	$9.30	$8.10	$9.30	$8.10	N	3
50976			URETER ENDOSCOPY & TREATMENT	$225.18	$191.40	$409.17	$347.79	N	
50976	AA		URETER ENDOSCOPY & TREATMENT	$9.30	$8.10	$9.30	$8.10	N	3
50980			URETER ENDOSCOPY & TREATMENT	$171.92	$146.13	$311.19	$264.51	N	
50980	AA		URETER ENDOSCOPY & TREATMENT	$9.30	$8.10	$9.30	$8.10	N	3
51020			CYSTOTOMY/CYSTOSTOMY W/FULG	$233.74	$198.67	$356.68	$303.18	N	
51020	AA		INCISE & TREAT BLADDER	$9.30	$8.10	$9.30	$8.10	N	5
51040			INCISE & DRAIN BLADDER	$145.84	$123.96	$145.84	$123.96	N	
51040	AA		INCISE & DRAIN BLADDER	$9.30	$8.10	$9.30	$8.10	N	5
51045			INCISE BLADDER, DRAIN URETER	$244.17	$207.54	$362.43	$308.07	N	
51045	AA		INCISE BLADDER, DRAIN URETER	$9.30	$8.10	$9.30	$8.10	N	5
51050			REMOVAL OF BLADDER STONE	$234.61	$199.41	$356.79	$303.27	N	
51050	AA		REMOVAL OF BLADDER STONE	$9.30	$8.10	$9.30	$8.10	N	5
51060			REMOVAL OF URETER STONE	$288.78	$245.46	$450.83	$383.21	N	
51060	AA		REMOVAL OF URETER STONE	$9.30	$8.10	$9.30	$8.10	N	6
51065			REMOVAL OF URETER STONE	$287.42	$244.31	$446.04	$379.13	N	
51065	AA		REMOVAL OF URETER STONE	$9.30	$8.10	$9.30	$8.10	N	5
51080			DRAINAGE OF BLADDER ABSCESS	$203.83	$173.25	$321.27	$273.08	N	
51080	AA		DRAINAGE OF BLADDER ABSCESS	$9.30	$8.10	$9.30	$8.10	N	5
51100			ASPIRATION OF BLADDER: BY NEED	$36.56	$31.08	$32.74	$27.83	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
51100	AA		ASPIRATION OF BLADDER: BY NEED	$9.30	$8.10	$9.30	$8.10	N	6
51101			ASPIRATION OF BLADDER: BY TROC	$75.57	$64.23	$43.39	$36.88	N	
51101	AA		ASPIRATION OF BLADDER: BY TROC	$9.30	$8.10	$9.30	$8.10	N	6
51102			ASPIRATION OF BLADDER: WITH IN	$117.32	$99.72	$209.41	$178.00	N	
51102	AA		ASPIRATION OF BLADDER: WITH IN	$9.30	$8.10	$9.30	$8.10	N	6
51500			REMOVAL OF BLADDER CYST	$315.32	$268.02	$520.37	$442.31	N	
51500	AA		REMOVAL OF BLADDER CYST	$9.30	$8.10	$9.30	$8.10	N	5
51520			REMOVAL OF BLADDER LESION	$294.97	$250.72	$472.58	$401.69	N	
51520	AA		REMOVAL OF BLADDER LESION	$9.30	$8.10	$9.30	$8.10	N	5
51525			REMOVAL OF BLADDER LESION	$421.34	$358.13	$678.63	$576.84	N	
51525	AA		REMOVAL OF BLADDER LESION	$9.30	$8.10	$9.30	$8.10	N	5
51530			REMOVAL OF BLADDER LESION	$378.98	$322.13	$617.23	$524.65	N	
51530	AA		REMOVAL OF BLADDER LESION	$9.30	$8.10	$9.30	$8.10	N	5
51535			REPAIR OF URETER LESION	$383.86	$326.28	$640.76	$544.65	N	
51535	AA		REPAIR OF URETER LESION	$9.30	$8.10	$9.30	$8.10	N	5
51535	AA	50	CYSTOTOMY/EXC,INC/REP URETEROC	$9.30	$8.10	$9.30	$8.10	N	5
51535	50		CYSTOTOMY/EXC,INC/REP URETEROC	$462.00	$393.00	$1,281.52	$1,089.29	N	
51550			PARTIAL REMOVAL OF BLADDER	$472.65	$401.75	$761.86	$647.58	N	
51550	AA		PARTIAL REMOVAL OF BLADDER	$9.30	$8.10	$9.30	$8.10	N	6
51555			PARTIAL REMOVAL OF BLADDER	$616.67	$524.17	$1,014.71	$862.51	N	
51555	AA		PARTIAL REMOVAL OF BLADDER	$9.30	$8.10	$9.30	$8.10	N	6
51565			REVISE BLADDER & URETER(S)	$630.01	$535.50	$1,035.45	$880.13	N	
51565	AA		REVISE BLADDER & URETER(S)	$9.30	$8.10	$9.30	$8.10	N	6
51570			REMOVAL OF BLADDER	$717.56	$609.92	$1,146.81	$974.79	N	
51570	AA		REMOVAL OF BLADDER	$9.30	$8.10	$9.30	$8.10	N	8
51575			REMOVAL OF BLADDER & NODES	$883.89	$751.30	$1,433.82	$1,218.75	N	
51575	AA		REMOVAL OF BLADDER & NODES	$9.30	$8.10	$9.30	$8.10	N	8
51580			REMOVE BLADDER: REVISE TRACT	$923.92	$785.33	$1,472.05	$1,251.24	N	
51580	AA		REMOVE BLADDER: REVISE TRACT	$9.30	$8.10	$9.30	$8.10	N	8
51585			REMOVAL OF BLADDER & NODES	$1,026.67	$872.67	$1,651.41	$1,403.70	N	
51585	AA		REMOVAL OF BLADDER & NODES	$9.30	$8.10	$9.30	$8.10	N	8
51590			REMOVE BLADDER: REVISE TRACT	$940.00	$799.00	$1,526.97	$1,297.92	N	
51590	AA		REMOVE BLADDER: REVISE TRACT	$9.30	$8.10	$9.30	$8.10	N	8
51595			REMOVE BLADDER: REVISE TRACT	$1,063.07	$903.61	$1,729.33	$1,469.93	N	
51595	AA		REMOVE BLADDER: REVISE TRACT	$9.30	$8.10	$9.30	$8.10	N	8
51596			CYSTECTOMY,COMP,CONT DIV.BOWEL	$1,148.75	$976.44	$1,847.22	$1,570.13	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
51596	AA		CYSTECTOMY,COMP,CONT DIV.BOWEL	$9.30	$8.10	$9.30	$8.10	N	8
51597			PELVIC EXENTER.W/W/O HYSTERECT	$1,118.92	$951.08	$1,797.82	$1,528.15	N	
51597	AA		PELVIC EXENTER.W/W/O HYSTERECT	$9.30	$8.10	$9.30	$8.10	N	7
51600			INJECTION FOR BLADDER XRAY	$103.09	$87.63	$198.46	$168.69	N	
51600	AA		INJECTION FOR BLADDER XRAY	$9.30	$8.10	$9.30	$8.10	N	3
51605			PREPARATION FOR BLADDER XRAY	$18.87	$16.04	$40.06	$34.05	N	
51605	AA		PREPARATION FOR BLADDER XRAY	$9.30	$8.10	$9.30	$8.10	N	3
51610			INJECTION FOR BLADDER XRAY	$63.81	$54.23	$112.96	$96.02	N	
51610	AA		INJECTION FOR BLADDER XRAY	$9.30	$8.10	$9.30	$8.10	N	3
51700			IRRIGATION OF BLADDER	$37.95	$32.25	$78.62	$66.83	N	
51700	AA		IRRIGATION OF BLADDER	$9.30	$8.10	$9.30	$8.10	N	3
51700	SA		IRRIGATION OF BLADDER	$32.25	$32.25	$67.73	$67.73	N	
51700	SB		IRRIGATION OF BLADDER	$26.56	$26.56	$26.56	$26.56	N	
51701			INSERT NON-INDWELL BLAD CATHET	$21.91	$18.62	$49.78	$42.31	N	
51701	AA		INSERT NON-INDWELL BLAD CATHET	$9.30	$8.10	$9.30	$8.10	N	3
51701	SA		INSERT NON-INDWELL BLAD CATHET	$18.62	$18.62	$40.19	$40.19	N	
51701	SA	26	INSERT NON-INDWELL BLAD CATHET	$10.38	$10.38	$18.93	$18.93	N	
51701	SB		INSERT NON-INDWELL BLAD CATHET	$21.91	$21.91	$21.91	$21.91	N	
51701	26		INSERT NON-INDWELL BLAD CATHET	$12.22	$10.38	$23.44	$19.92	N	
51702			INSERT TEMP INDWELL BLADDER CA	$30.92	$26.28	$65.65	$55.80	N	
51702	AA		INSERT TEMP INDWELL BLADDER CA	$9.30	$8.10	$9.30	$8.10	N	3
51702	SA		INSERT TEMP INDWELL BLADDER CA	$26.28	$26.28	$65.60	$65.60	N	
51702	SA	26	INSERT TEMP INDWELL BLADDER CA	$10.25	$10.25	$20.30	$20.30	N	
51702	SB		INSERT TEMP INDWELL BLADDAR CA	$30.92	$30.92	$30.92	$30.92	N	
51702	26		INSERT TEMP INDWELL BLADDER CA	$12.06	$10.25	$25.14	$21.37	N	
51703			INSERT TEMP INDW BL CATH COMPL	$73.74	$62.68	$133.04	$113.08	N	
51703	AA		INSERT TEMP INDW BL CATH COMPL	$9.30	$8.10	$9.30	$8.10	N	3
51703	26		INSERT TEMP INDW BL CATH COMPL	$37.03	$31.48	$68.43	$58.17	N	
51705			CHANGE OF BLADDER TUBE	$48.84	$41.51	$96.57	$82.08	N	
51705	AA		CHANGE OF BLADDER TUBE	$9.30	$8.10	$9.30	$8.10	N	3
51705	SA		CHANGE OF BLADDER TUBE	$41.51	$41.51	$77.98	$77.98	N	
51710			CHANGE OF BLADDER TUBE	$67.58	$57.44	$98.71	$83.90	N	
51710	AA		CHANGE OF BLADDER TUBE	$9.30	$8.10	$9.30	$8.10	N	3
51715			ENDOSCOPIC INJ IMPLANT URETHA	$174.81	$148.59	$259.15	$220.28	N	
51715	AA		ENDOSCOPIC INJ.IMPLANT ORETHA	$9.30	$8.10	$9.30	$8.10	N	3
51720			TREATMENT OF BLADDER LESION	$44.45	$37.78	$88.76	$75.45	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
51720	AA		TREATMENT OF BLADDER LESION	$9.30	$8.10	$9.30	$8.10	N	3
51725			SIMPLE CYSTOMETROGRAM	$103.94	$88.35	$200.24	$170.20	N	
51725	AA		SIMPLE CYSTOMETROGRAM	$9.30	$8.10	$9.30	$8.10	N	3
51725	SA		SIMPLE CYSTOMETROGRAM	$88.35	$88.35	$88.35	$88.35	N	
51726			COMPLEX CYSTOMETROGRAM	$139.60	$118.66	$284.71	$242.00	N	
51726	AA		COMPLEX CYSTOMETROGRAM	$9.30	$8.10	$9.30	$8.10	N	3
51727			COMPLEX CYSTOMETROGRAM (IE, CA	$171.29	$145.60	$171.29	$145.60	N	
51727	AA		COMPLEX CYSTOMETROGRAM (IE, CA	$9.30	$8.10	$9.30	$8.10	N	3
51727	TC		COMPLEX CYSTOMETROGRAM (IE, CA	$120.30	$120.30	$120.30	$120.30	N	
51727	26		COMPLEX CYSTOMETROGRAM (IE,CA	$50.99	$43.34	$50.99	$43.34	N	
51728			COMPLEX CYSTOMETROGRAM (IE, CA	$170.47	$144.90	$170.47	$144.90	N	
51728	AA		COMPLEX CYSTOMETROGRAM (IE, CA	$9.30	$8.10	$9.30	$8.10	N	3
51728	TC		COMPLEX CYSTOMETROGRAM (IE, CA	$120.64	$120.64	$120.64	$120.64	N	
51728	26		COMPLEX CYSTOMETROGRAM (IE, CA	$49.83	$42.35	$49.83	$42.35	N	
51729			COMPLEX CYSTOMETROGRAM (IE, CA	$180.20	$153.17	$180.20	$153.17	N	
51729	AA		COMPLEX CYSTOMETROGRAM (IE, CA	$9.30	$8.10	$9.30	$8.10	N	3
51729	TC		COMPLEX CYSTOMETROGRAM (IE, CA	$119.45	$119.45	$119.45	$119.45	N	
51729	26		COMPLEX CYSTOMETROGRAM (IE CAL	$60.76	$51.64	$60.76	$51.64	N	
51736			SIMPLE UROFLOWMETRY	$6.79	$5.77	$14.68	$12.48	N	
51736	AA		SIMPLE UROFLOWMETRY	$9.30	$8.10	$9.30	$8.10	N	3
51741			COMPLEX UROFLOWMETRY	$7.13	$6.06	$7.13	$6.06	N	
51741	AA		COMPLEX UROFLOWMETRY	$9.30	$8.10	$9.30	$8.10	N	3
51784			EMG OF ANAL OR URETHRAL SPHNTR	$31.85	$27.07	$71.22	$60.54	N	
51784	AA		EMG OG ANAL OR URETHRAL SPHNTR	$9.30	$8.10	$9.30	$8.10	N	3
51784	TC		EMG OF ANAL OR URETHRAL SPHNTR	$14.10	$14.10	$32.61	$27.72	N	
51784	26		EMG OF ANAL OR URETHRAL SPHNTR	$17.75	$15.09	$38.56	$32.78	N	
51785			ELECTROMYOGRAPHY STUDIES-ANAL/	$199.06	$169.20	$203.78	$173.21	N	
51785	AA		ELECTROMYOGRAPHY STUDIES-ANAL/	$9.30	$8.10	$9.30	$8.10	N	3
51792			ELECTROMYOGRAPHY	$127.45	$108.33	$229.47	$195.05	N	
51792	AA		ELECTROMYOGRAPHY	$9.30	$8.10	$9.30	$8.10	N	3
51797			VOIDING PRESSURE STUDIES (VP):	$83.80	$71.23	$121.29	$103.10	N	
51797	AA		VOIDING PRESSURE STUDIES (VP):	$9.30	$8.10	$9.30	$8.10	N	3
51798			MEAS RESID URINE BY ULTRASOUND	$5.94	$5.05	$5.94	$5.05	N	
51798	SA		MEAS RESID URINE BY ULTRASOUND	$5.05	$5.05	$5.05	$5.05	N	
51800			REVISION OF BLADDER/URETHRA	$508.62	$432.33	$846.00	$719.10	N	
51800	AA		REVISION OF BLADDER/URETHRA	$9.30	$8.10	$9.30	$8.10	N	6

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
51820			REVISION OF URINARY TRACT	$532.18	$452.35	$897.68	$763.03	N	
51820	AA		REVISION OF URINARY TRACT	$9.30	$8.10	$9.30	$8.10	N	5
51840			ATTACH BLADDER/URETHRA	$343.10	$291.63	$558.61	$474.82	N	
51840	AA		ATTACH BLADDER/URETHRA	$9.30	$8.10	$9.30	$8.10	N	6
51841			ATTACH BLADDER/URETHRA	$396.00	$336.60	$664.76	$565.05	N	
51841	AA		ATTACH BLADDER/URETHRA	$9.30	$8.10	$9.30	$8.10	N	5
51845			ABDOMINO-VAGINAL VESICAL NECK	$288.06	$244.85	$491.82	$418.04	N	
51845	AA		ABDOMINO-VAGINAL VESICAL NECK	$9.30	$8.10	$9.30	$8.10	N	5
51860			REPAIR OF BLADDER WOUND	$367.01	$311.95	$609.43	$518.02	N	
51860	AA		REPAIR OF BLADDER WOUND	$9.30	$8.10	$9.30	$8.10	N	5
51865			REPAIR OF BLADDER WOUND	$439.52	$373.59	$738.21	$627.48	N	
51865	AA		REPAIR OF BLADDER WOUND	$9.30	$8.10	$9.30	$8.10	N	6
51880			REPAIR OF BLADDER OPENING	$230.09	$195.58	$397.49	$337.86	N	
51880	AA		REPAIR OF BLADDER OPENING	$9.30	$8.10	$9.30	$8.10	N	3
51900			REPAIR BLADDER/VAGINA LESION	$406.04	$345.13	$651.46	$553.74	N	
51900	AA		REPAIR BLADDER/VAGINA LESION	$9.30	$8.10	$9.30	$8.10	N	3
51920			CLOSE BLADDER-UTERUS FISTULA	$376.56	$320.08	$599.31	$509.42	N	
51920	AA		CLOSE BLADDER-UTERUS FISTULA	$9.30	$8.10	$9.30	$8.10	N	3
51925			HYSTERECTOMY/BLADDER REPAIR	$530.15	$450.62	$844.70	$717.99	N	
51925	AA		HYSTERECTOMY/BLADDER REPAIR	$9.30	$8.10	$9.30	$8.10	N	5
51940			CORRECTION OF BLADDER DEFECT	$799.57	$679.63	$1,371.71	$1,165.96	N	
51940	AA		CORRECTION OF BLADDER DEFECT	$9.30	$8.10	$9.30	$8.10	N	5
51960			REVISION OF BLADDER & BOWEL	$676.64	$575.14	$1,102.47	$937.10	N	
51960	AA		REVISION OF BLADDER & BOWEL	$9.30	$8.10	$9.30	$8.10	N	5
51980			CONSTRUCT BLADDER OPENING	$351.79	$299.02	$566.82	$481.79	N	
51980	AA		CONSTRUCT BLADDER OPENING	$9.30	$8.10	$9.30	$8.10	N	5
51990			LAP URETH SUSP FOR STRESS INC	$366.06	$311.15	$644.62	$547.93	N	
51990	AA		LAP URETH SUSP FOR STRESS INC	$9.30	$8.10	$9.30	$8.10	N	6
51992			LAP SLING OP FOR STRESS INCONT	$410.43	$348.86	$695.00	$590.75	N	
51992	AA		LAP SLING OP FOR STRESS INCONT	$9.30	$8.10	$9.30	$8.10	N	6
51999			UNLISTED LAPS PX BLADDER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
52000			CYSTOURETHROSCOPY	$110.38	$93.82	$175.41	$149.10	N	
52000	AA		CYSTOSCOPY	$9.30	$8.10	$9.30	$8.10	N	3
52000	AA	22	CYSTOSCOPY	$9.30	$8.10	$9.30	$8.10	N	3
52000	22		CYSTOSCOPY	$61.00	$53.00	$224.98	$191.23	N	
52001			CYSTO W/IRRG&EVAC MLT CLOTS	$208.23	$176.99	$355.87	$302.49	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
52001	AA		CYSTOURETHROSCOPY W/IRRIG/EVAC	$9.30	$8.10	$9.30	$8.10	N	3
52005			CYSTO W/URTRL CATHJ	$142.12	$120.80	$269.26	$228.87	N	
52005	AA		CYSTOURETHROSCOPY	$9.30	$8.10	$9.30	$8.10	N	3
52005	AA	22	CYSTOURETHROSCOPY	$9.30	$8.10	$9.30	$8.10	N	3
52005	22		CYSTOURETHROSCOPY	$87.00	$75.00	$336.58	$286.09	N	
52007			CYSTO URTRL CATHJ BRUSH BX	$213.14	$181.16	$478.90	$407.07	N	
52007	AA		CYSTOURETHOSCOPY W/BRUSH BIOPS	$9.30	$8.10	$9.30	$8.10	N	3
52010			CYSTOSCOPY W/ DUCT CATHETER	$180.68	$153.58	$394.79	$335.57	N	
52010	AA		CYSTOSCOPY W/ DUCT CATHETER	$9.30	$8.10	$9.30	$8.10	N	3
52204			CYSTOURETHROSCOPY WITH BIOPSY:	$177.58	$150.94	$398.04	$338.33	N	
52204	AA		CYSTOURETHROSCOPY WITH BIOPSY:	$9.30	$8.10	$9.30	$8.10	N	3
52214			CYSTOURETHROSCOPY WITH FULGURA	$71.35	$60.65	$707.11	$601.04	N	
52214	AA		CYSTOURETHROSCOPY WITH FULGURA	$9.30	$8.10	$9.30	$8.10	N	3
52224			CYSTOURETHROSCOPY WITH FULGURA	$74.60	$63.41	$750.41	$637.85	N	
52224	AA		CYSTOURETHROSCOPY WITH FULGURA	$9.30	$8.10	$9.30	$8.10	N	3
52234			CYSTOURETHROSCOPY WITH FULGURA	$119.19	$101.31	$212.14	$180.32	N	
52234	AA		CYSTOURETHROSCOPY WITH FULGURA	$9.30	$8.10	$9.30	$8.10	N	3
52235			CYSTOURETHROSCOPY WITH FULGURA	$139.58	$118.64	$249.34	$211.94	N	
52235	AA		CYSTOURETHROSCOPY WITH FULGURA	$9.30	$8.10	$9.30	$8.10	N	5
52240			CYSTOURETHROSCOPY WITH FULGURA	$189.24	$160.85	$405.39	$344.58	N	
52240	AA		CYSTOURETHROSCOPY WITH FULGURA	$9.30	$8.10	$9.30	$8.10	N	5
52250			CYSTOURETHROSCOPY, INSERT RADI	$116.10	$98.69	$207.40	$176.29	N	
52250	AA		CYSTOURETHROSCOPY, INSERT RADI	$9.30	$8.10	$9.30	$8.10	N	3
52260			CYSTOSCOPY & TREATMENT	$102.25	$86.91	$180.07	$153.06	N	
52260	AA		CYSTOSCOPY & TREATMENT	$9.30	$8.10	$9.30	$8.10	N	3
52265			CYSTOSCOPY AND TREATMENT	$174.63	$148.44	$390.52	$331.94	N	
52265	AA		CYSTOSCOPY AND TREATMENT	$9.30	$8.10	$9.30	$8.10	N	3
52270			CYSTOSCOPY & REVISE URETHRA	$199.02	$169.16	$380.71	$323.60	N	
52270	AA		CYSTOSCOPY & REVISE URETHRA	$9.30	$8.10	$9.30	$8.10	N	3
52275			CYSTOSCOPY & REVISE URETHRA	$256.93	$218.39	$512.44	$435.57	N	
52275	AA		CYSTOSCOPY & REVISE URETHRA	$9.30	$8.10	$9.30	$8.10	N	3
52276			CYSTOURETHROSCOPY W/DIRECT VIS	$128.15	$108.93	$228.85	$194.52	N	
52276	AA		CYSTOURETHROSCOPY W/DIRECT VIS	$9.30	$8.10	$9.30	$8.10	N	3
52277			CYSTOSCOPY AND TREATMENT	$156.32	$132.87	$283.42	$240.91	N	
52277	AA		CYSTOSCOPY AND TREATMENT	$9.30	$8.10	$9.30	$8.10	N	3
52281			CYSTOURETHROSCOPY FOR URETHRAL	$153.10	$130.14	$290.66	$247.06	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
52281	AA		CYSTOURETHROSCOPY FOR URETHRAL	$9.30	$8.10	$9.30	$8.10	N	3
52282			CYSTOURETHROSCOPY	$163.19	$138.71	$291.33	$247.63	N	
52282	AA		CYSTOURETHROSCOPY	$9.30	$8.10	$9.30	$8.10	N	3
52283			CYSTOURETHROSCOPY, STEROID INJ	$167.35	$142.25	$259.62	$220.68	N	
52283	AA		CYSTOURETHROSCOPY, STEROID INJ	$9.30	$8.10	$9.30	$8.10	N	3
52284			CYSTO RX BALO CATH URTL STRX	$1,292.63	$1,098.74	$1,292.63	$1,098.74	N	
52284	AA		CYSTO RX BALO CATH URTL STRX	$9.30	$8.10	$9.30	$8.10	N	
52284	26		CYSTO RX BALO CATH URTI STRX	$80.17	$80.17	$80.17	$80.17	N	
52285			CYSTOSCOPY AND TREATMENT	$165.43	$140.62	$257.89	$219.20	N	
52285	AA		CYSTOSCOPY AND TREATMENT	$9.30	$8.10	$9.30	$8.10	N	3
52287			CYSTOSCOPY CHEMODENERVATION	$183.03	$155.58	$183.03	$155.58	N	
52287	AA		CYSTOSCOPY CHEMODENERVATION	$9.30	$8.10	$9.30	$8.10	N	3
52287	26		CYSTOSCOPY CHEMODENERVATION	$82.26	$69.92	$82.26	$69.92	N	
52290			CYSTOSCOPY AND TREATMENT	$118.22	$100.48	$210.25	$178.71	N	
52290	AA		CYSTOSCOPY AND TREATMENT	$9.30	$8.10	$9.30	$8.10	N	3
52300			CYSTOSCOPY AND TREATMENT	$135.48	$115.15	$243.60	$207.06	N	
52300	AA		CYSTOSCOPY AND TREATMENT	$9.30	$8.10	$9.30	$8.10	N	3
52301			CYSTOURETHROSCOPY UNI/BILAT	$140.36	$119.31	$255.00	$216.75	N	
52301	AA		CYSTOURETHROSCOPY UNI/BILAT	$9.30	$8.10	$9.30	$8.10	N	3
52305			CYSTOSCOPY AND TREATMENT	$134.46	$114.29	$241.90	$205.62	N	
52305	AA		CYSTOSCOPY AND TREATMENT	$9.30	$8.10	$9.30	$8.10	N	3
52310			CYSTOSCOPY AND TREATMENT	$150.66	$128.06	$254.21	$216.08	N	
52310	AA		CYSTOSCOPY AND TREATMENT	$9.30	$8.10	$9.30	$8.10	N	3
52315			CYSTOSCOPY AND TREATMENT	$224.11	$190.49	$436.91	$371.37	N	
52315	AA		CYSTOSCOPY AND TREATMENT	$9.30	$8.10	$9.30	$8.10	N	3
52317			LITHOLAPAXY,SIMPLE:SMALL	$424.40	$360.74	$363.63	$734.09	N	
52317	AA		LITHOLAPAXY,SIMPLE:SMALL	$9.30	$8.10	$9.30	$8.10	N	3
52318			LITHOLAPAXY:COMPLICATED OR LAR	$228.58	$194.29	$414.63	$352.44	N	
52318	AA		LITHOLAPAXY:COMPLICATED OR LAR	$9.30	$8.10	$9.30	$8.10	N	3
52320			CYSTOSCOPY AND TREATMENT	$119.45	$101.53	$213.34	$181.34	N	
52320	AA		CYSTOSCOPY AND TREATMENT	$9.30	$8.10	$9.30	$8.10	N	3
52325			CYSTOURETHEROSCOPY,FRAGMENT CA	$154.63	$131.43	$279.38	$237.47	N	
52325	AA		CYSTOURETHEROSCOPY,FRAGMENT CA	$9.30	$8.10	$9.30	$8.10	N	3
52327			CYSTOSCOPE W SUBURETERIC INJ	$124.89	$106.15	$270.59	$230.00	N	
52327	AA		CYSTOSCOPE W SUBURETERIC INJ	$9.30	$8.10	$9.30	$8.10	N	3
52330			CYSTOSCOPY AND TREATMENT	$288.19	$244.96	$527.10	$448.04	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
52330	AA		CYSTOSCOPY AND TREATMENT	$9.30	$8.10	$9.30	$8.10	N	3
52332			CYSTOURETHROSCOPY/INSERT STENT	$187.52	$159.39	$291.10	$247.43	N	
52332	AA		CYSTOURETHROSCOPY/INSERT STENT	$9.30	$8.10	$9.30	$8.10	N	3
52334			CYSTO TO EST PERC NEPHROSTOMY,	$89.23	$75.85	$189.94	$161.45	N	
52334	AA		CYSTO TO EST PERC NEPHROSTOMY,	$9.30	$8.10	$9.30	$8.10	N	3
52341			CYSTOURETHROSCOPY	$137.46	$116.84	$277.42	$235.80	N	
52341	AA		CYSTOURETHROSCOPY	$9.30	$8.10	$9.30	$8.10	N	3
52342			CYSTOURETHROSCOPY	$149.68	$127.22	$298.52	$253.74	N	
52342	AA		CYSTOURETHROSCOPY	$9.30	$8.10	$9.30	$8.10	N	3
52343			CYSTOURETHEROSCOPY	$166.61	$141.61	$330.27	$280.73	N	
52343	AA		CYSTOURETHROSCOPY	$9.30	$8.10	$9.30	$8.10	N	3
52344			CYTOURETHROSCOPY	$178.66	$151.86	$354.38	$301.23	N	
52344	AA		CYSTOURETHROSCOPY	$9.30	$8.10	$9.30	$8.10	N	3
52345			CYSTOURETHROSCOPY W/URETEROSCO	$190.55	$161.96	$376.51	$320.04	N	
52345	AA		CYSTOURETHROSCOPY W/URETEROSCO	$9.30	$8.10	$9.30	$8.10	N	3
52346			CYSTOURETHROSCOPY W/URETEROOSC	$215.46	$183.14	$422.34	$358.99	N	
52346	AA		CYSTOURETHROSCOPY W/URETEROOSC	$9.30	$8.10	$9.30	$8.10	N	3
52351			DIAG CYSTOURETH W/URETEROSCOPY	$146.72	$124.71	$270.02	$229.52	N	
52351	AA		DIAG CYSTOURETH W/URETEROSCOPY	$9.30	$8.10	$9.30	$8.10	N	3
52352			CYSTOURETH W/URETERO/PYELOSCOP	$171.50	$145.77	$316.85	$269.32	N	
52352	AA		CYSTOURETH W/URETERO/PYELOSCOP	$9.30	$8.10	$9.30	$8.10	N	3
52353			CYTOURETH W/LITHOTRIPSY	$189.24	$160.85	$365.55	$310.72	N	
52353	AA		CYSTOURETH W/LITHOTRIPSY	$9.30	$8.10	$9.30	$8.10	N	3
52354			CYSTOURETHRO W/URETEROS W/BX	$201.79	$171.52	$338.05	$287.34	N	
52354	AA		CYSTOURETHRO W/URETEROS W/BX	$9.30	$8.10	$9.30	$8.10	N	3
52355			CYSTOURETH W/UTEROS W/RESECT	$226.06	$192.15	$404.04	$343.43	N	
52355	AA		CYSTOURETH W/UTEROS W/RESECT	$9.30	$8.10	$9.30	$8.10	N	3
52356			CYSTO/URETERO W/LITHOTRIPSY	$200.94	$170.80	$200.94	$170.80	N	
52356	AA		CYSTO/URETERO W/LITHOTRIPSY	$9.30	$8.10	$9.30	$8.10	N	3
52400			CYSTOURETH W/INCIS FULG RESECT	$233.87	$198.79	$452.72	$384.81	N	
52400	AA		CYSTOURETH W/INCIS FULG RESECT	$9.30	$8.10	$9.30	$8.10	N	3
52402			CYSTOURETHRO CUT EJACUL DUST	$127.86	$108.68	$236.12	$200.70	N	
52402	AA		CYSTOURETHRO CUT EJACUL DUST	$9.30	$8.10	$9.30	$8.10	N	3
52441			CYSTOURETHRO W/IMPLANT	$606.01	$515.11	$606.01	$515.11	N	
52441	AA		CYSTOURETHRO W/IMPLANT	$9.30	$8.10	$9.30	$8.10	N	3
52441	26		CYSTOURETHRO W/IMPLANT	$101.82	$86.55	$101.82	$86.55	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
52442			CYSTOURETHRO W/ADDL IMPLANT	$415.10	$352.84	$415.10	$352.84	N	
52442	AA		CYSTOURETHRO W/ADDL IMPLANT	$9.30	$8.10	$9.30	$8.10	N	3
52442	26		CYSTOURETHRO W/ADDL IMPLANT	$24.59	$20.90	$24.59	$20.90	N	
52450			TRANSURETHRAL INCISION PROSTAT	$236.35	$200.89	$382.05	$324.74	N	
52450	AA		TRANSURETHRAL INCISION PROSTAT	$9.30	$8.10	$9.30	$8.10	N	5
52500			REVISION OF BLADDER NECK	$245.15	$208.37	$418.54	$355.76	N	
52500	AA		REVISION OF BLADDER NECK	$9.30	$8.10	$9.30	$8.10	N	3
52601			PROSTATECTOMY (TUR)	$357.63	$303.99	$589.55	$501.12	N	
52601	AA		PROSTATECTOMY (TUR)	$9.30	$8.10	$9.30	$8.10	N	5
52630			REMOVE PROSTATE REGROWTH	$202.30	$171.95	$202.30	$171.95	N	
52630	AA		REMOVE PROSTATE REGROWTH	$9.30	$8.10	$9.30	$8.10	N	5
52640			RELIEVE BLADDER CONTRACTURE	$162.17	$137.84	$323.64	$275.09	N	
52640	AA		RELIEVE BLADDER CONTRACTURE	$9.30	$8.10	$9.30	$8.10	N	5
52647			PROSTATE NON-CONTACT LASER	$756.54	$643.06	$1,733.17	$1,473.19	N	
52647	AA		PROSTATE NON-CONTACT LASER	$9.30	$8.10	$9.30	$8.10	N	5
52648			LASER VAPORIZATION W/WO TURP	$780.97	$663.82	$1,785.86	$1,517.98	N	
52648	AA		LASER VAPORIZATION W/WO TURP	$9.30	$8.10	$9.30	$8.10	N	5
52649			LASER ENUCLEATION OF THE PROST	$405.94	$345.05	$834.03	$708.93	N	
52649	AA		LASER ENUCLEATION OF THE PROST	$9.30	$8.10	$9.30	$8.10	N	5
52700			DRAINAGE OF PROSTATE ABSCESS	$219.50	$186.58	$337.10	$286.53	N	
52700	AA		DRAINAGE OF PROSTATE ABSCESS	$9.30	$8.10	$9.30	$8.10	N	5
53000			INCISION OF URETHRA	$73.85	$62.77	$129.06	$109.70	N	
53000	AA		INCISION OF URETHRA	$9.30	$8.10	$9.30	$8.10	N	3
53010			INCISION OF URETHRA	$149.27	$126.88	$220.93	$187.79	N	
53010	AA		INCISION OF URETHRA	$9.30	$8.10	$9.30	$8.10	N	3
53020			INCISION OF URETHRA	$47.25	$40.16	$100.39	$85.33	N	
53020	AA		INCISION OF URETHRA	$9.30	$8.10	$9.30	$8.10	N	3
53025			INCISION OF URETHRA: INFANT	NA	NA	$71.09	$60.43	N	
53025	AA		INCISION OF URETHRA: INFANT	NA	NA	$9.30	$8.10	N	3
53040			DRAINAGE OF URETHRA ABSCESS	$195.16	$165.88	$332.04	$282.23	N	
53040	AA		DRAINAGE OF URETHRA ABSCESS	$9.30	$8.10	$9.30	$8.10	N	3
53060			DRAINAGE OF URETHRA ABSCESS	$94.64	$80.44	$162.33	$137.98	N	
53060	AA		DRAINAGE OF URETHRA ABSCESS	$9.30	$8.10	$9.30	$8.10	N	3
53080			DRAINAGE OF URINARY LEAKAGE	$209.22	$177.84	$416.46	$353.99	N	
53080	AA		DRAINAGE OF URINARY LEAKAGE	$9.30	$8.10	$9.30	$8.10	N	3
53085			DRAINAGE OF URINARY LEAKAGE	$320.45	$272.38	$602.99	$512.54	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
53085	AA		DRAINAGE OF URINARY LEAKAGE	$9.30	$8.10	$9.30	$8.10	N	3
53200			BIOPSY OF URETHRA	$79.17	$67.29	$132.58	$112.70	N	
53200	AA		BIOPSY OF URETHRA	$9.30	$8.10	$9.30	$8.10	N	3
53210			URETHRECTOMY,TOT,W/CYSTOSTOMY:	$385.34	$327.53	$621.58	$528.34	N	
53210	AA		URETHRECTOMY,TOT,W/CYSTOSTOMY:	$9.30	$8.10	$9.30	$8.10	N	3
53215			URETHRECTOMY,TOT,W/CYSTOSTOMY:	$455.01	$386.76	$749.75	$637.29	N	
53215	AA		URETHRECTOMY,TOT,W/CYSTOSTOMY:	$9.30	$8.10	$9.30	$8.10	N	3
53220			TREATMENT OF URETHRA LESION	$224.11	$190.49	$361.70	$307.44	N	
53220	AA		TREATMENT OF URETHRA LESION	$9.30	$8.10	$9.30	$8.10	N	3
53230			EXCISE URETHRAL DIVERTICULUM:F	$301.60	$256.36	$484.28	$411.64	N	
53230	AA		EXCISE URETHRAL DIVERTICULUM:F	$9.30	$8.10	$9.30	$8.10	N	3
53235			EXCISE URETHRAL DIVERTICULUM:M	$313.68	$266.63	$507.82	$431.65	N	
53235	AA		EXCISE URETHRAL DIVERTICULUM:M	$9.30	$8.10	$9.30	$8.10	N	3
53240			MARSUPIALIZE URETH DIVERT,MALE	$211.09	$179.43	$338.74	$287.93	N	
53240	AA		MARSUPIALIZE URETH DIVERT,MALE	$9.30	$8.10	$9.30	$8.10	N	3
53250			REMOVAL OF URETHRA GLAND	$197.56	$167.93	$312.34	$265.49	N	
53250	AA		REMOVAL OF URETHRA GLAND	$9.30	$8.10	$9.30	$8.10	N	3
53260			TREATMENT OF URETHRA LESION	$103.67	$88.12	$177.94	$151.25	N	
53260	AA		TREATMENT OF URETHRA LESION	$9.30	$8.10	$9.30	$8.10	N	3
53265			TREATMENT OF URETHRA LESION	$114.54	$97.36	$198.02	$168.31	N	
53265	AA		TREATMENT OF URETHRA LESION	$9.30	$8.10	$9.30	$8.10	N	3
53270			REMOVAL OF URETHRA GLAND	$106.13	$90.21	$181.54	$154.31	N	
53270	AA		REMOVAL OF URETHRA GLAND	$9.30	$8.10	$9.30	$8.10	N	3
53275			REPAIR OF URETHRA DEFECT	$129.42	$110.00	$229.04	$194.68	N	
53275	AA		REPAIR OF URETHRA DEFECT	$9.30	$8.10	$9.30	$8.10	N	3
53400			REVISE URETHRA, 1ST STAGE	$394.82	$335.59	$637.00	$541.45	N	
53400	AA		REVISE URETHRA, 1ST STAGE	$9.30	$8.10	$9.30	$8.10	N	3
53405			REVISE URETHRA, 2ND STAGE	$429.26	$364.87	$704.45	$598.78	N	
53405	AA		REVISE URETHRA, 2ND STAGE	$9.30	$8.10	$9.30	$8.10	N	3
53410			URETHROPLASTY...MALE ANTERIOR	$480.15	$408.13	$793.30	$674.31	N	
53410	AA		URETHROPLASTY...MALE ANTERIOR	$9.30	$8.10	$9.30	$8.10	N	3
53415			URETHROPLASTY,TRANSPUBIC,ONE S	$552.43	$469.57	$902.60	$767.21	N	
53415	AA		URETHROPLASTY,TRANSPUBIC,ONE S	$9.30	$8.10	$9.30	$8.10	N	3
53420			RECONSTRUCT URETHRA, STAGE 1	$412.63	$350.73	$686.66	$583.66	N	
53420	AA		RECONSTRUCT URETHRA, STAGE 1	$9.30	$8.10	$9.30	$8.10	N	3
53425			RECONSTRUCT URETHRA, STAGE 2	$458.87	$390.04	$772.10	$656.29	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
53425	AA		RECONSTRUCT URETHRA, STAGE 2	$9.30	$8.10	$9.30	$8.10	N	3
53430			URETHROPLASTY,RECON FEMALE URE	$477.89	$406.20	$787.81	$669.64	N	
53430	AA		URETHROPLASTY,RECON FEMALE URE	$9.30	$8.10	$9.30	$8.10	N	3
53431			URETHROPLASTY W/TUBULARIZATION	$563.82	$479.24	$943.38	$801.88	N	
53431	AA		URETHROPLASTY W/TUBULARIZATION	$9.30	$8.10	$9.30	$8.10	N	3
53440			CORRECT MALE URIN INCONT,W/W/O	$370.68	$315.07	$661.59	$562.35	N	
53440	AA		CORRECT MALE URIN INCONT,W/W/O	$9.30	$8.10	$9.30	$8.10	N	3
53442			PERINEAL PROSTHESIS REMOVAL	$388.71	$330.40	$574.31	$488.17	N	
53442	AA		PERINEAL PROSTHESIS REMOVAL	$9.30	$8.10	$9.30	$8.10	N	3
53444			INSERT TANDEM CUFF	$390.53	$331.95	$650.65	$553.05	N	
53444	AA		INSERT TANDEM CUFF	$9.30	$8.10	$9.30	$8.10	N	3
53445			PLMT INFLATABLE URETH/BLADDER	$373.94	$317.85	$714.05	$606.94	N	
53445	AA		PLMT INFLATABLE URETH/BLADDER	$9.30	$8.10	$9.30	$8.10	N	3
53446			REMOVE INFLAT URETH/BLADD NECK	$317.90	$270.22	$521.53	$443.30	N	
53446	AA		REMOVE INFLAT URETH/BLADD NECK	$9.30	$8.10	$9.30	$8.10	N	3
53447			INFLATABLE SPHINCTER REMOVAL	$396.73	$337.22	$672.45	$571.58	N	
53447	AA		INFLATABLE SPHINCTER REMOVAL	$9.30	$8.10	$9.30	$8.10	N	3
53448			REMOV/REPLACE INFLAT URETH/BLA	$623.98	$530.38	$1,019.81	$866.84	N	
53448	AA		REMOV/REPLACE INFLAT URETH/BLA	$9.30	$8.10	$9.30	$8.10	N	3
53449			CORRECTION OF ABNORMAL SPHINCT	$303.27	$257.78	$486.94	$413.90	N	
53449	AA		CORRECTION OF ABNORMAL SPHINCT	$9.30	$8.10	$9.30	$8.10	N	3
53450			REVISION OF URETHRA	$203.76	$173.20	$318.48	$270.71	N	
53450	AA		REVISION OF URETHRA	$9.30	$8.10	$9.30	$8.10	N	3
53451			TPRNL BALO CNTNC DEV BI	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
53451	AA		TPRNL BALO CNTNC DEV BI	$9.30	$8.10	$9.30	$8.10	N	3
53452			TPRNL BALO CNTNC DEV UNI	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
53452	AA		TPRNL BALO CNTNC DEV UNI	$9.30	$8.10	$9.30	$8.10	N	3
53453			TPRNL BALO CNTNC DEV RMVL EA	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
53453	AA		TPRNL BALO CNTNC DEV RMVL EA	$9.30	$8.10	$9.30	$8.10	N	3
53454			TPRNL BALO CNTNC DEV ADJMT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
53454	AA		TPRNL BALO CNTNC DEV ADJMT	$9.30	$8.10	$9.30	$8.10	N	3
53460			REVISION OF URETHRA	$226.88	$192.84	$365.10	$310.34	N	
53460	AA		REVISION OF URETHRA	$9.30	$8.10	$9.30	$8.10	N	3
53500			URETHROLYSIS TRANSVAG SECONDAR	$368.49	$313.22	$623.04	$529.58	N	
53500	AA		URETHROLYSIS TRANSVAG SECONDAR	$9.30	$8.10	$9.30	$8.10	N	3
53502			URETHRORRHAPHY...SUTURE..,FEMA	$241.28	$205.08	$394.61	$335.42	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
53502	AA		URETHRORRHAPHY...SUTURE..,FEMA	$9.30	$8.10	$9.30	$8.10	N	3
53505			URETHRORRHAPHY...SUTURE...,PEN	$241.11	$204.94	$388.18	$329.95	N	
53505	AA		URETHRORRHAPHY...SUTURE...,PEN	$9.30	$8.10	$9.30	$8.10	N	3
53510			REPAIR OF URETHRA INJURY	$313.03	$266.08	$516.29	$438.84	N	
53510	AA		REPAIR OF URETHRA INJURY	$9.30	$8.10	$9.30	$8.10	N	3
53515			REPAIR OF URETHRA INJURY	$391.35	$332.65	$652.74	$554.83	N	
53515	AA		REPAIR OF URETHRA INJURY	$9.30	$8.10	$9.30	$8.10	N	3
53520			CLOSE URETHROSTOMY...FISTULA:M	$277.04	$235.48	$444.14	$377.52	N	
53520	AA		CLOSE URETHROSTOMY...FISTULA:M	$9.30	$8.10	$9.30	$8.10	N	3
53600			DILATE URETHRAL STRICTURE,MALE	$44.09	$37.48	$79.59	$67.65	N	
53600	AA		DILATE URETHRAL STRICTURE,MALE	$9.30	$8.10	$9.30	$8.10	N	3
53601			DILATE URETH STRICTURE,MALE:SU	$42.98	$36.53	$76.14	$64.72	N	
53601	AA		DILATE URETH STRICTURE,MALE:SU	$9.30	$8.10	$9.30	$8.10	N	3
53605			DILATE URETH STRICTURE ...MALE	$30.94	$26.29	$57.04	$48.48	N	
53605	AA		DILATE URETH STRICTURE ...MALE	$9.30	$8.10	$9.30	$8.10	N	3
53620			DILATE URETH.STRICT.,MALE:INIT	$83.43	$70.92	$122.04	$103.73	N	
53620	AA		DILATE URETH.STRICT.,MALE:INIT	$9.30	$8.10	$9.30	$8.10	N	3
53621			DILATE URETH STRICT,MALE:SUBSE	$80.15	$68.12	$115.46	$98.14	N	
53621	AA		DILATE URETH STRICT,MALE:SUBSE	$9.30	$8.10	$9.30	$8.10	N	3
53660			DILATE FEMALE URETHRA...:INITI	$37.83	$32.16	$68.37	$58.11	N	
53660	AA		DILATE FEMALE URETHRA...:INITI	$9.30	$8.10	$9.30	$8.10	N	3
53661			DILATE FEMALE URETHRA..:SUBSEQ	$37.31	$31.71	$68.34	$58.09	N	
53661	AA		DILATE FEMALE URETHRA..:SUBSEQ	$9.30	$8.10	$9.30	$8.10	N	3
53665			DILATE FEMALE URETHRA...	$18.07	$15.36	$18.07	$15.36	N	
53665	AA		DILATE FEMALE URETHRA...	$9.30	$8.10	$9.30	$8.10	N	3
53850			TRANSURETH DESTRUC PROSTATE	$687.12	$584.05	$1,723.83	$1,465.26	N	
53850	AA		TRANSURETH DESTRUC PROSTATE	$9.30	$8.10	$9.30	$8.10	N	3
53852			TRANSURETH DESTRUC PROSTATE	$670.95	$570.30	$1,666.36	$1,416.41	N	
53852	AA		TRANSURETH DESTRUC PROSTATE	$9.30	$8.10	$9.30	$8.10	N	3
53854			TRURL DSTRJ PRST8 TISS RF WV	$808.60	$687.31	$808.60	$687.31	N	
53854	AA		TRURL DSTRJ PRST8 TISS RF WV	$9.30	$8.10	$9.30	$8.10	N	
53855			INSERTION OF A TEMPORARY PROST	$314.35	$267.19	$314.35	$267.19	N	
53855	AA		INSERTION OF A TEMPORARY PROST	$9.30	$8.10	$9.30	$8.10	N	5
53855	26		INSERTION TEMPORARY PROSTATIC	$39.57	$33.63	$39.57	$33.63	N	
53860			TRANSURETHRAL RF TREATMENT	$1,150.16	$977.64	$1,150.16	$977.64	N	
53860	AA		TRANSURETHRAL RF TREATMENT	$9.30	$8.10	$9.30	$8.10	N	6

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
53860	26		TRANSURETHRAL RF TREATMENT	$110.34	$93.79	$110.34	$93.79	N	
53899			UNLISTED PX URINARY SYSTEM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
54000			SLITTING OF PREPUCE:...NEWBORN	NA	NA	$151.01	$128.36	N	
54000	AA		SLITTING OF PREPUCE: NEWBORN	NA	NA	$9.30	$8.10	N	3
54001			SLITTING OF PREPUCE:EXCEPT NEW	$19.92	$16.93	$181.90	$154.61	N	
54001	AA		SLITTING OF PREPUCE:EXCEPT NEW	$9.30	$8.10	$9.30	$8.10	N	3
54015			DRAIN PENIS LESION	$30.01	$25.50	$265.97	$226.07	N	
54015	AA		DRAIN PENIS LESION	$9.30	$8.10	$9.30	$8.10	N	3
54050			TREATMENT OF PENIS LESION	$73.24	$62.25	$97.89	$83.20	N	
54050	AA		TREATMENT OF PENIS LESION	$9.30	$8.10	$9.30	$8.10	N	3
54055			TREATMENT OF PENIS LESION	$70.23	$59.70	$94.20	$80.07	N	
54055	AA		TREATMENT OF PENIS LESION	$9.30	$8.10	$9.30	$8.10	N	3
54056			DESTROY PENILE LESION: CRY0SUR	$73.76	$62.70	$265.54	$225.71	N	
54056	AA		DESTROY PENILE LESION: CRY0SUR	$9.30	$8.10	$9.30	$8.10	N	3
54056	FP		DESTROY PENILE LESION:CRYOSURG	$265.54	$225.71	$265.54	$225.71	N	
54056	SA		DESTRY PENILE LESION CRYOSURG	$62.70	$62.70	$62.70	$62.70	N	
54057			DESTROY PENILE LESION:LASER SU	$70.01	$59.51	$117.18	$99.61	N	
54057	AA		DESTROY PENILE LESION:LASER SU	$9.30	$8.10	$9.30	$8.10	N	3
54060			TREATMENT OF PENIS LESION	$98.35	$83.60	$170.38	$144.82	N	
54060	AA		TREATMENT OF PENIS LESION	$9.30	$8.10	$9.30	$8.10	N	3
54065			TREATMENT OF PENIS LESION	$112.63	$95.74	$169.92	$144.43	N	
54065	AA		TREATMENT OF PENIS LESION	$9.30	$8.10	$9.30	$8.10	N	3
54065	SA		TREATMENT OF PENIS LESION	$95.74	$95.74	$95.74	$95.74	N	
54100			BIOPSY OF PENIS	$20.23	$17.20	$158.36	$134.61	N	
54100	AA		BIOPSY OF PENIS	$9.30	$8.10	$9.30	$8.10	N	3
54105			BIOPSY OF PENIS	$137.49	$116.86	$263.28	$223.79	N	
54105	AA		BIOPSY OF PENIS	$9.30	$8.10	$9.30	$8.10	N	3
54110			TREATMENT OF PENIS LESION	$308.33	$262.08	$502.42	$427.06	N	
54110	AA		TREATMENT OF PENIS LESION	$9.30	$8.10	$9.30	$8.10	N	3
54111			EXCISE PENILE PLAQUE/<5CM GRAF	$392.84	$333.91	$652.89	$554.95	N	
54111	AA		EXCISE PENILE PLAQUE/<5CM GRAF	$9.30	$8.10	$9.30	$8.10	N	3
54112			EXC. PENILE PLAQUE/>5CM GRAFT	$460.33	$391.28	$764.66	$649.96	N	
54112	AA		EXC. PENILE PLAQUE/>5CM GRAFT	$9.30	$8.10	$9.30	$8.10	N	3
54115			TREATMENT OF PENIS LESION	$228.73	$194.42	$355.44	$302.12	N	
54115	AA		TREATMENT OF PENIS LESION	$9.30	$8.10	$9.30	$8.10	N	3
54120			PARTIAL REMOVAL OF PENIS	$312.81	$265.88	$493.78	$419.72	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
54120	AA		PARTIAL REMOVAL OF PENIS	$9.30	$8.10	$9.30	$8.10	N	3
54125			REMOVAL OF PENIS	$407.74	$346.57	$653.36	$555.36	N	
54125	AA		REMOVAL OF PENIS	$9.30	$8.10	$9.30	$8.10	N	4
54130			REMOVE PENIS & NODES	$584.36	$496.71	$958.60	$814.81	N	
54130	AA		REMOVE PENIS & NODES	$9.30	$8.10	$9.30	$8.10	N	6
54135			REMOVE PENIS & NODES	$737.10	$626.53	$1,233.15	$1,048.18	N	
54135	AA		REMOVE PENIS & NODES	$9.30	$8.10	$9.30	$8.10	N	7
54150			CIRCUMCISION-USING CLAMP	$14.72	$12.51	$162.04	$137.73	N	
54150	AA		CIRCUMCISION-NEWBORN	NA	NA	$9.30	$8.10	N	3
54150	SB		CIRCUMCISION-NEWBORN BY CNM	NA	NA	$162.04	$162.04	N	
54160			CIRCUMCISION NEWBORN	NA	NA	$224.82	$191.09	N	
54160	AA		CIRCUMCISION NEWBORN	NA	NA	$9.30	$8.10	N	3
54160	SB		CIRCUMCISION, NEWBORN BY CNM	NA	NA	$224.82	$224.82	N	
54161			CIRCUMCISION..OTHER THAN NEWBO	$97.96	$83.27	$163.11	$138.65	N	
54161	AA		CIRCUMCISION..OTHER THAN NEWBO	$9.30	$8.10	$9.30	$8.10	N	3
54162			LYSIS/EXCIS PENILE POST CIRC	$127.70	$108.54	$259.15	$220.28	N	
54162	AA		LYSIS/EXCIS PENILE POST CIRC	$9.30	$8.10	$9.30	$8.10	N	3
54163			REP INCOMPLETE CIRCUMCISION	$109.68	$93.23	$169.25	$143.86	N	
54163	AA		REP INCOMPLETE CIRCUMCISION	$9.30	$8.10	$9.30	$8.10	N	3
54164			FRENULOTOMY OF PENIS	$97.80	$83.13	$97.80	$83.13	N	
54164	AA		FRENULOTOMY OF PENIS	$9.30	$8.10	$9.30	$8.10	N	3
54200			INJECTION PX PEYRONIE DS	$59.15	$50.27	$96.94	$82.40	N	
54200	AA		TREATMENT OF PENIS LESION	$9.30	$8.10	$9.30	$8.10	N	3
54205			NJX PX PEYRONIE DS EXPS PLAQ	$263.82	$224.24	$426.07	$362.16	N	
54205	AA		TREATMENT OF PENIS LESION	$9.30	$8.10	$9.30	$8.10	N	3
54220			IRRG CRPRA CAVRNOSA PRIAPISM	$111.09	$94.42	$212.15	$180.33	N	
54220	AA		TREATMENT OF PENIS LESION	$9.30	$8.10	$9.30	$8.10	N	3
54230			NJX CORPORA CAVERNOSOGRAPY	$53.48	$45.46	$81.66	$69.41	N	
54230	AA		INJ FOR CORPORA CAVERNOSOGRAPH	$9.30	$8.10	$9.30	$8.10	N	3
54231			DYNAMIC CAVERNOSOMETRY W DRUGS	$71.95	$61.16	$115.70	$98.35	N	
54231	AA		DYNAMIC CAVERNOSOMETRY W DRUGS	$9.30	$8.10	$9.30	$8.10	N	3
54235			NJX CORPORA CAVERNOSA RX AGT	$45.81	$38.94	$72.56	$61.68	N	
54235	AA		INJ CORPORA CAVERNOSA W/PHARM.	$9.30	$8.10	$9.30	$8.10	N	3
54240			PENILE PLETHYSMOGRAPHY	$54.19	$46.06	$81.38	$69.18	N	
54240	AA		PENILE PLETHYSMOGRAPHY	$9.30	$8.10	$9.30	$8.10	N	3
54250			NCTRNL PEN TMSCN&/RGDITY TST	$59.57	$50.63	$106.38	$90.43	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
54300			PLASTIC REPAIR FOR CHORDEE	$318.73	$270.92	$540.27	$459.23	N	
54300	AA		PLASTIC REPAIR OF CHORDEE	$9.30	$8.10	$9.30	$8.10	N	3
54304			REVISE PENIS/CORRECT CHORDEE	$368.04	$312.83	$635.37	$540.06	N	
54304	AA		REVISE PENIS/COERRECT CHORDEE	$9.30	$8.10	$9.30	$8.10	N	3
54308			URETHROPLASTY...LESS THAN 3 CM	$353.10	$300.13	$600.77	$510.65	N	
54308	AA		URETHROPLASTY...LESS THAN 3 CM	$9.30	$8.10	$9.30	$8.10	N	3
54312			URETHROPLASTY...:MORE THAN 3 C	$402.95	$342.50	$702.54	$597.16	N	
54312	AA		URETHROPLASTY...:MORE THAN 3 C	$9.30	$8.10	$9.30	$8.10	N	4
54316			URETHROPLASTY/RELEASE FROM SCR	$487.42	$414.30	$836.67	$711.17	N	
54316	AA		URETHROPLASTY/RELEASE FROM SCR	$9.30	$8.10	$9.30	$8.10	N	4
54318			3RD STAGE HYPOSPADIAS REPAIR	$351.60	$298.86	$592.89	$503.95	N	
54318	AA		URETHROPLASTY/RELEASE FROM SCR	$9.30	$8.10	$9.30	$8.10	N	4
54322			ONE STAGE REP,W/ SIMP.MEATAL A	$384.29	$326.65	$657.41	$558.80	N	
54322	AA		ONE STAGE REP,W/ SIMP.MEATAL A	$9.30	$8.10	$9.30	$8.10	N	4
54324			1 STAGE REP.URETHROPLASTY-SKIN	$475.19	$403.91	$819.14	$696.27	N	
54324	AA		1 STAGE REP.URETHROPLASTY-SKIN	$9.30	$8.10	$9.30	$8.10	N	4
54326			1 STAGE REP.URETHROPLASTY-MOB.	$462.66	$393.26	$793.49	$674.46	N	
54326	AA		1 STAGE REP.URETHROPLASTY-MOB.	$9.30	$8.10	$9.30	$8.10	N	4
54328			1 STAGE REP,CORRECT CHORDEE&UR	$459.74	$390.78	$769.46	$654.04	N	
54328	AA		1 STAGE REP,CORRECT CHORDEE&UR	$9.30	$8.10	$9.30	$8.10	N	4
54332			1 STAGE PROX PEMILE/PENOSCROTA	$495.57	$421.23	$837.43	$711.82	N	
54332	AA		1 STAGE PROX PEMILE/PENOSCROTA	$9.30	$8.10	$9.30	$8.10	N	4
54336			1 STAGE PERINEAL HYPOSPADIAS R	$582.04	$494.73	$1,047.42	$890.31	N	
54336	AA		1 STAGE PERINEAL HYPOSPADIAS R	$9.30	$8.10	$9.30	$8.10	N	4
54340			REP.HYPOSPADIAS COMPLICATIONS,	$281.74	$239.47	$471.00	$400.35	N	
54340	AA		REP.HYPOSPADIAS COMPLICATIONS,	$9.30	$8.10	$9.30	$8.10	N	4
54344			REP.HYPOSPADIAS COMPLICATION/F	$463.64	$394.09	$812.11	$690.30	N	
54344	AA		REP.HYPOSPADIAS COMPLICATION/F	$9.30	$8.10	$9.30	$8.10	N	4
54348			REP.HYPOSPADIAS COMPLICATION/E	$495.62	$421.28	$861.26	$732.07	N	
54348	AA		REP.HYPOSPADIAS COMPLICATION/E	$9.30	$8.10	$9.30	$8.10	N	4
54352			REP HYPOSPADIAS CRIPPLE...EXTE	$690.32	$586.77	$1,227.10	$1,043.04	N	
54352	AA		REP HYPOSPADIAS CRIPPLE...EXTE	$9.30	$8.10	$9.30	$8.10	N	4
54360			PLASTIC PENILE REPAIR/ANGULATI	$355.31	$302.01	$606.30	$515.36	N	
54360	AA		PLASTIC PENILE REPAIR/ANGULATI	$9.30	$8.10	$9.30	$8.10	N	4
54380			REPAIR PENIS	$393.77	$334.70	$668.17	$567.94	N	
54380	AA		REPAIR PENIS	$9.30	$8.10	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
54385			REPAIR PENIS	$457.55	$388.91	$791.96	$673.17	N	
54385	AA		REPAIR PENIS	$9.30	$8.10	$9.30	$8.10	N	4
54390			REPAIR PENIS AND BLADDER	$607.68	$516.52	$1,047.74	$890.58	N	
54390	AA		REPAIR PENIS AND BLADDER	$9.30	$8.10	$9.30	$8.10	N	4
54400			INSERT PENILE PROSTH,NON-INFLA	$263.26	$223.77	$450.42	$382.85	N	
54400	AA		INSERT PENILE PROSTH,NON-INFLA	$9.30	$8.10	$9.30	$8.10	N	3
54401			INSERTION OF PENILE PROSTHESIS	$331.60	$281.86	$540.70	$459.60	N	
54401	AA		INSERTION OF PENILE PROSTHESIS	$9.30	$8.10	$9.30	$8.10	N	3
54405			INSERT INFLATABLE PENILE PROST	$397.65	$338.00	$653.25	$555.26	N	
54405	AA		INSERT INFLATABLE PENILE PROST	$9.30	$8.10	$9.30	$8.10	N	4
54406			REMOVE COMPON INFLAT PEN PROST	$360.80	$306.68	$591.58	$502.84	N	
54406	AA		REMOVE COMPON INFLAT PEN PROST	$9.30	$8.10	$9.30	$8.10	N	4
54408			REP COMPON INFLAT PENILE PROST	$390.31	$331.76	$623.82	$530.25	N	
54408	AA		REP COMPON INFLAT PENILE PROST	$9.30	$8.10	$9.30	$8.10	N	4
54410			REMOV/REPL COMP INFLAT PEN PRO	$425.51	$361.68	$746.88	$634.85	N	
54410	AA		REMOV/REPL COMP INFLAT PEN PRO	$9.30	$8.10	$9.30	$8.10	N	4
54411			REM/REPL COMP INFLAT PEN PROST	$505.96	$430.06	$777.82	$661.15	N	
54411	AA		REM/REPL COMP INFLAT PEN PROST	$9.30	$8.10	$9.30	$8.10	N	4
54415			REM NON-INFLAT/INFLAT PEN PROS	$263.91	$224.32	$418.58	$355.79	N	
54415	AA		REM NON-INFLAT/INFLAT PEN PROS	$9.30	$8.10	$9.30	$8.10	N	4
54416			REM/REPL NONINFLAT/INFLAT PEN	$354.85	$301.62	$548.33	$466.08	N	
54416	AA		REM/REPL NONINFLAT/INFLAT PEN	$9.30	$8.10	$9.30	$8.10	N	4
54417			REM/REPL NONINFLAT/INFLAT PEN	$442.39	$376.03	$687.24	$584.15	N	
54417	AA		REM/REPL NONINFLAT/INFLAT PEN	$9.30	$8.10	$9.30	$8.10	N	4
54420			REVISION OF PENIS	$346.37	$294.41	$573.69	$487.63	N	
54420	AA		REVISION OF PENIS	$9.30	$8.10	$9.30	$8.10	N	4
54430			REVISION OF PENIS	$315.99	$268.59	$514.93	$437.69	N	
54430	AA		REVISION OF PENIS	$9.30	$8.10	$9.30	$8.10	N	4
54435			PENILE FISTULATION FOR PRIAPIS	$206.28	$175.33	$328.70	$279.40	N	
54435	AA		PENILE FISTULATION FOR PRIAPIS	$9.30	$8.10	$9.30	$8.10	N	4
54437			REPAIR CORPOREAL TEAR	$336.44	$285.97	$336.44	$285.97	N	
54437	AA		REPAIR CORPOREAL TEAR	$9.30	$8.10	$9.30	$8.10	N	3
54440			PLASTIC REPAIR-PENIS,FOR INJUR	$200.00	$170.00	$718.66	$610.86	N	
54440	AA		PLASTIC REPAIR-PENIS,FOR INJUR	$9.30	$8.10	$9.30	$8.10	N	3
54450			PREPUTIAL STRETCHING	$34.50	$29.33	$70.01	$59.51	N	
54450	AA		PREPUTIAL STRETCHING	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
54500			BIOPSY OF TESTIS	$36.69	$31.18	$65.07	$55.31	N	
54500	AA		BIOPSY OF TESTIS	$9.30	$8.10	$9.30	$8.10	N	3
54505			BIOPSY OF TESTIS	$104.05	$88.44	$182.20	$154.87	N	
54505	AA		BIOPSY OF TESTIS	$9.30	$8.10	$9.30	$8.10	N	3
54505	AA	50	BIOPSY OF TESTIS,INCISIONAL:BI	$9.30	$8.10	$9.30	$8.10	N	3
54505	50		BIOPSY OF TESTIS,INCISIONAL:BI	$45.00	$38.00	$364.40	$309.74	N	
54512			EXC EXTRAPAREN LESION TESTIS	$266.65	$226.65	$430.88	$366.25	N	
54512	AA		EXC EXTRAPAREN LESION TESTIS	$9.30	$8.10	$9.30	$8.10	N	3
54520			REMOVAL OF TESTIS	$163.47	$138.95	$274.46	$233.29	N	
54520	AA		REMOVAL OF TESTIS	$9.30	$8.10	$9.30	$8.10	N	3
54520	AA	50	REMOVAL OF TESTIS:BILATERAL	$9.30	$8.10	$9.30	$8.10	N	3
54520	50		REMOVAL OF TESTIS:BILATERAL	$182.00	$155.00	$548.93	$466.59	N	
54522			ORCHIECTOMY, PARTIAL	$290.33	$246.78	$491.56	$417.83	N	
54522	AA		ORCHIECTOMY, PARTIAL	$9.30	$8.10	$9.30	$8.10	N	3
54530			RADICAL ORCHIECTOMY:INGUINAL A	$252.94	$215.00	$434.31	$369.17	N	
54530	AA		REMOVAL OF TESTIS	$9.30	$8.10	$9.30	$8.10	N	3
54535			EXTENSIVE TESTIS SURGERY	$366.61	$311.61	$600.20	$510.17	N	
54535	AA		EXTENSIVE TESTIS SURGERY	$9.30	$8.10	$9.30	$8.10	N	3
54550			EXPLORATION FOR TESTIS	$243.67	$207.12	$392.36	$333.51	N	
54550	AA		EXPLORATION FOR TESTIS	$9.30	$8.10	$9.30	$8.10	N	3
54550	AA	50	EXPLORATION FOR UNDESCENDED TE	$9.30	$8.10	$9.30	$8.10	N	3
54550	50		EXPLORATION FOR UNDESCENDED TE	$256.00	$218.00	$784.72	$667.01	N	
54560			EXPLORATION FOR TESTIS	$339.03	$288.17	$552.92	$469.98	N	
54560	AA		EXPLORATION FOR TESTIS	$9.30	$8.10	$9.30	$8.10	N	3
54560	AA	50	EXPL UNDESC TESTIS W ABD EXP:B	$9.30	$8.10	$9.30	$8.10	N	4
54560	50		EXPL UNDESC TESTIS W ABD EXP:B	$428.00	$363.00	$1,105.84	$939.96	N	
54600			REDUCE TESTIS TORSION	$224.78	$191.06	$356.83	$303.31	N	
54600	AA		REDUCE TESTIS TORSION	$9.30	$8.10	$9.30	$8.10	N	3
54600	AA	22	REDUCE TESTIS TORSION	$9.30	$8.10	$9.30	$8.10	N	3
54600	22		REDUCE TESTIS TORSION	$181.00	$158.00	$446.04	$379.13	N	
54620			SUSPENSION OF TESTIS	$147.29	$125.20	$248.32	$211.07	N	
54620	AA		SUSPENSION OF TESTIS	$9.30	$8.10	$9.30	$8.10	N	3
54640			SUSPENSION OF TESTIS	$213.77	$181.70	$363.05	$308.59	N	
54640	AA		SUSPENSION OF TESTIS	$9.30	$8.10	$9.30	$8.10	N	4
54640	AA	50	ORCHIOPEXY W/WO HERNIA REP:BIL	$9.30	$8.10	$9.30	$8.10	N	4
54640	50		ORCHIOPEXY W/WO HERNIA REP:BIL	$363.00	$309.00	$726.10	$617.18	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
54650			ORCHIOPEXY ABDOMINAL APPROACH	$351.81	$299.04	$579.19	$492.31	N	
54650	AA		ORCHIOPEXY ABDONIMAL APPROACH	$9.30	$8.10	$9.30	$8.10	N	6
54660			REVISION OF TESTIS	$179.35	$152.45	$276.02	$234.62	N	
54660	AA		REVISION OF TESTIS	$9.30	$8.10	$9.30	$8.10	N	3
54660	AA	50	INSERT TESTICULAR PROSTH:BILAT	$9.30	$8.10	$9.30	$8.10	N	3
54660	50		INSERT TESTICULAR PROSTH:BILAT	$129.00	$110.00	$552.05	$469.24	N	
54670			REPAIR TESTIS INJURY	$203.72	$173.16	$336.34	$285.89	N	
54670	AA		REPAIR TESTIS INJURY	$9.30	$8.10	$9.30	$8.10	N	3
54680			RELOCATION OF TESTIS(ES)	$387.63	$329.48	$642.58	$546.20	N	
54680	AA		RELOCATION OF TESTIS(ES)	$9.30	$8.10	$9.30	$8.10	N	3
54690			LAP SURG ORCHIECTOMY	$322.96	$274.52	$543.62	$462.08	N	
54690	AA		LAP SURG ORCHIECTOMY	$9.30	$8.10	$9.30	$8.10	N	6
54692			LAP SURG ORCHIOPEXY	$371.29	$315.59	$629.56	$535.13	N	
54692	AA		LAP SURG ORCHIOPEXY	$9.30	$8.10	$9.30	$8.10	N	6
54699			UNLISTED LAPS PX TESTIS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
54699	AA		UNLISTED LAP PROC TESTIS	$9.30	$8.10	$9.30	$8.10	N	6
54700			DRAINAGE OF SCROTUM	$106.43	$90.46	$182.22	$154.89	N	
54700	AA		DRAINAGE OF SCROTUM	$9.30	$8.10	$9.30	$8.10	N	3
54800			BIOPSY OF EPIDIDYMIS	$61.28	$52.08	$112.35	$95.50	N	
54800	AA		BIOPSY OF EPIDIDYMIS	$9.30	$8.10	$9.30	$8.10	N	3
54830			REMOVE EPIDIDYMIS LESION	$185.70	$157.84	$284.36	$241.71	N	
54830	AA		REMOVE EPIDIDYMIS LESION	$9.30	$8.10	$9.30	$8.10	N	3
54840			REMOVE EPIDIDYMIS LESION	$160.32	$136.27	$269.34	$228.94	N	
54840	AA		REMOVE EPIDIDYMIS LESION	$9.30	$8.10	$9.30	$8.10	N	3
54860			REMOVAL OF EPIDIDYMIS	$208.34	$177.09	$325.10	$276.34	N	
54860	AA		REMOVAL OF EPIDIDYMIS	$9.30	$8.10	$9.30	$8.10	N	3
54861			REMOVAL OF EPIDIDYMES	$281.24	$239.05	$445.92	$379.03	N	
54861	AA		REMOVAL OF EPIDIDYMES	$9.30	$8.10	$9.30	$8.10	N	3
54865			EXPLORE EPIDIDYMIS	$180.00	$153.00	$284.70	$242.00	N	
54865	AA		EXPLORE EPIDIDYMIS	$9.30	$8.10	$9.30	$8.10	N	3
54900			FUSION OF SPERMATIC DUCTS	$394.43	$335.26	$640.98	$544.83	N	
54900	AA		FUSION OF SPERMATIC DUCTS	$9.30	$8.10	$9.30	$8.10	N	3
54901			FUSION OF SPERMATIC DUCTS	$519.27	$441.38	$875.50	$744.17	N	
54901	AA		FUSION OF SPERMATIC DUCTS	$9.30	$8.10	$9.30	$8.10	N	3
55000			DRAINAGE OF HYDROCELE	$59.68	$50.72	$118.69	$100.88	N	
55000	AA		DRAINAGE OF HYDROCELE	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
55040			REMOVAL OF HYDROCELE	$168.77	$143.45	$280.25	$238.21	N	
55040	AA		REMOVAL OF HYDROCELE	$9.30	$8.10	$9.30	$8.10	N	3
55041			REMOVAL OF HYDROCELES	$253.73	$215.67	$396.82	$337.30	N	
55041	AA		REMOVAL OF HYDROCELES	$9.30	$8.10	$9.30	$8.10	N	4
55060			REPAIR OF HYDROCELE	$189.29	$160.89	$292.30	$248.45	N	
55060	AA		REPAIR OF HYDROCELE	$9.30	$8.10	$9.30	$8.10	N	3
55100			DRAINAGE OF SCROTUM ABSCESS	$115.83	$98.46	$197.22	$167.63	N	
55100	AA		DRAINAGE OF SCROTUM ABSCESS	$9.30	$8.10	$9.30	$8.10	N	3
55110			SCROTAL EXPLORATION	$194.00	$164.90	$298.80	$253.98	N	
55110	AA		SCROTAL EXPLORATION	$9.30	$8.10	$9.30	$8.10	N	3
55120			REMOVAL OF SCROTUM LESION	$35.50	$30.18	$272.22	$231.39	N	
55120	AA		REMOVAL OF SCROTUM LESION	$9.30	$8.10	$9.30	$8.10	N	3
55150			REMOVAL OF SCROTUM	$245.29	$208.50	$374.78	$318.57	N	
55150	AA		REMOVAL OF SCROTUM	$9.30	$8.10	$9.30	$8.10	N	3
55175			SCROTOPLASTY: SIMPLE	$182.27	$154.93	$278.42	$236.65	N	
55175	AA		SCROTOPLASTY: SIMPLE	$9.30	$8.10	$9.30	$8.10	N	3
55180			SCROTOPLASTY: COMPLICATED	$340.53	$289.45	$547.08	$465.02	N	
55180	AA		SCROTOPLASTY: COMPLICATED	$9.30	$8.10	$9.30	$8.10	N	3
55200			INCISION OF SPERM DUCT	$189.96	$161.46	$447.79	$380.62	N	
55200	AA		INCISION OF SPERM DUCT	$9.30	$8.10	$9.30	$8.10	N	3
55250			VASECTOMY, UNILATERAL OR BILAT	$166.56	$141.58	$166.56	$141.58	N	
55250	AA		VASECTOMY, UNILATERAL OR BILAT	$9.30	$8.10	$9.30	$8.10	N	3
55300			PREPARATION,SPERM DUCT X-RAY	$90.80	$77.18	$162.50	$138.12	N	
55300	AA		PREPARATION,SPERM DUCT X-RAY	$9.30	$8.10	$9.30	$8.10	N	3
55400			REPAIR OF SPERM DUCT	$247.37	$210.26	$424.77	$361.05	N	
55400	AA		REPAIR OF SPERM DUCT	$9.30	$8.10	$9.30	$8.10	N	3
55400	AA	50	REPAIR OF SPERM DUCTS:BILATERA	$9.30	$8.10	$9.30	$8.10	N	3
55400	50		REPAIR OF SPERM DUCT:BILATERAL	$273.00	$232.00	$849.54	$722.11	N	
55500			REMOVAL OF HYDROCELE	$195.09	$165.82	$297.50	$252.88	N	
55500	AA		REMOVAL OF HYDROCELE	$9.30	$8.10	$9.30	$8.10	N	3
55520			REMOVAL OF SPERM CORD LESION	$230.44	$195.87	$322.74	$274.33	N	
55520	AA		REMOVAL OF SPERM CORD LESION	$9.30	$8.10	$9.30	$8.10	N	3
55530			REVISE SPERMATIC CORD VEINS	$175.43	$149.12	$294.06	$249.95	N	
55530	AA		REVISE SPERMATIC CORD VEINS	$9.30	$8.10	$9.30	$8.10	N	3
55535			REVISE SPERMATIC CORD VEINS	$213.87	$181.79	$336.34	$285.89	N	
55535	AA		REVISE SPERMATIC CORD VEINS	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
55540			REVISE HERNIA & SPERM VEINS	$278.16	$236.43	$398.87	$339.04	N	
55540	AA		REVISE HERNIA & SPERM VEINS	$9.30	$8.10	$9.30	$8.10	N	4
55550			LAP W/LIG SPERM VEINS	$213.52	$181.49	$336.21	$285.78	N	
55550	AA		LAP W/LIG SPERM VEINS	$9.30	$8.10	$9.30	$8.10	N	6
55559			UNLSTD LAPS PX SPRMATIC CORD	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
55559	AA		UNLISTED LAP PROC SPERM CORD	$9.30	$8.10	$9.30	$8.10	N	6
55600			VESICULOTOMY	$209.81	$178.33	$332.70	$282.79	N	
55600	AA		VESICULOTOMY:	$9.30	$8.10	$9.30	$8.10	N	4
55600	AA	50	INCISE SPERM DUCT POUCHES	$9.30	$8.10	$9.30	$8.10	N	3
55600	50		INCISE SPERM DUCT POUCHES	$273.00	$232.00	$665.39	$565.58	N	
55605			VESICULOTOMY COMPLICATED	$259.97	$220.97	$415.82	$353.44	N	
55605	AA		INCISE SPERM DUCT POUCH	$9.30	$8.10	$9.30	$8.10	N	3
55650			REMOVE SPERM DUCT POUCH	$354.08	$300.97	$578.77	$491.95	N	
55650	AA		REMOVE SPERM DUCT POUCH	$9.30	$8.10	$9.30	$8.10	N	6
55650	AA	50	REMOVE SPERM DUCTS	$9.30	$8.10	$9.30	$8.10	N	3
55650	50		REMOVE SPERM DUCT POUCHES	$543.00	$462.00	$1,157.54	$983.91	N	
55680			REMOVE SPERM POUCH LESION	$173.14	$147.17	$173.14	$147.17	N	
55680	AA		REMOVE SPERM POUCH LESION	$9.30	$8.10	$9.30	$8.10	N	3
55700			BIOPSY OF PROSTATE	$119.90	$101.92	$195.38	$166.07	N	
55700	AA		BIOPSY OF PROSTATE	$9.30	$8.10	$9.30	$8.10	N	3
55705			BIOPSY OF PROSTATE	$130.76	$111.14	$130.76	$111.14	N	
55705	AA		BIOPSY OF PROSTATE	$9.30	$8.10	$9.30	$8.10	N	4
55706			BIOPSIES PROSTATE NEEDLE T	$186.44	$158.47	$186.44	$158.47	N	
55706	AA		BIOPSIES PROSTATE NEEDLE T	$9.30	$8.10	$9.30	$8.10	N	3
55720			DRAINAGE OF PROSTATE ABSCESS	$223.84	$190.26	$398.90	$339.06	N	
55720	AA		DRAINAGE OF PROSTATE ABSCESS	$9.30	$8.10	$9.30	$8.10	N	4
55725			DRAINAGE OF PROSTATE ABSCESS	$295.64	$251.29	$447.14	$380.07	N	
55725	AA		DRAINAGE OF PROSTATE ABSCESS	$9.30	$8.10	$9.30	$8.10	N	4
55801			REMOVAL OF PROSTATE	$537.06	$456.50	$859.96	$730.97	N	
55801	AA		REMOVAL OF PROSTATE	$9.30	$8.10	$9.30	$8.10	N	6
55810			EXTENSIVE PROSTATE SURGERY	$638.38	$542.62	$1,063.90	$904.32	N	
55810	AA		EXTENSIVE PROSTATE SURGERY	$9.30	$8.10	$9.30	$8.10	N	6
55812			PROSTATE SURG W/LYMPH NODE BIO	$784.40	$666.74	$1,301.67	$1,106.42	N	
55812	AA		PROSTATE SURG W/LYMPH NODE BIO	$9.30	$8.10	$9.30	$8.10	N	6
55815			PROSTATE SURG W BILAT PELVIC L	$858.33	$729.58	$1,429.05	$1,214.69	N	
55815	AA		PROSTATE SURG W BILAT PELVIC L	$9.30	$8.10	$9.30	$8.10	N	6

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
55821			REMOVAL OF PROSTATE	$411.75	$349.99	$690.45	$586.88	N	
55821	AA		REMOVAL OF PROSTATE	$9.30	$8.10	$9.30	$8.10	N	6
55831			REMOVAL OF PROSTATE	$422.17	$358.84	$751.70	$638.94	N	
55831	AA		REMOVAL OF PROSTATE	$9.30	$8.10	$9.30	$8.10	N	6
55840			EXTENSIVE PROSTATE SURGERY	$573.28	$487.29	$573.28	$487.29	N	
55840	AA		EXTENSIVE PROSTATE SURGERY	$9.30	$8.10	$9.30	$8.10	N	6
55842			PROSTATE SURG/LYMPH NODE BIOPS	$571.96	$486.16	$1,154.58	$981.40	N	
55842	AA		PROSTATE SURG/LYMPH NODE BIOPS	$9.30	$8.10	$9.30	$8.10	N	6
55845			EXTENSIVE PROSTATE SURGERY	$665.28	$565.48	$1,332.27	$1,132.43	N	
55845	AA		EXTENSIVE PROSTATE SURGERY	$9.30	$8.10	$9.30	$8.10	N	6
55860			EXPOSE PROSTATE-INSERT RADIOAC	$429.24	$364.85	$703.86	$598.28	N	
55860	AA		EXPOSE PROSTATE-INSERT RADIOAC	$9.30	$8.10	$9.30	$8.10	N	4
55862			EXPOSE PROSTATE:LYMPH NODE BIO	$536.14	$455.71	$890.85	$757.22	N	
55862	AA		EXPOSE PROSTATE:LYMPH NODE BIO	$9.30	$8.10	$9.30	$8.10	N	4
55865			EXPOSE PROSTATE:BILATERAL LYMP	$652.69	$554.78	$1,084.82	$922.09	N	
55865	AA		EXPOSE PROSTATE:BILATERAL LYMP	$9.30	$8.10	$9.30	$8.10	N	6
55866			LAPS SURG PRST8ECT RPBIC RAD	$584.04	$496.43	$1,432.14	$1,217.32	N	
55866	AA		LAP SURG PROSTATECTOMY RADICAL	$9.30	$8.10	$9.30	$8.10	N	7
55867			LAPS SURG PRST8ECT SMPL STOT	$513.38	$436.37	$513.38	$436.37	N	
55867	AA		LAPS SURG PRST8ECT SMPL STOT	$9.30	$8.10	$9.30	$8.10	N	7
55870			ELECTROEJACULATION	$89.06	$75.70	$89.06	$75.70	N	
55873			CRYOSURG ABLATION PROSTATE	$551.22	$468.54	$959.41	$815.50	N	
55873	AA		CRYOSURG ABLATION PROSTATE	$9.30	$8.10	$9.30	$8.10	N	4
55874			TPRNL PLMT BIODEGRADABL MATRL	$1,386.73	$1,178.72	$1,386.73	$1,178.72	N	
55874	AA		TPM/PLMT BIODEGRDABL MATRL	$9.30	$8.10	$9.30	$8.10	N	3
55874	26		TPRN/MT BIODEGRDABL MATRL	$80.29	$68.24	$80.29	$68.24	N	
55875			TRANSPERI NEEDLE PLACE, PROS	$386.84	$328.81	$621.19	$528.00	N	
55875	AA		TRANSPERI NEEDLE PLACE, PROS	$9.30	$8.10	$9.30	$8.10	N	3
55876			PLACE RT DEVICE/MARKER, PROS	$74.16	$63.04	$126.79	$107.77	N	
55876	AA		PLACE RT DEVICE/MARKER, PROS	$9.30	$8.10	$9.30	$8.10	N	3
55876	26		PLACE RT DEVICE/MARKER, PROS	$50.38	$42.82	$92.47	$78.60	N	
55880			ABLTJ MAL PRST8 TISS HIFU	$481.12	$408.95	$481.12	$408.95	N	
55880	AA		ABLTJ MAL PRST8 TISS HIFU	$9.30	$8.10	$9.30	$8.10	N	7
55899			UNLISTED PX MALE GENITAL SYS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
55920			PLACEMENT OF NEEDLES OR CATHET	$228.50	$194.22	$358.29	$304.54	N	
55920	AA		PLACEMENT OF NEEDLES OR CATHET	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
56405			DRAINAGE OF PERINEAL ABSCESS	$72.82	$61.89	$95.67	$81.32	N	
56405	AA		DRAINAGE OF PERINEAL ADSCESS	$9.30	$8.10	$9.30	$8.10	N	3
56420			DRAINAGE OF VULVA ABSCESS	$92.42	$78.56	$126.02	$107.12	N	
56420	AA		DRAINAGE OF VULVA ABSCESS	$9.30	$8.10	$9.30	$8.10	N	3
56420	SB		DRAINAGE OF VULVA ABSCESS	$92.42	$92.42	$92.42	$92.42	N	
56440			MRSPLZATN BRTHLNS GLND CST	$90.34	$76.78	$157.85	$134.17	N	
56440	AA		SURGERY FOR VULVA LESION	$9.30	$8.10	$9.30	$8.10	N	3
56441			LYSIS OF LABIAL ADHESIONS	$90.80	$77.18	$129.94	$110.45	N	
56441	AA		LYSIS OF LABIAL ADHESIONS	$9.30	$8.10	$9.30	$8.10	N	3
56442			HYMENOTOMY	$23.90	$20.31	$38.94	$33.10	N	
56442	AA		HYMENOTOMY	$9.30	$8.10	$9.30	$8.10	N	3
56501			DESTROY VULVA LESION(S):SIMPLE	$95.68	$81.33	$344.45	$292.78	N	
56501	AA		DESTROY VULVA LESION(S):SIMPLE	$9.30	$8.10	$9.30	$8.10	N	3
56501	FP		DESTRY VULVA LESION(S):SIMPLE	$344.45	$292.78	$344.45	$292.78	N	
56501	SB		DESTROY VULVA LESION(S):SIMPL	$95.68	$95.68	$95.68	$95.68	N	
56515			TREATMENT OF VULVA LESIONS	$137.73	$117.07	$183.52	$155.99	N	
56515	AA		TREATMENT OF VULVA LESIONS	$9.30	$8.10	$9.30	$8.10	N	3
56605			BIOPSY OF PERINEAL: 1 LESION	$47.59	$40.45	$74.92	$63.68	N	
56605	AA		BIOPSY OF PERINEUM: 1 LESION	$9.30	$8.10	$9.30	$8.10	N	3
56605	SB		BIOPSY OF PERINEAL: 1 LESION	$47.59	$47.59	$47.59	$47.59	N	
56606			BIOPSY VULVA/PERINEUM ADD LESN	$18.62	$15.82	$36.08	$30.67	N	
56606	AA		BIOPSY VULVA/PERINEUM ADD LESN	$9.30	$8.10	$9.30	$8.10	N	3
56606	SB		BIOPSY VULVA/PERINEUM ADD LENS	$18.62	$18.62	$18.62	$18.62	N	
56620			VULVECTOMY SIMPLE PARTIAL	$293.33	$249.33	$425.29	$361.49	N	
56620	AA		PARTIAL REMOVAL OF VULVA	$9.30	$8.10	$9.30	$8.10	N	4
56625			VULVECTOMY SIMPLE COMPLETE	$332.82	$282.89	$476.22	$404.78	N	
56625	AA		REMOVAL OF VULVA	$9.30	$8.10	$9.30	$8.10	N	4
56630			VULVECTOMY RADICAL PARTIAL	$476.85	$405.32	$666.56	$566.58	N	
56630	AA		EXTENSIVE VULVA SURGERY	$9.30	$8.10	$9.30	$8.10	N	4
56631			VLVCTMY RAD PRTL UNI LYMPHAD	$589.58	$501.14	$868.73	$738.42	N	
56631	AA		VULVECT RAD PARTIAL	$9.30	$8.10	$9.30	$8.10	N	6
56632			VLVCTMY RAD PRTL BI LYMPHAD	$713.07	$606.11	$1,034.52	$879.34	N	
56632	AA		VULVECTOMY W BIL LYMPHADENECTO	$9.30	$8.10	$9.30	$8.10	N	7
56633			VULVECTOMY RADICAL COMPLETE	$572.25	$486.41	$870.39	$739.83	N	
56633	AA		VULV RAD COMPLETE	$9.30	$8.10	$9.30	$8.10	N	4
56634			VLVCTMY RAD COMP UNI LYMPHAD	$644.19	$547.56	$948.77	$806.45	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
56634	AA		VULVECT RAD COMPLETE	$9.30	$8.10	$9.30	$8.10	N	6
56637			VLVCTMY RAD COMP BI LYMPHAD	$753.97	$640.87	$1,146.71	$974.71	N	
56637	AA		VULVECT RAD COMPLETE	$9.30	$8.10	$9.30	$8.10	N	6
56640			VLVCTMY RAD COMP W/LYMPHADEC	$757.18	$643.60	$1,146.03	$974.13	N	
56640	AA		EXTENSIVE VULVA SURGERY	$9.30	$8.10	$9.30	$8.10	N	6
56640	AA	50	EXTENSIVE VULVA SURGERY:BILATE	$9.30	$8.10	$9.30	$8.10	N	6
56640	50		EXTENSIVE VULVA SURGERY:BILATE	$724.00	$615.00	$2,292.06	$1,948.25	N	
56700			PRTL HYMNCTMY/REVJ HYMNL RNG	$101.27	$86.08	$150.96	$128.32	N	
56700	AA		PARTIAL REMOVAL OF HYMEN	$9.30	$8.10	$9.30	$8.10	N	3
56740			EXC BARTHOLINS GLAND/CYST	$155.66	$132.31	$247.90	$210.72	N	
56740	AA		REMOVE VAGINA GLAND LESION	$9.30	$8.10	$9.30	$8.10	N	3
56800			PLASTIC REPAIR INTROITUS	$125.94	$107.05	$210.31	$178.77	N	
56800	AA		REPAIR OF VAGINA	$9.30	$8.10	$9.30	$8.10	N	3
56805			CLITOROPLASTY INTERSEX STATE	$573.33	$487.33	$978.82	$832.00	N	
56805	AA		CLITOROPLASTY ADRENOGENITAL SY	$9.30	$8.10	$9.30	$8.10	N	3
56810			PERINEOPLASTY RPR PER NONOB	$134.57	$114.38	$222.77	$189.35	N	
56810	AA		PERIN REPAIR OF PERINEUM	$9.30	$8.10	$9.30	$8.10	N	3
56820			COLPOSCOPY VULVA	$62.46	$53.09	$224.84	$191.11	N	
56820	FP		COLPOSCOPY OF VULVA	$224.84	$224.84	$224.84	$224.84	N	
56820	SB		COLPOSCOPY OF VULVA	$62.46	$62.46	$62.46	$62.46	N	
56820	26		COLPOSCOPY OF VULVA	$41.38	$35.17	$74.79	$63.57	N	
56821			COLPOSCOPY VULVA W/BIOPSY	$83.43	$70.92	$300.35	$255.30	N	
56821	FP		COLPOSCOPY OF VULVA W/BIOPSY	$300.35	$300.35	$300.35	$300.35	N	
56821	SB		COLPOSCOPY OF VULVA W/BIOPSY	$83.43	$83.43	$83.43	$83.43	N	
56821	26		COLPOSCOPY OF VULVA W/BIOPSY	$55.73	$47.37	$103.07	$87.61	N	
57000			COLPOTOMY W/EXPLORATION	$100.24	$85.20	$161.42	$137.20	N	
57000	AA		EXPLORATION OF VAGINA	$9.30	$8.10	$9.30	$8.10	N	4
57010			COLPOTOMY DRG PEL ABSCESS	$227.30	$193.20	$340.57	$289.48	N	
57010	AA		DRAINAGE OF PELVIC ABSCESS	$9.30	$8.10	$9.30	$8.10	N	4
57020			COLPOCENTESIS SEP PX	$61.43	$52.21	$84.63	$71.94	N	
57020	AA		DRAINAGE OF PELVIC FLUID	$9.30	$8.10	$9.30	$8.10	N	3
57022			I&D VAGINAL HEMATOMA OB/PP	$90.17	$76.64	$139.17	$118.29	N	
57022	AA		I&D VAG HEMATOMA POST-OBSTET	$9.30	$8.10	$9.30	$8.10	N	3
57023			I&D VAGINAL HEMATOMA NON-OB	$158.23	$134.50	$254.53	$216.35	N	
57023	AA		I&D VAG HEMATOMA NON-OBSTETRIC	$9.30	$8.10	$9.30	$8.10	N	3
57061			DESTRUCTION VAG LESIONS SMPL	$83.40	$70.89	$99.93	$84.94	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
57061	AA		DESTROY VAGINAL LESIONS:SIMPLE	$9.30	$8.10	$9.30	$8.10	N	3
57061	SB		DESTROY VAGINAL LESIONS:SIMPLE	$83.40	$83.40	$83.40	$83.40	N	
57065			DESTRUCTION VAG LESION XTNSV	$122.38	$104.02	$169.70	$144.25	N	
57065	AA		DESTROY VAGINAL LESION(S):EXTE	$9.30	$8.10	$9.30	$8.10	N	3
57100			BIOPSY VAGINAL MUCOSA SIMPLE	$51.39	$43.68	$184.99	$157.24	N	
57100	AA		BIOPSY OF VAGINA	$9.30	$8.10	$9.30	$8.10	N	3
57100	FP		BIOPSY OF UTERUS LINING	$184.99	$157.24	$184.99	$157.24	N	
57100	SB		BIOPSY OF VAGINA	$51.39	$51.39	$51.39	$51.39	N	
57105			BIOPSY VAGINAL MUCOSA XTNSV	$88.02	$74.82	$120.41	$102.35	N	
57105	AA		BIOPSY OF VAGINA	$9.30	$8.10	$9.30	$8.10	N	3
57106			VAGNC PRTL RMVL VAG WALL	$267.73	$227.57	$364.48	$309.81	N	
57106	AA		VAGINECTOMY, PART VAG WALL REM	$9.30	$8.10	$9.30	$8.10	N	4
57107			VAGNC COMPL RMVL PARAVAG TIS	$719.72	$611.76	$1,162.18	$987.85	N	
57107	AA		RADICAL VAGINECTOMY	$9.30	$8.10	$9.30	$8.10	N	4
57109			VAGNC BI TOTAL PEL LYMPHADEC	$858.12	$729.40	$1,329.56	$1,130.13	N	
57109	AA		RAD VAGINECTOMY/BILAT PELV LYM	$9.30	$8.10	$9.30	$8.10	N	4
57110			VAGNC COMPL RMVL VAG WALL	$444.91	$378.17	$749.59	$637.15	N	
57110	AA		REMOVAL OF VAGINA	$9.30	$8.10	$9.30	$8.10	N	4
57111			VAGNC COMPL RMVL PARAVAG TIS	$858.12	$729.40	$1,375.19	$1,168.91	N	
57111	AA		RAD VAGINECTOMY	$9.30	$8.10	$9.30	$8.10	N	4
57120			COLPOCLEISIS LE FORT TYPE	$263.18	$223.70	$416.66	$354.16	N	
57120	AA		CLOSURE OF VAGINA	$9.30	$8.10	$9.30	$8.10	N	4
57130			EXCISION VAGINAL SEPTUM	$114.26	$97.12	$158.67	$134.87	N	
57130	AA		REMOVE VAGINA LESION	$9.30	$8.10	$9.30	$8.10	N	3
57135			EXCISION VAGINAL CYST/TUMOR	$123.17	$104.69	$170.58	$145.00	N	
57135	AA		REMOVE VAGINA LESION	$9.30	$8.10	$9.30	$8.10	N	3
57150			TREAT VAGINAL INFECTION	$28.19	$23.96	$46.92	$39.88	N	
57150	AA		TREAT VAGINAL INFECTION	$9.30	$8.10	$9.30	$8.10	N	3
57150	SA		TREAT VAGINAL INFECTION	$23.96	$23.96	$40.94	$40.94	N	
57150	SB		TREAT VAGINAL INFECTION	$28.19	$28.19	$28.19	$28.19	N	
57155			INSERT UTERI TANDEM/OVOIDS	$201.13	$170.96	$365.68	$310.83	N	
57155	AA		INSERT UTERINE TANDEMS/VAG OVO	$9.30	$8.10	$9.30	$8.10	N	3
57156			INS VAG BRACHYTX DEVICE	$115.34	$98.04	$115.34	$98.04	N	
57156	AA		INS VAG BRACHYTX DEVICE	$9.30	$8.10	$9.30	$8.10	N	3
57156	26		INS VAG BRACHYTX DEVICE	$75.24	$63.95	$75.24	$63.95	N	
57160			INSERT PESSARY	$36.94	$31.39	$65.17	$55.39	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
57160	AA		INSERT PESSARY	$9.30	$8.10	$9.30	$8.10	N	3
57160	SA		INSERT PESSARY	$31.39	$31.39	$52.62	$52.62	N	
57160	SB		INSERT PESSARY/OTHER DEVICE	$36.94	$36.94	$36.94	$36.94	N	
57170			FITTING OF DIAPHRAGM	$138.37	$117.61	$138.37	$117.61	N	
57170	AA		FITTING OF DIAPHRAGM	$9.30	$8.10	$9.30	$8.10	N	3
57170	SB		FITTING OF DIAPHRAGM	$138.37	$138.37	$138.37	$138.37	N	
57180			TREAT NON-OBSTETRICAL HEMORRHA	$98.16	$83.44	$129.18	$109.81	N	
57180	AA		TREAT NON-OBSTETRICAL HEMORRHA	$9.30	$8.10	$9.30	$8.10	N	3
57180	SB		TREAT VAGINAL BLEEDING	$98.16	$98.16	$98.16	$98.16	N	
57200			REPAIR OF VAGINA	$165.85	$140.97	$236.22	$200.79	N	
57200	AA		REPAIR OF VAGINA	$9.30	$8.10	$9.30	$8.10	N	4
57210			REPAIR VAGINA/PERINEUM	$195.40	$166.09	$298.16	$253.44	N	
57210	AA		REPAIR VAGINA/PERINEUM	$9.30	$8.10	$9.30	$8.10	N	4
57220			REVISION OF URETHRA	$172.87	$146.94	$256.53	$218.05	N	
57220	AA		REVISION OF URETHRA	$9.30	$8.10	$9.30	$8.10	N	4
57230			REPAIR OF URETHRAL LESION	$207.50	$176.38	$309.65	$263.20	N	
57230	AA		REPAIR OF URETHRAL LESION	$9.30	$8.10	$9.30	$8.10	N	4
57240			REPAIR BLADDER & VAGINA	$303.58	$258.04	$339.51	$288.59	N	
57240	AA		REPAIR BLADDER & VAGINA	$9.30	$8.10	$9.30	$8.10	N	4
57250			REPAIR RECTUM & VAGINA	$304.57	$258.88	$315.18	$267.91	N	
57250	AA		REPAIR RECTUM & VAGINA	$9.30	$8.10	$9.30	$8.10	N	4
57260			PLASTIC REPAIR OF VAGINA AND	$384.08	$326.47	$454.01	$385.91	N	
57260	AA		REPAIR OF VAGINA	$9.30	$8.10	$9.30	$8.10	N	4
57265			EXTENSIVE REPAIR OF VAGINA	$429.27	$364.88	$602.14	$511.82	N	
57265	AA		EXTENSIVE REPAIR OF VAGINA	$9.30	$8.10	$9.30	$8.10	N	4
57267			INSERT MESH/PELVIC FLR ADDON	$121.72	$103.46	$240.37	$204.31	N	
57268			REPAIR ENTEROCELE,VAGINAL APPR	$251.87	$214.09	$379.24	$322.35	N	
57268	AA		REPAIR ENTEROCELE,VAGINAL APPR	$9.30	$8.10	$9.30	$8.10	N	4
57270			REPAIR OF BOWEL POUCH	$400.64	$340.54	$636.57	$541.08	N	
57270	AA		REPAIR OF BOWEL POUCH	$9.30	$8.10	$9.30	$8.10	N	6
57280			SUSPENSION OF VAGINA	$475.57	$404.23	$774.59	$658.40	N	
57280	AA		SUSPENSION OF VAGINA	$9.30	$8.10	$9.30	$8.10	N	6
57282			FIXATION FOR VAGINAL PROLAPSE	$342.53	$291.15	$400.02	$340.01	N	
57282	AA		FIXATION FOR VAGINAL PROLAPSE	$9.30	$8.10	$9.30	$8.10	N	6
57283			COLPOPEXY, INTRAPERITONEAL	$345.33	$293.53	$574.05	$487.94	N	
57283	AA		COLPOPEXY, INTRAPERITONEAL	$9.30	$8.10	$9.30	$8.10	N	6

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
57284			REPAIR PARAVAGINAL DEFECT	$412.95	$351.01	$685.46	$582.64	N	
57284	AA		REPAIR PARAVAGINAL DEFECT	$9.30	$8.10	$9.30	$8.10	N	6
57285			PARAVAGINAL DEFECT REPAIR (INC	$342.05	$290.74	$518.59	$440.80	N	
57285	AA		PARAVAGINAL DEFECT REPAIR (INC	$9.30	$8.10	$9.30	$8.10	N	4
57287			REMOV/REVISE SLING STRESS INCO	$367.72	$312.56	$550.84	$468.21	N	
57287	AA		REMOV/REVISE SLING STRESS INCO	$9.30	$8.10	$9.30	$8.10	N	4
57288			SLING OPERATION STRESS INCONT	$368.34	$313.09	$644.96	$548.22	N	
57288	AA		REPAIR BLADDER DEFECT	$9.30	$8.10	$9.30	$8.10	N	4
57289			REPAIR BLADDER & VAGINA	$391.66	$332.91	$606.50	$515.52	N	
57289	AA		REPAIR BLADDER & VAGINA	$9.30	$8.10	$9.30	$8.10	N	4
57291			CONSTRUCT ARTIFICIAL VAGINA,W/	$272.60	$231.71	$445.77	$378.90	N	
57291	AA		CONSTRUCT ARTIFICIAL VAGINA,W/	$9.30	$8.10	$9.30	$8.10	N	6
57292			CONSTRUCT ARTIFICIAL VAG W/GRA	$408.20	$346.97	$695.69	$591.33	N	
57292	AA		CONSTRUCT ARTIFICIAL VAG W/GRA	$9.30	$8.10	$9.30	$8.10	N	6
57295			CHANGE VAGINAL GRAFT	$248.90	$211.57	$413.06	$351.10	N	
57295	AA		CHANGE VAGINAL GRAFT	$9.30	$8.10	$9.30	$8.10	N	7
57296			REVISE VAG GRAFT, OPEN ABD	$471.88	$401.10	$746.21	$634.28	N	
57296	AA		REVISE VAG GRAFT, OPEN ABD	$9.30	$8.10	$9.30	$8.10	N	7
57300			REPAIR RECTUM-VAGINA FISTULA	$304.26	$258.62	$411.53	$349.80	N	
57300	AA		REPAIR RECTUM-VAGINA FISTULA	$9.30	$8.10	$9.30	$8.10	N	6
57305			REPAIR RECTUM-VAGINA FISTULA	$481.04	$408.88	$698.59	$593.80	N	
57305	AA		REPAIR RECTUM-VAGINA FISTULA	$9.30	$8.10	$9.30	$8.10	N	6
57307			FISTULA REPAIR & COLOSTOMY	$533.40	$453.39	$800.22	$680.18	N	
57307	AA		FISTULA REPAIR & COLOSTOMY	$9.30	$8.10	$9.30	$8.10	N	6
57308			CLOSE RECTOVAG FISTULA	$329.83	$280.35	$520.66	$442.56	N	
57308	AA		CLOSE RECTOVAG FISTULA	$9.30	$8.10	$9.30	$8.10	N	6
57310			REPAIR URETHRA-VAGINA LESION	$245.16	$208.38	$360.28	$306.24	N	
57310	AA		REPAIR URETHRA-VAGINA LESION	$9.30	$8.10	$9.30	$8.10	N	3
57311			CLOSE FISTULA:W/BULBOCAV.TRANS	$275.78	$234.41	$410.98	$349.33	N	
57311	AA		CLOSE FISTULA:W/BULBOCAV.TRANS	$9.30	$8.10	$9.30	$8.10	N	3
57320			REPAIR BLADDER-VAGINA LESION	$279.49	$237.56	$421.58	$358.35	N	
57320	AA		REPAIR BLADDER-VAGINA LESION	$9.30	$8.10	$9.30	$8.10	N	5
57330			REPAIR BLADDER-VAGINA LESION	$378.48	$321.71	$615.22	$522.94	N	
57330	AA		REPAIR BLADDER-VAGINA LESION	$9.30	$8.10	$9.30	$8.10	N	3
57335			VAGINOPLASTY/ADRENOGENITAL SYS	$579.29	$492.40	$954.70	$811.49	N	
57335	AA		VAGINOPLASTY/ADRENOGENITAL SYN	$9.30	$8.10	$9.30	$8.10	N	6

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
57400			DILATE VAGINA UNDER ANESTHESIA	$64.16	$54.54	$117.11	$99.55	N	
57400	AA		DILATE VAGINA UNDER ANESTHESIA	$9.30	$8.10	$9.30	$8.10	N	3
57410			PELVIC EXAM UNDER ANESTHESIA	$52.33	$44.48	$109.75	$93.29	N	
57410	AA		PELVIC EXAM UNDER ANESTHESIA	$9.30	$8.10	$9.30	$8.10	N	3
57410	HU		CHILD SEX ABUSE EXAMINATION (D	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
57410	HU	22	CHILD SEX ABUSE EXAM-SERVICE G	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
57415			REM. IMP. UNDER ANESTHESIA	$87.22	$74.14	$123.87	$105.29	N	
57415	AA		REM IMP UNDER ANESTHESIA	$9.30	$8.10	$9.30	$8.10	N	3
57420			COLPOSCOPY ENTIRE VAGINA W/CER	$66.42	$56.45	$239.09	$203.23	N	
57420	AA		COLPOSCOPY ENTIRE VAGINA W/CER	$9.30	$8.10	$9.30	$8.10	N	3
57420	FP		COLPOSCOPY ENTIRE VAGINA W/CER	$239.09	$239.09	$239.09	$239.09	N	
57420	SB		COLPOSCOPY ENTIRE VAGINA W/CER	$66.42	$66.42	$66.42	$66.42	N	
57420	26		COLPOSCOPY ENTIRE VAGINA W/CER	$44.33	$37.68	$78.93	$67.09	N	
57421			COLPOS ENTIRE VAG W/CERV W/BIO	$88.53	$75.25	$318.71	$270.90	N	
57421	AA		COLPOS ENTIRE VAG W/CERV W/BIO	$9.30	$8.10	$9.30	$8.10	N	3
57421	FP		COLPOS ENTIRE VAG W/CERV W/BIO	$318.71	$318.71	$318.71	$318.71	N	
57421	SB		COLPOS ENTIRE VAG W/CERV W/BIO	$88.53	$88.53	$88.53	$88.53	N	
57421	26		COLPOS ENTIRE VAG W/CERV W/BIO	$59.98	$50.98	$110.10	$93.59	N	
57423			PARAVAGINAL DEFECT REPAIR (INC	$456.51	$388.03	$722.83	$614.41	N	
57423	AA		PARAVAGINAL DEFECT REPAIR (INC	$9.30	$8.10	$9.30	$8.10	N	6
57425			SURG LAP COLPOPEXY	$478.81	$406.98	$774.64	$658.44	N	
57425	AA		SURG LAP COLPOPEXY	$9.30	$8.10	$9.30	$8.10	N	6
57426			REVISION (INCLUDING REMOVAL) O	$431.42	$366.71	$431.42	$366.71	N	
57426	AA		REVISION (INCLUDING REMOVAL) O	$9.30	$8.10	$9.30	$8.10	N	6
57452			EXAMINATION OF VAGINA	$62.96	$53.52	$226.66	$192.66	N	
57452	AA		EXAMINATION OF VAGINA	$9.30	$8.10	$9.30	$8.10	N	3
57452	FP		EXAMINATION OF VAGINA	$226.66	$192.66	$226.66	$192.66	N	
57452	SA		EXAMINATION OF VAGINA:COLPOSCO	$53.52	$53.52	$53.52	$53.52	N	
57452	SB		EXAM OF CERVIX W/SCOPE	$62.96	$62.96	$62.96	$62.96	N	
57454			VAGINA EXAMINATION & BIOPSY	$83.65	$71.10	$301.12	$255.95	N	
57454	AA		VAGINA EXAMINATION & BIOPSY	$9.30	$8.10	$9.30	$8.10	N	3
57454	FP		VAGINA EXAMINATION & BIOPSY	$301.12	$255.95	$301.12	$255.95	N	
57454	SA		VAGINA EXAMINATION & BIOPSY	$71.10	$71.10	$71.10	$71.10	N	
57454	SB		VAGINAL EXAM & BIOPSY	$83.65	$83.65	$83.65	$83.65	N	
57455			COLPOSCOPY CERV W/BIOPSY CERV	$80.44	$68.37	$128.36	$109.11	N	
57455	AA		COLPOSCOPY CERV W/BIOPSY CERV	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
57455	SB		COLPOSCOPY CERV W/BIOPSY CERV	$80.44	$80.44	$80.44	$80.44	N	
57455	26		COLPOSCOPY CERV W/BIOPSY CERV	$53.42	$45.41	$99.52	$84.59	N	
57456			COLPOSCOPY CERV W/ENDOCERV CUR	$75.34	$64.03	$120.97	$102.82	N	
57456	SB		COLPOSCOPY CERV W/ENDOCERV CU	$75.34	$75.34	$75.34	$75.34	N	
57456	26		COLPOSCOPY CERV W/ENDOCERV CUR	$49.17	$41.79	$92.81	$78.89	N	
57460			COLPOSCOPY:W.LOOP ELECT.EXCISI	$153.96	$130.86	$294.37	$250.21	N	
57460	AA		COLPOSCOPY W.LOOP SURG.CX(LEEP	$9.30	$8.10	$9.30	$8.10	N	3
57460	FP		COLPOSCOPY:W/LOOP ELECT EXCIS	$554.24	$471.10	$554.24	$471.10	N	
57461			COLPOS CERV W/ CONIZAT CERVIX	$172.01	$146.20	$328.18	$278.96	N	
57461	26		COLPOS CERV W/ CONIZAT CERVIX	$89.76	$76.30	$170.43	$144.87	N	
57465			CAM CERVIX UTERI DRG COLP	$27.16	$23.08	$27.16	$23.08	N	
57465	AA		CAM CERVIX UTERI DRG COLP	$9.30	$8.10	$9.30	$8.10	N	3
57465	SB		CAM CERVIX UTERI DRG COLP	$27.16	$27.16	$27.16	$27.16	N	
57465	26		CAM CERVIX UTERI DRG COLP	$20.87	$17.74	$20.87	$17.74	N	
57500			BIOPSY OF CERVIX	$75.52	$64.19	$271.85	$231.08	N	
57500	AA		BIOPSY OF CERVIX	$9.30	$8.10	$9.30	$8.10	N	3
57500	FP		BIOPSY OF CERVIX	$271.85	$231.08	$271.85	$231.08	N	
57505			ENDOCERVICAL CURETTAGE	$76.72	$65.21	$89.71	$76.26	N	
57505	AA		ENDOCERVICAL CURETTAGE	$9.30	$8.10	$9.30	$8.10	N	3
57505	SA		ENDOCERVICAL CURETTAGE	$65.21	$65.21	$65.21	$65.21	N	
57510			CAUTERIZATION OF CERVIX	$82.25	$69.91	$119.79	$101.82	N	
57510	AA		CAUTERIZATION OF CERVIX	$9.30	$8.10	$9.30	$8.10	N	3
57511			CRYOCAUTERY OF CERVIX	$98.84	$84.01	$355.81	$302.44	N	
57511	AA		CRYOCAUTERY OF CERVIX	$9.30	$8.10	$9.30	$8.10	N	3
57511	FP		CRYOCAUTERY OF CERVIX	$355.81	$302.44	$355.81	$302.44	N	
57511	SB		CRYOCAUTERY OF CERVIX	$98.84	$98.84	$98.84	$98.84	N	
57513			LASER SURGERY	$101.72	$86.46	$125.22	$106.43	N	
57513	AA		LASER SURGERY	$9.30	$8.10	$9.30	$8.10	N	3
57520			BIOPSY OF CERVIX	$176.04	$149.63	$275.56	$234.23	N	
57520	AA		BIOPSY OF CERVIX	$9.30	$8.10	$9.30	$8.10	N	3
57522			LOOP ELECTRODE EXCESION OF CX	$150.69	$128.08	$225.23	$191.45	N	
57522	AA		LOOP ELECTRODE EXCESION OF CX	$9.30	$8.10	$9.30	$8.10	N	3
57530			REMOVAL OF CERVIX	$186.86	$158.83	$283.27	$240.78	N	
57531			REMOVAL OF CERVIX	$901.04	$765.88	$1,430.49	$1,215.91	N	
57531	AA		REMOVAL OF CERVIX	$9.30	$8.10	$9.30	$8.10	N	6
57540			REMOVAL OF RESIDUAL CERVIX	$390.61	$332.01	$641.78	$545.51	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
57540	AA		REMOVAL OF RESIDUAL CERVIX	$9.30	$8.10	$9.30	$8.10	N	6
57545			REMOVE CERVIX, REPAIR PELVIS	$410.99	$349.34	$683.20	$580.72	N	
57545	AA		REMOVE CERVIX, REPAIR PELVIS	$9.30	$8.10	$9.30	$8.10	N	6
57550			REMOVAL OF RESIDUAL CERVIX	$214.25	$182.11	$324.26	$275.62	N	
57550	AA		REMOVAL OF RESIDUAL CERVIX	$9.30	$8.10	$9.30	$8.10	N	4
57555			REMOVE CERVIX, REPAIR VAGINA	$306.37	$260.41	$487.54	$414.41	N	
57555	AA		REMOVE CERVIX, REPAIR VAGINA	$9.30	$8.10	$9.30	$8.10	N	3
57556			REMOVE CERVIX, REPAIR BOWEL	$291.03	$247.37	$456.38	$387.92	N	
57556	AA		REMOVE CERVIX, REPAIR BOWEL	$9.30	$8.10	$9.30	$8.10	N	3
57558			D&C OF CERVICAL STUMP	$78.53	$66.75	$102.82	$87.39	N	
57558	AA		D&C OF CERVICAL STUMP	$9.30	$8.10	$9.30	$8.10	N	4
57558	26		D&C OF CERVICAL STUMP	$63.91	$54.32	$91.94	$78.15	N	
57700			REVISION OF CERVIX	$177.65	$151.00	$229.54	$195.11	N	
57700	AA		REVISION OF CERVIX	$9.30	$8.10	$9.30	$8.10	N	4
57720			REVISION OF CERVIX	$166.82	$141.80	$250.25	$212.71	N	
57720	AA		REVISION OF CERVIX	$9.30	$8.10	$9.30	$8.10	N	4
57800			DILATION OF CERVICAL CANAL	$38.60	$32.81	$52.78	$44.87	N	
57800	AA		DILATION OF CERVICAL CANAL	$9.30	$8.10	$9.30	$8.10	N	3
57800	UD		DILATION OF CERVICAL CANAL	$138.94	$118.10	$138.94	$118.10	N	
58100			BIOPSY OF UTERUS LINING	$49.85	$42.37	$179.44	$152.53	N	
58100	AA		BIOPSY OF UTERUS LINING	$9.30	$8.10	$9.30	$8.10	N	3
58100	FP		BIOPSY OF UTERUS LINING	$179.44	$152.53	$179.44	$152.53	N	
58100	SA		BIOPSY OF UTERUS LINING	$42.37	$42.37	$77.88	$77.88	N	
58100	SB		BIOPSY OF UTERUS LINING	$49.85	$49.85	$49.85	$49.85	N	
58110			BX DONE W/COLPOSCOPY ADD-ON	$24.66	$20.96	$45.66	$38.81	N	
58110	SB		BX DONE W/COLPOSCOPY ADD-ON	$24.66	$24.66	$24.66	$24.66	N	
58120			DIAGNOSTIC/THERAPEUTIC D&C	$148.05	$125.84	$193.28	$164.29	N	
58120	AA		DILATION AND CURETTAGE	$9.30	$8.10	$9.30	$8.10	N	3
58140			REMOVAL OF UTERUS LESION	$453.85	$385.77	$755.99	$642.59	N	
58140	AA		REMOVAL OF UTERUS LESION	$9.30	$8.10	$9.30	$8.10	N	6
58145			REMOVAL OF UTERUS LESION	$278.42	$236.66	$445.38	$378.58	N	
58145	AA		REMOVAL OF UTERUS LESION	$9.30	$8.10	$9.30	$8.10	N	6
58146			MYOMECTOMY >250 GM ABDOMINAL	$567.55	$482.42	$974.66	$828.46	N	
58146	AA		MYOMECTOMY >250 GM ABDOMINAL	$9.30	$8.10	$9.30	$8.10	N	6
58150			TOTAL HYSTERECTOMY:W/W/O TUBES	$503.02	$427.57	$790.01	$671.51	N	
58150	AA		TOTAL HYSTERECTOMY:W/W/O TUBES	$9.30	$8.10	$9.30	$8.10	N	6

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
58152			TAH:MARSHALL-MARCHETI-KRANTZ T	$608.41	$517.14	$1,058.51	$899.74	N	
58152	AA		TAH:MARSHALL-MARCHETI-KRANTZ T	$9.30	$8.10	$9.30	$8.10	N	4
58180			SUPRACERVICAL HYSTERECTOMY-SUB	$474.39	$403.23	$784.67	$666.97	N	
58180	AA		SUPRACERVICAL HYSTERECTOMY-SUB	$9.30	$8.10	$9.30	$8.10	N	6
58200			TAH,W/PART VAGINECTOMY,...BX	$667.23	$567.14	$1,096.63	$932.14	N	
58200	AA		TAH,W/PART VAGINECTOMY,...BX	$9.30	$8.10	$9.30	$8.10	N	4
58210			RAD HYSTERECTOMY,BILAT PELVIC,	$899.26	$764.37	$1,459.27	$1,240.38	N	
58210	AA		RAD HYSTERECTOMY,BILAT PELVIC,	$9.30	$8.10	$9.30	$8.10	N	8
58240			PELVIC EXENTERATION/MALIG,W/TA	$1,448.88	$1,231.54	$1,935.68	$1,645.33	N	
58240	AA		PELVIC EXENTERATION/MALIG,W/TA	$9.30	$8.10	$9.30	$8.10	N	8
58260			VAGINAL HYSTERECTOMY	$414.01	$351.90	$683.78	$581.21	N	
58260	AA		VAGINAL HYSTERECTOMY	$9.30	$8.10	$9.30	$8.10	N	6
58262			VAGINAL HYSTERECTOMY W. REM.	$457.29	$388.69	$770.27	$654.73	N	
58262	AA		VAGINAL HYSTERECTOMY W REM	$9.30	$8.10	$9.30	$8.10	N	6
58263			VAG HYSTERECT:REPAIR ENTEROCEL	$490.37	$416.81	$832.46	$707.59	N	
58263	AA		VAG HYSTERECT: REPAIR ENTEROCE	$9.30	$8.10	$9.30	$8.10	N	6
58267			VAG HYSTERECT.W/COLPO-URETHROC	$526.70	$447.70	$883.29	$750.79	N	
58267	AA		VAG HYSTERECT.W/COLPO-URETHROC	$9.30	$8.10	$9.30	$8.10	N	4
58270			VAG HYSTERECT:REPAIR ENTEROCEL	$440.99	$374.84	$741.52	$630.29	N	
58270	AA		VAG HYSTERECT:REPAIR ENTEROCEL	$9.30	$8.10	$9.30	$8.10	N	6
58275			VAG HYSTERECT:W/ TOT/PART COLP	$489.06	$415.70	$818.35	$695.60	N	
58275	AA		VAG HYSTERECT:W/ TOT/PART COLP	$9.30	$8.10	$9.30	$8.10	N	4
58280			VAG HYSTERECT:REPAIR ENTERECOL	$521.48	$443.25	$878.27	$746.53	N	
58280	AA		VAG HYSTERECT:REPAIR ENTERECOL	$9.30	$8.10	$9.30	$8.10	N	4
58285			VAGINAL HYSTERECTOMY: RADICAL	$704.15	$598.53	$1,120.84	$952.71	N	
58285	AA		VAGINAL HYSTERECTOMY: RADICAL	$9.30	$8.10	$9.30	$8.10	N	6
58290			VAG HYSTERECTOMY UTERUS >250 G	$565.76	$480.89	$977.84	$831.16	N	
58290	AA		VAG HYSTERECTOMY UTERUS >250 G	$9.30	$8.10	$9.30	$8.10	N	6
58291			VAG HYSTERECTOMY UTERUS >250 G	$610.74	$519.12	$1,066.67	$906.67	N	
58291	AA		VAG HYSTERECTOMY UTERUS >250 G	$9.30	$8.10	$9.30	$8.10	N	6
58292			VAG HYSTER W/REM TUBE/OVARY	$643.18	$546.70	$1,128.51	$959.24	N	
58292	AA		VAG HYSTER W/REM TUBE/OVARY	$9.30	$8.10	$9.30	$8.10	N	6
58294			VAG HYSTER W/REP ENTEROCELE	$597.86	$508.18	$1,035.86	$880.48	N	
58294	AA		VAG HYSTER W/REP ENTEROCELE	$9.30	$8.10	$9.30	$8.10	N	6
58300			INSERT INTRAUTERINE DEVICE	$123.55	$123.55	$220.18	$220.18	N	
58300	AA		INSERT INTRAUTERINE DEVICE	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
58300	FP		IUD IN FPC	$408.48	$408.48	$408.48	$408.48	N	
58300	FP	SA	IUD BY CNP/CNS IN FPC	$94.56	$94.56	$94.56	$94.56	N	
58300	FP	SB	INSERT IUD BY CNM IN FPC	$223.03	$223.03	$223.03	$223.03	N	
58300	SA		IUD BY CNP/CNS	$94.56	$94.56	$209.18	$209.18	N	
58300	SB		INSERT IUD BY CNM	$123.55	$123.55	$220.18	$220.18	N	
58301			REMOVE INTRAUTERINE DEVICE	$195.73	$166.37	$195.73	$166.37	N	
58301	AA		REMOVE INTRAUTERINE DEVICE	$9.30	$8.10	$9.30	$8.10	N	3
58301	AA	SA	REMOVAL OF IUD BY CNP/CNS	$9.30	$8.10	$9.30	$8.10	N	3
58301	AA	SB	REMOVAL OF IUD BY CNM	$9.30	$8.10	$9.30	$8.10	N	3
58301	FP		REMOVE INTRAUTERINE DEVICE	$195.73	$195.73	$195.73	$166.37	N	
58301	FP	SA	REMOVE IUD BY CNP/CNS IN FPC	$195.73	$195.73	$195.73	$195.73	N	
58301	FP	SB	REMOVE IUD BY CNM IN FP CLINIC	$195.73	$195.73	$195.73	$195.73	N	
58301	SA		REMOVAL OF IUD BY CNP/CNS	$195.73	$195.73	$195.73	$195.73	N	
58301	SB		REMOVAL OF IUD BY CNM	$195.73	$195.73	$195.73	$195.73	N	
58340			INJECT FOR UTERUS/TUBE X-RAY	$117.66	$100.01	$126.97	$107.92	N	
58340	AA		INJECT FOR UTERUS/TUBE X-RAY	$9.30	$8.10	$9.30	$8.10	N	3
58346			INSERT HEYMAN CAPS CLIN BRACHY	$249.84	$212.36	$362.98	$308.53	N	
58346	AA		INSERT HEYMAN CAPS CLIN BRACHY	$9.30	$8.10	$9.30	$8.10	N	4
58350			REOPEN FALLOPIAN TUBE	$75.67	$64.32	$86.02	$73.12	N	
58350	AA		REOPEN FALLOPIAN TUBE	$9.30	$8.10	$9.30	$8.10	N	3
58353			ENDOMET ABLATION THERMAL	$88.98	$75.63	$1,064.00	$904.40	N	
58353	AA		ENDOMET ABLATION THERMAL	$9.30	$8.10	$9.30	$8.10	N	4
58356			ENDOMETRIAL CRYOABLATION	$803.50	$682.97	$1,978.28	$1,681.54	N	
58356	AA		ENDOMETRIAL CRYOABLATION	$9.30	$8.10	$9.30	$8.10	N	3
58356	26		ENDOMETRIAL CRYOABLATION	$172.71	$146.80	$316.90	$269.37	N	
58400			UTERINE SUSPENSION	$228.93	$194.59	$356.59	$303.10	N	
58400	AA		UTERINE SUSPENSION	$9.30	$8.10	$9.30	$8.10	N	6
58410			UTERINE SUSPENSUON WITH SYMPAT	$402.13	$341.81	$663.50	$563.98	N	
58410	AA		UTERINE SUSPENSION WITH SYMPAT	$9.30	$8.10	$9.30	$8.10	N	6
58520			REPAIR OF RUPTURED UTERUS	$393.82	$334.74	$624.91	$531.18	N	
58520	AA		REPAIR OF RUPTURED UTERUS	$9.30	$8.10	$9.30	$8.10	N	6
58540			REPIAR OF UTERINE ANOMALY	$451.90	$384.11	$751.28	$638.59	N	
58540	AA		REPAIR OF UTERINE ANOMALY	$9.30	$8.10	$9.30	$8.10	N	4
58541			LSH, UTERUS 250 G OR LESS	$361.18	$307.00	$671.72	$570.96	N	
58541	AA		LSH, UTERUS 250 G OR LESS	$9.30	$8.10	$9.30	$8.10	N	6
58542			LSH W/T/O UT 250 G OR LESS	$409.26	$347.87	$742.80	$631.38	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
58542	AA		LSH W/T/O UT 250 G OR LESS	$9.30	$8.10	$9.30	$8.10	N	6
58543			LSH UTERUS ABOVE 250 G	$415.27	$352.98	$755.20	$641.92	N	
58543	AA		LSH UTERUS ABOVE 250 G	$9.30	$8.10	$9.30	$8.10	N	6
58544			LSH W/T/O UTERUS ABOVE 250 G	$446.59	$379.60	$817.15	$694.58	N	
58544	AA		LSH W/T/O UTERUS ABOVE 250 G	$9.30	$8.10	$9.30	$8.10	N	6
58545			LAP SURG MYOMEC EXCIS 1-4 MYOM	$444.57	$377.88	$757.53	$643.90	N	
58545	AA		LAP SURG MYOMEC EXCIS 1-4 MYOM	$9.30	$8.10	$9.30	$8.10	N	6
58546			LAP SURG MYOMEC EXC 5 OR MORE	$547.09	$465.03	$971.01	$825.36	N	
58546	AA		LAP SURG MYOMEC EXC 5 OR MORE	$9.30	$8.10	$9.30	$8.10	N	6
58548			LAP RADICAL HYST	$929.40	$789.99	$1,429.80	$1,215.33	N	
58548	AA		LAP RADICAL HYST	$9.30	$8.10	$9.30	$8.10	N	6
58550			LAP ASSISTED VAG HYSTERECTOMY	$435.75	$370.39	$746.82	$634.79	N	
58550	AA		LAP ASSISTED VAG HYSTERECTOMY	$9.30	$8.10	$9.30	$8.10	N	6
58552			LAP SURG W/VAG HYSTER 250 GM	$484.27	$411.63	$828.48	$704.21	N	
58552	AA		LAP SURG W/VAG HYSTER 250 GM	$9.30	$8.10	$9.30	$8.10	N	6
58553			LAP SURG W/VAG HYSTER >250 GMS	$550.19	$467.66	$971.01	$825.36	N	
58553	AA		LAP SURG W/VAG HYSTER >250 GMS	$9.30	$8.10	$9.30	$8.10	N	6
58554			LAP SURG W/VAG HYSTER >250 GMS	$641.08	$544.91	$1,115.20	$947.92	N	
58554	AA		LAP SURG W/VAG HYSTER >250 GMS	$9.30	$8.10	$9.30	$8.10	N	6
58555			DIAGNOSTIC HYSTEROSCOPY	$33.99	$28.89	$191.74	$162.98	N	
58555	AA		DIAGNOSTIC HYSTEROSCOPY	$9.30	$8.10	$9.30	$8.10	N	4
58558			HYSTEROSCOPY W/BX W/WO D&C	$125.94	$107.05	$240.66	$204.56	N	
58558	AA		HYSTEROSCOPY W/BX W/WO D&C	$9.30	$8.10	$9.30	$8.10	N	4
58559			SURG HYSTEROSCOPY W/LYSIS ADHE	$138.67	$117.87	$293.53	$249.50	N	
58559	AA		SURG HYSTEROSCOPY W/LYSIS ADHE	$9.30	$8.10	$9.30	$8.10	N	4
58560			SURG HYSTEROSCOPY W/RES SEPTUM	$152.68	$129.78	$320.06	$272.05	N	
58560	AA		SURG HYSTEROSCOPY W/RES SEPTUM	$9.30	$8.10	$9.30	$8.10	N	4
58561			SURG HYSTEROSCOPY W/REMOV LEIO	$174.71	$148.50	$367.11	$312.04	N	
58561	AA		SURG HYSTEROSCOPY W/REMOV LEIO	$9.30	$8.10	$9.30	$8.10	N	4
58562			SURG HYSTEROSCOPY W/REMOV FOR	$40.70	$34.60	$263.08	$223.62	N	
58562	AA		SURG HYSTEROSCOPY W/REMOV FOR	$9.30	$8.10	$9.30	$8.10	N	4
58563			SURG HYSTEROSCOPY W/ENDO ABLAT	$998.30	$848.55	$1,707.93	$1,451.74	N	
58563	AA		SURG HYSTEROSCOPY W/ENDO ABLAT	$9.30	$8.10	$9.30	$8.10	N	4
58565			HYSTEROSCOPY, STERILIZATION	$794.58	$675.39	$1,943.20	$1,651.72	N	
58565	AA		HYSTEROSCOPY, STERILIZATION	$9.30	$8.10	$9.30	$8.10	N	4
58565	26		HYSTEROSCOPY, STERILIZATION	$226.33	$192.38	$389.74	$331.28	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
58570			LAPAROSCOPY, SURGICAL, WITH TO	$399.72	$339.76	$719.17	$611.29	N	
58570	AA		LAPAROSCOPY, SURGICAL, WITH TO	$9.30	$8.10	$9.30	$8.10	N	4
58571			LAPAROSCOPY, SURGICAL, WITH TO	$449.11	$381.74	$786.11	$668.20	N	
58571	AA		LAPAROSCOPY, SURGICAL, WITH TO	$9.30	$8.10	$9.30	$8.10	N	4
58572			LAPAROSCOPY, SURGICAL, WITH TO	$513.98	$436.88	$891.50	$757.78	N	
58572	AA		LAPAROSCOPY, SURGICAL, WITH TO	$9.30	$8.10	$9.30	$8.10	N	4
58573			LAPAROSCOPY, SURGICAL, WITH TO	$600.89	$510.76	$1,003.09	$852.62	N	
58573	AA		LAPAROSCOPY, SURGICAL, WITH TO	$9.30	$8.10	$9.30	$8.10	N	4
58575			LAPS TOT HYST RESS MAL	$954.69	$811.48	$954.69	$811.48	N	
58575	AA		LAPS TOT HYST RESJ MAL	$9.30	$8.10	$9.30	$8.10	N	4
58578			UNLISTED LAPS PX UTERUS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
58578	AA		UNLISTED LAP PROC UTERUS	$9.30	$8.10	$9.30	$8.10	N	6
58579			UNLISTED HYSTSC PX UTERUS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
58579	AA		UNLISTED HYSTER PROC UTERUS	$9.30	$8.10	$9.30	$8.10	N	4
58580			TRANSCRV ABLTJ UTRN FIBRD RF	$1,358.90	$1,155.07	$1,358.90	$1,155.07	N	
58580	AA		TRANSCRV ABLTJ UTRN FIBRD RF	$9.30	$8.10	$9.30	$8.10	N	
58580	26		TRANSCRV ABLTJ UTRIN FIBRD RF	$199.11	$199.11	$199.11	$199.11	N	
58600			DIVISION OF FALLOPIAN TUBE	$183.95	$156.35	$183.95	$156.35	N	
58600	AA		DIVISION OF FALLOPIAN TUBE	$9.30	$8.10	$9.30	$8.10	N	6
58605			DIVISION OF FALLOPIAN TUBE	$167.13	$142.06	$167.13	$142.06	N	
58605	AA		DIVISION OF FALLOPIAN TUBE	$9.30	$8.10	$9.30	$8.10	N	6
58611			LIGATION/TRANSECT FALLOPIAN TU	$36.68	$31.17	$36.68	$31.17	N	
58611	AA		LIGATION/TRANSECT FALLOPIAN	$9.30	$8.10	$9.30	$8.10	N	6
58615			OCCLUSION OF FALLOPIAN TUBE, D	$125.25	$106.46	$125.25	$106.46	N	
58615	AA		OCCLUSION OF FALLOPIAN TUBE, D	$9.30	$8.10	$9.30	$8.10	N	6
58660			SURG LAP W/LYSIS OF ADHESIONS	$339.09	$288.22	$576.46	$489.99	N	
58660	AA		SURG LAP W/LYSIS OF ADHESIONS	$9.30	$8.10	$9.30	$8.10	N	6
58661			SURG LAP W/REMOV ADNEXAL STRUC	$321.67	$273.42	$562.35	$478.00	N	
58661	AA		SURG LAP W/REMOV ADNEXAL STRUC	$9.30	$8.10	$9.30	$8.10	N	6
58662			SURG LAPAROSCOPY W/FULGURATION	$352.23	$299.40	$611.14	$519.47	N	
58662	AA		SURG LAPAROSCOPY W/FULGURATION	$9.30	$8.10	$9.30	$8.10	N	6
58670			SURG LAP W/FULG OF OVIDUCTS	$184.29	$156.64	$307.81	$261.64	N	
58670	AA		SURG LAP W/FULG OF OVIDUCTS	$9.30	$8.10	$9.30	$8.10	N	6
58671			SURG LAP W/OCCLUS OF OVIDUCTS	$184.29	$156.64	$308.10	$261.89	N	
58671	AA		SURG LAP W/OCCLUS OF OVIDUCTS	$9.30	$8.10	$9.30	$8.10	N	6
58674			LAPS ABLTJ UTERINE FIBROIDS	$400.64	$340.54	$400.64	$340.54	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
58674	AA		LAPS ABLTJ UTERINE FIBROIDS	$9.30	$8.10	$9.30	$8.10	N	6
58679			UNLISTED LAPS PX OVIDCT OVRY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
58679	AA		UNLISTED LAP PROC OVIDUCT/OVAR	$9.30	$8.10	$9.30	$8.10	N	6
58700			REMOVAL OF FALLOPIAN TUBE	$397.31	$337.71	$628.50	$534.23	N	
58700	AA		COMP/PART SALPINGECTOMY	$9.30	$8.10	$9.30	$8.10	N	6
58720			COMP/PART SALPINGO-OOPHORECTOM	$377.00	$320.45	$596.02	$506.62	N	
58720	AA		COMP/PAR SALPINGO0OOPHORECTOMY	$9.30	$8.10	$9.30	$8.10	N	6
58740			LYSIS OF ADHESIONS TUBES/OVARY	$447.69	$380.53	$735.09	$624.82	N	
58740	AA		LYSIS OF ADHESIONS TUBES/OVARY	$9.30	$8.10	$9.30	$8.10	N	6
58750			PLASTIC REPAIR OF FALLOPIAN TU	$448.23	$381.00	$773.29	$657.29	N	
58750	AA		TUBAL REANASTOMOSIS	$9.30	$8.10	$9.30	$8.10	N	6
58760			FIMBRIOPLASTY	$404.54	$343.86	$695.69	$591.33	N	
58760	AA		FIMBRIOPLASTY	$9.30	$8.10	$9.30	$8.10	N	6
58770			SALPINGOSTOMY(SALPINGONEOSTOMY	$424.38	$360.72	$726.92	$617.88	N	
58770	AA		SALPINGOSTOMY(SALPINGONEOSTOMY	$9.30	$8.10	$9.30	$8.10	N	6
58800			DRAINAGE OF OVARIAN CYST(S)	$179.89	$152.91	$267.11	$227.05	N	
58800	AA		DRAINAGE OF OVARIAN CYST(S)	$9.30	$8.10	$9.30	$8.10	N	4
58805			DRAINAGE OF OVARIAN CYST(S)	$212.29	$180.45	$325.06	$276.30	N	
58805	AA		DRAINAGE OF OVARIAN CYST(S)	$9.30	$8.10	$9.30	$8.10	N	4
58820			DRAINAGE OF OVARIAN ABSCESS	$169.11	$143.74	$260.42	$221.36	N	
58820	AA		DRAINAGE OF OVARIAN ABSCESS	$9.30	$8.10	$9.30	$8.10	N	4
58822			DRAINAGE OF OVARIAN ABSCESS	$352.96	$300.01	$531.34	$451.64	N	
58822	AA		DRAINAGE OF OVARIAN ABSCESS	$9.30	$8.10	$9.30	$8.10	N	6
58825			TRANSPOSITION, OVARY(S)	$350.27	$297.73	$582.62	$495.23	N	
58825	AA		TRANSPOSITION, OVARY(S)	$9.30	$8.10	$9.30	$8.10	N	6
58900			BIOPSY OF OVARY(S)	$216.86	$184.33	$330.90	$281.27	N	
58900	AA		BIOPSY OF OVARY(S)	$9.30	$8.10	$9.30	$8.10	N	6
58920			PARTIAL REMOVAL OF OVARY(S)	$352.47	$299.60	$590.42	$501.85	N	
58920	AA		PARTIAL REMOVAL OF OVARY(S)	$9.30	$8.10	$9.30	$8.10	N	6
58925			REMOVAL OF OVARIAN CYST(S)	$381.04	$323.88	$593.56	$504.53	N	
58925	AA		REMOVAL OF OVARIAN CYST(S)	$9.30	$8.10	$9.30	$8.10	N	6
58940			REMOVAL OF OVARY(S)	$276.53	$235.05	$396.49	$337.01	N	
58940	AA		REMOVAL OF OVARY(S)	$9.30	$8.10	$9.30	$8.10	N	6
58943			OOPHORECTOMY,OVAR MALIG,W/W/OU	$595.13	$505.86	$941.46	$800.24	N	
58943	AA		OOPHORECTOMY,OVAR MALIG,W/W/OU	$9.30	$8.10	$9.30	$8.10	N	6
58950			RES OVAR MALIG,BILAL SALP/OOPH	$571.02	$485.36	$880.24	$748.20	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
58950	AA		RES OVAR MALIG,BILAL SALP/OOPH	$9.30	$8.10	$9.30	$8.10	N	6
58951			SEE 58950 W/TAH AND LYMPHADENE	$713.20	$606.22	$1,139.53	$968.60	N	
58951	AA		SEE 58950 W/TAH AND LYMPHADENE	$9.30	$8.10	$9.30	$8.10	N	8
58952			SEE 58950,W/ RAD DISSECT FOR D	$813.57	$691.53	$1,278.33	$1,086.58	N	
58952	AA		SEE 58950,W/ RAD DISSECT FOR D	$9.30	$8.10	$9.30	$8.10	N	6
58953			BILAT SALPINGO-OOPHOR W/OMENT	$988.20	$839.97	$1,617.94	$1,375.25	N	
58953	AA		BILAT SALPINGO-OOPHOR W/OMENT	$9.30	$8.10	$9.30	$8.10	N	8
58954			BIL SALP-OOPH W/OMENTECTOMY	$1,069.23	$908.85	$1,762.52	$1,498.14	N	
58954	AA		BIL SALP-OOPH W/OMENTECTOMY	$9.30	$8.10	$9.30	$8.10	N	8
58956			BSO, OMENTECTOMY W/TAH	$673.13	$572.16	$1,125.89	$957.00	N	
58956	AA		BSO, OMENTECTOMY W/TAH	$9.30	$8.10	$9.30	$8.10	N	8
58958			RESC RECR OVR TBL PP UTR MAL	$813.56	$691.52	$1,276.97	$1,085.42	N	
58958	AA		RESECT RECUR GYN MAL W/LYM	$9.30	$8.10	$9.30	$8.10	N	8
58960			LAPAROTOMY-STAGE OVAR MALIG...	$495.31	$421.01	$765.46	$650.64	N	
58960	AA		LAPAROTOMY-STAGE OVAR MALIG...	$9.30	$8.10	$9.30	$8.10	N	7
58999			UNLISTED PX FML GENITAL SYS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
58999	HU		CHEC PELVIC EXAM	$35.00	$30.00	$35.00	$30.00	N	
58999	HU	SA	CHEC PELVIC EXAM BY APN	$28.50	$28.50	$28.50	$28.50	N	
59000			AMNIOCENTESIS	$58.83	$50.00	$120.82	$102.69	N	
59000	AA		AMNIOCENTESIS	$9.30	$8.10	$9.30	$8.10	N	4
59001			AMNIOCENTESIS THER AMNIO FLD	$87.28	$74.19	$163.65	$139.10	N	
59001	AA		AMNIOCENTESIS THER AMNIO FLD	$9.30	$8.10	$9.30	$8.10	N	4
59012			CORDOCENTESIS (INTRAUTERINE)	$98.50	$83.72	$185.22	$157.43	N	
59012	AA		CORDOCENTESIS (INTRAUTERINE)	$9.30	$8.10	$9.30	$8.10	N	4
59012	UD		CORDOCENTESIS (INTRAUTERINE)	$354.58	$301.39	$354.58	$301.39	N	
59015			CHORIONIC VILLUS SAMPLING CHRO	$78.52	$66.74	$137.50	$116.87	N	
59015	AA		CHORIONIC VILLUS SAMPLING	$9.30	$8.10	$9.30	$8.10	N	4
59020			FETAL OXYTOCIN STRESS TEST	$35.45	$30.13	$55.00	$46.75	N	
59020	SB		FETAL CONTRACT STRESS TEST	$35.45	$35.45	$35.45	$35.45	N	
59020	SB	26	FETAL CONTRACT STRESS TEST	$17.78	$17.78	$17.78	$17.78	N	
59020	TC		FETAL CONTRACT STRESS TEST	$17.67	$17.67	$17.67	$17.67	N	
59020	26		FETAL CONTRACT STRESS TEST	$17.78	$15.11	$17.78	$15.11	N	
59025			FETAL NON-STRESS TEST	$24.55	$20.87	$36.11	$30.70	N	
59025	SB		FETAL NON-STRESS TEST	$24.55	$24.55	$24.55	$24.55	N	
59025	SB	26	FETAL NON STRESS TEST	$14.19	$14.19	$14.19	$14.19	N	
59025	TC		FETAL NON-STRESS TEST	$10.85	$10.85	$10.85	$10.85	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
59025	TH		PATIENT ADMIN NST/FHR(SAFHR)	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
59025	26		FETAL NON - STRESS TEST	$14.19	$12.06	$27.72	$23.56	N	
59030			FETAL SCALP BLOOD SAMPLING	$54.80	$46.58	$102.91	$87.48	N	
59030	AA		FETAL SCALP BLOOD SAMPLE	$9.30	$8.10	$9.30	$8.10	N	4
59030	SB		FETAL SCALP BLOOD SAMPLE	$54.80	$54.80	$54.80	$54.80	N	
59050			INTERNAL FETAL MONITORING/CONS	$24.47	$20.80	$46.22	$39.28	N	
59051			FETAL MONITORING INTERPRETATN	$20.39	$17.33	$38.26	$32.52	N	
59070			TRANSABDOM AMNIOINFUSION	$197.18	$167.60	$349.02	$296.66	N	
59070	AA		TRANSABDOM AMNIOINFUSION	$9.30	$8.10	$9.30	$8.10	N	6
59070	26		TRANSABDOM AMNIOINFUSION	$151.48	$128.75	$252.66	$214.76	N	
59072			FETAL UMB CORD OCCLUSION W/ US	$255.04	$216.78	$395.18	$335.91	N	
59072	AA		FETAL UMB CORD OCCLUSION W/ US	$9.30	$8.10	$9.30	$8.10	N	6
59074			FETAL FLUID DRAINAGE W/ U/S	$189.88	$161.39	$329.34	$279.94	N	
59074	AA		FETAL FLUID DRAINAGE W/ U/S	$9.30	$8.10	$9.30	$8.10	N	6
59074	26		FETAL FLUID DRAINAGE W/ U/S	$151.48	$128.75	$252.66	$214.76	N	
59076			FETAL SHUNT PLACEMENT W/ U/S	$255.04	$216.78	$395.18	$335.91	N	
59076	AA		FETAL SHUNT PLACEMENT W/ U/S	$9.30	$8.10	$9.30	$8.10	N	6
59100			ABD. HYSTEROTOMY FOR MOLE/TOP	$1,527.55	$1,298.42	$1,527.55	$1,298.42	N	
59100	AA		ABD. HYSTEROTOMY FOR MOLE/TOP	$9.30	$8.10	$9.30	$8.10	N	6
59120			SURG TX ECTOPIC PG,TUBAL,W/SAL	$404.75	$344.04	$655.31	$557.02	N	
59120	AA		SURG TX ECTOPIC PG,TUBAL,W/SAL	$9.30	$8.10	$9.30	$8.10	N	6
59121			SURG TX ECTOPIC PG:TUBAL,W/O S	$404.85	$344.12	$665.49	$565.66	N	
59121	AA		SURG TX ECTOPIC PG:TUBAL,W/O S	$9.30	$8.10	$9.30	$8.10	N	6
59130			SURG TX ECTOPIC PG: ABDOMINAL	$469.27	$398.88	$711.58	$604.84	N	
59130	AA		SURG TX ECTOPIC PG: ABDOMINAL	$9.30	$8.10	$9.30	$8.10	N	6
59136			SURGICAL TX ECTOPIC PREGNANCY	$445.57	$378.73	$733.06	$623.10	N	
59136	AA		SURGICAL TX ECTOPIC PREGNANCY	$9.30	$8.10	$9.30	$8.10	N	6
59140			SURG TX ECTOPIC PG: CERVICAL	$207.93	$176.74	$285.70	$242.85	N	
59140	AA		SURG TX ECTOPIC PG: CERVICAL	$9.30	$8.10	$9.30	$8.10	N	5
59150			LAPAROSCOPIC TX	$392.78	$333.86	$654.30	$556.15	N	
59150	AA		LAPAROSCOPIC TX	$9.30	$8.10	$9.30	$8.10	N	6
59151			LAPAROSCOPIC TX	$383.82	$326.25	$649.16	$551.79	N	
59151	AA		LAPAROSCOPIC TX	$9.30	$8.10	$9.30	$8.10	N	6
59160			D&C AFTER DELIVERY	$134.63	$114.44	$211.60	$179.86	N	
59160	AA		D&C AFTER DELIVERY	$9.30	$8.10	$9.30	$8.10	N	3
59200			INSERT.HYGROSCOPIC CERVICAL DI	$66.26	$56.32	$70.96	$60.32	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
59200	AA		INSERT.HYGROSCOPIC CERVICAL DI	$9.30	$8.10	$9.30	$8.10	N	3
59200	AA	UD	INSERT HYGROSCOPIC CERVICAL DI	$9.30	$8.10	$9.30	$8.10	N	3
59200	SB		INSERT.HYGROSCOPIC CERVICAL D	$66.26	$66.26	$66.26	$66.26	N	
59200	UD		INSERT.HYGROSCOPIC CERVICAL DI	$238.52	$202.74	$238.52	$202.74	N	
59300			EPISIOTOMY/VAG REP BY OTHER MD	$113.29	$96.29	$166.98	$141.94	N	
59300	AA		EPISIOTOMY/VAG REP BY OTHER MD	$9.30	$8.10	$9.30	$8.10	N	3
59300	SB		EPISIOTOMY/VAG REP BY OTHER M	$113.29	$113.29	$113.29	$113.29	N	
59320			CERCLAGE/CERVIX,DUR PREG:VAGIN	$74.96	$63.72	$137.90	$117.21	N	
59320	AA		CERCLAGE/CERVIX,DUR PREG:VAGIN	$9.30	$8.10	$9.30	$8.10	N	3
59325			CERCLAGE/CERVIX DUR PREG:ABDOM	$118.33	$100.58	$218.80	$185.98	N	
59325	AA		CERCLAGE/CERVIX DUR PREG:ABDOM	$9.30	$8.10	$9.30	$8.10	N	3
59350			REPAIR OF UTERUS	$136.01	$115.61	$254.50	$216.33	N	
59350	AA		REPAIR OF UTERUS	$9.30	$8.10	$9.30	$8.10	N	3
59400			OBSTETRICAL CARE	$2,390.69	$2,032.09	$2,390.69	$2,032.09	N	
59400	AA	SB	OBSTETRICAL CARE	$9.30	$8.10	$9.30	$8.10	N	4
59400	SA		OBSTERICAL CARE BY APN	$2,390.69	$2,390.69	$2,390.69	$2,390.69	N	
59400	SB		OBSTETRICAL CARE	$2,390.69	$2,390.69	$2,390.69	$2,390.69	N	
59409			VAGINAL DELIVERY ONLY	$782.69	$665.29	$782.69	$665.29	N	
59409	AA		VAG DELIVERY W/WO EPISIOTOMY	$9.30	$8.10	$9.30	$8.10	N	5
59409	HD		DOULA L&D NON C-SECTION	$500.00	$500.00	$500.00	$500.00	N	
59409	SA		VAGINAL DELIVERY ONLY BY APN	$782.69	$782.69	$782.69	$782.69	N	
59409	SB		VAGINAL DELIVERY ONLY BY CNM	$782.69	$782.69	$782.69	$782.69	N	
59409	SG		BIRTH CENTER FACILITY FEE	$1,300.00	$1,300.00	$1,300.00	$1,300.00	N	
59410			VAGINAL DELIVERY & P.P. CARE	$1,061.50	$902.28	$1,061.50	$902.28	N	
59410	AA		VAGINAL DELIVERY ONLY....	$9.30	$8.10	$9.30	$8.10	N	4
59410	AA	SB	VAGINAL DELIVERY ONLY....	$9.30	$8.10	$9.30	$8.10	N	4
59410	SA		VAGINAL DELIVERY & P.P. CARE	$1,061.50	$1,061.50	$1,061.50	$1,061.50	N	
59410	SB		VAGINAL DELIVERY + PP VISIT	$1,061.50	$1,061.50	$1,061.50	$1,061.50	N	
59412			EXTERNAL CEPHALIC VERSION,W/WO	$50.53	$42.95	$50.53	$42.95	N	
59412	SA		EXTERNAL CEPHALIC VERSION,W/WO	$42.95	$42.95	$42.95	$42.95	N	
59412	SB		EXTERNAL CEPHALIC VERSION,W/WO	$50.53	$50.53	$50.53	$50.53	N	
59414			DELIVERY PLACENTA SEPARATE PRO	$44.52	$37.84	$44.52	$37.84	N	
59414	AA		DELIVERY PLACENTA SEPARATE PRO	$9.30	$8.10	$9.30	$8.10	N	5
59414	SA		DELIVERY PLACENTA SEPARATE PR	$37.84	$37.84	$37.84	$37.84	N	
59425			ANTEPARTUM CARE ONLY	$558.66	$474.86	$558.66	$474.86	N	
59425	SA		ANTEPARTUM CARE ONLY	$558.66	$558.66	$558.66	$558.66	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
59425	SB		ANTEPARTUM CARE ONLY	$558.66	$558.66	$558.66	$558.66	N	
59426			ANTEPARTUM CARE ONLY	$1,022.65	$869.25	$1,022.65	$869.25	N	
59426	SA		ANTEPARTUM CARE ONLY	$1,022.65	$1,022.65	$1,022.65	$1,022.65	N	
59426	SB		ANTEPARTUM CARE ONLY	$1,022.65	$1,022.65	$1,022.65	$1,022.65	N	
59430			CARE AFTER DELIVERY	$261.18	$222.00	$261.18	$222.00	N	
59430	SA		CARE AFTER DELIVERY	$261.18	$261.18	$261.18	$261.18	N	
59430	SB		CARE AFTER DELIVERY	$261.18	$261.18	$261.18	$261.18	N	
59510			ROUTINE OB CARE,AP/PP/C.SECTIO	$2,654.45	$2,256.28	$2,654.45	$2,256.28	N	
59510	AA		ROUTINE OB CARE,AP,PP,C.SECT.	$9.30	$8.10	$9.30	$8.10	N	7
59514			CESAREAN SECTION DELIVERY ONLY	$887.65	$754.50	$887.65	$754.50	N	
59514	AA		CESAREAN DELIVERY ONLY	$9.30	$8.10	$9.30	$8.10	N	7
59514	AS	SB	CESAREAN SECTION DELIVERY ONLY	$145.94	$145.94	$145.94	$145.94	N	
59514	HD		DOULA L&D C-SECTION	$500.00	$500.00	$500.00	$500.00	N	
59515			CESAREAN SECTION/POSTPARTUM CA	$1,317.06	$1,119.50	$1,317.06	$1,119.50	N	
59515	AA		CESAREAN SECTION INCL PP CARE	$9.30	$8.10	$9.30	$8.10	N	7
59525			HYSTERECTOMY AFTER C-SECTION	$235.01	$199.76	$235.01	$199.76	N	
59525	AA		HYSTERECTOMY AFTER C-SECTION	$9.30	$8.10	$9.30	$8.10	N	8
59610			VBAC DELIVERY	$2,503.01	$2,127.56	$2,503.01	$2,127.56	N	
59610	AA		VBAC DELIVERY	$9.30	$8.10	$9.30	$8.10	N	5
59610	AA	SB	VBAC DELIVERY BY CNM	$9.30	$8.10	$9.30	$8.10	N	5
59610	SA		VBC DELIVERY SHORT	$2,503.01	$2,503.01	$2,503.01	$2,503.01	N	
59610	SB		VBAC DELIVERY	$2,503.01	$2,503.01	$2,503.01	$2,503.01	N	
59612			VBAC DELIVERY ONLY	$886.89	$753.86	$886.89	$753.86	N	
59612	AA	SB	VBAC DELIVERY ONLY BY CNM	$9.30	$8.10	$9.30	$8.10	N	5
59612	SB		VBAC DELIVERY ONLY	$886.89	$886.89	$886.89	$886.89	N	
59614			VBAC CARE AFTER DELIVERY	$1,146.93	$974.89	$1,146.93	$974.89	N	
59614	AA		VBAC CARE AFTER DELIVERY	$9.30	$8.10	$9.30	$8.10	N	5
59614	AA	SB	VBAC CARE AFTER DELIVERY CNM	$9.30	$8.10	$9.30	$8.10	N	5
59614	SB		VBAC CARE AFTER DELIVERY	$1,146.93	$1,146.93	$1,146.93	$1,146.93	N	
59618			ATTEMPTED VBAC DELIVERY	$2,682.33	$2,279.98	$2,682.33	$2,279.98	N	
59618	AA		ATTEMPTED VBAC DELIVERY	$9.30	$8.10	$9.30	$8.10	N	6
59620			ATTEMPTED VBAC DELIVERY ONLY	$918.20	$780.47	$918.20	$780.47	N	
59620	AA		ATTEMPTED VBAC DELIVERY ONLY	$9.30	$8.10	$9.30	$8.10	N	6
59620	AS	SB	ATTEMPTED VBAC DELIVERY ONLY	$150.79	$150.79	$150.79	$150.79	N	
59622			ATTEMPTED VBAC AFTERCARE	$1,363.35	$1,158.85	$1,363.35	$1,158.85	N	
59622	AA		ATTEMPTED VBAC AFTERCARE	$9.30	$8.10	$9.30	$8.10	N	6

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
59812			TX MISCARRIAGE, SURGICAL	$649.58	$552.15	$649.58	$552.15	N	
59812	AA		TX MISCARRIAGE, SURGICAL	$9.30	$8.10	$9.30	$8.10	N	3
59820			MISSED ABORTION ANY TRIMESTER	$790.43	$671.87	$790.43	$671.87	N	
59820	AA		MISSED ABORTION ANY TRIMESTER	$9.30	$8.10	$9.30	$8.10	N	3
59821			TX MISSED MISCARRIAGE,SURG.	$777.15	$660.58	$777.15	$660.58	N	
59821	AA		TX MISSED MISCARRIAGE,SURG	$9.30	$8.10	$9.30	$8.10	N	3
59830			TREATMENT OF SEPTIC ABORTION	$830.90	$706.26	$830.90	$706.26	N	
59830	AA		TREATMENT OF SEPTIC ABORTION	$9.30	$8.10	$9.30	$8.10	N	3
59840			INDUCED ABORTION D&C	$446.92	$379.88	$446.92	$379.88	N	
59840	AA		THERAPUTIC ABORTION BY D&C	$9.30	$8.10	$9.30	$8.10	N	4
59840	UA		TOP BY D&C THRU 14 WEEKS LMP	$446.92	$446.92	$446.92	$446.92	N	
59840	UA	UD	TOP BY D&C THRU 14 WKS LMP	$446.92	$446.92	$446.92	$446.92	N	
59841			INDUCED ABORTION DILAT&EVAC	$763.81	$649.24	$763.81	$649.24	N	
59841	AA		ABORTION BY DILATION + EVACUAT	$9.30	$8.10	$9.30	$8.10	N	4
59841	UA		TOP BY D&E THRU 14 WEEKS LMP	$763.81	$763.81	$763.81	$763.81	N	
59841	UA	UD	TOP BY D&E THRU 14 WKS LMP	$763.81	$763.81	$763.81	$763.81	N	
59841	UB		TOP BY D&E 15 THRU 20 WKS LMP	$763.81	$763.81	$763.81	$763.81	N	
59850			INDUCED ABORTION 1+ NJX	$703.42	$597.91	$703.42	$597.91	N	
59850	AA		TOP BY INTRA-AMNIOTIC INJECT	$9.30	$8.10	$9.30	$8.10	N	3
59851			INDUCED ABORTION 1+NJX D&C	$770.02	$654.52	$770.02	$654.52	N	
59851	AA		SALINE TOP WITH D&C OR D&E	$9.30	$8.10	$9.30	$8.10	N	3
59852			INDUCED ABORTION 1+NJX HYST	$1,054.71	$896.50	$1,054.71	$896.50	N	
59852	AA		SALINE ABORTION WITH HYSTEROTO	$9.30	$8.10	$9.30	$8.10	N	3
59855			INDUCED ABORTION 1+VAG SUPP	$760.57	$646.49	$760.57	$646.49	N	
59855	AA		TOP >1 VAG SUPP/D&C	$9.30	$8.10	$9.30	$8.10	N	3
59855	UB	22	TOP BEYOND 20 WEEKS LMP	$772.97	$772.97	$772.97	$772.97	N	
59856			INDUCED AB 1+VAG SUPP D&C	$889.51	$756.08	$889.51	$756.08	N	
59856	AA		TOP D&C&/OR D&E	$9.30	$8.10	$9.30	$8.10	N	4
59856	UB	22	TOP BEYOND 20 WEEKS LMP	$902.27	$902.27	$902.27	$902.27	N	
59857			INDUCED AB 1+VAG SUPP HYST	$1,034.84	$879.61	$1,034.84	$879.61	N	
59857	AA		TOP >1=1 VAG SUPPOS W/HYSTEROT	$9.30	$8.10	$9.30	$8.10	N	3
59866			MULTIFETAL PREGNANCY REDUCTION	$421.99	$358.69	$421.99	$358.69	N	
59866	AA		MULTIFETAL PREGNANCY REDUCTION	$9.30	$8.10	$9.30	$8.10	N	3
59870			UTERINE EVAC&CURETTAGE/H.MOLE	$267.53	$227.40	$383.94	$326.35	N	
59870	AA		UTERINE EVAC&CURETTAGE/H.MOLE	$9.30	$8.10	$9.30	$8.10	N	3
59871			CERCLAGE SUTURE REMOVAL	$65.69	$55.83	$136.30	$115.86	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
59871	AA		CERCLAGE SUTURE REMOVAL	$9.30	$8.10	$9.30	$8.10	N	3
59897			UNLISTED FETAL INVAS PX W/US	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
59897	AA		UNLISTED FETAL INVASIVE PROC	$9.30	$8.10	$9.30	$8.10	N	7
59898			UNLSTD LAPS PX MAT CARE&DLVR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
59898	AA		UNLISTED LAP PROC MAT CARE&DEL	$9.30	$8.10	$9.30	$8.10	N	6
59899			UNLISTED PX MAT CARE&DLVR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
60000			DRAIN THYROID/TONGUE CYST	$94.08	$79.97	$125.55	$106.72	N	
60000	AA		DRAIN THYROID/TONGUE CYST	$9.30	$8.10	$9.30	$8.10	N	4
60100			BIOPSY OF THYROID	$54.29	$46.14	$99.78	$84.81	N	
60100	AA		BIOPSY OF THYROID	$9.30	$8.10	$9.30	$8.10	N	3
60200			REMOVE THYROID LESION	$333.62	$283.58	$535.02	$454.77	N	
60200	AA		REMOVE THYROID LESION	$9.30	$8.10	$9.30	$8.10	N	6
60210			PARTIAL THYROID LOBECTOMY UNI	$352.51	$299.63	$571.38	$485.67	N	
60210	AA		PARTIAL THYROID LOBECTOMY UNI	$9.30	$8.10	$9.30	$8.10	N	6
60212			W CONTRA LAT SUBTOTAL LOBECTMY	$508.77	$432.45	$824.38	$700.73	N	
60212	AA		W CONTRA LAT SUBTOTAL LOBECTMY	$9.30	$8.10	$9.30	$8.10	N	6
60220			PARTIAL REMOVAL OF THYROID	$351.45	$298.73	$623.58	$530.05	N	
60220	AA		PARTIAL REMOVAL OF THYROID	$9.30	$8.10	$9.30	$8.10	N	6
60225			PARTIAL REMOVAL OF THYROID	$466.58	$396.59	$748.18	$635.96	N	
60225	AA		PARTIAL REMOVAL OF THYROID	$9.30	$8.10	$9.30	$8.10	N	6
60240			REMOVAL OF THYROID	$454.22	$386.08	$819.62	$696.68	N	
60240	AA		REMOVAL OF THYROID	$9.30	$8.10	$9.30	$8.10	N	6
60252			REMOVAL OF THYROID	$651.09	$553.42	$1,060.39	$901.33	N	
60252	AA		REMOVAL OF THYROID	$9.30	$8.10	$9.30	$8.10	N	6
60254			EXTENSIVE THYROID SURGERY	$820.78	$697.66	$1,409.97	$1,198.47	N	
60254	AA		EXTENSIVE THYROID SURGERY	$9.30	$8.10	$9.30	$8.10	N	6
60260			REMAINING THYROIDECTOMY	$537.47	$456.85	$902.55	$767.17	N	
60260	AA		REPEAT THYROID SURGERY	$9.30	$8.10	$9.30	$8.10	N	6
60260	AA	50	THYROIDECTOMY,SECONDARY:BILATE	$9.30	$8.10	$9.30	$8.10	N	6
60260	50		THYROIDECTOMY,SECONDARY:BILATE	$435.00	$370.00	$1,805.10	$1,534.34	N	
60270			REMOVAL OF THYROID	$670.41	$569.84	$1,064.01	$904.41	N	
60270	AA		REMOVAL OF THYROID	$9.30	$8.10	$9.30	$8.10	N	12
60271			THYROIDECTOMY W CERVICAL APPRH	$521.61	$443.37	$874.34	$743.19	N	
60271	AA		THYROIDECTOMY W CERVICAL APPRH	$9.30	$8.10	$9.30	$8.10	N	12
60280			REMOVE THYROID DUCT LESION	$228.26	$194.02	$359.66	$305.71	N	
60280	AA		REMOVE THYROID DUCT LESION	$9.30	$8.10	$9.30	$8.10	N	6

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
60281			EXC.RECURRENT THYRO.DUCT CYST/	$297.84	$253.16	$489.42	$416.00	N	
60281	AA		EXC.RECURRENT THYRO.DUCT CYST/	$9.30	$8.10	$9.30	$8.10	N	6
60300			ASPIRATION AND/OR INJECTION, T	$51.50	$43.78	$40.16	$34.14	N	
60300	AA		ASPIRATION AND/OR INJECTION, T	$9.30	$8.10	$9.30	$8.10	N	6
60500			EXPLORE PARATHYROID GLANDS	$481.15	$408.98	$823.31	$699.82	N	
60500	AA		EXPLORE PARATHYROID GLANDS	$9.30	$8.10	$9.30	$8.10	N	6
60502			RE-EXPLORE PARATHYROID(S)	$645.84	$548.96	$1,035.41	$880.10	N	
60502	AA		RE-EXPLORE PARATHYROID(S)	$9.30	$8.10	$9.30	$8.10	N	6
60505			EXPLORE PARATHYROID GLANDS	$689.66	$586.21	$1,127.97	$958.77	N	
60505	AA		EXPLORE PARATHYROID GLANDS	$9.30	$8.10	$9.30	$8.10	N	13
60512			PARATHYROID AUTOTRANSPLANTATN:	$117.31	$99.71	$210.99	$179.34	N	
60512	AA		PARATHYROID AUTOTRANSPLANTATN	$9.30	$8.10	$9.30	$8.10	N	13
60520			REMOVAL OF THYMUS GLAND	$519.15	$441.27	$877.14	$745.57	N	
60520	AA		REMOVAL OF THYMUS GLAND	$9.30	$8.10	$9.30	$8.10	N	13
60521			THYMECTOM STERNAL SPLIT/TRANST	$550.02	$467.51	$1,003.31	$852.82	N	
60521	AA		THYMECTOM STERNAL SPLIT/TRONST	$9.30	$8.10	$9.30	$8.10	N	13
60522			THYMECTOMY STERNAL/TRANSTHORAL	$664.81	$565.09	$1,208.38	$1,027.13	N	
60522	AA		THYMECTOMY STERNAL/TRONSTHORAC	$9.30	$8.10	$9.30	$8.10	N	13
60540			EXPLORE ADRENAL GLAND	$532.92	$452.98	$846.74	$719.73	N	
60540	AA		EXPLORE ADRENAL GLAND	$9.30	$8.10	$9.30	$8.10	N	10
60540	AA	50	ADRENALECTOMY:BILATERAL,ONE ST	$9.30	$8.10	$9.30	$8.10	N	10
60540	50		ADRENALECTOMY:BILATERAL,ONE ST	$590.00	$502.00	$1,693.47	$1,439.45	N	
60545			EXPLORE ADRENAL GLAND	$613.56	$521.52	$978.82	$831.99	N	
60545	AA		EXPLORE ADRENAL GLAND	$9.30	$8.10	$9.30	$8.10	N	9
60600			REMOVE CAROTID BODY LESION	$657.79	$559.12	$1,003.48	$852.96	N	
60600	AA		REMOVE CAROTID BODY LESION	$9.30	$8.10	$9.30	$8.10	N	6
60605			REMOVE CAROTID BODY LESION	$785.55	$667.72	$1,129.48	$960.06	N	
60605	AA		REMOVE CAROTID BODY LESION	$9.30	$8.10	$9.30	$8.10	N	10
60650			SURG LAP W/ADRENALECTOMY	$588.15	$499.93	$970.15	$824.63	N	
60650	AA		SURG LAP W/ADRENALECTOMY	$9.30	$8.10	$9.30	$8.10	N	6
60659			UNLISTED LAPS PX ENDOC SYS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
60659	AA		UNLISTED LAP PROC ENDOCRINE	$9.30	$8.10	$9.30	$8.10	N	6
60699			UNLISTED PX ENDOCRINE SYSTEM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
61000			REMOVE CRANIAL CAVITY FLUID	$57.05	$48.49	$86.02	$73.12	N	
61000	AA		REMOVE CRANIAL CAVITY FLUID	$9.30	$8.10	$9.30	$8.10	N	3
61001			REMOVE CRANIAL CAVITY FLUID	$54.27	$46.13	$87.80	$74.63	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
61001	AA		REMOVE CRANIAL CAVITY FLUID	$9.30	$8.10	$9.30	$8.10	N	3
61020			REMOVE BRAIN CAVITY FLUID	$52.92	$44.98	$102.89	$87.46	N	
61020	AA		REMOVE BRAIN CAVITY FLUID	$9.30	$8.10	$9.30	$8.10	N	5
61026			PUNCTURE BURR HOLE FOR INJECTI	$56.17	$47.74	$109.01	$92.66	N	
61026	AA		PUNCTURE BURR HOLE FOR INJECTI	$9.30	$8.10	$9.30	$8.10	N	5
61050			REMOVE BRAIN CANAL FLUID	$39.38	$33.47	$88.20	$74.97	N	
61050	AA		REMOVE BRAIN CANAL FLUID	$9.30	$8.10	$9.30	$8.10	N	3
61055			CERVICAL PUNCTURE FOR INJECTIO	$56.57	$48.08	$119.59	$101.65	N	
61055	AA		CERVICAL PUNCTURE FOR INJECTIO	$9.30	$8.10	$9.30	$8.10	N	3
61070			BRAIN CANAL SHUNT PROCEDURE	$27.76	$23.59	$59.09	$50.23	N	
61070	AA		BRAIN CANAL SHUNT PROCEDURE	$9.30	$8.10	$9.30	$8.10	N	3
61105			TDH SDRL/VENTR PNXR	$238.41	$202.65	$334.82	$284.60	N	
61105	AA		TWIST DRILL:SUBDURAL/VENTRICUL	$9.30	$8.10	$9.30	$8.10	N	9
61107			TDH PNXR IMPLT VENTR CATH	$154.36	$131.21	$282.02	$239.71	N	
61107	AA		TWIST DRILL HOLE/VENTRICULAR C	$9.30	$8.10	$9.30	$8.10	N	7
61108			TDH PNXR EVAC&/DRG SDRL HMTA	$460.41	$391.34	$642.09	$545.77	N	
61108	AA		TWIST DRILL HOLE...:EVAC/DRAIN	$9.30	$8.10	$9.30	$8.10	N	11
61120			BURR HOLE FOR VENTR PUNCTURE	$382.22	$324.89	$542.24	$460.90	N	
61120	AA		PIERCE SKULL FOR EXAMINATION	$9.30	$8.10	$9.30	$8.10	N	9
61140			BURR HOLE/TREPH BX BRAIN/LES	$643.49	$546.96	$959.60	$815.66	N	
61140	AA		PIERCE SKULL FOR BIOPSY	$9.30	$8.10	$9.30	$8.10	N	9
61150			BUR HOL/TRPH DRG BRN ABS/CST	$681.53	$579.30	$1,034.62	$879.42	N	
61150	AA		PIERCE SKULL FOR DRAINAGE	$9.30	$8.10	$9.30	$8.10	N	9
61151			BURR HOLE/TREPH SBSQ TAPPING	$100.65	$85.55	$746.25	$634.31	N	
61151	AA		PIERCE SKULL FOR DRAINAGE	$9.30	$8.10	$9.30	$8.10	N	3
61154			BURR HOLE W/EVAC&/DRG HMTMA	$647.25	$550.16	$919.91	$781.93	N	
61154	AA		PIERCE SKULL FOR DRAINAGE	$9.30	$8.10	$9.30	$8.10	N	11
61154	AA	50	PIERCE SKULL FOR DRAINAGE:BILA	$9.30	$8.10	$9.30	$8.10	N	11
61154	50		PIERCE SKULL FOR DRAINAGE:BILA	$543.00	$462.00	$1,839.82	$1,563.85	N	
61156			BURR HOL ASPIR HMTM/CST ICER	$626.04	$532.13	$974.43	$828.27	N	
61156	AA		PIERCE SKULL FOR DRAINAGE	$9.30	$8.10	$9.30	$8.10	N	11
61210			BURR HOLE IMPLT VENTR CATH	$181.03	$153.87	$327.66	$278.51	N	
61210	AA		PIERCE SKULL: IMPLANT DEVICE	$9.30	$8.10	$9.30	$8.10	N	9
61215			INS SUBQ RSVR PMP/NFS SYS	$265.29	$225.49	$327.53	$278.40	N	
61215	AA		INSERT SYST.-CONNECT TO VENTRI	$9.30	$8.10	$9.30	$8.10	N	7
61250			BURR HOLE/TREPH STTL EXPL	$441.09	$374.92	$643.35	$546.85	N	

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
61250	AA		PIERCE SKULL & EXPLORE	$9.30	$8.10	$9.30	$8.10	N	9
61250	AA	50	PIERCE SKULL & EXPLORE:BILATER	$9.30	$8.10	$9.30	$8.10	N	9
61250	50		PIERCE SKULL & EXPLORE:BILATER	$362.00	$315.00	$1,286.70	$1,093.70	N	
61253			BURR HOLE TREPH ITTL UNI/BI	$503.23	$427.75	$729.79	$620.32	N	
61253	AA		PIERCE SKULL & EXPLORE	$9.30	$8.10	$9.30	$8.10	N	11
61304			CRNEC/CRNOT EXPL SUPRATNTORL	$824.84	$701.11	$1,295.58	$1,101.25	N	
61304	AA		INCISE SKULL FOR EXPLORATION	$9.30	$8.10	$9.30	$8.10	N	11
61305			CRNEC/CRNOT EXPL INFRATNTORL	$1,007.85	$856.67	$1,540.01	$1,309.01	N	
61305	AA		INCISE SKULL FOR EXPLORATION	$9.30	$8.10	$9.30	$8.10	N	11
61312			CRNEC/CRNOT STTL XDRL/SDRL	$1,037.32	$881.72	$1,474.30	$1,253.16	N	
61312	AA		CRANIECTOMY/OTOMY-HEMATOMA:EXT	$9.30	$8.10	$9.30	$8.10	N	11
61313			CRNEC/CRNOT STTL ICERE	$998.53	$848.75	$1,480.21	$1,258.18	N	
61313	AA		CRANIECTOMY/OTOMY-HEMATOMA:INT	$9.30	$8.10	$9.30	$8.10	N	11
61314			CRNEC/CRNOT ITTL XDRL/SDRL	$918.49	$780.71	$1,393.01	$1,184.06	N	
61314	AA		CRANIECTOMY/OTOMY-HEMATOMA:EXT	$9.30	$8.10	$9.30	$8.10	N	11
61315			CRNEC/CRNOT ITTL NTRACEREBLR	$1,037.91	$882.22	$1,629.50	$1,385.07	N	
61315	AA		CRANIECTOMY/OTOMY-HEMATOMA:INT	$9.30	$8.10	$9.30	$8.10	N	11
61316			INC&SUBQ PLMT CRNL BONE GRF	$43.34	$36.83	$74.63	$63.44	N	
61320			CRNEC/CRNOT DRG ICR ABS STTL	$952.14	$809.32	$1,505.34	$1,279.54	N	
61320	AA		INCISE SKULL FOR DRAINAGE	$9.30	$8.10	$9.30	$8.10	N	9
61321			CRNEC/CRNOT DRG ICR ABS ITTL	$1,066.55	$906.57	$1,658.57	$1,409.78	N	
61321	AA		INCISE SKULL FOR DRAINAGE	$9.30	$8.10	$9.30	$8.10	N	9
61322			CRNEC/CRNOT DCMPRV W/O LOBEC	$1,194.44	$1,015.27	$1,689.04	$1,435.68	N	
61322	AA		CRANIECT/CRANIOT WO LOBECTOMY	$9.30	$8.10	$9.30	$8.10	N	13
61323			CRNEC/CRNOT DCMPRV W/LOBEC	$1,187.49	$1,009.37	$1,762.21	$1,497.88	N	
61323	AA		CRANIECT/CRANIOT W/LOBECTOMY	$9.30	$8.10	$9.30	$8.10	N	13
61330			DCMPRN ORBIT ONLY TRANSCRNL	$903.15	$767.67	$1,271.43	$1,080.72	N	
61330	AA		EXPLORATION OF EYE SOCKET	$9.30	$8.10	$9.30	$8.10	N	11
61330	AA	50	EXPLORATION EYE SOCKET:BILATER	$9.30	$8.10	$9.30	$8.10	N	11
61330	50		EXPLORATION EYE SOCKET:BILATER	$770.00	$654.00	$2,542.86	$2,161.43	N	
61333			EXPL ORBIT W/REMOVAL LESION	$1,011.84	$860.06	$1,527.82	$1,298.65	N	
61333	AA		EXPLORE ORBIT: REMOVE LESION	$9.30	$8.10	$9.30	$8.10	N	11
61340			SUBTEMPORAL CRANIAL DCMPRN	$726.80	$617.78	$1,109.86	$943.38	N	
61340	AA		RELIEVE CRANIAL PRESSURE	$9.30	$8.10	$9.30	$8.10	N	9
61340	AA	50	RELIEVE CRANIAL PRESSURE:BILAT	$9.30	$8.10	$9.30	$8.10	N	9
61340	50		RELIEVE CRANIAL PRESSURE:BILAT	$557.00	$473.00	$2,219.73	$1,886.77	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
61343			CRNEC SOPL CRV LAM DCMPRN	$1,098.60	$933.81	$1,736.55	$1,476.07	N	
61343	AA		CRANIECTOMY,DECOMPRESS MED/SPN	$9.30	$8.10	$9.30	$8.10	N	11
61345			OTH CRANIAL DCMPRN PST FOSSA	$1,026.50	$872.52	$1,589.41	$1,351.00	N	
61345	AA		RELIEVE CRANIAL PRESSURE	$9.30	$8.10	$9.30	$8.10	N	9
61450			CRNEC STPL SCTJ CMPRN/DCMPRN	$963.97	$819.37	$1,475.34	$1,254.04	N	
61450	AA		INCISE SKULL FOR SURGERY	$9.30	$8.10	$9.30	$8.10	N	11
61458			CRNEC SOPL XPL/DCMPR CRL NRV	$1,013.57	$861.53	$1,596.03	$1,356.63	N	
61458	AA		INCISE SKULL FOR SURGERY	$9.30	$8.10	$9.30	$8.10	N	11
61460			CRNEC SOPL SCTJ 1+CRNL NRV	$1,057.57	$898.93	$1,632.48	$1,387.61	N	
61460	AA		CRANIECTOMY,SUBOCCIPITAL	$9.30	$8.10	$9.30	$8.10	N	11
61490	AA		INCISE SKULL FOR SURGERY	$9.30	$8.10	$9.30	$8.10	N	11
61490	AA	50	INCISE SKULL FOR SURGERY:BILAT	$9.30	$8.10	$9.30	$8.10	N	11
61490	50		INCISE SKULL FOR SURGERY:BILAT	NA	NA	$3,001.74	$2,551.48	N	
61500			CRNEC EXC TUM/BONE LES SKULL	$648.50	$551.23	$1,054.08	$895.97	N	
61500	AA		REMOVAL OF SKULL LESION	$9.30	$8.10	$9.30	$8.10	N	11
61501			CRANIECTOMY F/OSTEOMYELITIS	$567.87	$482.69	$876.46	$744.99	N	
61501	AA		CRANIECTOMY FOR OSTEOMYELITIS	$9.30	$8.10	$9.30	$8.10	N	11
61510			CRNEC TREPH EXC BRN TUM STTL	$1,108.20	$941.97	$1,682.52	$1,430.14	N	
61510	AA		REMOVAL OF BRAIN LESION	$9.30	$8.10	$9.30	$8.10	N	11
61512			CRNEC TREPH EXC MNGIOMA STTL	$1,278.96	$1,087.12	$2,044.35	$1,737.70	N	
61512	AA		REMOVE BRAIN LINING LESION	$9.30	$8.10	$9.30	$8.10	N	11
61514			CRNEC TREPH EXC BRN ABS STTL	$964.19	$819.56	$1,480.74	$1,258.63	N	
61514	AA		REMOVAL OF BRAIN ABSCESS	$9.30	$8.10	$9.30	$8.10	N	11
61516			CRNEC TREPH EXC CYST STTL	$940.26	$799.22	$1,448.82	$1,231.49	N	
61516	AA		REMOVAL OF BRAIN LESION	$9.30	$8.10	$9.30	$8.10	N	11
61517			IMPLT BRN INTRCV CHEMOTX AGT	$43.18	$36.70	$75.67	$64.32	N	
61518			REMOVAL OF BRAIN LESION	$1,388.29	$1,180.05	$2,179.54	$1,852.61	N	
61518	AA		REMOVAL OF BRAIN LESION	$9.30	$8.10	$9.30	$8.10	N	11
61519			REMOVE BRAIN LINING LESION	$1,473.39	$1,252.38	$2,390.07	$2,031.56	N	
61519	AA		REMOVE BRAIN LINING LESION	$9.30	$8.10	$9.30	$8.10	N	11
61520			REMOVAL OF BRAIN LESION	$1,855.24	$1,576.95	$3,093.09	$2,629.12	N	
61520	AA		REMOVAL OF BRAIN LESION	$9.30	$8.10	$9.30	$8.10	N	11
61521			CRANIECTOMY-EXCISE BRAIN TUMOR	$1,581.70	$1,344.44	$2,563.15	$2,178.68	N	
61521	AA		CRANIECTOMY-EXCISE BRAIN TUMOR	$9.30	$8.10	$9.30	$8.10	N	11
61522			REMOVAL OF BRAIN ABSCESS	$1,098.12	$933.40	$1,712.61	$1,455.72	N	
61522	AA		REMOVAL OF BRAIN ABSCESS	$9.30	$8.10	$9.30	$8.10	N	11

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
61524			REMOVAL OF BRAIN LESION	$1,046.77	$889.75	$1,623.31	$1,379.82	N	
61524	AA		REMOVAL OF BRAIN LESION	$9.30	$8.10	$9.30	$8.10	N	11
61526			REMOVAL OF BRAIN LESION	$1,653.50	$1,405.48	$2,858.33	$2,429.58	N	
61526	AA		REMOVAL OF BRAIN LESION	$9.30	$8.10	$9.30	$8.10	N	11
61530			REMOVAL OF BRAIN LESION	$1,534.10	$1,303.99	$2,417.76	$2,055.10	N	
61530	AA		REMOVAL OF BRAIN LESION	$9.30	$8.10	$9.30	$8.10	N	11
61531			SUBD.IMPL. STRIP ELECT.	$622.37	$529.01	$883.92	$751.33	N	
61531	AA		SUBD IMPL STRIP ELECT	$9.30	$8.10	$9.30	$8.10	N	11
61533			CRANIECTOMY, TREPHINATION, BON	$770.02	$654.51	$1,164.94	$990.20	N	
61533	AA		CRANIECTOMY, TREPHINATION, BON	$9.30	$8.10	$9.30	$8.10	N	11
61534			REMOVAL OF BRAIN LESION	$832.71	$707.80	$1,233.22	$1,048.24	N	
61534	AA		REMOVAL OF BRAIN LESION	$9.30	$8.10	$9.30	$8.10	N	11
61535			CRANIECTOMY, TREPHINATION, BON	$511.47	$434.75	$511.47	$434.75	N	
61535	AA		CRANIECTOMY, TREPHINATION, BON	$9.30	$8.10	$9.30	$8.10	N	11
61536			REMOVAL OF BRAIN LESION	$1,290.60	$1,097.01	$2,065.51	$1,755.69	N	
61536	AA		REMOVAL OF BRAIN LESION	$9.30	$8.10	$9.30	$8.10	N	11
61537			CRANIOTOMY W/ELEV BONE FLAP	$1,228.42	$1,044.16	$1,494.84	$1,270.61	N	
61537	AA		CRANIOTOMY W/ELEV BONE FLAP	$9.30	$8.10	$9.30	$8.10	N	11
61538			REMOVAL OF BRAIN TISSUE	$1,329.29	$1,129.90	$1,571.41	$1,335.70	N	
61538	AA		REMOVAL OF BRAIN TISSUE	$9.30	$8.10	$9.30	$8.10	N	11
61539			REMOVAL OF BRAIN TISSUE	$1,183.33	$1,005.83	$1,861.90	$1,582.62	N	
61539	AA		REMOVAL OF BRAIN TISSUE	$9.30	$8.10	$9.30	$8.10	N	11
61540			CRANIOTOMY W/ELEVATION BONE FL	$1,091.80	$928.03	$1,778.81	$1,511.99	N	
61540	AA		CRANIOTOMY W/ELEVATION BONE FL	$9.30	$8.10	$9.30	$8.10	N	11
61541			CRANIECTOMY-TRANSECT CORPUS CA	$1,079.81	$917.84	$1,656.42	$1,407.96	N	
61541	AA		CRANIECTOMY-TRANSECT CORPUS CA	$9.30	$8.10	$9.30	$8.10	N	11
61543			CRANIECTOMY-PARTIAL HEMISPHERE	$1,091.42	$927.70	$1,702.54	$1,447.16	N	
61543	AA		CRANIECTOMY-PARTIAL HEMISPHERE	$9.30	$8.10	$9.30	$8.10	N	11
61544			REMOVE & TREAT BRAIN LESION	$953.66	$810.61	$1,450.82	$1,233.20	N	
61544	AA		REMOVE & TREAT BRAIN LESION	$9.30	$8.10	$9.30	$8.10	N	11
61545			CRANIECTOMY...:EXCISE CRANIOPH	$1,595.40	$1,356.09	$2,519.23	$2,141.35	N	
61545	AA		CRANIECTOMY...:EXCISE CRANIOPH	$9.30	$8.10	$9.30	$8.10	N	11
61546			REMOVAL OF PITUITARY GLAND	$1,157.49	$983.87	$1,808.90	$1,537.57	N	
61546	AA		REMOVAL OF PITUITARY GLAND	$9.30	$8.10	$9.30	$8.10	N	11
61548			REMOVAL OF PITUITARY GLAND	$784.55	$666.87	$1,215.68	$1,033.33	N	
61548	AA		REMOVAL OF PITUITARY GLAND	$9.30	$8.10	$9.30	$8.10	N	5

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
61550			RELEASE OF SKULL SEAMS	$608.92	$517.58	$727.32	$618.22	N	
61550	AA		RELEASE OF SKULL SEAMS	$9.30	$8.10	$9.30	$8.10	N	11
61552			RELEASE OF SKULL SEAMS	$751.77	$639.00	$958.92	$815.08	N	
61552	AA		RELEASE OF SKULL SEAMS	$9.30	$8.10	$9.30	$8.10	N	11
61556			CRANIOTOMY	$860.78	$731.66	$1,226.24	$1,042.30	N	
61556	AA		CRANIOTOMY	$9.30	$8.10	$9.30	$8.10	N	11
61557			CRANIOTOMY	$851.72	$723.96	$1,340.68	$1,139.58	N	
61557	AA		CRANIOTOMY	$9.30	$8.10	$9.30	$8.10	N	11
61558			EXTENSIVE CRANIECTOMY	$947.92	$805.73	$1,330.50	$1,130.93	N	
61558	AA		EXTENSIVE CRANIECTOMY	$9.30	$8.10	$9.30	$8.10	N	11
61559			EXTENSIVE CRANIECTOMY	$1,206.40	$1,025.44	$1,902.65	$1,617.25	N	
61559	AA		EXTENSIVE CRANIECTOMY	$9.30	$8.10	$9.30	$8.10	N	11
61563			EXCISE CRANIAL BONE BENIGN TUM	$995.69	$846.34	$1,517.46	$1,289.84	N	
61563	AA		EXCISE CRANIAL BONE BENIGN TUM	$9.30	$8.10	$9.30	$8.10	N	11
61564			EXCISE CRANIAL BONE BENIGN TUM	$1,207.57	$1,026.43	$1,948.16	$1,655.94	N	
61564	AA		EXCISE CRANIAL TUMOR	$9.30	$8.10	$9.30	$8.10	N	11
61566			CRANIOTOMY W/ELEV BONE FLAP	$1,123.36	$954.86	$1,787.38	$1,519.28	N	
61566	AA		CRANIOTOMY W/ELEV BONE FLAP	$9.30	$8.10	$9.30	$8.10	N	11
61567			CRANIOTOMY W/ELEV BONE FLAP	$1,279.77	$1,087.80	$2,016.61	$1,714.12	N	
61567	AA		CRANIOTOMY W/ELEV BONE FLAP	$9.30	$8.10	$9.30	$8.10	N	11
61570			REMOVE BRAIN FOREIGN BODY	$941.46	$800.24	$1,422.76	$1,209.35	N	
61570	AA		REMOVE BRAIN FOREIGN BODY	$9.30	$8.10	$9.30	$8.10	N	11
61571			SURGERY FOR PENETRATING BRAIN	$1,001.16	$850.98	$1,547.94	$1,315.75	N	
61571	AA		SURGERY FOR PENETRATING BRAIN	$9.30	$8.10	$9.30	$8.10	N	11
61575			TANSORAL.:TO BX,DECOMPRESS,EXC	$1,254.46	$1,066.29	$1,909.88	$1,623.40	N	
61575	AA		TANSORAL.:TO BX,DECOMPRESS,EXC	$9.30	$8.10	$9.30	$8.10	N	5
61576			SEE 61575:SPLIT TONGUE/MAND-TR	$2,095.93	$1,781.54	$3,001.05	$2,550.89	N	
61576	AA		SEE 61575:SPLIT TONGUE/MAND-TR	$9.30	$8.10	$9.30	$8.10	N	5
61580			CRANIAL APPROACH TO ANTERFOSSA	$1,233.71	$1,048.65	$1,927.46	$1,638.34	N	
61580	AA		CRANIAL APPROACH TO ANTERFOSSA	$9.30	$8.10	$9.30	$8.10	N	11
61581			CRANIAL FACIAL W ORBITAL EXENT	$1,334.08	$1,133.97	$2,005.47	$1,704.65	N	
61581	AA		CRANIAL FACIAL W ORBITAL EXENT	$9.30	$8.10	$9.30	$8.10	N	11
61582			CRANIAL FACIAL EXTRADURAL W CR	$1,522.65	$1,294.25	$2,140.55	$1,819.47	N	
61582	AA		CRANIAL FACIAL EXTRADVRAL W CR	$9.30	$8.10	$9.30	$8.10	N	11
61583			CRANIOFACIAL INTRADURAL W CRAN	$1,465.81	$1,245.93	$2,268.50	$1,928.22	N	
61583	AA		CRANIOFACIAL INTRADURAL W CRAN	$9.30	$8.10	$9.30	$8.10	N	11

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
61584			ORBITOCRANIAL EXTRADURAL WO EX	$1,437.71	$1,222.05	$2,169.06	$1,843.70	N	
61584	AA		ORBITOCRANIAL EXTRADURAL WO EX	$9.30	$8.10	$9.30	$8.10	N	11
61585			ORBITOCRANIAL EXTRADURAL W EXE	$1,633.75	$1,388.69	$2,327.22	$1,978.13	N	
61585	AA		ORBITOCRANIAL EXTRADURAL W EXE	$9.30	$8.10	$9.30	$8.10	N	11
61586			BICORONAL TRANSZYGOMATIC	$1,264.32	$1,074.67	$1,689.48	$1,436.06	N	
61586	AA		BICORONAL TRANSZYGOMATIC	$9.30	$8.10	$9.30	$8.10	N	11
61590			INFRATEMPORAL PREAURICULAR SMP	$1,485.73	$1,262.87	$2,448.98	$2,081.63	N	
61590	AA		INFRATEMPORAL PREAURICULAR SMP	$9.30	$8.10	$9.30	$8.10	N	11
61591			INFRATEMPORAL POSTAURICULAR	$1,523.50	$1,294.97	$2,549.94	$2,167.45	N	
61591	AA		INFRATEMPORAL POSTAURICULAR	$9.30	$8.10	$9.30	$8.10	N	11
61592			ORBITOCRANIAL ZYGOMATIC APPROA	$1,575.48	$1,339.16	$2,449.51	$2,082.09	N	
61592	AA		ORBITOCRANIAL ZYGOMATIC APPROA	$9.30	$8.10	$9.30	$8.10	N	11
61595			TRANSTEMPORAL TO POST.CRANIAL	$1,186.93	$1,008.89	$1,811.18	$1,539.50	N	
61595	AA		TRANSTEMPORAL TO POST.CRANIAL	$9.30	$8.10	$9.30	$8.10	N	11
61596			TRANSCOCHLEAR APP.POST.CRANIAL	$1,197.82	$1,018.14	$2,056.62	$1,748.13	N	
61596	AA		TRANSCOCHLEAR APP.POST.CRANIAL	$9.30	$8.10	$9.30	$8.10	N	11
61597			TRANSCONDYLAR LATERAL CRANIUM	$1,457.16	$1,238.58	$2,240.68	$1,904.58	N	
61597	AA		TRANSCONDYLAR LATERAL CRANIUM	$9.30	$8.10	$9.30	$8.10	N	11
61598			TRANSPETROSAL POST.CRANIUM	$1,424.77	$1,211.05	$2,012.93	$1,710.99	N	
61598	AA		TRANSPETROSAL POST.CRANIUM	$9.30	$8.10	$9.30	$8.10	N	11
61600			RESECTION NEOPLASTIC CRANIUM	$1,047.42	$890.31	$1,600.42	$1,360.35	N	
61600	AA		RESECTION NEOPLASTIC CRANIUM	$9.30	$8.10	$9.30	$8.10	N	11
61601			RESECTION INTRADURAL W/WOGRAFT	$1,207.59	$1,026.45	$1,772.83	$1,506.91	N	
61601	AA		RESECTION INTRADURAL W/WOGRAFT	$9.30	$8.10	$9.30	$8.10	N	11
61605			RES.INFRATEMPORAL EXTRADURAL	$1,073.16	$912.19	$1,757.32	$1,493.72	N	
61605	AA		RES.INFRATEMPORAL EXTRADURAL	$9.30	$8.10	$9.30	$8.10	N	11
61606			RES.INFRATEMPORAL INTRADURAL	$1,445.91	$1,229.02	$2,345.30	$1,993.51	N	
61606	AA		RES.INFRATEMPORAL INTRADURAL	$9.30	$8.10	$9.30	$8.10	N	11
61607			RES.NEOPLASTIC EXTRADURAL PARA	$1,515.94	$1,288.54	$2,157.42	$1,833.81	N	
61607	AA		RES.NEOPLASTIC EXTRADURAL PARA	$9.30	$8.10	$9.30	$8.10	N	11
61608			RES.NEOPLASTIC INTRADURAL PARA	$1,631.99	$1,387.19	$2,550.07	$2,167.56	N	
61608	AA		RES.NEOPLASTIC INTRADURAL PARA	$9.30	$8.10	$9.30	$8.10	N	11
61611			TRANS.CAROTID ART.PETROUS WO R	$230.42	$195.86	$399.81	$339.84	N	
61611	AA		TRANS.CAROTID ART.PETROUS WO R	$9.30	$8.10	$9.30	$8.10	N	11
61613			OBLITER.CAROTID ANEURYSM ETC.	$1,637.89	$1,392.21	$2,432.16	$2,067.34	N	
61613	AA		OBLITER.CAROTID ANEURYSM ETC.	$9.30	$8.10	$9.30	$8.10	N	15

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
61615			RES.NEOPLA.BASE OF POST.CRANIA	$1,406.33	$1,195.38	$1,924.94	$1,636.20	N	
61615	AA		RES.NEOPLA.BASE OF POST.CRANIA	$9.30	$8.10	$9.30	$8.10	N	11
61616			RES.NEOPL.POSTERIOR CRANIAL IN	$1,653.69	$1,405.64	$2,586.03	$2,198.13	N	
61616	AA		RES.NEOPL.POSTERIOR CRANIAL IN	$9.30	$8.10	$9.30	$8.10	N	11
61618			REPAIR DURA CSF LEAK W GRAFT	$648.44	$551.17	$1,000.95	$850.81	N	
61618	AA		REPAIR DURA CSF LEAK W GRAFT	$9.30	$8.10	$9.30	$8.10	N	11
61619			REPAIR DUR CSF LEAK BY FLAP	$710.54	$603.95	$1,186.78	$1,008.76	N	
61619	AA		REPAIR DURA CSF LEAK BY FLAP	$9.30	$8.10	$9.30	$8.10	N	11
61623			ENDOVASC TEMP BALL ART OCCLUS	$282.47	$240.10	$484.37	$411.71	N	
61623	AA		ENDOVASC TEMP BALL ART OCCLUS	$9.30	$8.10	$9.30	$8.10	N	11
61624			TRANSCATH OCCLUSION/EMBOLIZATI	$571.24	$485.55	$928.18	$788.95	N	
61624	AA		TRANSCATH OCCLUSION/EMBOLIZATI	$9.30	$8.10	$9.30	$8.10	N	15
61626			TRANSCATH OCCLU.EMBOL..HEAD/NE	$442.55	$376.17	$749.11	$636.75	N	
61626	AA		TRANSCATH OCCLU EMBOL..HEAD/NE	$9.30	$8.10	$9.30	$8.10	N	15
61630			INTRACRANIAL ANGIOPLASTY	$673.47	$572.45	$673.47	$572.45	N	
61630	AA		INTRACRANIAL ANGIOPLASTY	$9.30	$8.10	$9.30	$8.10	N	10
61635			INTRACRAN ANGIOPLSTY W/STENT	$736.83	$626.31	$736.83	$626.31	N	
61635	AA		INTRACRAN ANGIOPLSTY W/STENT	$9.30	$8.10	$9.30	$8.10	N	10
61640			DILATE IC VASOSPASM, INIT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
61640	AA		DILATE IC VASOSPASM, INIT	$9.30	$8.10	$9.30	$8.10	N	10
61641			DILATE IC VASOSPASM ADD-ON	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
61642			DILATE IC VASOSPASM ADD-ON	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
61645			PERQ ART M-THROMBECT &/NFS	$414.47	$352.30	$414.47	$352.30	N	
61645	AA		PERQ ART M-THROMBECT &/NFS	$9.30	$8.10	$9.30	$8.10	N	10
61650			EVASC PRLNG ADMN RX AGNT 1ST	$287.57	$244.43	$287.57	$244.43	N	
61650	AA		EVASC PRLNG ADMN RX AGNT 1ST	$9.30	$8.10	$9.30	$8.10	N	10
61651			EVASC PRLNG ADMN RX AGNT ADD	$122.82	$104.40	$122.82	$104.40	N	
61651	AA		EVASC PRLNG ADMN RX AGNT ADD	$9.30	$8.10	$9.30	$8.10	N	
61680			SURG...MALFORM:SUPRATENTORIAL:	$1,131.88	$962.10	$1,796.47	$1,527.00	N	
61680	AA		SURG...MALFORM:SUPRATENTORIAL:	$9.30	$8.10	$9.30	$8.10	N	15
61682			SURG..MALFORM,SUPRATENTORIAL:C	$2,059.50	$1,750.57	$3,507.47	$2,981.35	N	
61682	AA		SURG..MALFORM,SUPRATENTORIAL:C	$9.30	$8.10	$9.30	$8.10	N	15
61684			SURG..MALFORM:INFRATENTORIAL,S	$1,422.12	$1,208.80	$2,308.62	$1,962.32	N	
61684	AA		SURG..MALFORM:INFRATENTORIAL,S	$9.30	$8.10	$9.30	$8.10	N	15
61686			SURG..MALFORM:INFRATENTORIAL,C	$2,235.72	$1,900.36	$3,708.88	$3,152.55	N	
61686	AA		SURG..MALFORM:INFRATENTORIAL,C	$9.30	$8.10	$9.30	$8.10	N	15

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
61690			SURG..MALFORM:DURAL,SIMPLE	$1,095.97	$931.57	$1,698.64	$1,443.84	N	
61690	AA		SURG..MALFORM:DURAL,SIMPLE	$9.30	$8.10	$9.30	$8.10	N	15
61692			SURG..MALFORM:DURAL,COMPLEX	$1,818.63	$1,545.83	$2,967.34	$2,522.24	N	
61692	AA		SURG..MALFORM:DURAL,COMPLEX	$9.30	$8.10	$9.30	$8.10	N	15
61697			SURG INTRACRAN ANEURYSM: COMPL	$2,101.00	$1,785.85	$2,925.86	$2,486.98	N	
61697	AA		SURG INTRACRAN ANEURYSM: COMPL	$9.30	$8.10	$9.30	$8.10	N	15
61698			SURG COMPL INTRACRAN ANEURYDM	$2,301.62	$1,956.37	$2,805.53	$2,384.70	N	
61698	AA		SURG COMPL INTRACRAN ANEURYSM	$9.30	$8.10	$9.30	$8.10	N	15
61700			INNER SKULL VESSEL SURGERY	$1,701.25	$1,446.06	$2,923.75	$2,485.19	N	
61700	AA		INNER SKULL VESSEL SURGERY	$9.30	$8.10	$9.30	$8.10	N	15
61702			INNER SKULL VESSEL SURGERY	$2,003.50	$1,702.98	$2,731.81	$2,322.04	N	
61702	AA		INNER SKULL VESSEL SURGERY	$9.30	$8.10	$9.30	$8.10	N	15
61703			CLAMP NECK ARTERY	$687.43	$584.32	$1,026.84	$872.81	N	
61703	AA		CLAMP NECK ARTERY	$9.30	$8.10	$9.30	$8.10	N	7
61705			REVISE CIRCULATION TO HEAD	$1,302.54	$1,107.16	$2,059.01	$1,750.16	N	
61705	AA		REVISE CIRCULATION TO HEAD	$9.30	$8.10	$9.30	$8.10	N	15
61708			REVISE CIRCULATION TO HEAD	$1,274.58	$1,083.39	$1,703.74	$1,448.18	N	
61708	AA		REVISE CIRCULATION TO HEAD	$9.30	$8.10	$9.30	$8.10	N	11
61710			REVISE CIRCULATION TO HEAD	$1,075.98	$914.58	$1,534.10	$1,303.98	N	
61710	AA		REVISE CIRCULATION TO HEAD	$9.30	$8.10	$9.30	$8.10	N	11
61711			FUSION OF SKULL ARTERIES	$1,305.15	$1,109.38	$2,098.00	$1,783.30	N	
61711	AA		FUSION OF SKULL ARTERIES	$9.30	$8.10	$9.30	$8.10	N	13
61720			INCISE SKULL/BRAIN SURGERY	$642.65	$546.25	$950.62	$808.02	N	
61720	AA		CREATE LESION BY STEREOTACTIC.	$9.30	$8.10	$9.30	$8.10	N	7
61735			INCISE SKULL/BRAIN SURGERY	$804.78	$684.06	$1,139.22	$968.33	N	
61735	AA		INCISE SKULL/BRAIN SURGERY	$9.30	$8.10	$9.30	$8.10	N	7
61736			LITT ICR 1 TRAJ 1 SMPL LES	$607.45	$516.33	$607.45	$516.33	N	
61736	AA		LITT ICR 1 TRAJ 1 SMPL LES	$9.30	$8.10	$9.30	$8.10	N	10
61737			LITT ICR MLT TRJ MLT/CPLX LS	$720.96	$612.82	$720.96	$612.82	N	
61737	AA		LITT ICR MLT TRJ MLT/CPLX LS	$9.30	$8.10	$9.30	$8.10	N	10
61750			STEREOTACTIC PROC/INTRACRAN. L	$710.67	$604.07	$1,074.48	$913.31	N	
61750	AA		STEREOTACTIC PROC/INTRACRAN. L	$9.30	$8.10	$9.30	$8.10	N	11
61751			STEREOTACTIC BIOPSY W/CAT SCAN	$701.91	$596.62	$1,058.54	$899.76	N	
61751	AA		STEREOTACTIC BIOPSY W/CAT SCAN	$9.30	$8.10	$9.30	$8.10	N	11
61760			STER. IMPL. DEPTH ELECT.	$798.96	$679.11	$1,159.07	$985.21	N	
61760	AA		STER.IMPL.DEPTH ELECT.	$9.30	$8.10	$9.30	$8.10	N	11

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
61770			STEREO.LOC./BURR HOLES:INSERT	$816.00	$693.60	$1,198.40	$1,018.64	N	
61770	AA		STEREO.LOC./BURR HOLES:INSERT	$9.30	$8.10	$9.30	$8.10	N	7
61781			SCAN PROC CRANIAL INTRA	$116.27	$98.83	$116.27	$98.83	N	
61782			SCAN PROC CRANIAL EXTRA	$84.45	$71.78	$84.45	$71.78	N	
61783			SCAN PROC SPINAL	$114.00	$96.90	$114.00	$96.90	N	
61790			TREAT TRIGEMINAL NERVE	$448.83	$381.51	$626.86	$532.83	N	
61790	AA		TREAT TRIGEMINAL NERVE	$9.30	$8.10	$9.30	$8.10	N	9
61791			CREATE LESION-NEUROLYTIC AGENT	$571.07	$485.41	$864.66	$734.96	N	
61791	AA		CREATE LESION-NEUROLYTIC AGENT	$9.30	$8.10	$9.30	$8.10	N	7
61796			STEREOTACTIC RADIOSURGERY (PAR	$515.98	$438.58	$515.98	$438.58	N	
61796	AA		STEREOTACTIC RADIOSURGERY (PAR	$9.30	$8.10	$9.30	$8.10	N	7
61797			STEREOTACTIC RADIOSURGERY (PAR	$108.09	$91.88	$108.09	$91.88	N	
61798			STEREOTACTIC RADIOSURGERY (PAR	$694.61	$590.42	$694.61	$590.42	N	
61798	AA		STEREOTACTIC RADIOSURGERY (PAR	$9.30	$8.10	$9.30	$8.10	N	7
61799			STEREOTACTIC RADIOSURGERY (PAR	$149.14	$126.76	$149.14	$126.76	N	
61800			APPLICATION OF STEREOTACTIC HE	$74.09	$62.97	$74.09	$62.97	N	
61850			IMPLANT NEUROELECTRODES	$499.85	$424.87	$746.74	$634.73	N	
61850	AA		IMPLANT NEUROELECTRODES	$9.30	$8.10	$9.30	$8.10	N	11
61860			IMPLANT NEUROELECTRODES	$786.89	$668.85	$1,214.89	$1,032.65	N	
61860	AA		IMPLANT NEUROELECTRODES	$9.30	$8.10	$9.30	$8.10	N	11
61863			TWIST DRILL BURR HOLE CRANIOT	$760.40	$646.34	$1,159.78	$985.81	N	
61863	AA		TWIST DRILL BURR HOLE CRANIOT	$9.30	$8.10	$9.30	$8.10	N	11
61864			TWIST DRILL BURR HOLE CRAN EA	$139.50	$118.57	$294.68	$250.48	N	
61867			TWIST DRILL BURR HOLE CRAN 1ST	$1,143.72	$972.16	$1,762.07	$1,497.76	N	
61867	AA		TWIST DRILL BURR HOLE CRAN 1ST	$9.30	$8.10	$9.30	$8.10	N	11
61868			TWIST DRILL BURR HOLE CRAN EAC	$245.79	$208.92	$518.82	$441.00	N	
61880			REVISE/REMOVE NEUROELECTRODE	$300.32	$255.27	$402.94	$342.50	N	
61880	AA		REVISE/REMOVE NEUROELECTRODE	$9.30	$8.10	$9.30	$8.10	N	9
61885			IMPLANT NEURORECEIVER	$269.86	$229.38	$412.06	$350.25	N	
61885	AA		IMPLANT NEURORECEIVER	$9.30	$8.10	$9.30	$8.10	N	9
61886			INCS/PLACE CRAN NEURO PULSE G	$450.15	$382.62	$526.58	$447.60	N	
61886	AA		INCIS/PLACE CRAN NEURO PULSE G	$9.30	$8.10	$9.30	$8.10	N	5
61888			REVISE/REMOVE NEURORECEIVER	$201.18	$171.00	$324.09	$275.47	N	
61888	AA		REVISE/REMOVE NEURORECEIVER	$9.30	$8.10	$9.30	$8.10	N	11
61889			INS SK-MNT CRNL NSTM PG/RCVR	$614.26	$522.12	$614.26	$522.12	N	
61889	AA		INS SK-MNT CRNL NSTM PG/RCVR	$9.30	$8.10	$9.30	$8.10	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
61891			REV/RPLCMT SK-MNT CRNL NSTM	$292.40	$248.54	$292.40	$248.54	N	
61891	AA		REV/RPLCMT SK-MNT CRNL NSTM	$9.30	$8.10	$9.30	$8.10	N	
61892			RMV SK-MNT CRNL NSTM PG/RCVR	$407.51	$346.38	$407.51	$346.38	N	
61892	AA		RMV SK-MNT CRNL NSTM PG/RCVR	$9.30	$8.10	$9.30	$8.10	N	
62000			REPAIR OF SKULL FRACTURE	$524.79	$446.07	$614.46	$522.29	N	
62000	AA		REPAIR OF SKULL FRACTURE	$9.30	$8.10	$9.30	$8.10	N	11
62005			REPAIR OF SKULL FRACTURE	$643.14	$546.67	$923.78	$785.22	N	
62005	AA		REPAIR OF SKULL FRACTURE	$9.30	$8.10	$9.30	$8.10	N	11
62010			TREATMENT OF HEAD INJURY	$775.66	$659.31	$1,174.80	$998.58	N	
62010	AA		TREATMENT OF HEAD INJURY	$9.30	$8.10	$9.30	$8.10	N	11
62100			REPAIR BRAIN FLUID LEAKAGE	$786.08	$668.17	$1,273.09	$1,082.12	N	
62100	AA		CRANIOTOMY REP.DURAL/CSF LEAK	$9.30	$8.10	$9.30	$8.10	N	11
62115			REDUCE CRANIOMEGALIC SKULL	$852.87	$724.94	$1,241.84	$1,055.56	N	
62115	AA		REDUCE CRANIOMEGALIC SKULL	$9.30	$8.10	$9.30	$8.10	N	11
62117			REDUCE SKULL W/WO BONE AUTOGFT	$985.95	$838.05	$1,496.01	$1,271.61	N	
62117	AA		REDUCE SKULL W/WO BONE AUTOGFT	$9.30	$8.10	$9.30	$8.10	N	11
62120			REPAIR SKULL CAVITY LESION	$1,043.70	$887.14	$1,453.95	$1,235.86	N	
62120	AA		REPAIR SKULL CAVITY LESION	$9.30	$8.10	$9.30	$8.10	N	11
62121			REPAIR ENCEPHALOCELE	$770.44	$654.87	$1,329.67	$1,130.22	N	
62121	AA		REPAIR ENCEPHALOCELE	$9.30	$8.10	$9.30	$8.10	N	11
62140			CRNOP SKULL DEFECT<5 CM DIAM	$514.91	$437.67	$811.58	$689.85	N	
62140	AA		REPAIR OF SKULL DEFECT	$9.30	$8.10	$9.30	$8.10	N	11
62141			CRNOP SKULL DEFECT>5 CM DIAM	$577.41	$490.80	$889.18	$755.80	N	
62141	AA		REPAIR OF SKULL DEFECT	$9.30	$8.10	$9.30	$8.10	N	11
62142			RMVL B1 FLP/PROSTC PLATE SKL	$453.90	$385.82	$658.62	$559.83	N	
62142	AA		REMOVE BONE FLAP/PROSTH.PLATE-	$9.30	$8.10	$9.30	$8.10	N	11
62143			RPL B1 FLP/PROSTC PLATE SKL	$529.54	$450.11	$784.59	$666.90	N	
62143	AA		REPLACE BONE FLAP/PROSTH PLATE	$9.30	$8.10	$9.30	$8.10	N	11
62145			REPAIR OF SKULL & BRAIN	$705.33	$599.53	$1,097.10	$932.53	N	
62145	AA		REPAIR OF SKULL & BRAIN	$9.30	$8.10	$9.30	$8.10	N	11
62146			CRNOP W/AUTOGRAFT<5 CM DIAM	$632.02	$537.22	$943.33	$801.83	N	
62146	AA		CRANIOPLASTY W AUTOGRAFT	$9.30	$8.10	$9.30	$8.10	N	11
62147			CRNOP W/AUTOGRAFT>5 CM DIAM	$718.14	$610.41	$1,122.14	$953.82	N	
62147	AA		CRANIOPLASTY W AUTOGRAFT	$9.30	$8.10	$9.30	$8.10	N	11
62148			INCIS/RETRIEV SUBCU CRAN GRAFT	$62.14	$52.82	$106.58	$90.59	N	
62160			INTRACRAN NEUROENDOSCOPY	$92.87	$78.94	$169.49	$144.06	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
62161			INTRACRAN NEUROEND DISSEC ADHE	$768.46	$653.19	$1,195.52	$1,016.19	N	
62161	AA		INTRACRAN NEUROEND DISSEC ADHE	$9.30	$8.10	$9.30	$8.10	N	11
62162			INTRACRAN NEUROEND W/EXCIS	$950.78	$808.16	$1,476.09	$1,254.67	N	
62162	AA		INTRACRAN NEUROEND W/EXCISION	$9.30	$8.10	$9.30	$8.10	N	11
62164			INTRACRAN NEUROEND W/EXCIS TUM	$1,054.81	$896.58	$1,535.00	$1,304.75	N	
62164	AA		INTRACRAN NEUROEND W/EXCIS TUM	$9.30	$8.10	$9.30	$8.10	N	11
62165			INTRACRAN NEUROEND EXCIS PITUI	$756.42	$642.96	$1,238.51	$1,052.74	N	
62165	AA		INTRACRAN NEUROEND EXCIS PITUI	$9.30	$8.10	$9.30	$8.10	N	11
62180			ESTABLISH BRAIN CAVITY SHUNT	$806.21	$685.27	$1,229.58	$1,045.15	N	
62180	AA		ESTABLISH BRAIN CAVITY SHUNT	$9.30	$8.10	$9.30	$8.10	N	11
62190			ESTABLISH BRAIN CAVITY SHUNT	$473.23	$402.25	$637.94	$542.25	N	
62190	AA		ESTABLISH BRAIN CAVITY SHUNT	$9.30	$8.10	$9.30	$8.10	N	11
62192			ESTABLISH BRAIN CAVITY SHUNT	$502.65	$427.25	$734.72	$624.51	N	
62192	AA		ESTABLISH BRAIN CAVITY SHUNT	$9.30	$8.10	$9.30	$8.10	N	11
62194			REPLACE/IRRIGATE CATHETER	$253.30	$215.31	$268.66	$228.36	N	
62194	AA		REPLACE/IRRIGATE CATHETER	$9.30	$8.10	$9.30	$8.10	N	9
62200			ESTABLISH BRAIN CAVITY SHUNT	$694.66	$590.46	$1,084.01	$921.41	N	
62200	AA		ESTABLISH BRAIN CAVITY SHUNT	$9.30	$8.10	$9.30	$8.10	N	11
62201			VENTRICULOCISTERNOSTOMY,STEREO	$615.88	$523.50	$898.81	$763.99	N	
62201	AA		VENTRICULOCISTERNOSTOMY,STEREO	$9.30	$8.10	$9.30	$8.10	N	11
62220			ESTABLISH BRAIN CAVITY SHUNT	$490.06	$416.55	$780.38	$663.33	N	
62220	AA		ESTABLISH BRAIN CAVITY SHUNT	$9.30	$8.10	$9.30	$8.10	N	11
62223			ESTABLISH BRAIN CAVITY SHUNT	$520.10	$442.08	$778.90	$662.06	N	
62223	AA		ESTABLISH BRAIN CAVITY SHUNT	$9.30	$8.10	$9.30	$8.10	N	11
62223	AA	62	CREATE SHUNT:VENTRICULO-PERITO	$9.30	$8.10	$9.30	$8.10	N	11
62225			REPLACE/IRRIGATE CATHETER	$275.60	$234.26	$350.86	$298.23	N	
62225	AA		REPLACE/IRRIGATE CATHETER	$9.30	$8.10	$9.30	$8.10	N	11
62230			REPLACE/REVISE BRAIN SHUNT	$424.86	$361.13	$632.82	$537.90	N	
62230	AA		REPLACE/REVISE BRAIN SHUNT	$9.30	$8.10	$9.30	$8.10	N	11
62252			REPROGRAM CSF SHUNT PROGRAM	$44.14	$37.52	$79.46	$67.54	N	
62252	TC		REPROGRAM CSF SHUNT PROGRAM	$21.41	$21.41	$37.91	$37.91	N	
62252	26		REPROGRAM CSF SHUNT PROGRAM	$22.74	$19.32	$41.56	$35.33	N	
62256			REMOVE BRAIN CAVITY SHUNT	$311.71	$264.95	$418.28	$355.54	N	
62256	AA		REMOVE BRAIN CAVITY SHUNT	$9.30	$8.10	$9.30	$8.10	N	11
62258			REPLACE BRAIN CAVITY SHUNT	$559.71	$475.75	$865.69	$735.83	N	
62258	AA		REPLACE BRAIN CAVITY SHUNT	$9.30	$8.10	$9.30	$8.10	N	11

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
62263			PERCUT LYSIS EPIDURAL ADHESION	$316.99	$269.44	$633.83	$538.76	N	
62264			PERC LYS EPID ADHES MULT SESS	$215.28	$182.99	$215.28	$182.99	N	
62264	26		PERC LYS EPID ADHES MULT SESS	$120.29	$102.25	$195.90	$166.52	N	
62267			PERCUTANEOUS ASPIRATION WITHIN	$129.61	$110.16	$129.61	$110.16	N	
62267	26		PERCUTANEOUS ASPIRATION WITHIN	$74.72	$63.51	$74.72	$63.51	N	
62268			PERC.ASPIRATE-SPINAL CORD OR S	$164.69	$139.98	$265.45	$225.63	N	
62268	AA		PERC.ASPIRATE-SPINAL CORD OR S	$9.30	$8.10	$9.30	$8.10	N	4
62269			BX SPINAL CORD,PERCUTANEOUS NE	$126.50	$107.53	$269.84	$229.36	N	
62269	AA		BX SPINAL CORD,PERCUTANEOUS NE	$9.30	$8.10	$9.30	$8.10	N	4
62270			DX LMBR SPI PNXR	$73.07	$62.11	$139.87	$118.89	N	
62270	AA		SPINAL FLUID TAP, DIAGNOSTIC	$9.30	$8.10	$9.30	$8.10	N	3
62272			THER SPI PNXR DRG CSF	$93.67	$79.62	$170.81	$145.19	N	
62273			TREAT LUMBAR SPINE LESION	$83.08	$70.61	$164.10	$139.48	N	
62280			TREAT SPINAL CORD LESION	$161.58	$137.34	$327.80	$278.63	N	
62281			INJ NEUROLYTIC SUB.EPID.CER/TH	$118.58	$100.79	$251.15	$213.48	N	
62282			TREAT SPINAL CANAL LESION	$153.76	$130.70	$307.51	$261.38	N	
62284			INJECTION FOR MYELOGRAM	$91.86	$78.08	$201.30	$171.11	N	
62284	AA		INJECTION FOR MYELOGRAM	$9.30	$8.10	$9.30	$8.10	N	4
62287			ASPIRATION PROCEDURE LUMBAR	$298.84	$254.01	$461.26	$392.07	N	
62287	AA		ASPIRATION PROCEDURE LUMBAR	$9.30	$8.10	$9.30	$8.10	N	4
62290			INJECTION OF DYE FOR X-RAY I	$168.87	$143.54	$344.22	$292.58	N	
62290	AA		INJECT FOR SPINE DISK X-RAY	$9.30	$8.10	$9.30	$8.10	N	4
62291			INJECTION OF DYE FOR X-RAY I	$151.48	$128.75	$301.54	$256.31	N	
62291	AA		INJECT FOR SPINE DISK X-RAY	$9.30	$8.10	$9.30	$8.10	N	4
62292			INJECTION OF CHEMICAL ENZYME	$288.26	$245.02	$424.41	$360.75	N	
62292	AA		INJECTION INTO DISK LESION	$9.30	$8.10	$9.30	$8.10	N	7
62294			INJECTION INTO SPINAL ARTERY	$484.10	$411.49	$600.02	$510.01	N	
62294	AA		INJECTION INTO SPINAL ARTERY	$9.30	$8.10	$9.30	$8.10	N	8
62302			MYELOGRAPHY LUMBAR INJECTION	$124.57	$105.88	$124.57	$105.88	N	
62302	AA		MYELOGRAPHY LUMBAR INJECTION	$9.30	$8.10	$9.30	$8.10	N	5
62302	26		MYELOGRAPHY LUMBAR INJECTION	$57.62	$48.97	$57.62	$48.97	N	
62303			MYELOGRAPHY LUMBAR INJECTION	$126.78	$107.76	$126.78	$107.76	N	
62303	AA		MYELOGRAPHY LUMBAR INJECTION	$9.30	$8.10	$9.30	$8.10	N	5
62303	26		MYELOGRAPHY LUMBAR INJECTION	$57.62	$48.97	$57.62	$48.97	N	
62304			MYELOGRAPHY LUMBAR INJECTION	$123.76	$105.19	$123.76	$105.19	N	
62304	AA		MYELOGRAPHY LUMBAR INJECTION	$9.30	$8.10	$9.30	$8.10	N	5

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
62304	26		MYELOGRAPHY LUMBAR INJECTION	$56.81	$48.28	$56.81	$48.28	N	
62305			MYELOGRAPHY LUMBAR INJECTION	$135.21	$114.93	$135.21	$114.93	N	
62305	AA		MYELOGRAPHY LUMBAR INJECTION	$9.30	$8.10	$9.30	$8.10	N	5
62305	26		MYELOGRAPHY LUMBAR INJECTION	$59.25	$50.36	$59.25	$50.36	N	
62320			NJX INTERLAMINAR CRV/THRC	$78.98	$67.13	$78.98	$67.13	N	
62320	AA		NJX INTERLAMINAR CRV/THRC	$9.30	$8.10	$9.30	$8.10	N	3
62320	26		NJX INTERLAMINAR CRV/THRC	$48.39	$41.13	$48.39	$41.13	N	
62321			NJX INTERLAMINAR CRV/THRC	$129.85	$110.37	$129.85	$110.37	N	
62321	AA		NJX INTERLAMINAR CRV/THRC	$9.30	$8.10	$9.30	$8.10	N	3
62321	26		NJX INTERLAMINAR CRV/THRC	$52.53	$44.65	$52.53	$44.65	N	
62322			NJX INTERLAMINAR LMBR/SAC	$65.51	$55.68	$65.51	$55.68	N	
62322	AA		NJX INTERLAMINAR LMBR/SAC	$9.30	$8.10	$9.30	$8.10	N	3
62322	26		NJX INTERLAMINAR LMBR /SAC	$38.15	$32.42	$38.15	$32.42	N	
62323			NJX INTERLAMINAR LMBR/SAC	$127.80	$108.63	$127.80	$108.63	N	
62323	AA		NJX INTERLAMINAR LMBR/SAC	$9.30	$8.10	$9.30	$8.10	N	3
62323	26		NJX INTERLAMINAR LM BR/SAC	$48.60	$41.31	$48.60	$41.31	N	
62324			NJX INTERLAMINAR CRV/THRC	$67.56	$57.42	$67.56	$57.42	N	
62324	AA		NJX INTERLAMINAR CRV/THRC	$9.30	$8.10	$9.30	$8.10	N	3
62324	26		NJX INTERLAMINAR CRV/THRC	$43.44	$36.92	$43.44	$36.92	N	
62325			NJX INTERLAMINAR CRV/THRC	$121.11	$102.94	$121.11	$102.94	N	
62325	AA		NJX INTERLAMINAR CRV/THRC	$9.30	$8.10	$9.30	$8.10	N	3
62325	26		NJX INTERLAMINAR CRV/THRC	$52.97	$45.02	$52.97	$45.02	N	
62326			NJX INTERLAMINAR LMBR/SAC	$67.66	$57.51	$67.66	$57.51	N	
62326	AA		NJX INTERLAMINAR LMBR/SAC	$9.30	$8.10	$9.30	$8.10	N	3
62326	26		NJX INTERLAMINAR LMBR/SAC	$41.49	$35.27	$41.49	$35.27	N	
62327			NJX INTERLAMINAR LMBR/SAC	$132.44	$112.57	$132.44	$112.57	N	
62327	AA		NJX INTERLAMINAR LMBR/SAC	$9.30	$8.10	$9.30	$8.10	N	3
62327	26		NJX INTERLAMINAR LMBR / SAC	$52.23	$44.39	$52.23	$44.39	N	
62328			DX LMBR SPI PNXR W/FLUOR/CT	$109.68	$93.23	$109.68	$93.23	N	
62328	AA		DX LMBR SPI PNXR W/FLUOR/CT	$9.30	$8.10	$9.30	$8.10	N	3
62328	26		DX LMBR SPI PNXR W/FLUOR/CT	$41.20	$35.02	$41.20	$35.02	N	
62329			THER SPI PNXR CSF FLUOR/CT	$130.22	$110.68	$130.22	$110.68	N	
62329	AA		THER SPI PNXR CSF FLUOR/CT	$9.30	$8.10	$9.30	$8.10	N	3
62329	26		THER SPI PNXR CSF FLUOR/CT	$50.69	$43.08	$50.69	$43.08	N	
62350			IMPLANT SPINAL CANAL CATHETER	$199.65	$169.70	$381.02	$323.87	N	
62350	AA		IMPLANT SPINAL CANAL CATHETER	$9.30	$8.10	$9.30	$8.10	N	10

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
62351			IMPLANT SPINAL CANAL CATHETER	$462.61	$393.21	$624.21	$530.58	N	
62351	AA		IMPLANT SPINAL CANAL CATHETER	$9.30	$8.10	$9.30	$8.10	N	10
62355			REMOVE SPINAL CANAL CATHETER	$141.47	$120.25	$279.62	$237.68	N	
62355	AA		REMOVE SPINAL CANAL CATHETER	$9.30	$8.10	$9.30	$8.10	N	10
62360			INSERT SPINE INFUSION DEVICE	$157.45	$133.83	$184.14	$156.52	N	
62360	AA		INSERT SPINE INFUSION DEVICE	$9.30	$8.10	$9.30	$8.10	N	5
62361			IMPLANT SPINE INFUSION PUMP	$222.64	$189.24	$328.00	$278.80	N	
62361	AA		IMPLANT SPINE INFUSION PUMP	$9.30	$8.10	$9.30	$8.10	N	5
62362			IMPLANT SPINE INFUSION PUMP	$193.26	$164.27	$397.96	$338.27	N	
62362	AA		IMPLANT SPINE INFUSION PUMP	$9.30	$8.10	$9.30	$8.10	N	5
62365			REMOVE SPINE INFUSION DEVICE	$150.39	$127.83	$308.44	$262.17	N	
62365	AA		REMOVE SPINE INFUSION DEVICE	$9.30	$8.10	$9.30	$8.10	N	5
62367			ANALYZE SPINE INFUSION PUMP	$15.82	$13.44	$36.76	$31.25	N	
62368			ANALYZE SPINE INFUSION PUMP	$22.08	$18.76	$48.90	$41.56	N	
62369			ANAL SP INF PMP W/REPRG&FILL	$45.86	$38.98	$45.86	$38.98	N	
62369	26		ANAL SP INF PMP W/REPRG&FILL	$16.81	$14.28	$16.81	$14.28	N	
62370			ANL SP INF PMP W/MDREPRG&FIL	$45.79	$38.92	$45.79	$38.92	N	
62370	26		ANL SP INF PMP W/MDREPRG &FILL	$22.34	$18.99	$22.34	$18.99	N	
62380			NDSC DCMPRN 1 NTRSPC LUMBAR	$687.02	$583.97	$687.02	$583.97	N	
62380	AA		NDSC DCMPRN 1 NTRSPC LUMBAR	$9.30	$8.10	$9.30	$8.10	N	8
63001			REMOVE SPINE LAMINA 1/2 CRVL	$620.52	$527.44	$934.19	$794.06	N	
63001	AA		RELIEVE SPINAL CORD PRESSURE	$9.30	$8.10	$9.30	$8.10	N	10
63003			REMOVE SPINE LAMINA 1/2 THRC	$623.30	$529.80	$949.00	$806.65	N	
63003	AA		RELIEVE SPINAL CORD PRESSURE	$9.30	$8.10	$9.30	$8.10	N	10
63005			REMOVE SPINE LAMINA 1/2 LMBR	$608.48	$517.20	$908.95	$772.61	N	
63005	AA		RELIEVE SPINAL CORD PRESSURE	$9.30	$8.10	$9.30	$8.10	N	10
63011			REMOVE SPINE LAMINA 1/2 SCRL	$546.04	$464.13	$839.18	$713.30	N	
63011	AA		RELIEVE SPINAL CORD PRESSURE	$9.30	$8.10	$9.30	$8.10	N	10
63012			REMOVE LAMINA/FACETS LUMBAR	$600.64	$510.54	$933.34	$793.34	N	
63012	AA		LAMINECTOMY WITH REM. OF ABN.	$9.30	$8.10	$9.30	$8.10	N	8
63015			REMOVE SPINE LAMINA >2 CRVCL	$747.39	$635.28	$1,154.77	$981.55	N	
63015	AA		RELIEVE SPINAL CORD PRESSURE	$9.30	$8.10	$9.30	$8.10	N	10
63016			REMOVE SPINE LAMINA >2 THRC	$766.06	$651.15	$1,141.96	$970.67	N	
63016	AA		RELIEVE SPINAL CORD PRESSURE	$9.30	$8.10	$9.30	$8.10	N	10
63017			REMOVE SPINE LAMINA >2 LMBR	$639.77	$543.80	$964.01	$819.41	N	
63017	AA		RELIEVE SPINAL CORD PRESSURE	$9.30	$8.10	$9.30	$8.10	N	10

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
63020			NECK SPINE DISK SURGERY	$555.90	$472.51	$906.21	$770.28	N	
63020	AA		NECK SPINE DISK SURGERY	$9.30	$8.10	$9.30	$8.10	N	10
63020	AA	50	NECK SPINE DISK SURGERY:BILATE	$9.30	$8.10	$9.30	$8.10	N	10
63020	50		NECK SPINE DISK SURGERY:BIALTE	$899.00	$764.00	$1,812.42	$1,540.55	N	
63030			LOW BACK DISK SURGERY	$462.84	$393.41	$753.66	$640.61	N	
63030	AA		LOW BACK DISK SURGERY	$9.30	$8.10	$9.30	$8.10	N	8
63030	AA	50	LOW BACK DISK SURGERY	$9.30	$8.10	$9.30	$8.10	N	10
63030	50		LOW BACK DISK SURGERY:BILATERA	$899.00	$764.00	$1,507.33	$1,281.23	N	
63035			ADDED SPINAL DISK SURGERY	$114.15	$97.03	$176.86	$150.33	N	
63035	AA		ADDED SPINAL DISK SURGERY	$9.30	$8.10	$9.30	$8.10	N	11
63040			NECK SPINE DISK SURGERY	$689.63	$586.18	$1,122.78	$954.37	N	
63040	AA		NECK SPINE DISK SURGERY	$9.30	$8.10	$9.30	$8.10	N	10
63042			LOW BACK DISK SURGERY	$649.00	$551.65	$1,062.59	$903.20	N	
63042	AA		LOW BACK DISK SURGERY	$9.30	$8.10	$9.30	$8.10	N	8
63043			LSMINOTOMY W/DECOMP NERVE ROOT	$133.00	$113.00	$232.33	$197.48	N	
63044			LEMINOTOMY EA ADDIT LUMBAR	$133.00	$113.00	$247.42	$210.31	N	
63045			REMOVE SPINE LAMINA 1 CRVL	$648.29	$551.05	$990.68	$842.08	N	
63045	AA		LAMINECTOMY SING.SEG.:CERVI	$9.30	$8.10	$9.30	$8.10	N	10
63046			REMOVE SPINE LAMINA 1 THRC	$619.24	$526.35	$950.10	$807.58	N	
63046	AA		LAMINECTOMY SING.SEG.:THORA	$9.30	$8.10	$9.30	$8.10	N	10
63047			REMOVE SPINE LAMINA 1 LMBR	$557.34	$473.73	$893.18	$759.21	N	
63047	AA		LAMINECTOMY SING.SEG.:LUMBA	$9.30	$8.10	$9.30	$8.10	N	10
63048			LAMINECTOMY:EACH ADD SEG,CER,L	$103.53	$88.00	$180.64	$153.54	N	
63048	AA		LAMINECTOMY:EACH ADD SEG,CER,L	$9.30	$8.10	$9.30	$8.10	N	11
63050			CERVICAL LAMINOPLSTY 2/> SEG	$743.92	$632.33	$1,196.32	$1,016.87	N	
63050	AA		CERVICAL LAMINOPLASTY	$9.30	$8.10	$9.30	$8.10	N	10
63051			C-LAMINOPLASTY W/GRAFT/PLATE	$844.31	$717.66	$1,362.63	$1,158.24	N	
63051	AA		C-LAMINOPLASTY W/GRAFT/PLATE	$9.30	$8.10	$9.30	$8.10	N	10
63052			LAM FACETC/FRMT ARTHRD LUM 1	$127.08	$108.02	$127.08	$108.02	N	
63052	AA		LAM FACETC/FRMT ARTHRD LUM 1	$9.30	$8.10	$9.30	$8.10	N	8
63053			LAM FACTC/FRMT ARTHRD LUM EA	$112.53	$95.65	$112.53	$95.65	N	
63055			DECOMPRESS SPINAL CORD THRC	$814.68	$692.47	$1,296.68	$1,102.18	N	
63055	AA		DECOMPRESS SP CRD,EQUINA/NRV R	$9.30	$8.10	$9.30	$8.10	N	10
63056			DECOMPRESS SPINAL CORD LMBR	$744.77	$633.05	$1,210.46	$1,028.89	N	
63056	AA		DECOMPRESS SP CRD,EQUINA/NRV R	$9.30	$8.10	$9.30	$8.10	N	10
63057			DECOMPRESS...EACH ADD SEG,THOR	$158.48	$134.71	$291.57	$247.83	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
63057	AA		DECOMPRESS...EACH ADD SEG,THOR	$9.30	$8.10	$9.30	$8.10	N	10
63064			DECOMPRESS SPINAL CORD THRC	$882.40	$750.04	$1,435.36	$1,220.06	N	
63064	AA		DECOMPRESS SPN CRD,THORAC,SING	$9.30	$8.10	$9.30	$8.10	N	10
63066			DECOMPRESS...THORACIC:EACH ADD	$101.39	$86.18	$179.76	$152.80	N	
63066	AA		DECOMPRESS...THORACIC:EACH ADD	$9.30	$8.10	$9.30	$8.10	N	10
63075			DISKECTOMY,DECOMPRESS SPN CRD,	$679.06	$577.20	$1,160.30	$986.25	N	
63075	AA		DISKECTOMY,DECOMPRESS SPN CRD,	$9.30	$8.10	$9.30	$8.10	N	10
63076			DISKECTOMY...:EACH ADD INTERSP	$119.87	$101.89	$225.96	$192.07	N	
63076	AA		DISKECTOMY...:EACH ADD INTERSP	$9.30	$8.10	$9.30	$8.10	N	10
63077			DISKECTOMY...THORACIC,SING INT	$726.80	$617.78	$1,229.70	$1,045.24	N	
63077	AA		DISKECTOMY...THORACIC,SING INT	$9.30	$8.10	$9.30	$8.10	N	10
63078			DISKECTOMY..:THOR,EACH ADD INT	$102.04	$86.73	$178.82	$152.00	N	
63078	AA		DISKECTOMY..:THOR,EACH ADD INT	$9.30	$8.10	$9.30	$8.10	N	10
63081			REMOVE VERT BODY DCMPRN CRVL	$881.47	$749.25	$1,399.72	$1,189.76	N	
63081	AA		VERT CORPECTOMY..:CERVICAL,SIN	$9.30	$8.10	$9.30	$8.10	N	11
63082			VERT CORPECTOMY:CERVICAL,EACH	$130.68	$111.07	$243.62	$207.07	N	
63082	AA		VERT CORPECTOMY:CERVICAL,EACH	$9.30	$8.10	$9.30	$8.10	N	11
63085			REMOVE VERT BODY DCMPRN THRC	$961.64	$817.39	$1,508.34	$1,282.09	N	
63085	AA		VERT CORPECTOMY..,THORACIC,SIN	$9.30	$8.10	$9.30	$8.10	N	11
63086			VERT CORPECT..:THOR.,EACH ADD	$93.67	$79.62	$172.22	$146.38	N	
63086	AA		VERT CORPECT..:THOR.,EACH ADD	$9.30	$8.10	$9.30	$8.10	N	11
63087			REMOV VERTBR DCMPRN THRCLMBR	$1,207.33	$1,026.23	$1,967.99	$1,672.79	N	
63087	AA		VERT CORP.LOW THOR,LUMB:SING S	$9.30	$8.10	$9.30	$8.10	N	11
63088			VERT CORP,THOR/LUMB:EADH ADD S	$126.83	$107.81	$234.75	$199.54	N	
63088	AA		VERT CORP,THOR/LUMB:EADH ADD S	$9.30	$8.10	$9.30	$8.10	N	11
63090			REMOVE VERT BODY DCMPRN LMBR	$964.84	$820.11	$1,558.92	$1,325.08	N	
63090	AA		VERT CORP:LOW THOR/LUMB/SAC:SI	$9.30	$8.10	$9.30	$8.10	N	11
63091			VERT CORPECTOMY:EACH ADD SEGME	$85.62	$72.77	$85.62	$72.77	N	
63091	AA		VERT CORPECTOMY:EACH ADD SEGME	$9.30	$8.10	$9.30	$8.10	N	11
63101			REMOVE VERT BODY DCMPRN THRC	$1,159.94	$985.95	$1,833.95	$1,558.86	N	
63101	AA		VERTEBRAL CORPECT THORACIC SIN	$9.30	$8.10	$9.30	$8.10	N	13
63102			REMOVE VERT BODY DCMPRN LMBR	$1,147.58	$975.44	$1,833.95	$1,558.86	N	
63102	AA		VERT CORPECT LUMBAR SINGLE	$9.30	$8.10	$9.30	$8.10	N	13
63103			VERT CORPECT EACH ADDIT SEGMEN	$143.93	$122.34	$257.93	$219.24	N	
63170			LAMINECTOMY/MYELOTOMY,THOR/THO	$804.79	$684.07	$1,172.86	$996.93	N	
63170	AA		LAMINECTOMY/MYELOTOMY,THOR/THO	$9.30	$8.10	$9.30	$8.10	N	10

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
63172			LAMINECTOMY...:TO SUBARACHNOID	$714.14	$607.01	$1,051.64	$893.89	N	
63172	AA		LAMINECTOMY...:TO SUBARACHNOID	$9.30	$8.10	$9.30	$8.10	N	8
63173			LAMINECTOMY...:TO PERITONEAL S	$869.87	$739.39	$1,297.58	$1,102.94	N	
63173	AA		LAMINECTOMY...:TO PERITONEAL S	$9.30	$8.10	$9.30	$8.10	N	8
63185			INCISE SPINE NRV HALF SEGMNT	$623.63	$530.09	$832.40	$707.54	N	
63185	AA		INCISE SPINAL COLUMN/NERVES	$9.30	$8.10	$9.30	$8.10	N	8
63190			INCISE SPINE NRV >2 SEGMNTS	$619.20	$526.32	$991.11	$842.45	N	
63190	AA		INCISE SPINAL COLUMN/NERVES	$9.30	$8.10	$9.30	$8.10	N	10
63191			INCISE SPINE ACCESSORY NERVE	$699.35	$594.44	$1,096.94	$932.40	N	
63191	AA		LAMINECTOMY/SEC.SPINE ASS.NERV	$9.30	$8.10	$9.30	$8.10	N	10
63191	AA	50	LAMINECTOMY/SEC.SPINE ASS.NERV	$9.30	$8.10	$9.30	$8.10	N	10
63191	50		LAMINECTOMY/SEC.SPINE ASS.NERV	$899.00	$764.00	$2,193.89	$1,864.80	N	
63197			INCISE SPINE&CORD 2 TRX THRC	$863.17	$733.69	$1,239.95	$1,053.96	N	
63197	AA		INCISE SPINAL COLUMN & CORD	$9.30	$8.10	$9.30	$8.10	N	8
63200			RELEASE SPINAL CORD LUMBAR	$781.00	$663.85	$1,135.91	$965.53	N	
63200	AA		LAMINECTOMY,RELEASE TETHER...L	$9.30	$8.10	$9.30	$8.10	N	10
63250			REVISE SPINAL CORD VSLS CRVL	$1,481.61	$1,259.37	$2,230.63	$1,896.04	N	
63250	AA		REVISE SPINAL CORD VESSELS	$9.30	$8.10	$9.30	$8.10	N	10
63251			REVISE SPINAL CORD VSLS THRC	$1,515.17	$1,287.89	$2,376.42	$2,019.96	N	
63251	AA		REVISE SPINAL CORD VESSELS	$9.30	$8.10	$9.30	$8.10	N	10
63252			REVISE SPINE CORD VSL THRLMB	$1,515.01	$1,287.76	$2,370.68	$2,015.08	N	
63252	AA		LAMINECTOMY,MALFORM.SP.CRD:THO	$9.30	$8.10	$9.30	$8.10	N	10
63265			EXCISE INTRASPINL LESION CRV	$836.49	$711.01	$1,275.25	$1,083.96	N	
63265	AA		LAMINECTOMY,LESION...:CERVICAL	$9.30	$8.10	$9.30	$8.10	N	10
63266			EXCISE INTRSPINL LESION THRC	$862.14	$732.81	$1,315.80	$1,118.43	N	
63266	AA		LAMINECTOMY,LESION...:THORACIC	$9.30	$8.10	$9.30	$8.10	N	10
63267			EXCISE INTRSPINL LESION LMBR	$690.45	$586.88	$1,072.15	$911.33	N	
63267	AA		LAMINECTOMY,LESION...:LUMBAR	$9.30	$8.10	$9.30	$8.10	N	10
63268			EXCISE INTRSPINL LESION SCRL	$739.82	$628.85	$1,046.02	$889.12	N	
63268	AA		LAMINECTOMY.LESION...:SACRAL	$9.30	$8.10	$9.30	$8.10	N	10
63270			EXCISE INTRSPINL LESION CRVL	$1,043.99	$887.39	$1,573.23	$1,337.25	N	
63270	AA		LAMINECTOMY,LESION...:CERVICAL	$9.30	$8.10	$9.30	$8.10	N	10
63271			EXCISE INTRSPINL LESION THRC	$1,042.62	$886.22	$1,583.12	$1,345.65	N	
63271	AA		LAMINECTOMY.LESION THORACI	$9.30	$8.10	$9.30	$8.10	N	10
63272			EXCISE INTRSPINL LESION LMBR	$946.58	$804.59	$1,481.09	$1,258.92	N	
63272	AA		LAMINECTOMY.LESION LUMBAR	$9.30	$8.10	$9.30	$8.10	N	10

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
63273			EXCISE INTRSPINL LESION SCRL	$940.48	$799.41	$1,423.66	$1,210.11	N	
63273	AA		LAMINECTOMY,LESION SACRA	$9.30	$8.10	$9.30	$8.10	N	10
63275			BX/EXC XDRL SPINE LESN CRVL	$903.79	$768.22	$1,386.81	$1,178.79	N	
63275	AA		LAMINECTOMY,BX/EXC...:CERVICAL	$9.30	$8.10	$9.30	$8.10	N	10
63276			BX/EXC XDRL SPINE LESN THRC	$898.04	$763.33	$1,377.37	$1,170.76	N	
63276	AA		LAMINECTOMY,BX/EXC..:THORACIC-	$9.30	$8.10	$9.30	$8.10	N	10
63277			BX/EXC XDRL SPINE LESN LMBR	$785.87	$667.99	$1,231.30	$1,046.60	N	
63277	AA		LAMINECTOMY,BX/EXC..:LUMBAR-EX	$9.30	$8.10	$9.30	$8.10	N	10
63278			BX/EXC XDRL SPINE LESN SCRL	$805.40	$684.59	$1,204.78	$1,024.06	N	
63278	AA		LAMINECTOMY,BX/EXC..:SACRAL-EX	$9.30	$8.10	$9.30	$8.10	N	10
63280			BX/EXC IDRL SPINE LESN CRVL	$1,062.25	$902.91	$1,664.36	$1,414.71	N	
63280	AA		LAMINECTOMY,BX/EXC..:CERVICAL-	$9.30	$8.10	$9.30	$8.10	N	10
63281			BX/EXC IDRL SPINE LESN THRC	$1,054.57	$896.38	$1,647.17	$1,400.09	N	
63281	AA		LAMINECTOMY.BX/EXC..:THORACIC-	$9.30	$8.10	$9.30	$8.10	N	10
63282			BX/EXC IDRL SPINE LESN LMBR	$998.16	$848.44	$1,553.75	$1,320.69	N	
63282	AA		LAMINECTOMY.BX/EXC..:LUMBAR-IN	$9.30	$8.10	$9.30	$8.10	N	10
63283			BX/EXC IDRL SPINE LESN SCRL	$959.33	$815.43	$1,472.31	$1,251.47	N	
63283	AA		LAMINECTOMY,BX/EXC..:SACRAL-IN	$9.30	$8.10	$9.30	$8.10	N	10
63285			BX/EXC IDRL IMED LESN CERVL	$1,310.59	$1,114.00	$2,085.78	$1,772.92	N	
63285	AA		LAMINECTOMY,BX/EXC..:CERVICAL-	$9.30	$8.10	$9.30	$8.10	N	10
63286			BX/EXC IDRL IMED LESN THRC	$1,295.71	$1,101.35	$2,073.61	$1,762.57	N	
63286	AA		LAMINECTOMY,BX/EXC..:THORACIC-	$9.30	$8.10	$9.30	$8.10	N	10
63287			BX/EXC IDRL IMED LESN THRLMB	$1,373.38	$1,167.37	$2,130.08	$1,810.57	N	
63287	AA		LAMINECTOMY,BX/EXC..:THORACOLU	$9.30	$8.10	$9.30	$8.10	N	10
63290			BX/EXC XDRL/IDRL LSN ANY LVL	$1,396.44	$1,186.97	$2,146.43	$1,824.47	N	
63290	AA		LAMINECTOMY..EXTRA/INTRADURAL	$9.30	$8.10	$9.30	$8.10	N	10
63295			REPAIR LAMINECTOMY DEFECT	$163.21	$138.73	$269.34	$228.94	N	
63300			REMOVE VERT XDRL BODY CRVCL	$911.66	$774.91	$1,433.52	$1,218.49	N	
63300	AA		VERT CORP,SING SEG:CERVICAL-EX	$9.30	$8.10	$9.30	$8.10	N	10
63301			REMOVE VERT XDRL BODY THRC	$1,062.45	$903.08	$1,559.40	$1,325.49	N	
63301	AA		SEE 63300:EXTRADUR,THOR-TRANST	$9.30	$8.10	$9.30	$8.10	N	10
63302			REMOVE VERT XDRL BODY THRLMB	$1,095.71	$931.35	$1,580.34	$1,343.29	N	
63302	AA		SEE 63300:EXTRADUR,THOR-THORAC	$9.30	$8.10	$9.30	$8.10	N	10
63303			REMOV VERT XDRL BDY LMBR/SAC	$1,160.76	$986.65	$1,675.98	$1,424.59	N	
63303	AA		SEE 63303,EXTRA,LUM/SAC,TRANS/	$9.30	$8.10	$9.30	$8.10	N	10
63304			REMOVE VERT IDRL BODY CRVCL	$1,179.60	$1,002.66	$1,733.85	$1,473.77	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
63304	AA		SEE 63300:INTRADURAL,CERVICAL	$9.30	$8.10	$9.30	$8.10	N	10
63305			REMOVE VERT IDRL BODY THRC	$1,253.85	$1,065.77	$1,793.42	$1,524.41	N	
63305	AA		SEE 63300:INTRA,THOR-TRANSTHOR	$9.30	$8.10	$9.30	$8.10	N	10
63306			REMOV VERT IDRL BDY THRCLMBR	$1,232.75	$1,047.84	$1,868.24	$1,588.00	N	
63306	AA		SEE 63300:INTRA,THOR-THORACOLU	$9.30	$8.10	$9.30	$8.10	N	10
63307			REMOV VERT IDRL BDY LMBR/SAC	$1,206.45	$1,025.48	$1,701.83	$1,446.56	N	
63307	AA		SEE 63300:LUM/SAC-TRANX/RETRO	$9.30	$8.10	$9.30	$8.10	N	10
63308			SEE 63300:EACH ADD SEGMENT	$156.96	$133.42	$292.30	$248.45	N	
63308	AA		SEE 63300:EACH ADD SEGMENT	$9.30	$8.10	$9.30	$8.10	N	10
63600			REMOVE SPINAL CORD LESION	$554.43	$471.26	$671.08	$570.42	N	
63600	AA		REMOVE SPINAL CORD LESION	$9.30	$8.10	$9.30	$8.10	N	4
63610			STIMULATION OF SPINAL CORD	$288.81	$245.48	$419.83	$356.86	N	
63610	AA		STIMULATION OF SPINAL CORD	$9.30	$8.10	$9.30	$8.10	N	10
63620			STEREOTACTIC RADIOSURGERY (PAR	$569.32	$483.92	$569.32	$483.92	N	
63620	AA		STEREOTACTIC RADIOSURGERY (PAR	$9.30	$8.10	$9.30	$8.10	N	5
63621			STEREOTACTIC RADIOSURGERY (PAR	$124.29	$105.64	$124.29	$105.64	N	
63621	AA		STEREOTACTIC RADIOSURGERY (PAR	$9.30	$8.10	$9.30	$8.10	N	5
63650			IMPLANT NEUROELECTRODES	$1,109.98	$943.48	$1,109.98	$943.48	N	
63650	AA		IMPLANT NEUROELECTRODES	$9.30	$8.10	$9.30	$8.10	N	10
63655			IMPLANT NEUROELECTRODES	$425.70	$361.84	$630.86	$536.23	N	
63655	AA		IMPLANT NEUROELECTRODES	$9.30	$8.10	$9.30	$8.10	N	10
63661			REMOVAL OF SPINAL NEUROSTIMULA	$340.07	$289.06	$340.07	$289.06	N	
63661	AA		REMOVAL OF SPINAL NEUROSTIMULA	$9.30	$8.10	$9.30	$8.10	N	8
63661	26		REMOVAL OF SPINAL NEUROSTIMULA	$164.53	$139.85	$164.53	$139.85	N	
63662			REMOVAL OF SPINAL NEUROSTIMULA	$431.03	$366.37	$431.03	$366.37	N	
63662	AA		REMOVAL OF SPINAL NEUROSTIMULA	$9.30	$8.10	$9.30	$8.10	N	8
63663			REVISION INCLUDING REPLACEMENT	$443.42	$376.91	$443.42	$376.91	N	
63663	AA		REVISION INCLUDING REPLACEMENT	$9.30	$8.10	$9.30	$8.10	N	8
63663	26		REVISION INCLUDING REPLACEMENT	$222.51	$189.13	$222.51	$189.13	N	
63664			REVISION INCLUDING REPLACEMENT	$449.24	$381.85	$449.24	$381.85	N	
63664	AA		REVISION INCLUDING REPLACEMENT	$9.30	$8.10	$9.30	$8.10	N	8
63685			IMPLANT NEURORECEIVER	$168.99	$143.64	$375.55	$319.22	N	
63685	AA		IMPLANT NEURORECEIVER	$9.30	$8.10	$9.30	$8.10	N	7
63688			REVISE/REMOVE NEURORECEIVER	$149.81	$127.33	$149.81	$127.33	N	
63688	AA		REVISE/REMOVE NEURORECEIVER	$9.30	$8.10	$9.30	$8.10	N	7
63700			REPAIR MENINGOCELE,<5CM DIAMET	$665.44	$565.62	$976.37	$829.91	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
63700	AA		REPAIR MENINGOCELE,<5CM DIAMET	$9.30	$8.10	$9.30	$8.10	N	8
63702			REPAIR MENINGOCELE,> 5CM DIAME	$726.28	$617.33	$1,080.18	$918.15	N	
63702	AA		REPAIR MENINGOCELE,>5CM DIAMET	$9.30	$8.10	$9.30	$8.10	N	8
63704			REPAIR OF SPINAL HERNIATION	$844.45	$717.78	$1,242.95	$1,056.51	N	
63704	AA		REPAIR OF SPINAL HERNIATION	$9.30	$8.10	$9.30	$8.10	N	8
63706			REPAIR OF SPINAL HERNIATION	$935.21	$794.93	$1,406.65	$1,195.65	N	
63706	AA		REPAIR OF SPINAL HERNIATION	$9.30	$8.10	$9.30	$8.10	N	8
63707			REPAIR DURAL/CSF LEAK,NO LAMIN	$478.23	$406.50	$691.38	$587.67	N	
63707	AA		REPAIR DURAL/CSF LEAK,NO LAMIN	$9.30	$8.10	$9.30	$8.10	N	9
63709			REP DURAL/CSF LEAK...W/ LAMINE	$561.39	$477.18	$862.93	$733.49	N	
63709	AA		REP DURAL/CSF LEAK...W/ LAMINE	$9.30	$8.10	$9.30	$8.10	N	9
63710			GRAFT REPAIR OF SPINE DEFECT	$546.27	$464.33	$851.95	$724.16	N	
63710	AA		GRAFT REPAIR OF SPINE DEFECT	$9.30	$8.10	$9.30	$8.10	N	9
63740			INSTALL SPINAL SHUNT	$502.08	$426.76	$694.72	$590.51	N	
63740	AA		INSTALL SPINAL SHUNT	$9.30	$8.10	$9.30	$8.10	N	8
63741			CREATION OF SHUNT	$340.53	$289.45	$471.02	$400.36	N	
63741	AA		CREATION OF SHUNT	$9.30	$8.10	$9.30	$8.10	N	8
63744			REVISION OF SPINAL SHUNT	$362.98	$308.53	$490.36	$416.81	N	
63744	AA		REVISION OF SPINAL SHUNT	$9.30	$8.10	$9.30	$8.10	N	5
63746			REMOVAL OF SPINAL SHUNT	$312.77	$265.85	$376.38	$319.93	N	
63746	AA		REMOVAL OF SPINAL SHUNT	$9.30	$8.10	$9.30	$8.10	N	5
64400			INJECTION FOR NERVE BLOCK	$56.41	$47.95	$101.62	$86.38	N	
64402			INJECTION FOR NERVE BLOCK	$18.00	$16.00	$18.00	$16.00	N	
64405			INJECTION FOR NERVE BLOCK	$37.53	$31.90	$86.67	$73.67	N	
64408			INJECTION FOR NERVE BLOCK	$40.49	$34.42	$101.14	$85.97	N	
64415			INJECTION FOR NERVE BLOCK	$66.26	$56.32	$123.66	$105.11	N	
64416			INJECT ANESTH AGENT BRACH PLEX	$37.23	$31.64	$80.17	$68.14	N	
64417			INJECTION FOR NERVE BLOCK	$80.04	$68.03	$136.09	$115.68	N	
64418			INJECTION FOR NERVE BLOCK	$42.69	$36.29	$99.70	$84.75	N	
64420			INJECTION FOR NERVE BLOCK	$49.00	$41.65	$116.41	$98.95	N	
64421			INJECTION FOR NERVE BLOCK	$16.48	$14.01	$158.57	$134.78	N	
64425			INJECTION FOR NERVE BLOCK	$54.70	$46.49	$115.15	$97.88	N	
64430			INJECTION FOR NERVE BLOCK	$48.74	$41.42	$134.61	$114.42	N	
64435			INJECTION FOR NERVE BLOCK	$39.64	$33.69	$136.40	$115.94	N	
64435	UD		INJECTION FOR NERVE BLOCK	$142.69	$121.28	$142.69	$121.28	N	
64445			INJECTION FOR NERVE BLOCK	$78.07	$66.36	$140.67	$119.57	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
64446			INJ ANESTH AGENT SCIATIC NERVE	$36.43	$30.96	$80.17	$68.14	N	
64447			INJ ANESTH AGENT FEM NERVE SIN	$57.75	$49.08	$64.67	$54.97	N	
64448			INJ ANESTH AGENT FEM NERVE CON	$34.80	$29.58	$72.39	$61.53	N	
64449			INJ ANESTH AGENT LUMBAR PLEXUS	$31.80	$27.03	$86.06	$73.15	N	
64449	AA		INJ ANESTH AGENT LUMBAR PLEXUS	$9.30	$8.10	$9.30	$8.10	N	3
64450			INJECTION FOR NERVE BLOCK	$36.95	$31.40	$81.22	$69.04	N	
64451			NJX AA&/STRD NRV NRVTG SI JT	$112.62	$95.72	$112.62	$95.72	N	
64451	AA		NJX AA&/STRD NRV NRVTG SI JT	$9.30	$8.10	$9.30	$8.10	N	3
64454			NJX AA&/STRD GNCLR NRV BRNCH	$109.56	$93.12	$109.56	$93.12	N	
64454	AA		NJX AA&/STRD GNCLR NRV BRNCH	$9.30	$8.10	$9.30	$8.10	N	3
64455			NJX AA&/STRD PLTR COM DG NRV	$24.56	$20.87	$24.56	$20.87	N	
64455	AA		INJECTION(S) ANESTHETIC AGEN	$9.30	$8.10	$9.30	$8.10	N	3
64455	26		INJECTION(S) ANESTHETIC AGENT	$16.06	$13.65	$16.06	$13.65	N	
64461			PVB THORACIC SINGLE INJ SITE	$65.65	$55.80	$65.65	$55.80	N	
64461	AA		PVB THORACIC SINGLE INJ SITE	$9.30	$8.10	$9.30	$8.10	N	3
64461	26		PVB THORACIC SINGLE INJ SITE	$37.45	$31.83	$37.45	$31.83	N	
64462			PVB THORACIC 2ND+ INJ SITE	$34.73	$29.52	$34.73	$29.52	N	
64462	AA		PVB THORACIC 2ND+ INJ SITE	$9.30	$8.10	$9.30	$8.10	N	
64462	26		PVB THORACIC 2ND+ INJ SITE	$23.18	$19.70	$23.18	$19.70	N	
64463			PVB THORACIC CONT INFUSION	$111.22	$94.53	$111.22	$94.53	N	3
64463	AA		PVB THORACIC CONT INFUSION	$9.30	$8.10	$9.30	$8.10	N	3
64463	26		PVB THORACIC CONT INFUSION	$39.17	$33.29	$39.17	$33.29	N	3
64479			INJ ANES AG/STER TRANS EPIDUR	$132.22	$112.38	$247.53	$210.40	N	
64480			INJ ANES/STER TRANS EPID EA AD	$66.90	$56.86	$118.85	$101.02	N	
64483			INJ ANES/STER TRANS EPID SINGL	$122.09	$103.78	$230.67	$196.07	N	
64484			INJ ANES AG/STER TRANS EPID EA	$54.71	$46.50	$96.17	$81.74	N	
64486			TAP BLOCK UNIL BY INJECTION	$54.16	$46.04	$54.16	$46.04	N	
64486	26		TAP BLOCK UNIL BY INJECTION	$25.11	$21.34	$25.11	$21.34	N	
64487			TAP BLOCK UNI BY INFUSION	$102.56	$87.17	$102.56	$87.17	N	
64487	26		TAP BLOCK UNI BY INFUSION	$28.81	$24.49	$28.81	$24.49	N	
64488			TAP BLOCK BI INJECTION	$62.79	$53.37	$62.79	$53.37	N	
64488	26		TAP BLOCK BI INJECTION	$29.14	$24.76	$29.14	$24.76	N	
64489			TAP BLOCK BI BY INFUSION	$167.78	$142.61	$167.78	$142.61	N	
64489	26		TAP BLOCK BI BY INFUSION	$36.25	$30.81	$36.25	$30.81	N	
64490			INJECTION(S), DIAGNOSTIC OR TH	$96.00	$81.60	$96.00	$81.60	N	
64490	AA		INJECTION(S), DIAGNOSTIC OR TH	$9.30	$8.10	$9.30	$8.10	N	5

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
64490	26		INJECTION(S) DIAGNOSTIC/THERAP	$51.82	$44.04	$51.82	$44.04	N	
64491			INJECTION(S), DIAGNOSTIC OR TH	$48.58	$41.29	$48.58	$41.29	N	
64491	26		INJECTION(S), DIAGNOSTIC/THERA	$29.03	$24.68	$29.03	$24.68	N	
64492			INJECTION(S), DIAGNOSTIC OR TH	$48.41	$41.15	$48.41	$41.15	N	
64492	26		INJECTION(S),DIAGNOSTIC/THERAP	$29.21	$24.83	$29.21	$24.83	N	
64493			INJECTION(S), DIAGNOSTIC OR TH	$88.82	$75.50	$88.82	$75.50	N	
64493	AA		INJECTION(S), DIAGNOSTIC OR TH	$9.30	$8.10	$9.30	$8.10	N	5
64493	26		INJECTION(S),DIAGNOSTIC/THERAP	$44.81	$38.08	$44.81	$38.08	N	
64494			INJECTION(S), DIAGNOSTIC OR TH	$45.18	$38.40	$45.18	$38.40	N	
64494	26		INJECTION(S),DIAGNOSTIC/THERAP	$24.79	$21.07	$24.79	$21.07	N	
64495			INJECTION(S), DIAGNOSTIC OR TH	$44.69	$37.98	$44.69	$37.98	N	
64495	26		INJECTION(S),DIAGNOSTIC/THERAP	$24.97	$21.22	$24.97	$21.22	N	
64505			INJECTION FOR NERVE BLOCK	$73.04	$62.08	$88.02	$74.82	N	
64510			INJECTION FOR NERVE BLOCK	$72.15	$61.32	$134.26	$114.12	N	
64517			INJ ANESTH AGENT SUP HYPOGAST	$96.29	$81.84	$165.43	$140.62	N	
64517	AA		INJ ANESTH AGENT SUP HYPOGAST	$9.30	$8.10	$9.30	$8.10	N	3
64517	26		INJ ANESTH AGENT SUP HYPOGAST	$62.30	$52.95	$102.33	$86.98	N	
64520			INJECTION FOR NERVE BLOCK	$113.48	$96.45	$199.31	$169.41	N	
64530			INJECTION FOR NERVE BLOCK	$112.04	$95.23	$199.68	$169.73	N	
64553			IMPLANT NEUROELECTRODES	$1,891.20	$1,607.52	$174.70	$148.50	N	
64553	AA		IMPLANT NEUROELECTRODES	$9.30	$8.10	$9.30	$8.10	N	5
64555			IMPLANT NEUROELECTRODES	$1,038.39	$882.63	$182.90	$155.46	N	
64555	AA		IMPLANT NEUROELECTRODES	$9.30	$8.10	$9.30	$8.10	N	5
64561			PERC IMPLANT NEUROSTIM ELECTRO	$358.07	$304.36	$781.97	$664.67	N	
64561	AA		PERC IMPLANT NEUROSTIM ELECTRO	$9.30	$8.10	$9.30	$8.10	N	5
64566			NEUROELTRD STIM POST TIBIAL	$56.98	$48.43	$56.98	$48.43	N	
64566	26		NEUROELTRD STIM POST TIBIAL	$14.49	$12.32	$14.49	$12.32	N	
64568			INC FOR VAGUS N ELECT IMPL	$301.90	$256.61	$301.90	$256.61	N	
64568	AA		INC FOR VAGUS N ELECT IMPL	$9.30	$8.10	$9.30	$8.10	N	5
64569			REVISE/REPL VAGUS N ELTRD	$389.29	$330.89	$389.29	$330.89	N	
64569	AA		REVISE/REPL VAGUS N ELTRD	$9.30	$8.10	$9.30	$8.10	N	3
64570			REMOVE VAGUS N ELTRD	$375.87	$319.49	$375.87	$319.49	N	
64570	AA		REMOVE VAGUS N ELTRD	$9.30	$8.10	$9.30	$8.10	N	5
64575			IMPLANT NEUROELECTRODES	$157.17	$133.59	$246.15	$209.23	N	
64575	AA		IMPLANT NEUROELECTRODES	$9.30	$8.10	$9.30	$8.10	N	5
64580			IMPLANT NEUROELECTRODES	$158.41	$134.65	$261.36	$222.16	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
64580	AA		IMPLANT NEUROELECTRODES	$9.30	$8.10	$9.30	$8.10	N	5
64581			INCIS IMPLANT NEUROSTIM ELECTR	$322.16	$273.83	$640.10	$544.08	N	
64581	AA		INCIS IMPLANT NEUROSTIM ELECTR	$9.30	$8.10	$9.30	$8.10	N	10
64582			OPN MPLTJ HPGLSL NSTM ARY PG	$413.66	$351.61	$413.66	$351.61	N	
64582	AA		OPN MPLTJ HPGLSL NSTM ARY PG	$9.30	$8.10	$9.30	$8.10	N	5
64583			REV/RPLCT HPGLSL NSTM ARY PG	$427.22	$363.13	$427.22	$363.13	N	
64583	AA		REV/RPLCT HPGLSL NSTM ARY PG	$9.30	$8.10	$9.30	$8.10	N	5
64584			RMVL HPGLSL NSTIM ARY PG	$360.73	$306.62	$360.73	$306.62	N	
64584	AA		RMVL HPGLSL NSTIM ARY PG	$9.30	$8.10	$9.30	$8.10	N	5
64585			REV/RMV PERPH NSTIM ELTRD RA	$119.77	$101.80	$260.05	$221.04	N	
64585	AA		REVISE/REMOVE NEUROELECTRODE	$9.30	$8.10	$9.30	$8.10	N	5
64590			IMPLANT NEURORECEIVER	$205.81	$174.94	$281.87	$239.59	N	
64590	AA		IMPLANT NEURORECEIVER	$9.30	$8.10	$9.30	$8.10	N	5
64595			REVISE/REMOVE NEURORECEIVER	$167.76	$142.60	$257.42	$218.81	N	
64595	AA		REVISE/REMOVE NEURORECEIVER	$9.30	$8.10	$9.30	$8.10	N	5
64596			INS/RPLCMT PRQ ELTRD RA PN 1	$1,038.39	$882.63	$1,038.39	$882.63	N	
64596	AA		INS/RPLCMT PRQ ELTRD RA PN 1	$9.30	$8.10	$9.30	$8.10	N	5
64597			INS/RPLCM PRQ ELTRD RA PN EA	$311.61	$264.87	$311.61	$264.87	N	
64597	AA		INS/RPLCM PRQ ELTRD RA PN EA	$9.30	$8.10	$9.30	$8.10	N	5
64598			REVJ/RMVL NEA PN W/INT NSTIM	$119.77	$101.80	$119.77	$101.80	N	
64598	AA		REVJ/RMVL NEA PN W/INT NSTIM	$9.30	$8.10	$9.30	$8.10	N	5
64600			INJ TX FACIAL NERVES (5TH N)	$48.06	$40.85	$425.33	$361.53	N	
64605			INJ TREATMENT NERVES IN HEAD	$89.78	$76.31	$525.39	$446.58	N	
64610			DESTRUC NERVE IN HEAD/RAD MON	$380.29	$323.25	$574.30	$488.16	N	
64610	AA		INJECTION TREATMENT OF NERVE	$9.30	$8.10	$9.30	$8.10	N	3
64611			CHEMODENERV SALIV GLANDS	$66.74	$56.73	$66.74	$56.73	N	
64611	AA		CHEMODENERV SALIV GLANDS	$9.30	$8.10	$9.30	$8.10	N	3
64611	26		CHEMODENERV SALIV GLAINDS	$57.05	$48.49	$57.05	$48.49	N	
64612			DESTR NEUROLYTIC AGENT.>NERVE	$68.97	$58.62	$139.72	$118.76	N	
64612	AA		DESTR NEUROLYTIC AGENT.>NERVE	$9.30	$8.10	$9.30	$8.10	N	5
64615			CHEMODENERV MUSC MIGRAINE	$75.99	$64.59	$75.99	$64.59	N	
64615	AA		CHEMODENERV MUSC MIGRAINE	$9.30	$8.10	$9.30	$8.10	N	5
64615	26		CHEMODENERV MUSC MIGRAINE	$60.87	$51.74	$60.87	$51.74	N	
64616			CHEMODENERV MUSC NECK DYSTON	$69.40	$58.99	$69.40	$58.99	N	
64616	AA		CHEMODENERV MUSC NECK DYSTON	$9.30	$8.10	$9.30	$8.10	N	5
64616	26		CHEMODENERV MUSC NECK DYSTON	$54.79	$46.57	$54.79	$46.57	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
64617			CHEMODENER MUSCLE LARYNX EMG	$80.22	$68.19	$80.22	$68.19	N	
64617	AA		CHEMODENER MUSCLE LARYNX EMG	$9.30	$8.10	$9.30	$8.10	N	5
64617	26		CHEMODENERV MUSCLE LARYNX EMG	$53.37	$45.36	$53.37	$45.36	N	
64620			INJ TX INTERCOSTAL NERVE	$105.21	$89.43	$212.99	$181.04	N	
64620	AA		INJ TX INTERCOSTAL NERVE	$9.30	$8.10	$9.30	$8.10	N	10
64624			DSTRJ NULYT AGT GNCLR NRV	$192.15	$163.33	$192.15	$163.33	N	
64624	AA		DSTRJ NULYT AGT GNCLR NRV	$9.30	$8.10	$9.30	$8.10	N	10
64624	26		DSTRJ NULYT AGT GNCLR NRV	$72.35	$61.50	$72.35	$61.50	N	
64625			RF ABLTJ NRV NRVTG SI JT	$233.71	$198.65	$233.71	$198.65	N	
64625	AA		RF ABLTJ NRV NRVTG SI JT	$9.30	$8.10	$9.30	$8.10	N	5
64625	26		RF ABLTJ NRV NRVTG SI JT	$96.74	$82.23	$96.74	$82.23	N	
64628			TRML DSTRJ IOS BVN 1ST 2 L/S	$202.22	$171.88	$202.22	$171.88	N	
64628	AA		TRML DSTRJ IOS BVN 1ST 2 L/S	$9.30	$8.10	$9.30	$8.10	N	5
64629			TRML DSTRJ IOS BVN EA ADDL	$94.95	$80.71	$94.95	$80.71	N	
64630			DESTROY PUDENTAL NERVE	$128.42	$109.15	$194.31	$165.17	N	
64630	AA		INJECTION OF NERVE	$9.30	$8.10	$9.30	$8.10	N	3
64632			DESTRUCTION BY NEUROLYTIC AGEN	$45.47	$38.65	$45.47	$38.65	N	
64632	AA		DESTRUCTION BY NEUROLYTIC AGEN	$9.30	$8.10	$9.30	$8.10	N	3
64632	26		DESTRUCTION BY NEUROLYTIC AGEN	$33.40	$28.39	$33.40	$28.39	N	
64633			DESTROY CERV/THOR FACET JNT	$215.61	$183.26	$215.61	$183.26	N	
64633	AA		DESTROY CERV/THOR FACET JNT	$9.30	$8.10	$9.30	$8.10	N	3
64633	26		DESTRY CERV/THOR FACET JNT	$94.62	$80.42	$94.62	$80.42	N	
64633	26	50	DESTRY CERV/THOR FACET JNT BIL	$174.91	$148.67	$174.91	$148.67	N	
64633	50		DESTRY CERV/THOR FACET JNT BIL	$332.18	$282.35	$332.18	$282.35	N	
64634			DESTROY C/TH FACET JNT ADDL	$125.40	$106.59	$125.40	$106.59	N	
64634	AA		DESTROY C/TH FACET JNT ADDL	$9.30	$8.10	$9.30	$8.10	N	3
64634	26		DESTROY CERV/THOR FACET JNT	$32.62	$27.72	$32.62	$27.72	N	
64634	26	50	DESTROY CERV/THOR FACET JNT	$52.58	$44.70	$52.58	$44.70	N	
64634	50		DESTROY CERV/THOR FACET JNT	$150.52	$127.94	$150.52	$127.94	N	
64635			DESTROY LUMB/SAC FACET JNT	$217.49	$184.86	$217.49	$184.86	N	
64635	AA		DESTROY LUMB/SAC FACET JNT	$9.30	$8.10	$9.30	$8.10	N	3
64635	26		DESTROY LUMB/SAC FACET JNT	$94.62	$80.43	$94.62	$80.43	N	
64635	26	50	DESTROY LUMB/SAC FACET JNT	$172.51	$146.63	$172.51	$146.63	N	
64635	50		DESTROY LUMB/SAC FACET JNT	$328.64	$279.34	$328.64	$279.34	N	
64636			DESTROY L/S FACET JNT ADDL	$117.75	$100.08	$117.75	$100.08	N	
64636	AA		DESTROY L/S FACET JNT ADDL	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
64636	26		DESTROY L/S FACET JNT ADDL	$28.70	$24.40	$28.70	$24.40	N	
64636	26	50	DESTROY L/S FACET JNT ADDL	$45.89	$39.00	$45.89	$39.00	N	
64636	50		DESTROY L/S FACET JNT ADDL	$136.91	$116.37	$136.91	$116.37	N	
64640			DESTRUCTION OF OTH PERIPH NERV	$124.54	$105.85	$139.99	$118.99	N	
64640	AA		DESTR.NEUR.AGENT:OTHER PERIPH.	$9.30	$8.10	$9.30	$8.10	N	3
64642			CHEMODENERV 1 EXTREMITY 1-4	$76.84	$65.31	$76.84	$65.31	N	
64642	AA		CHEMODENERV 1 EXTREMITY 1-4	$9.30	$8.10	$9.30	$8.10	N	3
64642	26		CHEMODENERV 1 EXTREMITY 1-4	$53.05	$45.09	$53.05	$45.09	N	
64643			CHEMODENERV 1 EXTREM 1-4 EA	$46.42	$39.46	$46.42	$39.46	N	
64643	AA		CHEMODENERV 1 EXTREM 1-4 EA	$9.30	$8.10	$9.30	$8.10	N	3
64643	26		CHEMODENERV 1 EXTREM 1-4 EA	$34.02	$28.91	$34.02	$28.91	N	
64644			CHEMODENERV 1 EXTREM 5/> MUS	$89.24	$75.85	$89.24	$75.85	N	
64644	AA		CHEMODENERV 1 EXTREM 5/> MUS	$9.30	$8.10	$9.30	$8.10	N	3
64644	26		CHEMODENERV 1 EXTREM 5/>MUS	$57.46	$48.84	$57.46	$48.84	N	
64645			CHEMODENERV 1 EXTREM 5/> EA	$60.13	$51.11	$60.13	$51.11	N	
64645	AA		CHEMODENERV 1 EXTREM 5/> EA	$9.30	$8.10	$9.30	$8.10	N	3
64645	26		CHEMODENERV 1 EXTREM5/>EACH	$39.91	$33.92	$39.91	$33.92	N	
64646			CHEMODENERV TRUNK MUSC 1-5	$81.05	$68.89	$81.05	$68.89	N	
64646	AA		CHEMODENERV TRUNK MUSC 1-5	$9.30	$8.10	$9.30	$8.10	N	3
64646	26		CHEMODENERV TRUNK MUSC 1-5	$57.76	$49.10	$57.76	$49.10	N	
64647			CHEMODENERV TRUNK MUSC 6/>	$90.74	$77.12	$90.74	$77.12	N	
64647	AA		CHEMODENERV TRUNK MUSC 6/>	$9.30	$8.10	$9.30	$8.10	N	3
64647	26		CHEMODERV TRUNK MUSC 6/>	$65.42	$55.60	$65.42	$55.60	N	
64650			CHEMODENERV ECCRINE GLANDS	$43.94	$37.35	$53.42	$45.41	N	
64650	AA		CHEMODENERV ECCRINE GLANDS	$9.30	$8.10	$9.30	$8.10	N	3
64653			CHEMODENERV ECCRINE GLANDS	$51.21	$43.52	$61.40	$52.19	N	
64653	AA		CHEMODENERV ECCRINE GLANDS	$9.30	$8.10	$9.30	$8.10	N	3
64680			DESTRUC OF NERVE,CELIAC PLEXUS	$168.18	$142.95	$316.48	$269.01	N	
64680	AA		DESTR.NEUR.AGENT,CELIAC W/WO	$9.30	$8.10	$9.30	$8.10	N	20
64681			DESTRUCT BY NEURO AGENT	$226.15	$192.23	$373.49	$317.47	N	
64681	AA		DESTRUCT BY NEURO AGENT	$9.30	$8.10	$9.30	$8.10	N	3
64681	26		DESTRUCT BY NEURO AGENT	$109.07	$92.71	$190.42	$161.86	N	
64702			REVISE FINGER/TOE NERVE	$261.88	$222.59	$282.73	$240.32	N	
64702	AA		REVISE FINGER/TOE NERVE	$9.30	$8.10	$9.30	$8.10	N	3
64704			REVISE HAND/FOOT NERVE	$163.99	$139.39	$274.82	$233.60	N	
64704	AA		REVISE HAND/FOOT NERVE	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
64708			REVISE ARM/LEG NERVE	$256.79	$218.27	$386.74	$328.73	N	
64708	AA		REVISE ARM/LEG NERVE	$9.30	$8.10	$9.30	$8.10	N	3
64712			REVISION OF SCIATIC NERVE	$299.87	$254.89	$441.38	$375.18	N	
64712	AA		REVISION OF SCIATIC NERVE	$9.30	$8.10	$9.30	$8.10	N	4
64713			REVISION OF ARM NERVE(S)	$402.09	$341.77	$600.72	$510.61	N	
64713	AA		REVISION OF ARM NERVE(S)	$9.30	$8.10	$9.30	$8.10	N	4
64714			REVISE LOW BACK NERVE(S)	$386.37	$328.41	$503.95	$428.36	N	
64714	AA		REVISE LOW BACK NERVE(S)	$9.30	$8.10	$9.30	$8.10	N	4
64716			REVISION OF CRANIAL NERVE	$256.38	$217.92	$421.02	$357.86	N	
64716	AA		REVISION OF CRANIAL NERVE	$9.30	$8.10	$9.30	$8.10	N	5
64718			REVISE ULNAR NERVE AT ELBOW	$308.11	$261.89	$423.97	$360.37	N	
64718	AA		REVISE ULNAR NERVE AT ELBOW	$9.30	$8.10	$9.30	$8.10	N	3
64719			REVISE ULNAR NERVE AT WRIST	$208.18	$176.95	$329.45	$280.03	N	
64719	AA		REVISE ULNAR NERVE AT WRIST	$9.30	$8.10	$9.30	$8.10	N	5
64721			REVISE MEDIAN NERVE AT WRIST	$227.70	$193.54	$339.40	$288.49	N	
64721	AA		REVISE MEDIAN NERVE AT WRIST	$9.30	$8.10	$9.30	$8.10	N	3
64722			RELIEVE PRESSURE ON NERVE(S)	$188.38	$160.12	$265.94	$226.05	N	
64722	AA		DECOMPRESSION:UNSPECIFIED NERV	$9.30	$8.10	$9.30	$8.10	N	3
64726			RELEASE FOOT/TOE NERVE	$135.77	$115.40	$242.78	$206.37	N	
64726	AA		RELEASE FOOT/TOE NERVE	$9.30	$8.10	$9.30	$8.10	N	3
64727			INTERNAL NERVE REVISION	$87.36	$74.26	$163.07	$138.61	N	
64727	AA		INTERNAL NERVE REVISION	$9.30	$8.10	$9.30	$8.10	N	3
64732			INCISION OF BROW NERVE	$233.99	$198.89	$287.13	$244.06	N	
64732	AA		INCISION OF BROW NERVE	$9.30	$8.10	$9.30	$8.10	N	3
64734			INCISION OF CHEEK NERVE	$263.95	$224.36	$319.26	$271.37	N	
64734	AA		INCISION OF CHEEK NERVE	$9.30	$8.10	$9.30	$8.10	N	3
64736			INCISION OF CHIN NERVE	$167.91	$142.72	$297.21	$252.63	N	
64736	AA		INCISION OF CHIN NERVE	$9.30	$8.10	$9.30	$8.10	N	4
64738			INCISION OF JAW NERVE	$224.66	$190.96	$369.47	$314.05	N	
64738	AA		INCISION OF JAW NERVE	$9.30	$8.10	$9.30	$8.10	N	4
64740			INCISION OF TONGUE NERVE	$229.90	$195.42	$370.84	$315.21	N	
64740	AA		INCISION OF TONGUE NERVE	$9.30	$8.10	$9.30	$8.10	N	4
64742			INCISION OF FACIAL NERVE	$246.00	$209.10	$377.70	$321.04	N	
64742	AA		INCISION OF FACIAL NERVE	$9.30	$8.10	$9.30	$8.10	N	4
64744			INCISE NERVE, BACK OF HEAD	$259.33	$220.43	$327.84	$278.66	N	
64744	AA		INCISE NERVE, BACK OF HEAD	$9.30	$8.10	$9.30	$8.10	N	5

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
64746			INCISE DIAPHRAGM NERVE	$214.07	$181.96	$364.39	$309.73	N	
64746	AA		INCISE DIAPHRAGM NERVE	$9.30	$8.10	$9.30	$8.10	N	4
64755			INCISION VAGI/PROXIMAL STOMACH	$456.46	$387.99	$672.56	$571.68	N	
64755	AA		INCISION VAGI/PROXIMAL STOMACH	$9.30	$8.10	$9.30	$8.10	N	7
64760			INCISION OF VAGUS NERVE	$261.30	$222.10	$361.05	$306.89	N	
64760	AA		INCISION OF VAGUS NERVE	$9.30	$8.10	$9.30	$8.10	N	7
64761	50		INCISION OF PELVIS NERVE:BILAT	NA	NA	$675.54	$574.21	N	
64763			INCISE HIP/THIGH NERVE	$258.61	$219.82	$423.30	$359.81	N	
64763	AA		INCISE HIP/THIGH NERVE	$9.30	$8.10	$9.30	$8.10	N	3
64763	AA	50	INCISE HIP/THIGH NERVE:BILATER	$9.30	$8.10	$9.30	$8.10	N	3
64763	50		INCISE HIP/THIGH NERVE:BILATER	$225.00	$191.00	$846.61	$719.62	N	
64766			INCISE HIP/THIGH NERVE	$318.31	$270.56	$483.56	$411.03	N	
64766	AA		INCISE HIP/THIGH NERVE	$9.30	$8.10	$9.30	$8.10	N	6
64766	AA	50	INCISE HIP/THIGH NERVE:BILATER	$9.30	$8.10	$9.30	$8.10	N	6
64766	50		INCISE HIP/THIGH NERVE:BILATER	$360.00	$306.00	$967.12	$822.05	N	
64771			INCISE CRANIAL NERVE,EXTRADURA	$306.02	$260.12	$457.35	$388.75	N	
64771	AA		INCISE CRANIAL NERVE,EXTRADURA	$9.30	$8.10	$9.30	$8.10	N	8
64772			INCISION OF SPINAL NERVE	$280.52	$238.44	$436.23	$370.80	N	
64772	AA		INCISION OF SPINAL NERVE	$9.30	$8.10	$9.30	$8.10	N	8
64774			REMOVE SKIN NERVE LESION	$43.39	$36.88	$315.27	$267.98	N	
64774	AA		REMOVE SKIN NERVE LESION	$9.30	$8.10	$9.30	$8.10	N	3
64776			REMOVE DIGIT NERVE LESION	$203.34	$172.83	$309.19	$262.81	N	
64776	AA		REMOVE DIGIT NERVE LESION	$9.30	$8.10	$9.30	$8.10	N	3
64778			EXCISE NEUROMA:EACH ADD DIGIT	$88.01	$74.81	$153.11	$130.14	N	
64778	AA		EXCISE NEUROMA:EACH ADD DIGIT	$9.30	$8.10	$9.30	$8.10	N	3
64782			REMOVE LIMB NERVE LESION	$231.11	$196.44	$350.30	$297.75	N	
64782	AA		REMOVE LIMB NERVE LESION	$9.30	$8.10	$9.30	$8.10	N	3
64783			EXCISE NEUROMA,HAND/FOOT,@ ADD	$105.19	$89.41	$194.78	$165.57	N	
64783	AA		EXCISE NEUROMA,HAND/FOOT,@ ADD	$9.30	$8.10	$9.30	$8.10	N	3
64784			REMOVE NERVE LESION	$365.28	$310.48	$575.17	$488.89	N	
64784	AA		REMOVE NERVE LESION	$9.30	$8.10	$9.30	$8.10	N	4
64786			REMOVE SCIATIC NERVE LESION	$498.61	$423.81	$899.45	$764.53	N	
64786	AA		REMOVE SCIATIC NERVE LESION	$9.30	$8.10	$9.30	$8.10	N	5
64787			INSERT CAP ON NERVE END	$114.83	$97.61	$225.03	$191.28	N	
64787	AA		INSERT CAP ON NERVE END	$9.30	$8.10	$9.30	$8.10	N	4
64788			REMOVE SKIN NERVE LESION	$206.67	$175.67	$284.72	$242.01	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
64788	AA		REMOVE SKIN NERVE LESION	$9.30	$8.10	$9.30	$8.10	N	3
64790			REMOVAL OF NERVE LESION	$429.84	$365.36	$663.90	$564.32	N	
64790	AA		REMOVAL OF NERVE LESION	$9.30	$8.10	$9.30	$8.10	N	4
64792			REMOVAL OF NERVE LESION	$538.84	$458.01	$844.57	$717.88	N	
64792	AA		REMOVAL OF NERVE LESION	$9.30	$8.10	$9.30	$8.10	N	5
64795			BIOPSY OF NERVE	$98.17	$83.44	$163.45	$138.93	N	
64795	AA		BIOPSY OF NERVE	$9.30	$8.10	$9.30	$8.10	N	3
64802			SYMPATHECTOMY CERVICAL	$431.92	$367.13	$501.46	$426.24	N	
64802	AA		REMOVE SYMPATHETIC NERVES	$9.30	$8.10	$9.30	$8.10	N	6
64802	AA	50	REMOVE SYMPTHECTIC NERVE:BILAT	$9.30	$8.10	$9.30	$8.10	N	6
64802	50		REMOVE SYMPATHETIC NERVE:BILAT	$453.00	$385.00	$1,002.91	$852.48	N	
64804			SYMPATHECTOMY CERVICOTHORAC	$604.12	$513.50	$769.02	$653.67	N	
64804	AA		REMOVE SYMPATHETIC	$9.30	$8.10	$9.30	$8.10	N	13
64804	AA	50	REMOVE SYMPATHETIC NERVES:BILA	$9.30	$8.10	$9.30	$8.10	N	13
64804	50		REMOVE SYMPATHETIC NERVES:BILA	$482.00	$410.00	$1,538.05	$1,307.34	N	
64809			SYMPATHECTOMY THORACOLUMBAR	$552.05	$469.24	$671.98	$571.18	N	
64809	AA		REMOVE SYMPATHETIC NERVES	$9.30	$8.10	$9.30	$8.10	N	13
64809	AA	50	REMOVE SYMPATHETIC NERVE:BILAT	$9.30	$8.10	$9.30	$8.10	N	13
64809	50		REMOVE SYMPATHETIC NERVES:BILA	$635.00	$540.00	$1,343.95	$1,142.36	N	
64818			SYMPATHECTOMY LUMBAR	$390.62	$332.02	$544.11	$462.50	N	
64818	AA		REMOVE SYMPATHETIC NERVE:UNILA	$9.30	$8.10	$9.30	$8.10	N	7
64818	AA	50	REMOVE SYMPATHETIC NERVE:BILAT	$9.30	$8.10	$9.30	$8.10	N	7
64818	50		REMOVE SYMPATHETIC NERVE:BILAT	$393.00	$334.00	$1,088.22	$924.99	N	
64820			SYMPATHECTOMY DIGITAL ARTERY	$385.63	$327.79	$613.47	$521.45	N	
64820	AA		SYMPATHECTOMY DIGID ART-EACH	$9.30	$8.10	$9.30	$8.10	N	13
64821			SYMPATHECTOMY RADIAL ARTERY	$354.08	$300.96	$562.65	$478.25	N	
64821	AA		SYMPATHECTOMY: RADIAL ARTERY	$9.30	$8.10	$9.30	$8.10	N	3
64822			SYMPATHECTOMY ULNAR ARTERY	$354.08	$300.96	$560.69	$476.58	N	
64822	AA		SYMPATHECTOMY: ULNAR ARTERY	$9.30	$8.10	$9.30	$8.10	N	3
64823			SYMPATHECTOMY SUPFC PALMAR	$399.89	$339.90	$650.10	$552.58	N	
64823	AA		SYMPATHECTOMY: SUPERFIC PALMAR	$9.30	$8.10	$9.30	$8.10	N	3
64831			REPAIR OF DIGIT NERVE	$351.81	$299.04	$580.32	$493.27	N	
64831	AA		REPAIR OF DIGIT NERVE	$9.30	$8.10	$9.30	$8.10	N	3
64832			SUTURE DIGIT NERVE:@ ADD DIGIT	$162.09	$137.77	$303.48	$257.96	N	
64832	AA		SUTURE DIGIT NERVE:@ ADD DIGIT	$9.30	$8.10	$9.30	$8.10	N	3
64834			REPAIR OF HAND OR FOOT NERVE	$375.26	$318.97	$608.23	$517.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
64834	AA		REPAIR OF HAND OR FOOT NERVE	$9.30	$8.10	$9.30	$8.10	N	3
64835			REPAIR OF MED MOTOR THENAR	$410.07	$348.56	$657.91	$559.23	N	
64835	AA		REPAIR OF HAND OR FOOT NERVE	$9.30	$8.10	$9.30	$8.10	N	3
64836			REPAIR OF ULNAR MOTOR NERVE	$410.07	$348.56	$655.12	$556.85	N	
64836	AA		REPAIR OF HAND OR FOOT NERVE	$9.30	$8.10	$9.30	$8.10	N	3
64837			REPAIR ADDITIONAL NERVE	$177.33	$150.73	$336.17	$285.74	N	
64837	AA		REPAIR ADDITIONAL NERVE	$9.30	$8.10	$9.30	$8.10	N	3
64840			REPAIR OF LEG NERVE	$482.49	$410.11	$732.06	$622.25	N	
64840	AA		REPAIR OF LEG NERVE	$9.30	$8.10	$9.30	$8.10	N	3
64856			REPAIR/TRANSPOSE NERVE	$504.13	$428.51	$810.74	$689.13	N	
64856	AA		REPAIR/TRANSPOSE NERVE	$9.30	$8.10	$9.30	$8.10	N	3
64857			REPAIR ARM/LEG NERVE	$522.54	$444.15	$850.48	$722.91	N	
64857	AA		REPAIR ARM/LEG NERVE	$9.30	$8.10	$9.30	$8.10	N	3
64858			REPAIR SCIATIC NERVE	$585.36	$497.56	$985.44	$837.62	N	
64858	AA		REPAIR SCIATIC NERVE	$9.30	$8.10	$9.30	$8.10	N	4
64859			SUTURE @ ADD MAJOR PERIPHERAL	$120.41	$102.34	$228.79	$194.47	N	
64859	AA		SUTURE @ ADD MAJOR PERIPHERAL	$9.30	$8.10	$9.30	$8.10	N	3
64861			REPAIR OF ARM NERVES	$768.84	$653.51	$1,128.14	$958.92	N	
64861	AA		REPAIR OF ARM NERVES	$9.30	$8.10	$9.30	$8.10	N	6
64862			REPAIR OF LOW BACK NERVES	$682.88	$580.44	$1,146.67	$974.67	N	
64862	AA		REPAIR OF LOW BACK NERVES	$9.30	$8.10	$9.30	$8.10	N	6
64864			REPAIR OF FACIAL NERVE	$427.20	$363.12	$731.60	$621.86	N	
64864	AA		REPAIR OF FACIAL NERVE	$9.30	$8.10	$9.30	$8.10	N	5
64865			REPAIR OF FACIAL NERVE	$535.15	$454.87	$985.57	$837.73	N	
64865	AA		REPAIR OF FACIAL NERVE	$9.30	$8.10	$9.30	$8.10	N	6
64866			FUSION OF FACIAL/OTHER NERVE	$617.76	$525.09	$1,005.10	$854.33	N	
64866	AA		FUSION OF FACIAL/OTHER NERVE	$9.30	$8.10	$9.30	$8.10	N	5
64868			FUSION OF FACIAL/OTHER NERVE	$490.87	$417.24	$874.31	$743.17	N	
64868	AA		FUSION OF FACIAL/OTHER NERVE	$9.30	$8.10	$9.30	$8.10	N	5
64872			SUBSEQUENT REPAIR OF NERVE	$56.45	$47.98	$56.45	$47.98	N	
64872	AA		SUBSEQUENT REPAIR OF NERVE	$9.30	$8.10	$9.30	$8.10	N	5
64874			REPAIR & REVISE NERVE	$84.41	$71.75	$84.41	$71.75	N	
64874	AA		REPAIR & REVISE NERVE	$9.30	$8.10	$9.30	$8.10	N	5
64876			REPAIR NERVE: SHORTEN BONE	$95.54	$81.20	$95.54	$81.20	N	
64876	AA		REPAIR NERVE: SHORTEN BONE	$9.30	$8.10	$9.30	$8.10	N	5
64885			NERVE GRAFT HEAD/NECK <4 CM	$530.81	$451.18	$996.02	$846.62	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
64886			NERVE GRAFT HEAD/NECK >4 CM	$636.23	$540.80	$1,177.27	$1,000.68	N	
64890			NRV GRF 1STRND HND/FOOT <4CM	$538.00	$457.30	$885.93	$753.04	N	
64890	AA		NERVE GRAFT, HAND OR FOOT	$9.30	$8.10	$9.30	$8.10	N	3
64891			NRV GRF 1STRND HND/FOOT >4CM	$571.78	$486.01	$815.66	$693.31	N	
64891	AA		NERVE GRAFT, HAND OR FOOT	$9.30	$8.10	$9.30	$8.10	N	3
64892			NRV GRF 1STRND ARM/LEG <4CM	$523.60	$445.06	$837.09	$711.52	N	
64892	AA		NERVE GRAFT, ARM OR LEG	$9.30	$8.10	$9.30	$8.10	N	3
64893			NRV GRF 1STRND ARM/LEG >4 CM	$558.21	$474.47	$905.18	$769.41	N	
64893	AA		NERVE GRAFT, ARM OR LEG	$9.30	$8.10	$9.30	$8.10	N	3
64895			NRV GRF MLTST HND/FOOT <4 CM	$658.17	$559.44	$1,011.98	$860.19	N	
64895	AA		NERVE GRAFT, HAND OR FOOT	$9.30	$8.10	$9.30	$8.10	N	3
64896			NRV GRF MLTST HND/FOOT >4 CM	$709.96	$603.46	$1,113.72	$946.66	N	
64896	AA		NERVE GRAFT, HAND OR FOOT	$9.30	$8.10	$9.30	$8.10	N	3
64897			NRV GRF MLTST ARM/LEG <4 CM	$629.70	$535.25	$1,014.45	$862.28	N	
64897	AA		NERVE GRAFT, ARM OR LEG	$9.30	$8.10	$9.30	$8.10	N	3
64898			NRV GRF MLTST ARM/LEG >4 CM	$681.99	$579.69	$1,098.39	$933.63	N	
64898	AA		NERVE GRAFT, ARM OR LEG	$9.30	$8.10	$9.30	$8.10	N	3
64901			NERVE GRAFT, @ ADD NERVE:SING.	$289.56	$246.12	$542.08	$460.77	N	
64901	AA		NERVE GRAFT, @ ADD NERVE:SING.	$9.30	$8.10	$9.30	$8.10	N	3
64902			NERVE GRAFT,@ ADD NERE, MULTI	$335.04	$284.78	$622.06	$528.75	N	
64902	AA		NERVE GRAFT,@ ADD NERE, MULTI	$9.30	$8.10	$9.30	$8.10	N	3
64905			NERVE PEDICLE TRANSFER	$495.10	$420.83	$790.41	$671.85	N	
64905	AA		NERVE PEDICLE TRANSFER	$9.30	$8.10	$9.30	$8.10	N	3
64907			NERVE PEDICLE TRANSFER	$129.13	$109.76	$1,113.82	$946.74	N	
64907	AA		NERVE PEDICLE TRANSFER	$9.30	$8.10	$9.30	$8.10	N	3
64910			NERVE REPAIR W/ALLOGRAFT	$381.86	$324.58	$546.35	$464.40	N	
64910	AA		NERVE REPAIR W/ALLOGRAFT	$9.30	$8.10	$9.30	$8.10	N	4
64911			NEURORRAPHY W/VEIN AUTOGRAFT	$512.42	$435.55	$662.50	$563.12	N	
64911	AA		NEURORRAPHY W/VEIN AUTOGRAFT	$9.30	$8.10	$9.30	$8.10	N	4
64912			NRV RPR W/NRV ALGRFT 1STRVE	$447.09	$380.02	$447.09	$380.02	N	
64912	AA		NRV RRP W/NRV ALGRFT LST	$9.30	$8.10	$9.30	$8.10	N	3
64913			HRV RPR W/NRV ALGRFT EA ADDL	$83.59	$71.05	$83.59	$71.05	N	
64913	AA		NRV RPR W/NRV ALGRFT EA ADDL	$9.30	$8.10	$9.30	$8.10	N	3
64999			UNLISTED PX NERVOUS SYSTEM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
65091			EVISCERATION EYE	$364.70	$309.99	$497.36	$422.76	N	
65091	AA		EVISCERATION EYE	$9.30	$8.10	$9.30	$8.10	N	6

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
65093			EVISCERATION EYE WITH IMPLANT	$361.69	$307.43	$523.46	$444.94	N	
65093	AA		EVISCERATION EYE WITH IMPLANT	$9.30	$8.10	$9.30	$8.10	N	6
65101			REMOVAL OF EYE	$417.84	$355.16	$556.30	$472.86	N	
65101	AA		REMOVAL OF EYE	$9.30	$8.10	$9.30	$8.10	N	6
65103			REMOVE EYE/INSERT IMPLANT	$431.71	$366.95	$581.09	$493.92	N	
65103	AA		REMOVE EYE/INSERT IMPLANT	$9.30	$8.10	$9.30	$8.10	N	6
65105			REMOVE EYE/ATTACH IMPLANT	$469.85	$399.37	$636.42	$540.96	N	
65105	AA		REMOVE EYE/ATTACH IMPLANT	$9.30	$8.10	$9.30	$8.10	N	6
65110			REMOVAL OF EYE	$647.62	$550.48	$929.50	$790.08	N	
65110	AA		REMOVAL OF EYE	$9.30	$8.10	$9.30	$8.10	N	6
65112			REMOVE EYE, REVISE SOCKET	$742.10	$630.78	$1,104.60	$938.91	N	
65112	AA		REMOVE EYE, REVISE SOCKET	$9.30	$8.10	$9.30	$8.10	N	6
65114			REMOVE EYE, REVISE SOCKET	$774.24	$658.10	$1,139.51	$968.59	N	
65114	AA		REMOVE EYE, REVISE SOCKET	$9.30	$8.10	$9.30	$8.10	N	6
65125			MODIFY OCULAR IMPL.(SEP.PROC.)	$224.35	$190.70	$224.35	$190.70	N	
65125	AA		MODIFY OCULAR IMPL.(SEP.PROC.)	$9.30	$8.10	$9.30	$8.10	N	5
65130			INSERT OCULAR IMPLANT	$419.41	$356.50	$547.88	$465.70	N	
65130	AA		INSERT OCULAR IMPLANT	$9.30	$8.10	$9.30	$8.10	N	6
65135			INSERT OCULAR IMPLANT	$424.33	$360.68	$558.96	$475.12	N	
65135	AA		INSERT OCULAR IMPLANT	$9.30	$8.10	$9.30	$8.10	N	6
65140			ATTACH OCULAR IMPLANT	$456.24	$387.80	$600.95	$510.81	N	
65140	AA		ATTACH OCULAR IMPLANT	$9.30	$8.10	$9.30	$8.10	N	6
65150			REVISE OCULAR IMPLANT	$344.31	$292.66	$477.85	$406.17	N	
65150	AA		REVISE OCULAR IMPLANT	$9.30	$8.10	$9.30	$8.10	N	6
65155			REINSERT OCULAR IMPLANT	$474.77	$403.55	$644.84	$548.11	N	
65155	AA		REINSERT OCULAR IMPLANT	$9.30	$8.10	$9.30	$8.10	N	6
65175			REMOVAL OF OCULAR IMPLANT	$383.57	$326.03	$495.78	$421.42	N	
65175	AA		REMOVAL OF OCULAR IMPLANT	$9.30	$8.10	$9.30	$8.10	N	6
65205			REMOVE FOREIGN BODY FROM EYE	$13.95	$11.85	$45.05	$38.29	N	
65205	AA		REMOVE FOREIGN BODY FROM EYE	$9.30	$8.10	$9.30	$8.10	N	3
65210			REMOVE FOREIGN BODY FROM EYE	$18.76	$15.95	$55.22	$46.94	N	
65210	AA		REMOVE FOREIGN BODY FROM EYE	$9.30	$8.10	$9.30	$8.10	N	3
65220			REMOVE FOREIGN BODY FROM EYE	$30.02	$25.51	$45.64	$38.79	N	
65220	AA		REMOVE FOREIGN BODY FROM EYE	$9.30	$8.10	$9.30	$8.10	N	3
65222			REMOVE FOREIGN BODY FROM EYE	$33.48	$28.46	$60.78	$51.67	N	
65222	AA		REMOVE FOREIGN BODY FROM EYE	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
65235			REMOVE FOREIGN BODY FROM EYE	$357.79	$304.12	$479.31	$407.42	N	
65235	AA		REMOVE FOREIGN BODY FROM EYE	$9.30	$8.10	$9.30	$8.10	N	6
65260			REMOVE FOREIGN BODY FROM EYE	$480.43	$408.36	$691.16	$587.49	N	
65260	AA		REMOVE FOREIGN BODY FROM EYE	$9.30	$8.10	$9.30	$8.10	N	6
65265			REMOVE FOREIGN BODY FROM EYE	$539.58	$458.64	$777.09	$660.52	N	
65265	AA		REMOVE FOREIGN BODY FROM EYE	$9.30	$8.10	$9.30	$8.10	N	6
65270			REPAIR OF EYE WOUND	$139.04	$118.18	$240.50	$204.43	N	
65270	AA		REPAIR OF EYE WOUND	$9.30	$8.10	$9.30	$8.10	N	4
65272			REPAIR OF EYE WOUND	$259.32	$220.42	$388.33	$330.08	N	
65272	AA		REPAIR OF EYE WOUND	$9.30	$8.10	$9.30	$8.10	N	4
65273			REPAIR OF EYE WOUND	$185.70	$157.85	$265.84	$225.96	N	
65273	AA		REPAIR OF EYE WOUND	$9.30	$8.10	$9.30	$8.10	N	4
65275			REPAIR OF CORNEA LACERATION	$290.07	$246.56	$390.96	$332.32	N	
65275	AA		REPAIR OF EYE WOUND	$9.30	$8.10	$9.30	$8.10	N	4
65280			REPAIR OF EYE WOUND	$327.29	$278.19	$465.15	$395.38	N	
65280	AA		REPAIR OF EYE WOUND	$9.30	$8.10	$9.30	$8.10	N	8
65285			REPAIR OF EYE WOUND	$539.55	$458.62	$739.64	$628.69	N	
65285	AA		REPAIR OF EYE WOUND	$9.30	$8.10	$9.30	$8.10	N	6
65286			REPAIR LACERATION:APPLIC TISSU	$341.72	$290.46	$560.83	$476.71	N	
65286	AA		REPAIR LACERATION..APPLIC TISS	$9.30	$8.10	$9.30	$8.10	N	4
65290			REPAIR OF EYE SOCKET WOUND	$239.69	$203.74	$341.05	$289.89	N	
65290	AA		REPAIR OF EYE SOCKET WOUND	$9.30	$8.10	$9.30	$8.10	N	4
65400			REMOVAL OF EYE LESION	$342.69	$291.28	$483.44	$410.92	N	
65400	AA		REMOVAL OF EYE LESION	$9.30	$8.10	$9.30	$8.10	N	6
65410			BIOPSY OF CORNEA	$70.87	$60.24	$120.47	$102.40	N	
65410	AA		BIOPSY OF CORNEA	$9.30	$8.10	$9.30	$8.10	N	4
65420			REMOVAL OF EYE LESION	$265.55	$225.71	$439.00	$373.15	N	
65420	AA		REMOVAL OF EYE LESION	$9.30	$8.10	$9.30	$8.10	N	6
65426			REMOVAL OF EYE LESION	$329.73	$280.27	$519.12	$441.25	N	
65426	AA		REMOVAL OF EYE LESION	$9.30	$8.10	$9.30	$8.10	N	6
65430			CORNEAL SMEAR	$56.95	$48.40	$92.31	$78.47	N	
65430	AA		CORNEAL SMEAR	$9.30	$8.10	$9.30	$8.10	N	5
65435			CURETTE/TREAT CORNEA	$40.70	$34.59	$64.20	$54.57	N	
65435	AA		CURETTE/TREAT CORNEA	$9.30	$8.10	$9.30	$8.10	N	3
65436			CURETTE/TREAT CORNEA	$191.99	$163.19	$277.47	$235.85	N	
65436	AA		CURETTE/TREAT CORNEA	$9.30	$8.10	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
65450			DESTROY CORNEAL LESION	$32.90	$27.96	$246.54	$209.56	N	
65450	AA		DESTROY CORNEAL LESION	$9.30	$8.10	$9.30	$8.10	N	5
65600			REVISION OF CORNEA	$216.26	$183.82	$282.52	$240.14	N	
65600	AA		REVISION OF CORNEA	$9.30	$8.10	$9.30	$8.10	N	3
65710			CORNEAL TRANSPLANT	$559.36	$475.45	$788.88	$670.55	N	
65710	AA		CORNEAL TRANSPLANT	$9.30	$8.10	$9.30	$8.10	N	8
65730			CORNEAL TRANSPLANT	$612.80	$520.88	$879.43	$747.52	N	
65730	AA		CORNEAL TRANSPLANT	$9.30	$8.10	$9.30	$8.10	N	8
65750			CORNEAL TRANSPLANT	$615.65	$523.30	$902.63	$767.24	N	
65750	AA		CORNEAL TRANSPLANT	$9.30	$8.10	$9.30	$8.10	N	8
65755			CORNEAL TRANSPLANT	$613.71	$521.65	$896.14	$761.72	N	
65755	AA		CORNEAL TRANSPLANT	$9.30	$8.10	$9.30	$8.10	N	7
65756			KERATOPLASTY (CORNEAL TRANSPLA	$578.32	$491.57	$578.32	$491.57	N	
65756	AA		KERATOPLASTY (CORNEAL TRANSPLA	$9.30	$8.10	$9.30	$8.10	N	6
65757			BACKBENCH PREPARATION OF CORNE	$162.84	$138.41	$162.84	$138.41	N	
65765			KERATOPHAKIA	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
65767			EPIKERATOPLASTY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
65770			KERATOPROSTHESIS	$687.65	$584.50	$687.65	$584.50	A	
65770	AA		KERATOPROSTHESIS	$9.30	$8.10	$9.30	$8.10	A	7
65771	AA		RADIAL KERATOTOMY	$9.30	$8.10	$9.30	$8.10	N	7
65772			CORNEAL RELAX INCISION,CORR SU	$225.38	$191.57	$329.82	$280.35	N	
65772	AA		CORNEAL RELAX INCISION,CORR SU	$9.30	$8.10	$9.30	$8.10	N	6
65775			CORN WDGE RESECT,CORR SURG..AS	$282.97	$240.52	$393.57	$334.53	N	
65775	AA		CORN WDGE RESECT,CORR SURG..AS	$9.30	$8.10	$9.30	$8.10	N	6
65778			COVER EYE W/MEMBRANE	$638.78	$542.96	$638.78	$542.96	N	
65778	AA		COVER EYE W/MEMBRANE	$9.30	$8.10	$9.30	$8.10	N	5
65778	26		COVER EYE W/MEMBRANE	$21.24	$18.05	$21.24	$18.05	N	
65779			COVER EYE W/MEMBRANE STENT	$558.63	$474.84	$558.63	$474.84	N	
65779	AA		COVER EYE W/MEMBRANE STENT	$9.30	$8.10	$9.30	$8.10	N	5
65779	26		COVER EYE W/MEMBRANE STENT	$51.22	$43.53	$51.22	$43.53	N	
65780			OCULAR SURF RECONSTRUCT	$292.20	$248.37	$686.58	$583.60	N	
65780	AA		OCULAR SURF RECONSTRUCT	$9.30	$8.10	$9.30	$8.10	N	5
65781			LIMBAL STEM CELL ALLOGRAFT	$649.87	$552.39	$1,035.91	$880.53	N	
65781	AA		LIMBAL STEM CELL ALLOGRAFT	$9.30	$8.10	$9.30	$8.10	N	5
65782			LIMBAL CONJUNCTIVAL AUTOGRAFT	$561.74	$477.48	$894.46	$760.29	N	
65782	AA		LIMBAL CONJUNCTIVAL AUTOGRAFT	$9.30	$8.10	$9.30	$8.10	N	5

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
65785			IMPLTJ NTRSTRML CRNL RNG SEG	$1,027.48	$873.35	$1,027.48	$873.35	N	5
65785	AA		IMPLTJ NTRSTRML CRNL RNG SEG	$9.30	$8.10	$9.30	$8.10	N	5
65785	26		IMPLTJ NTRSTRML CRNL RNG SEG	$219.28	$186.38	$219.28	$186.38	N	5
65800			PARACENTESIS..ANT CHAMB EYE...	$59.09	$50.22	$124.12	$105.50	N	
65800	AA		PARACENTESIS ANT CHAMBER EYE..	$9.30	$8.10	$9.30	$8.10	N	3
65810			PARACENTHESIS EYE..REMOV VITRE	$228.52	$194.24	$320.55	$272.47	N	
65810	AA		PARACENTHESIS EYE..REMOVE VITR	$9.30	$8.10	$9.30	$8.10	N	6
65815			DRAINAGE OF EYE	$315.68	$268.32	$507.02	$430.97	N	
65815	AA		DRAINAGE OF EYE	$9.30	$8.10	$9.30	$8.10	N	6
65820			GONIOTOMY	$403.79	$343.22	$576.62	$490.12	N	
65820	AA		RELIEVE INNER EYE PRESSURE	$9.30	$8.10	$9.30	$8.10	N	6
65850			TRABECULOTOMY AB EXTERNO	$412.45	$350.58	$634.38	$539.22	N	
65850	AA		TRABECULOTOMY AB EXTERNO	$9.30	$8.10	$9.30	$8.10	N	4
65855			TRABECULOPLASTY LASER SURG	$120.46	$102.39	$257.30	$218.71	N	
65855	AA		LASER TRABECULOPLASTY-1/MORE	$9.30	$8.10	$9.30	$8.10	N	5
65860			SEVERING ADS ANT SGM LASER	$151.46	$128.74	$254.65	$216.45	N	
65860	AA		SEVERING ADH.ANT.: LASER	$9.30	$8.10	$9.30	$8.10	N	4
65865			INCISE INNER EYE ADHESIONS	$235.03	$199.77	$376.37	$319.91	N	
65865	AA		INCISE INNER EYE ADHESIONS	$9.30	$8.10	$9.30	$8.10	N	6
65870			INCISE INNER EYE ADHESIONS	$292.50	$248.63	$425.24	$361.45	N	
65870	AA		INCISE INNER EYE ADHESIONS	$9.30	$8.10	$9.30	$8.10	N	6
65875			INCISE INNER EYE ADHESIONS	$311.62	$264.87	$446.97	$379.92	N	
65875	AA		INCISE INNER EYE ADHESIONS	$9.30	$8.10	$9.30	$8.10	N	6
65880			INCISE INNER EYE ADHESIONS	$327.04	$277.98	$473.38	$402.38	N	
65880	AA		INCISE INNER EYE ADHESIONS	$9.30	$8.10	$9.30	$8.10	N	6
65900			REMOVE EYE LESION	$484.88	$412.14	$709.68	$603.23	N	
65900	AA		REMOVE EYE LESION	$9.30	$8.10	$9.30	$8.10	N	6
65920			REMOVE IMPLANT FROM EYE	$388.90	$330.56	$555.26	$471.97	N	
65920	AA		REMOVE IMPLANT FROM EYE	$9.30	$8.10	$9.30	$8.10	N	6
65930			REMOVE BLOOD CLOT FROM EYE	$314.43	$267.26	$478.26	$406.52	N	
65930	AA		REMOVE BLOOD CLOT FROM EYE	$9.30	$8.10	$9.30	$8.10	N	6
66020			INJECTION TREATMENT OF EYE	$97.39	$82.78	$158.82	$135.00	N	
66020	AA		INJECTION TREATMENT OF EYE	$9.30	$8.10	$9.30	$8.10	N	6
66030			INJECTION TTREATMENT OF EYE	$87.71	$74.55	$142.06	$120.75	N	
66030	AA		INJECTION TREATMENT OF EYE	$9.30	$8.10	$9.30	$8.10	N	4
66130			REMOVE EYE LESION	$345.57	$293.73	$581.45	$494.23	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
66130	AA		REMOVE EYE LESION	$9.30	$8.10	$9.30	$8.10	N	6
66150			INCISION OF EYE	$431.35	$366.64	$595.63	$506.29	N	
66150	AA		INCISION OF EYE	$9.30	$8.10	$9.30	$8.10	N	6
66155			INCISION OF EYE	$431.02	$366.36	$592.14	$503.32	N	
66155	AA		INCISION OF EYE	$9.30	$8.10	$9.30	$8.10	N	4
66160			INCISION OF EYE	$483.81	$411.23	$682.43	$580.07	N	
66160	AA		INCISION OF EYE	$9.30	$8.10	$9.30	$8.10	N	6
66170			INCISION OF EYE	$537.11	$456.54	$817.52	$694.89	N	
66170	AA		INCISION OF EYE	$9.30	$8.10	$9.30	$8.10	N	6
66172			FISTULA.SCLERA.TRABECULECTOMY	$586.99	$498.94	$1,013.82	$861.74	N	
66172	AA		FISTULA.SCLERA.TRABECULECTOMY	$9.30	$8.10	$9.30	$8.10	N	5
66174			TRANSLUM DIL EYE CANAL	$307.22	$261.14	$307.22	$261.14	N	
66174	AA		TRANSLUM DIL EYE CANAL	$9.30	$8.10	$9.30	$8.10	N	5
66175			TRNSLUM DIL EYE CANAL W/STNT	$355.42	$302.11	$355.42	$302.11	N	
66175	AA		TRNSLUM DIL EYE CANAL W/STNT	$9.30	$8.10	$9.30	$8.10	N	5
66179			AQUEOUS SHUNT EYE W/O GRAFT	$530.25	$450.71	$530.25	$450.71	N	
66179	AA		AQUEOUS SHUNT EYE W/O GRAFT	$9.30	$8.10	$9.30	$8.10	N	5
66179	26		AQEOUS SHUNT EYE W/O GRAFT	$487.20	$414.12	$487.20	$414.12	N	
66180			AQUEOUS SHUNT	$558.11	$474.39	$846.46	$719.49	N	
66180	AA		AQUEOUS SHUNT	$9.30	$8.10	$9.30	$8.10	N	5
66183			INSERT ANT DRAINAGE DEVICE	$504.73	$429.02	$504.73	$429.02	N	
66183	AA		INSERT ANT DRAINAGE DEVICE	$9.30	$8.10	$9.30	$8.10	N	5
66184			REVISION OF AQUEOUS SHUNT	$389.67	$331.22	$389.67	$331.22	N	
66184	AA		REVISION OF AQUEOUS SHUNT	$9.30	$8.10	$9.30	$8.10	N	5
66184	26		REVISION OF AQUEOUS SHUNT	$340.04	$289.03	$340.04	$289.03	N	
66185			REVISE AQUEOUS SHUNT	$418.04	$355.33	$519.94	$441.95	N	
66185	AA		REVISE AQUEOUS SHUNT	$9.30	$8.10	$9.30	$8.10	N	5
66225			REPAIR/GRAFT EYE LESION	$458.07	$389.36	$662.20	$562.87	N	
66225	AA		REPAIR/GRAFT EYE LESION	$9.30	$8.10	$9.30	$8.10	N	5
66250			FOLLOW-UP SURGERY OF EYE	$368.25	$313.01	$595.24	$505.95	N	
66250	AA		FOLLOW-UP SURGERY OF EYE	$9.30	$8.10	$9.30	$8.10	N	5
66500			INCISION OF IRIS	$193.70	$164.65	$280.06	$238.05	N	
66500	AA		INCISION OF IRIS	$9.30	$8.10	$9.30	$8.10	N	5
66505			INCISION OF IRIS	$210.80	$179.18	$304.23	$258.60	N	
66505	AA		INCISION OF IRIS	$9.30	$8.10	$9.30	$8.10	N	5
66600			REMOVE IRIS AND LESION	$443.14	$376.67	$566.39	$481.43	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
66600	AA		REMOVE IRIS AND LESION	$9.30	$8.10	$9.30	$8.10	N	6
66605			REMOVAL OF IRIS	$532.23	$452.39	$767.48	$652.36	N	
66605	AA		REMOVAL OF IRIS	$9.30	$8.10	$9.30	$8.10	N	6
66625			REMOVAL OF IRIS	$211.22	$179.53	$330.38	$280.83	N	
66625	AA		REMOVAL OF IRIS	$9.30	$8.10	$9.30	$8.10	N	6
66630			REMOVAL OF IRIS	$278.85	$237.02	$398.02	$338.31	N	
66630	AA		REMOVAL OF IRIS	$9.30	$8.10	$9.30	$8.10	N	6
66635			REMOVAL OF IRIS	$281.31	$239.11	$401.88	$341.60	N	
66635	AA		REMOVAL OF IRIS	$9.30	$8.10	$9.30	$8.10	N	5
66680			REPAIR IRIS & CILIARY BODY	$292.59	$248.70	$359.14	$305.27	N	
66680	AA		REPAIR IRIS & CILIARY BODY	$9.30	$8.10	$9.30	$8.10	N	5
66682			SUTURE OF IRIS, CILIARY BODY	$325.62	$276.78	$430.13	$365.61	N	
66682	AA		SUTURE OF IRIS, CILIARY BODY	$9.30	$8.10	$9.30	$8.10	N	5
66700			RELIEVE INNER EYE PRESSURE	$223.28	$189.79	$336.37	$285.91	N	
66700	AA		RELIEVE INNER EYE PRESSURE	$9.30	$8.10	$9.30	$8.10	N	5
66710			CILIARY BODY DESTR.:CYCLOPHOTO	$217.67	$185.02	$333.36	$283.36	N	
66710	AA		CILIARY BODY DESTR: CYCLOPHOTO	$9.30	$8.10	$9.30	$8.10	N	4
66711			CILIATY ENDOSCOPIC ABLATION	$250.31	$212.76	$437.73	$372.07	N	
66711	AA		CILIATY ENDOSCOPIC ABLATION	$9.30	$8.10	$9.30	$8.10	N	5
66720			RELIEVE INNER EYE PRESSURE	$232.00	$197.20	$355.62	$302.27	N	
66720	AA		RELIEVE INNER EYE PRESSURE	$9.30	$8.10	$9.30	$8.10	N	4
66740			RELIEVE INNER EYE PRESSURE	$216.82	$184.30	$330.64	$281.04	N	
66740	AA		RELIEVE INNER EYE PRESSURE	$9.30	$8.10	$9.30	$8.10	N	6
66761			REVISION OF IRIS	$146.63	$124.64	$314.14	$267.02	N	
66761	AA		REVISION OF IRIS	$9.30	$8.10	$9.30	$8.10	N	5
66762			REVISION OF IRIS	$235.43	$200.12	$343.66	$292.11	N	
66762	AA		REVISION OF IRIS	$9.30	$8.10	$9.30	$8.10	N	6
66770			REMOVAL OF INNER EYE LESION	$261.33	$222.13	$378.10	$321.39	N	
66770	AA		REMOVAL OF INNER EYE LESION	$9.30	$8.10	$9.30	$8.10	N	4
66820			INCISION OF LENS LESION	$229.72	$195.26	$326.09	$277.17	N	
66820	AA		INCISION OF LENS LESION	$9.30	$8.10	$9.30	$8.10	N	6
66820	52		RE-INCISION OF LENS	$90.00	$79.00	$90.00	$79.00	N	
66821			DISCISSION SECONDARY: LASER	$164.56	$139.88	$216.65	$184.15	N	
66821	AA		DISCISSION SECONDARY: LASER	$9.30	$8.10	$9.30	$8.10	N	4
66825			REP. INTR. LENS PROSTH.	$407.75	$346.59	$580.11	$493.10	N	
66825	AA		REP.INTR.LENS PROSTH.	$9.30	$8.10	$9.30	$8.10	N	6

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
66830			REMOVAL OF LENS LESION	$347.81	$295.64	$506.06	$430.15	N	
66830	AA		REMOVAL OF LENS LESION	$9.30	$8.10	$9.30	$8.10	N	6
66840			REMOVAL OF LENS MATERIAL	$339.61	$288.67	$494.73	$420.52	N	
66840	AA		REMOVAL OF LENS MATERIAL	$9.30	$8.10	$9.30	$8.10	N	6
66850			REMOVAL OF LENS MATERIAL	$386.30	$328.35	$560.90	$476.77	N	
66850	AA		REMOVAL OF LENS MATERIAL	$9.30	$8.10	$9.30	$8.10	N	8
66852			REMOVAL OF LENS MATERIAL	$410.39	$348.83	$604.89	$514.15	N	
66852	AA		REMOVAL OF LENS MATERIAL	$9.30	$8.10	$9.30	$8.10	N	6
66920			EXTRACTION OF LENS	$367.01	$311.95	$541.17	$459.99	N	
66920	AA		EXTRACTION OF LENS	$9.30	$8.10	$9.30	$8.10	N	8
66930			EXTRACTION OF LENS	$419.20	$356.32	$612.57	$520.68	N	
66930	AA		EXTRACTION OF LENS	$9.30	$8.10	$9.30	$8.10	N	8
66940			EXTRACTION OF LENS	$384.44	$326.77	$553.26	$470.27	N	
66940	AA		EXTRACTION OF LENS	$9.30	$8.10	$9.30	$8.10	N	8
66982			EXTRA CATARACT REMOV W/LENS	$364.85	$310.12	$780.37	$663.31	N	
66982	AA		EXTRA CATARACT REMOV W/LENS	$9.30	$8.10	$9.30	$8.10	N	6
66983			INTRA CATARACT EXTRAC W/LENS	$513.00	$446.00	$513.00	$446.00	N	
66983	AA		INTRA CATARACT EXTRAC W/LENS	$9.30	$8.10	$9.30	$8.10	N	8
66984			XCAPSL CTRC RMVL W/O ECP	$266.56	$226.58	$586.77	$498.75	N	
66984	AA		EXTRA CATARACT REMOVAL W/LENS	$9.30	$8.10	$9.30	$8.10	N	6
66985			INSERT LENS PROSTHESIS	$377.52	$320.89	$529.03	$449.68	N	
66985	AA		INSERT LENS PROSTHESIS	$9.30	$8.10	$9.30	$8.10	N	4
66986			EXCHANGE OF INTRAOCULAR LENS	$441.47	$375.25	$717.50	$609.87	N	
66986	AA		EXCHANGE OF INTRAOCULAR LENS	$9.30	$8.10	$9.30	$8.10	N	6
66987			XCAPSL CTRC RMVL CPLX W/ECP	$432.77	$367.85	$432.77	$367.85	N	
66988			XCAPSL CTRC RMVL W/ECP	$361.81	$307.54	$361.81	$307.54	N	
66989			XCPSL CTRC RMVL CPLX INSJ 1+	$418.33	$355.58	$418.33	$355.58	N	
66989	AA		XCPSL CTRC RMVL CPLX INSJ 1+	$9.30	$8.10	$9.30	$8.10	N	6
66990			USE OF OPHTHMALMIC ENDOSCOPE	$42.97	$36.52	$73.22	$62.24	N	
66991			XCAPSL CTRC RMVL INSJ 1+	$335.49	$285.16	$335.49	$285.16	N	
66991	AA		XCAPSL CTRC RMVL INSJ 1+	$9.30	$8.10	$9.30	$8.10	N	6
66999			UNLISTED PX ANT SEGMENT EYE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
67005			PARTIAL REMOVAL OF EYE FLUID	$235.75	$200.38	$235.75	$200.38	N	
67005	AA		PARTIAL REMOVAL OF EYE FLUID	$9.30	$8.10	$9.30	$8.10	N	8
67010			PARTIAL REMOVAL OF EYE FLUID	$268.55	$228.26	$411.17	$349.49	N	
67010	AA		PARTIAL REMOVAL OF EYE FLUID	$9.30	$8.10	$9.30	$8.10	N	8

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
67015			RELEASE OF EYE FLUID	$296.50	$252.03	$448.03	$380.83	N	
67015	AA		RELEASE OF EYE FLUID	$9.30	$8.10	$9.30	$8.10	N	4
67025			REPLACE EYE FLUID	$363.31	$308.81	$539.82	$458.84	N	
67025	AA		REPLACE EYE FLUID	$9.30	$8.10	$9.30	$8.10	N	4
67027			IMPLANT INTRAVIT DRUG SYSTEM	$414.09	$351.97	$630.48	$535.91	N	
67027	AA		IMPLANT INTRAVIT DRUG SYSTEM	$9.30	$8.10	$9.30	$8.10	N	5
67028			INTRAVITREAL INJECTION	$55.79	$47.42	$105.54	$89.71	N	
67028	AA		INTRAVITREAL INJECTION	$9.30	$8.10	$9.30	$8.10	N	5
67030			INCISE INNER EYE STRANDS	$274.79	$233.57	$358.96	$305.12	N	
67030	AA		INCISE INNER EYE STRANDS	$9.30	$8.10	$9.30	$8.10	N	8
67031			SEVERING VIT. STRANDA-LASER	$191.00	$162.35	$277.44	$235.82	N	
67031	AA		SEVERING VIT. STRANDA-LASER	$9.30	$8.10	$9.30	$8.10	N	8
67036			VIRECTOMY MECHANICAL	$438.37	$372.61	$702.88	$597.45	N	
67036	AA		VIRECTOMY MECHANICAL	$9.30	$8.10	$9.30	$8.10	N	8
67039			VIRTRECTOMY,MECHANICAL	$468.88	$398.54	$894.03	$759.93	N	
67039	AA		VITRECTOMY,MECHANICAL	$9.30	$8.10	$9.30	$8.10	N	6
67040			VITRECTOMY..:W/ENDOLASER PANRE	$505.93	$430.04	$1,034.43	$879.27	N	
67040	AA		VITRECTOMY..:W/ENDOLASER PANRE	$9.30	$8.10	$9.30	$8.10	N	6
67041			VITRECTOMY, MECHANICAL, PARS P	$557.25	$473.66	$913.52	$776.49	N	
67041	AA		VITRECTOMY, MECHANICAL, PARS P	$9.30	$8.10	$9.30	$8.10	N	6
67042			VITRECTOMY, MECHANICAL, PARS P	$557.25	$473.66	$1,043.94	$887.35	N	
67042	AA		VITRECTOMY, MECHANICAL, PARS P	$9.30	$8.10	$9.30	$8.10	N	6
67043			VITRECTOMY, MECHANICAL, PARS P	$587.92	$499.73	$1,097.20	$932.62	N	
67043	AA		VITRECTOMY, MECHANICAL, PARS P	$9.30	$8.10	$9.30	$8.10	N	6
67101			REPAIR DETACHED RETINA	$165.32	$140.52	$345.99	$294.09	N	
67101	AA		REPAIR DETACHED RETINA	$9.30	$8.10	$9.30	$8.10	N	7
67105			PHOTOCOAGULATION/DETACHED RET	$146.06	$124.15	$311.82	$265.05	N	
67105	AA		PHOTOCOAGULATION/DETACHED RET	$9.30	$8.10	$9.30	$8.10	N	6
67107			REPAIR DETACHED RETINA	$548.24	$466.00	$874.54	$743.36	N	
67107	AA		REPAIR DETACHED RETINA	$9.30	$8.10	$9.30	$8.10	N	6
67108			REPAIR DETACHED RETINA	$580.21	$493.18	$1,178.07	$1,001.36	N	
67108	AA		REPAIR DETACHED RETINA	$9.30	$8.10	$9.30	$8.10	N	6
67110			REPAIR RETINAL DETACHMENT	$436.73	$371.22	$639.33	$543.43	N	
67110	AA		REPAIR RETINAL DETACHMENT	$9.30	$8.10	$9.30	$8.10	N	6
67113			REPAIR OF COMPLEX RETINAL DETA	$647.81	$550.63	$1,205.78	$1,024.91	N	
67113	AA		REPAIR OF COMPLEX RETINAL DETA	$9.30	$8.10	$9.30	$8.10	N	6

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
67115			RELEASE.ENCIRCLING MATERIAL(PO	$245.72	$208.86	$337.54	$286.91	N	
67115	AA		RELEASE.ENCIRCLING MATERIAL(PO	$9.30	$8.10	$9.30	$8.10	N	6
67120			REMOVE EYE IMPLANT MATERIAL	$329.17	$279.79	$489.10	$415.73	N	
67120	AA		REMOVE EYE IMPLANT MATERIAL	$9.30	$8.10	$9.30	$8.10	N	6
67121			REMOVE IMPLANT,POSTERIOR,INTRA	$441.99	$375.69	$642.47	$546.10	N	
67121	AA		REMOVE IMPLANT,POSTERIOR,INTRA	$9.30	$8.10	$9.30	$8.10	N	6
67141			TREAT RETINAL DETACH,CRYOTHER/	$133.18	$113.20	$370.93	$315.29	N	
67141	AA		TREAT RETINAL DETACH,CRYOTHER/	$9.30	$8.10	$9.30	$8.10	N	4
67145			TREAT RETINAL DETACH,PHOTOCOAG	$120.09	$102.08	$372.19	$316.36	N	
67145	AA		TREAT RETINAL DETACH,PHOTOCOAG	$9.30	$8.10	$9.30	$8.10	N	4
67208			DEST.LOC.RETINAL LESION,CRYO.D	$295.81	$251.43	$429.59	$365.15	N	
67208	AA		DEST.LOC.RETINAL LESION,CRYO.D	$9.30	$8.10	$9.30	$8.10	N	6
67210			DEST.LOC.RETINAL LESION,PHOTOC	$253.12	$215.15	$515.14	$437.87	N	
67210	AA		DEST.LOC.RETINAL LESION,PHOTOC	$9.30	$8.10	$9.30	$8.10	N	6
67218			TREAT RETINAL LESION:IMPLANT R	$677.00	$575.45	$1,025.70	$871.84	N	
67218	AA		TREAT RETINAL LESION:IMPLANT R	$9.30	$8.10	$9.30	$8.10	N	4
67220			DESTRUCT LOC LESION OF CHOROID	$260.43	$221.36	$559.17	$475.29	N	
67220	AA		DESTRUCT LOC LESION OF CHOROID	$9.30	$8.10	$9.30	$8.10	N	6
67221			DESTRUCT LOC LES CHOROID	$138.86	$118.03	$138.86	$118.03	N	
67221	AA		DESTRUC LOC LES CHOROID	$9.30	$8.10	$9.30	$8.10	N	6
67225			DESTRUCT LOC LESION CHOROID	$14.30	$12.16	$23.94	$20.35	N	
67227			DSTRJ EXTENSIVE RETINOPATHY	$145.43	$123.62	$305.66	$259.81	N	
67227	AA		DESTRUCTION RETINOPATHY,ONE/MO	$9.30	$8.10	$9.30	$8.10	N	7
67228			TREATMENT X10SV RETINOPATHY	$166.61	$141.61	$357.20	$303.62	N	
67228	AA		DESTROY RETINOPATHY:PHOTOCOAGU	$9.30	$8.10	$9.30	$8.10	N	4
67229			TREATMENT OF EXTENSIVE OR PROG	$564.76	$480.04	$795.84	$676.46	N	
67229	AA		TREATMENT OF EXTENSIVE OR PROG	$9.30	$8.10	$9.30	$8.10	N	6
67229	50		TREATMENT OF EXTENSIVE OR PROG	$910.62	$774.03	$1,591.68	$1,352.93	N	
67250			REINFORCE EYE WALL	$441.98	$375.68	$599.51	$509.59	N	
67250	AA		REINFORCE EYE WALL	$9.30	$8.10	$9.30	$8.10	N	6
67255			REINFORCE/GRAFT EYE WALL	$338.74	$287.92	$630.64	$536.04	N	
67255	AA		REINFORCE/GRAFT EYE WALL	$9.30	$8.10	$9.30	$8.10	N	6
67299			UNLISTED PX POSTERIOR SEGMNT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
67311			REVISE EYE MUSCLE	$224.67	$190.97	$425.79	$361.92	N	
67311	AA		REVISE EYE MUSCLE	$9.30	$8.10	$9.30	$8.10	N	5
67312			REVISE TWO EYE MUSCLES	$325.52	$276.69	$512.10	$435.28	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
67312	AA		REVISE TWO EYE MUSCLES	$9.30	$8.10	$9.30	$8.10	N	5
67314			STRABISUMS SURGERY	$224.67	$190.97	$471.88	$401.10	N	
67314	AA		STRABISMUS SURGERY	$9.30	$8.10	$9.30	$8.10	N	5
67316			STRABISMUS SURGERY	$347.45	$295.33	$574.73	$488.52	N	
67316	AA		STRABISMUS SURGERY	$9.30	$8.10	$9.30	$8.10	N	5
67318			STRABISMUS SURGERY	$336.43	$285.96	$495.79	$421.42	N	
67318	AA		STRABISMUS SURGERY	$9.30	$8.10	$9.30	$8.10	N	5
67320			REVISE EYE MUSCLE(S)	$84.44	$71.77	$84.44	$71.77	N	
67320	AA		REVISE EYE MUSCLE(S)	$9.30	$8.10	$9.30	$8.10	N	6
67331			EYE SURGERY FOLLOW-UP	$61.33	$52.13	$61.33	$52.13	N	
67331	AA		EYE SURGERY FOLLOW-UP	$9.30	$8.10	$9.30	$8.10	N	6
67332			REREVISE EYE MUSCLES	$98.70	$83.90	$98.70	$83.90	N	
67332	AA		REREVISE EYE MUSCLES	$9.30	$8.10	$9.30	$8.10	N	6
67334			STRABISMUS SURGERY	$60.42	$51.36	$60.42	$51.36	N	
67334	AA		STRABISMUS SURGERY	$9.30	$8.10	$9.30	$8.10	N	5
67335			PLACE ADJUST SUTURE(S)DURING S	$90.66	$77.06	$90.66	$77.06	N	
67335	AA		PLACE ADJUST.SUTURE/STRAB.SURG	$9.30	$8.10	$9.30	$8.10	N	5
67340			STRABISMUS SURGERY	$141.34	$120.14	$141.34	$120.14	N	
67340	AA		STRABISMUS SURGERY	$9.30	$8.10	$9.30	$8.10	N	5
67343			RELEASE SCAR TISSUE	$332.49	$282.62	$464.55	$394.87	N	
67343	AA		RELEASE SCAR TISSUE	$9.30	$8.10	$9.30	$8.10	N	5
67345			CHEMODENERVATION OF EXTRAOCULA	$121.49	$103.26	$186.48	$158.51	N	
67345	AA		CHEMODENERVATION EXTRAOCULAR M	$9.30	$8.10	$9.30	$8.10	N	5
67346			BIOPSY, EYE MUSCLE	$94.60	$80.41	$148.14	$125.92	N	
67346	AA		BIOPSY, EYE MUSCLE	$9.30	$8.10	$9.30	$8.10	N	5
67399			UNLISTED PX EXTRAOCULAR MUSC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
67400			EXPLORE/BIOPSY EYE SOCKET	$507.29	$431.20	$707.86	$601.68	N	
67400	AA		EXPLORE/BIOPSY EYE SOCKET	$9.30	$8.10	$9.30	$8.10	N	6
67405			EXPLORE/DRAIN EYE SOCKET	$443.08	$376.62	$595.90	$506.51	N	
67405	AA		EXPLORE/DRAIN EYE SOCKET	$9.30	$8.10	$9.30	$8.10	N	6
67412			EXPLORE/TREAT EYE SOCKET	$483.05	$410.59	$686.08	$583.17	N	
67412	AA		EXPLORE/TREAT EYE SOCKET	$9.30	$8.10	$9.30	$8.10	N	6
67413			EXPLORE/TREAT EYE SOCKET	$471.41	$400.69	$697.05	$592.49	N	
67413	AA		EXPLORE/TREAT EYE SOCKET	$9.30	$8.10	$9.30	$8.10	N	6
67414			ORBITOTOMY WO BONE FLAP....	$708.06	$601.85	$779.98	$662.98	N	
67414	AA		ORBITOTOMY WO BONE FLAP	$9.30	$8.10	$9.30	$8.10	N	5

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
67415			BIOPSY OF EYE	$50.02	$42.51	$84.10	$71.48	N	
67415	AA		BIOPSY OF EYE	$9.30	$8.10	$9.30	$8.10	N	4
67420			EXPLORE/TREAT EYE SOCKET	$847.25	$720.16	$1,258.98	$1,070.13	N	
67420	AA		EXPLORE/TREAT EYE SOCKET	$9.30	$8.10	$9.30	$8.10	N	6
67430			EXPLORE/TREAT EYE SOCKET	$677.45	$575.83	$954.66	$811.46	N	
67430	AA		EXPLORE/TREAT EYE SOCKET	$9.30	$8.10	$9.30	$8.10	N	6
67440			EXPLORE/DRAIN EYE SOCKET	$657.51	$558.88	$919.09	$781.22	N	
67440	AA		EXPLORE/DRAIN EYE SOCKET	$9.30	$8.10	$9.30	$8.10	N	6
67445			ORBITOTOMY WO BONEFLAP-LATERAL	$744.96	$633.22	$955.17	$811.89	A	
67445	AA		ORBITOTOMY WO BONEFLAP-LATERAL	$9.30	$8.10	$9.30	$8.10	N	5
67450			EXPLORE/BIOPSY EYE SOCKET	$681.22	$579.04	$946.36	$804.41	N	
67450	AA		EXPLORE/BIOPSY EYE SOCKET	$9.30	$8.10	$9.30	$8.10	N	3
67500			INJECT/TREAT EYE SOCKET	$37.87	$32.19	$37.87	$32.19	N	
67500	AA		INJECT/TREAT EYE SOCKET	$9.30	$8.10	$9.30	$8.10	N	5
67505			INJECT EYE SOCKET FOR XRAY	$41.79	$35.52	$41.79	$35.52	N	
67505	AA		INJECT EYE SOCKET FOR XRAY	$9.30	$8.10	$9.30	$8.10	N	3
67515			INJECT/TREAT EYE SOCKET	$25.07	$21.31	$40.19	$34.16	N	
67515	AA		INJECT/TREAT EYE SOCKET	$9.30	$8.10	$9.30	$8.10	N	5
67516			SPRCHOROIDAL SPC NJX RX AGT	$59.26	$50.37	$59.26	$50.37	N	
67516	AA		SPRCHOROIDAL SPC NJX RX AGT	$9.30	$8.10	$9.30	$8.10	N	
67516	26		SPRCHOROIDAL SPC NJX RX AGT	$47.54	$40.40	$47.54	$40.40	N	
67550			INSERT EYE SOCKET IMPLANT	$531.81	$452.04	$727.21	$618.13	N	
67550	AA		INSERT EYE SOCKET IMPLANT	$9.30	$8.10	$9.30	$8.10	N	4
67560			REVISE EYE SOCKET IMPLANT	$542.79	$461.37	$739.01	$628.16	N	
67560	AA		REVISE EYE SOCKET IMPLANT	$9.30	$8.10	$9.30	$8.10	N	4
67570			OPTIC NERVE DECOMPRESSION....	$621.77	$528.50	$910.92	$774.28	N	
67570	AA		OPTIC NERVE DECOMPRESSION	$9.30	$8.10	$9.30	$8.10	N	5
67599			UNLISTED PROCEDURE ORBIT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
67700			BLEPHAROTOMY DRG ABSC EYELID	$27.75	$23.59	$249.66	$212.21	N	
67700	AA		DRAINAGE OF EYELID ABSCESS	$9.30	$8.10	$9.30	$8.10	N	3
67710			SEVERING TARSORRHAPHY	$118.20	$100.47	$216.59	$184.10	N	
67710	AA		INCISION OF EYELID	$9.30	$8.10	$9.30	$8.10	N	4
67715			CANTHOTOMY	$25.93	$22.04	$223.21	$189.73	N	
67715	AA		INCISION OF EYELID FOLD	$9.30	$8.10	$9.30	$8.10	N	4
67800			REMOVE EYELID LESION	$64.31	$54.66	$100.66	$85.56	N	
67800	AA		REMOVE EYELID LESION	$9.30	$8.10	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
67801			REMOVE EYELID LESIONS	$80.96	$68.82	$128.94	$109.60	N	
67801	AA		REMOVE EYELID LESIONS	$9.30	$8.10	$9.30	$8.10	N	4
67805			REMOVE EYELID LESIONS	$100.99	$85.84	$159.28	$135.39	N	
67805	AA		REMOVE EYELID LESIONS	$9.30	$8.10	$9.30	$8.10	N	4
67808			REMOVE EYELID LESION(S)	$181.85	$154.57	$253.69	$215.63	N	
67808	AA		REMOVE EYELID LESION(S)	$9.30	$8.10	$9.30	$8.10	N	4
67810			INCAL BX EYELID SKN LID MRGN	$18.14	$15.42	$161.88	$137.60	N	
67810	AA		BIOPSY OF EYELID	$9.30	$8.10	$9.30	$8.10	N	4
67820			REVISE EYELASHES	$9.19	$7.81	$34.54	$29.36	N	
67820	AA		REVISE EYELASHES	$9.30	$8.10	$9.30	$8.10	N	5
67825			REVISE EYELASHES	$66.67	$56.67	$104.74	$89.03	N	
67825	AA		REVISE EYELASHES	$9.30	$8.10	$9.30	$8.10	N	4
67830			REVISE EYELASHES	$132.44	$112.57	$244.41	$207.75	N	
67830	AA		REVISE EYELASHES	$9.30	$8.10	$9.30	$8.10	N	4
67835			REVISE EYELASHES	$218.10	$185.39	$340.84	$289.71	N	
67835	AA		REVISE EYELASHES	$9.30	$8.10	$9.30	$8.10	N	4
67840			REMOVE EYELID LESION	$27.37	$23.27	$253.71	$215.66	N	
67840	AA		REMOVE EYELID LESION	$9.30	$8.10	$9.30	$8.10	N	3
67850			DSTRJ LESION LID MARGIN <1CM	$107.13	$91.06	$170.18	$144.65	N	
67850	AA		TREAT EYELID LESION	$9.30	$8.10	$9.30	$8.10	N	4
67875			SUTURE CLOSURE OF EYELIDS	$89.52	$76.09	$157.05	$133.49	N	
67875	AA		SUTURE CLOSURE OF EYELIDS	$9.30	$8.10	$9.30	$8.10	N	5
67880			REVISION OF EYELID	$231.12	$196.45	$350.38	$297.82	N	
67880	AA		REVISION OF EYELID	$9.30	$8.10	$9.30	$8.10	N	4
67882			REVISION OF EYELID	$282.51	$240.13	$426.91	$362.88	N	
67882	AA		REVISION OF EYELID	$9.30	$8.10	$9.30	$8.10	N	4
67900			REPAIR BROW PTOSIS....	$321.60	$273.36	$513.44	$436.42	N	
67900	AA		REPAIR BROW PTOSIS	$9.30	$8.10	$9.30	$8.10	N	5
67901			REPAIR BLEPHAROPTOSIS:...W SUTU	$391.18	$332.50	$433.49	$368.46	N	
67901	AA		REPAIR BLEPHAROPTOSIS:...W SUTU	$9.30	$8.10	$9.30	$8.10	N	4
67901	AA	50	REPAIR BLEPHAROPTOSIS:...W SUTU	$9.30	$8.10	$9.30	$8.10	N	4
67901	50		REPAIR EYELID DEFECT	$408.00	$347.00	$866.98	$736.93	N	
67902			REPAIR BLEPHAROPTOSIS:...W FASC	$355.94	$302.55	$499.27	$424.38	N	
67902	AA		REPAIR BLEPHAROPTOSIS:...W FASC	$9.30	$8.10	$9.30	$8.10	N	4
67902	AA	50	REPAIR EYELID DEFECT	$9.30	$8.10	$9.30	$8.10	N	4
67902	50		REPAIR EYELID DEFECT	$273.00	$232.00	$998.54	$848.76	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
67903			REPAIR BLEPHAROPTOSIS:..INTERN	$297.31	$252.71	$540.33	$459.28	N	
67903	AA		REPAIR BLEPHAROPTOSIS:..INTERN	$9.30	$8.10	$9.30	$8.10	N	4
67904			REPAIR BLEPHAROPTOSIS..EXTERNA	$364.45	$309.78	$537.46	$456.84	N	
67904	AA		REPAIR BLEPHAROPTOSIS:..EXTERN	$9.30	$8.10	$9.30	$8.10	N	4
67906			REPAIR BLEPHAROPTOSIS:..W FASC	$247.95	$210.75	$410.82	$349.20	N	
67906	AA		REPAIR BLEPFAROPTOSIS:..W FASC	$9.30	$8.10	$9.30	$8.10	N	4
67908			REPAIR BLEPHAROPTOSIS:..RESECT	$267.29	$227.20	$395.77	$336.40	N	
67908	AA		REPAIR BLAPHAROPTOSIS:..RESECT	$9.30	$8.10	$9.30	$8.10	N	4
67909			REDUCTION OVERCORRECTION PTOSI	$270.89	$230.26	$452.69	$384.78	N	
67909	AA		REDUCTION OVERCORRECTION PTOSI	$9.30	$8.10	$9.30	$8.10	N	4
67911			REVISE EYELID DEFECT	$275.05	$233.79	$337.98	$287.28	N	
67911	AA		REVISE EYELID DEFECT	$9.30	$8.10	$9.30	$8.10	N	4
67912			CORRECTION LAGOPHTHALMOS	$438.59	$372.80	$831.46	$706.74	N	
67912	AA		CORRECTION LAGOPHTHALMOS	$9.30	$8.10	$9.30	$8.10	N	5
67912	26		CORRECTION LAGOPHTHALMOS	$238.92	$203.08	$238.92	$203.08	N	
67914			REPAIR ECTROPIAN:SUTURE	$48.10	$40.88	$337.42	$286.81	N	
67914	AA		REPAIR ECTROPIAN: SUTURE	$9.30	$8.10	$9.30	$8.10	N	4
67915			REPAIR EYELID DEFECT	$30.82	$26.19	$308.83	$262.51	N	
67915	AA		REPAIR EYELID DEFECT	$9.30	$8.10	$9.30	$8.10	N	3
67916			REPAIR ECTROPIAN:BLEPHAROPLAST	$300.05	$255.04	$449.64	$382.19	N	
67916	AA		REPAIR ECTROPIAN:BLEPHAROPLAST	$9.30	$8.10	$9.30	$8.10	N	4
67917			REPAIR ECTROPIAN:BLEPHAROPLAST	$306.90	$260.87	$488.36	$415.11	N	
67917	AA		REPAIR ECTROPIAN:BLEPHAROPLAST	$9.30	$8.10	$9.30	$8.10	N	4
67921			REPAIR ENTROPIAN: SUTURE	$47.00	$39.95	$322.89	$274.45	N	
67921	AA		REPAIR ENTROPIAN: SUTURE	$9.30	$8.10	$9.30	$8.10	N	4
67922			REPAIR EYELID DEFECT	$30.31	$25.76	$302.37	$257.01	N	
67922	AA		REPAIR EYELID DEFECT	$9.30	$8.10	$9.30	$8.10	N	3
67923			REPAIR ENTROPIAN:BLEPHAROPLAST	$300.23	$255.19	$470.62	$400.03	N	
67923	AA		REPAIR ENTROPIAN:BLEPHAROPLAST	$9.30	$8.10	$9.30	$8.10	N	4
67924			REPAIR ENTROPIAN:BLEPHAROPLAST	$319.48	$271.55	$495.26	$420.97	N	
67924	AA		REPAIR ENTROPIAN:BLEPHAROPLAST	$9.30	$8.10	$9.30	$8.10	N	4
67930			REPAIR EYELID WOUND	$36.53	$31.05	$313.84	$266.76	N	
67930	AA		REPAIR EYELID WOUND	$9.30	$8.10	$9.30	$8.10	N	4
67935			SUTURE RECENT WOUND,EYELID...	$59.21	$50.33	$497.60	$422.96	N	
67935	AA		SUTURE RECENT WOUND EYELID...	$9.30	$8.10	$9.30	$8.10	N	4
67938			REMOVE EYELID FOREIGN BODY	$129.28	$109.89	$227.02	$192.97	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
67938	AA		REMOVE EYELID FOREIGN BODY	$9.30	$8.10	$9.30	$8.10	N	4
67950			CANTHOPLASTY(RECONST CANTHUS)	$288.65	$245.35	$488.14	$414.92	N	
67950	AA		CANTHOPLASTY(RECONST CANTHUS)	$9.30	$8.10	$9.30	$8.10	N	4
67961			REVISION OF EYELID	$291.00	$247.35	$484.84	$412.11	N	
67961	AA		REVISION OF EYELID	$9.30	$8.10	$9.30	$8.10	N	4
67966			REVISION OF EYELID	$382.63	$325.23	$529.11	$449.75	N	
67966	AA		REVISION OF EYELID	$9.30	$8.10	$9.30	$8.10	N	4
67971			RECONSTRUCTION OF EYELID	$352.33	$299.48	$572.55	$486.67	N	
67971	AA		RECONSTRUCTION OF EYELID	$9.30	$8.10	$9.30	$8.10	N	4
67973			RECONSTRUCTION OF EYELID	$452.77	$384.85	$745.33	$633.53	N	
67973	AA		RECONSTRUCTION OF EYELID	$9.30	$8.10	$9.30	$8.10	N	4
67974			RECONSTRUCTION OF EYELID	$451.47	$383.75	$741.66	$630.41	N	
67974	AA		RECONSTRUCTION OF EYELID	$9.30	$8.10	$9.30	$8.10	N	4
67975			RECONSTRUCTION OF EYELID	$66.86	$56.83	$539.60	$458.66	N	
67975	AA		RECONSTRUCTION OF EYELID	$9.30	$8.10	$9.30	$8.10	N	4
67999			UNLISTED PROCEDURE EYELIDS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
68020			INCISE/DRAIN EYELID LINING	$60.07	$51.06	$92.93	$78.99	N	
68020	AA		INCISE/DRAIN EYELID LINING	$9.30	$8.10	$9.30	$8.10	N	4
68040			TREATMENT OF EYELID LESIONS	$30.92	$26.28	$52.14	$44.32	N	
68040	AA		TREATMENT OF EYELID LESIONS	$9.30	$8.10	$9.30	$8.10	N	4
68100			BIOPSY CONJUNCTIVA	$88.16	$74.94	$155.35	$132.05	N	
68100	AA		BIOPSY OF EYELID LINING	$9.30	$8.10	$9.30	$8.10	N	3
68110			EXC LES CONJUNCTIVA <1 CM	$116.57	$99.08	$198.06	$168.35	N	
68110	AA		REMOVE EYELID LINING LESION	$9.30	$8.10	$9.30	$8.10	N	3
68115			EXC LES CONJUNCTIVA >1 CM	$32.51	$27.63	$281.04	$238.88	N	
68115	AA		REMOVE EYELID LINING LESION	$9.30	$8.10	$9.30	$8.10	N	3
68130			EXC LES CONJUNCTIVA ADJ SCL	$54.38	$46.23	$459.17	$390.29	N	
68130	AA		REMOVE EYELID LINING LESION	$9.30	$8.10	$9.30	$8.10	N	4
68135			DESTRUCTION LES CONJUNCTIVA	$15.69	$13.33	$122.58	$104.20	N	
68135	AA		REMOVE EYELID LINING LESION	$9.30	$8.10	$9.30	$8.10	N	4
68200			TREAT EYELID BY INJECTION	$20.57	$17.48	$34.41	$29.25	N	
68200	AA		TREAT EYELID BY INJECTION	$9.30	$8.10	$9.30	$8.10	N	4
68320			REVISE/GRAFT EYELID LINING	$366.51	$311.53	$561.16	$476.99	N	
68320	AA		REVISE/GRAFT EYELID LINING	$9.30	$8.10	$9.30	$8.10	N	6
68325			REVISE/GRAFT EYELID LINING	$322.34	$273.98	$467.95	$397.76	N	
68325	AA		REVISE/GRAFT EYELID LINING	$9.30	$8.10	$9.30	$8.10	N	6

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
68326			REVISE/GRAFT EYELID LINING	$316.76	$269.25	$454.25	$386.11	N	
68326	AA		REVISE/GRAFT EYELID LINING	$9.30	$8.10	$9.30	$8.10	N	6
68328			REVISE/GRAFT EYELID LINING	$345.62	$293.78	$522.28	$443.94	N	
68328	AA		REVISE/GRAFT EYELID LINING	$9.30	$8.10	$9.30	$8.10	N	6
68330			REVISE EYELID LINING	$307.23	$261.15	$479.76	$407.80	N	
68330	AA		REVISE EYELID LINING	$9.30	$8.10	$9.30	$8.10	N	6
68335			REVISE/GRAFT EYELID LINING	$317.75	$270.08	$454.79	$386.57	N	
68335	AA		REVISE/GRAFT EYELID LINING	$9.30	$8.10	$9.30	$8.10	N	6
68340			SEPARATE EYELID ADHESIONS	$296.61	$252.11	$439.68	$373.73	N	
68340	AA		SEPARATE EYELID ADHESIONS	$9.30	$8.10	$9.30	$8.10	N	6
68360			REVISE EYELID LINING	$267.26	$227.17	$417.80	$355.13	N	
68360	AA		REVISE EYELID LINING	$9.30	$8.10	$9.30	$8.10	N	4
68362			REVISE EYELID LINING	$321.68	$273.42	$460.21	$391.18	N	
68362	AA		REVISE EYELID LINING	$9.30	$8.10	$9.30	$8.10	N	4
68371			HARVEST CONJUNCT ALLOGRAFT	$202.94	$172.50	$328.42	$279.15	N	
68371	AA		HARVEST CONJUNCT ALLOGRAFT	$9.30	$8.10	$9.30	$8.10	N	5
68399			UNLISTED PX CONJUNCTIVA	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
68400			I&D LACRIMAL GLAND	$145.71	$123.85	$256.64	$218.14	N	
68400	AA		INCISE/DRAIN TEAR GLAND	$9.30	$8.10	$9.30	$8.10	N	3
68420			I&D LACRIMAL SAC	$162.42	$138.06	$286.66	$243.66	N	
68420	AA		INCISE/DRAIN TEAR SAC	$9.30	$8.10	$9.30	$8.10	N	3
68440			SNIP INC LACRIMAL PUNCTUM	$52.01	$44.21	$102.10	$86.79	N	
68440	AA		INCISE TEAR DUCT OPENING	$9.30	$8.10	$9.30	$8.10	N	5
68500			REMOVAL OF TEAR GLAND	$521.65	$443.40	$695.18	$590.90	N	
68500	AA		REMOVAL OF TEAR GLAND	$9.30	$8.10	$9.30	$8.10	N	4
68505			PARTIAL REMOVAL TEAR GLAND	$519.36	$441.45	$723.86	$615.28	N	
68505	AA		PARTIAL REMOVAL TEAR GLAND	$9.30	$8.10	$9.30	$8.10	N	4
68510			BIOPSY OF TEAR GLAND	$44.12	$37.50	$401.60	$341.36	N	
68510	AA		BIOPSY OF TEAR GLAND	$9.30	$8.10	$9.30	$8.10	N	4
68520			REMOVAL OF TEAR SAC	$363.28	$308.78	$500.49	$425.41	N	
68520	AA		REMOVAL OF TEAR SAC	$9.30	$8.10	$9.30	$8.10	N	4
68525			BIOPSY OF TEAR SAC	$124.93	$106.19	$215.13	$182.86	N	
68525	AA		BIOPSY OF TEAR SAC	$9.30	$8.10	$9.30	$8.10	N	4
68530			CLEARANCE OF TEAR DUCT	$212.69	$180.79	$398.58	$338.80	N	
68530	AA		CLEARANCE OF TEAR DUCT	$9.30	$8.10	$9.30	$8.10	N	4
68540			REMOVE TEAR GLAND LESION	$481.65	$409.40	$669.48	$569.06	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
68540	AA		REMOVE TEAR GLAND LESION	$9.30	$8.10	$9.30	$8.10	N	4
68550			REMOVE TEAR GLAND LESION	$599.08	$509.21	$828.34	$704.09	N	
68550	AA		REMOVE TEAR GLAND LESION	$9.30	$8.10	$9.30	$8.10	N	4
68700			REPAIR TEAR DUCTS	$296.59	$252.10	$421.38	$358.18	N	
68700	AA		REPAIR TEAR DUCTS	$9.30	$8.10	$9.30	$8.10	N	4
68705			REVISE TEAR DUCT OPENING	$25.57	$21.73	$209.90	$178.42	N	
68705	AA		REVISE TEAR DUCT OPENING	$9.30	$8.10	$9.30	$8.10	N	4
68720			CREATE TEAR SAC DRAIN	$398.26	$338.52	$563.33	$478.83	N	
68720	AA		CREATE TEAR SAC DRAIN	$9.30	$8.10	$9.30	$8.10	N	5
68745			CREATE TEAR DUCT DRAIN	$400.38	$340.32	$555.26	$471.97	N	
68745	AA		CREATE TEAR DUCT DRAIN	$9.30	$8.10	$9.30	$8.10	N	4
68750			CREATE TEAR DUCT DRAIN	$422.42	$359.05	$567.46	$482.34	N	
68750	AA		CREATE TEAR DUCT DRAIN	$9.30	$8.10	$9.30	$8.10	N	4
68760			CLOSE TEAR DUCT OPENING	$107.78	$91.61	$177.80	$151.13	N	
68760	AA		CLOSE TEAR DUCT OPENING	$9.30	$8.10	$9.30	$8.10	N	4
68761			CLOSE LACR. PUNCT., PLUG	$71.48	$60.75	$122.13	$103.81	N	
68761	AA		CLOSE LACR.PUNCT., PLUG	$9.30	$8.10	$9.30	$8.10	N	4
68770			CLOSE TEAR SYSTEM FISTULA	$308.24	$262.00	$340.22	$289.18	N	
68770	AA		CLOSE TEAR SYSTEM FISTULA	$9.30	$8.10	$9.30	$8.10	N	3
68801			DIL LAC PUNC W/WO IRRIGATION	$9.49	$8.06	$93.69	$79.64	N	
68801	AA		DIL LAC PUNC W/WO IRRIGATION	$9.30	$8.10	$9.30	$8.10	N	5
68801	AA	50	DIL LAC PUNC W/WO IRRIGATION	$9.30	$8.10	$9.30	$8.10	N	5
68801	50		DIL LAC PUNC W/WO IRRIGATION	$14.66	$12.46	$194.70	$165.50	N	
68810			PROBE NASOLACRIMAL DUCT	$15.93	$13.54	$163.46	$138.94	N	
68810	AA		PROBE NASOLACRIMAL DUCT	$9.30	$8.10	$9.30	$8.10	N	5
68810	AA	50	PROBE NASOLACRIMAL DUCT	$9.30	$8.10	$9.30	$8.10	N	5
68810	50		PROBE NASOLACRIMAL DUCT	$30.00	$25.00	$375.07	$318.81	N	
68811			PROBE NASOLACRIMAL DUCT W/ANES	$67.03	$56.97	$142.01	$120.71	N	
68811	AA		PROBE NASOLACRIMAL DUCT W/ANES	$9.30	$8.10	$9.30	$8.10	N	5
68811	AA	50	PROBE NASOLACRIMAL DUCT W/ANES	$9.30	$8.10	$9.30	$8.10	N	5
68811	50		PROBE NASOLACRIMAL DUCT W/ANES	$75.00	$65.00	$213.02	$181.06	N	
68815			PROBE NASOLAC DUCT W INSERT TU	$183.81	$156.24	$386.43	$328.47	N	
68815	AA		PROBE NASOLAC DUCT W INSERT TU	$9.30	$8.10	$9.30	$8.10	N	5
68815	AA	50	PROBE NASOLAC DUCT W INSERT TU	$9.30	$8.10	$9.30	$8.10	N	5
68815	50		PROBE NASOLAC DUCT W INSERT TU	$78.00	$66.00	$772.86	$656.93	N	
68816			PROBING OF NASOLACRIMAL DUCT,	$408.07	$346.86	$174.85	$148.62	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
68816	AA		PROBING OF NASOLACRIMAL DUCT,	$9.30	$8.10	$9.30	$8.10	N	5
68816	50		PROBING OF NASOLACRIMAL DUCT	$134.01	$113.91	$349.70	$297.24	N	
68840			EXPLORE/IRRIGATE TEAR DUCTS	$13.23	$11.24	$95.58	$81.24	N	
68840	AA		EXPLORE/IRRIGATE TEAR DUCTS	$9.30	$8.10	$9.30	$8.10	N	3
68841			INSJ RX ELUT IMPLT LAC CANAL	$18.87	$16.04	$18.87	$16.04	N	
68841	AA		INSJ RX ELUT IMPLT LAC CANAL	$9.30	$8.10	$9.30	$8.10	N	5
68841	26		INSJ RX ELUT IMPLT LAC CANAL	$15.98	$13.58	$15.98	$13.58	N	
68850			INJECTION FOR TEAR SAC X-RAY	$28.58	$24.29	$56.34	$47.89	N	
68850	AA		INJECTION FOR TEAR SAC X-RAY	$9.30	$8.10	$9.30	$8.10	N	3
68899			UNLISTED PX LACRIMAL SYSTEM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
69000			DRG XTRNL EAR ABSC/HEM SMPL	$92.38	$78.52	$147.44	$125.32	N	
69000	AA		DRAIN EXTERNAL EAR LESION	$9.30	$8.10	$9.30	$8.10	N	3
69005			DRG XTRNL EAR ABSC/HEM COMP	$109.34	$92.93	$171.48	$145.76	N	
69005	AA		DRAIN EXTERNAL EAR LESION	$9.30	$8.10	$9.30	$8.10	N	4
69020			DRG XTRNL AUD CANAL ABSCESS	$23.02	$19.57	$186.04	$158.13	N	
69020	AA		DRAIN OUTER EAR CANAL LESION	$9.30	$8.10	$9.30	$8.10	N	3
69100			BIOPSY OF EXTERNAL EAR	$47.25	$40.16	$84.51	$71.84	N	
69100	AA		BIOPSY OF EXTERNAL EAR	$9.30	$8.10	$9.30	$8.10	N	3
69105			BIOPSY EXTERNAL EAR CANAL	$71.49	$60.76	$108.67	$92.37	N	
69105	AA		BIOPSY EXTERNAL EAR CANAL	$9.30	$8.10	$9.30	$8.10	N	4
69110			PARTIAL REMOVAL EXTERNAL EAR	$234.13	$199.01	$346.65	$294.65	N	
69110	AA		PARTIAL REMOVAL EXTERNAL EAR	$9.30	$8.10	$9.30	$8.10	N	4
69120			REMOVAL OF EXTERNAL EAR	$193.73	$164.67	$349.30	$296.91	N	
69120	AA		REMOVAL OF EXTERNAL EAR	$9.30	$8.10	$9.30	$8.10	N	4
69140			REMOVE EAR CANAL LESION(S)	$451.17	$383.49	$722.78	$614.36	N	
69140	AA		REMOVE EAR CANAL LESION(S)	$9.30	$8.10	$9.30	$8.10	N	4
69145			REMOVE EAR CANAL LESION(S)	$40.79	$34.67	$285.82	$242.94	N	
69145	AA		REMOVE EAR CANAL LESION(S)	$9.30	$8.10	$9.30	$8.10	N	3
69150			EXTENSIVE EAR CANAL SURGERY	$497.99	$423.29	$916.00	$778.60	N	
69150	AA		EXTENSIVE EAR CANAL SURGERY	$9.30	$8.10	$9.30	$8.10	N	6
69155			EXTENSIVE EAR/NECK SURGERY	$804.90	$684.16	$1,378.37	$1,171.61	N	
69155	AA		EXTENSIVE EAR/NECK SURGERY	$9.30	$8.10	$9.30	$8.10	N	6
69200			CLEAR OUTER EAR CANAL	$8.06	$6.85	$85.96	$73.07	N	
69200	SA		CLEAR OUTER EAR CANAL	$34.26	$34.26	$69.41	$69.41	N	
69205			CLEAR OUTER EAR CANAL	$47.49	$40.37	$87.03	$73.98	N	
69205	AA		CLEAR OUTER EAR CANAL	$9.30	$8.10	$9.30	$8.10	N	4

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
69209			REMOVE IMPACTED EAR WAX UNI	$7.98	$6.78	$7.98	$6.78	N	4
69209	AA		REMOVE IMPACTED EAR WAX UNI	$9.30	$8.10	$9.30	$8.10	N	4
69210			REMOVE IMPACTED CERUMEN,UNILAT	$23.83	$20.26	$42.14	$35.82	N	
69210	AA		REMOCE IMPACTED CERUMEN,1/2EAR	$9.30	$8.10	$9.30	$8.10	N	5
69210	SA		REMOVE IMPACTED CERUMEN 1-2EAR	$20.26	$20.26	$34.02	$34.02	N	
69220			DEBRIDEMENT,MASTOIDECTOMY CAV/	$39.56	$33.62	$84.47	$71.80	N	
69220	AA		DEBRIDEMENT,MASTOIDECTOMY CAV/	$9.30	$8.10	$9.30	$8.10	N	3
69220	AA	50	DEBRIDEMENT,MASTOID CAVITY,SIM	$9.30	$8.10	$9.30	$8.10	N	3
69220	50		DEBRIDEMENT,MASTOID CAVITY,SIM	$27.00	$23.00	$217.42	$184.81	N	
69222			DEBRID,MASTOID,CAV,COMPLEX/W A	$107.72	$91.56	$178.77	$151.95	N	
69222	AA		DEBRID,MASTOID,CAV,COMPLEX/W A	$9.30	$8.10	$9.30	$8.10	N	3
69222	AA	50	DEBRID,MASTOID,CAV,COMPLEX/W A	$9.30	$8.10	$9.30	$8.10	N	3
69222	50		DEBRID,MASTOID,CAV,COMPLEX/W A	$53.00	$45.00	$357.54	$303.91	N	
69300			REVISE EXTERNAL EAR	$324.51	$275.83	$365.54	$310.71	A	
69300	AA		REVISE EXTERNAL EAR	$9.30	$8.10	$9.30	$8.10	N	4
69300	AA	50	REVISE EXTERNAL EAR:BILATERAL	$9.30	$8.10	$9.30	$8.10	N	4
69300	50		REVISE EXTERNAL EAR:BILATERAL	$182.00	$155.00	$731.09	$621.42	A	
69310			RECONSTRUCT EXTERNAL EAR CANAL	$558.06	$474.35	$919.65	$781.70	N	
69310	AA		RECONSTRUCT EXTERNAL EAR CANAL	$9.30	$8.10	$9.30	$8.10	N	3
69320			REBUILD OUTER EAR CANAL	$776.82	$660.30	$1,318.74	$1,120.93	N	
69320	AA		REBUILD OUTER EAR CANAL	$9.30	$8.10	$9.30	$8.10	N	4
69399			UNLISTED PX EXTERNAL EAR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
69420			INCISION OF EARDRUM	$95.56	$81.23	$152.50	$129.63	N	
69420	AA		INCISION OF EARDRUM	$9.30	$8.10	$9.30	$8.10	N	4
69421			MYRINGOTOMY REQUIRING GEN A	$76.11	$64.69	$132.75	$112.84	N	
69421	AA		MYRINGOTOMY REQUIRING GEN A	$9.30	$8.10	$9.30	$8.10	N	4
69424			VENT TUBE REMOVAL:UNILATERAL	$63.69	$54.13	$103.24	$87.75	N	
69424	AA		VENT TUBE REMOVAL:UNILATERAL	$9.30	$8.10	$9.30	$8.10	N	4
69424	AA	50	VENT TUBE REMOVAL:BILATERAL	$9.30	$8.10	$9.30	$8.10	N	4
69424	50		VENT TUBE REMOVAL:BILATERAL	$27.00	$23.00	$206.48	$175.51	N	
69433			OFFICE TYMPANOSTOMY, UNILAT	$100.97	$85.82	$157.07	$133.51	N	
69433	AA		OFFICE TYMPANOSTOMY, UNILAT	$9.30	$8.10	$9.30	$8.10	N	3
69433	AA	50	OFFICE TYMPANOSTOMY:BILATERAL	$9.30	$8.10	$9.30	$8.10	N	3
69433	50		OFFICE TYMPANOSTOMY:BILATERAL	$56.00	$48.00	$314.14	$267.02	N	
69436			TYMPANOSTOMY:UNILATERAL	$80.28	$68.23	$145.62	$123.77	N	
69436	AA		TYMPANOSTOMY:UNILATERAL	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
69436	AA	50	TYMPANOSTOMY:GEN ANES.,BILATER	$9.30	$8.10	$9.30	$8.10	N	3
69440			EXPLORATION OF MIDDLE EAR	$343.71	$292.15	$555.60	$472.26	N	
69440	AA		EXPLORATION OF MIDDLE EAR	$9.30	$8.10	$9.30	$8.10	N	5
69450			TYMPANOLYSIS, TRANSCANAL	$272.62	$231.73	$428.27	$364.03	N	
69450	AA		TYMPANOLYSIS, TRANSCANAL	$9.30	$8.10	$9.30	$8.10	N	4
69501			MASTOIDECTOMY	$352.99	$300.04	$614.38	$522.22	N	
69501	AA		MASTOIDECTOMY	$9.30	$8.10	$9.30	$8.10	N	5
69502			MASTOIDECTOMY	$467.70	$397.55	$814.56	$692.38	N	
69502	AA		MASTOIDECTOMY	$9.30	$8.10	$9.30	$8.10	N	5
69505			REMOVE MASTOID STRUCTURES	$613.02	$521.06	$1,025.99	$872.09	N	
69505	AA		REMOVE MASTOID STRUCTURES	$9.30	$8.10	$9.30	$8.10	N	5
69511			EXTENSIVE MASTOID SURGERY	$626.90	$532.86	$1,053.42	$895.41	N	
69511	AA		EXTENSIVE MASTOID SURGERY	$9.30	$8.10	$9.30	$8.10	N	5
69530			EXTENSIVE MASTOID SURGERY	$836.71	$711.20	$1,387.15	$1,179.08	N	
69530	AA		EXTENSIVE MASTOID SURGERY	$9.30	$8.10	$9.30	$8.10	N	5
69535			REMOVE PART OF TEMPORAL BONE	$1,318.96	$1,121.11	$2,314.69	$1,967.48	N	
69535	AA		REMOVE PART OF TEMPORAL BONE	$9.30	$8.10	$9.30	$8.10	N	5
69540			EXCISION AURAL POLYP	$104.71	$89.00	$168.12	$142.90	N	
69540	AA		REMOVE EAR LESION	$9.30	$8.10	$9.30	$8.10	N	3
69550			EXC AURL GLOMUS TUM TRNSCANL	$530.72	$451.11	$878.64	$746.84	N	
69550	AA		REMOVE EAR LESION	$9.30	$8.10	$9.30	$8.10	N	5
69552			EXC AURL GLOMUS TUM TRNSMSTD	$788.28	$670.04	$1,364.59	$1,159.90	N	
69552	AA		REMOVE EAR LESION	$9.30	$8.10	$9.30	$8.10	N	5
69554			EXC AURL GLOMUS TUM EXTENDED	$1,252.83	$1,064.90	$2,164.86	$1,840.13	N	
69554	AA		REMOVE EAR LESION	$9.30	$8.10	$9.30	$8.10	N	5
69601			REVJ MSTDC RSLTG COMPL MSTDC	$504.30	$428.66	$880.80	$748.68	N	
69601	AA		MASTOID SURGERY REVISION	$9.30	$8.10	$9.30	$8.10	N	5
69602			REV MSTDC RSLT MOD RAD MSTDC	$539.16	$458.28	$911.43	$774.72	N	
69602	AA		MASTOID SURGERY REVISION	$9.30	$8.10	$9.30	$8.10	N	5
69603			REVJ MSTDC RSLTG RAD MSTDC	$640.30	$544.25	$1,100.90	$935.77	N	
69603	AA		MASTOID SURGERY REVISION	$9.30	$8.10	$9.30	$8.10	N	5
69604			REVJ MSTDC RSLTG TYMPANPLSTY	$550.91	$468.27	$942.14	$800.82	N	
69604	AA		MASTOID SURGERY REVISION	$9.30	$8.10	$9.30	$8.10	N	5
69610			TYMPANIC MEMBRANE REPAIR	$38.10	$32.38	$339.35	$288.45	N	
69610	AA		REPAIR OF EAR DRUM	$9.30	$8.10	$9.30	$8.10	N	3
69610	AA	50	TYMPAN MEMBRANE PATCH W/TISSUE	$9.30	$8.10	$9.30	$8.10	N	5

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
69610	50		TYMPAN MEMBRANE PATCH W/TISSUE	$63.37	$53.86	$678.70	$576.90	N	
69620			MYRINGOPLASTY	$371.50	$315.78	$578.37	$491.61	N	
69620	AA		REPAIR OF EARDRUM	$9.30	$8.10	$9.30	$8.10	N	5
69631			REPAIR EARDRUM STRUCTURES	$441.64	$375.39	$716.06	$608.65	N	
69631	AA		REPAIR EARDRUM STRUCTURES	$9.30	$8.10	$9.30	$8.10	N	5
69632			REBUILD EARDRUM STRUCTURES	$536.60	$456.11	$891.26	$757.57	N	
69632	AA		REBUILD EARDRUM STRUCTURES	$9.30	$8.10	$9.30	$8.10	N	5
69633			REBUILD EARDRUM STRUCTURES - T	$522.95	$444.51	$854.99	$726.74	N	
69633	AA		REBUILD EARDRUM STRUCTURES - T	$9.30	$8.10	$9.30	$8.10	N	5
69635			REPAIR EARDRUM STRUCTURES	$638.92	$543.08	$1,022.36	$869.01	N	
69635	AA		REPAIR EARDRUM STRUCTURES	$9.30	$8.10	$9.30	$8.10	N	5
69636			REBUILD EARDRUM STRUCTURES	$702.20	$596.87	$1,173.74	$997.68	N	
69636	AA		REBUILD EARDRUM STRUCTURES	$9.30	$8.10	$9.30	$8.10	N	5
69637			REBUILD EARDRUM STRUCTURES - T	$699.26	$594.37	$1,167.25	$992.16	N	
69637	AA		REBUILD EARDRUM STRUCTURES - T	$9.30	$8.10	$9.30	$8.10	N	5
69641			REVISE MIDDLE EAR & MASTOID	$516.61	$439.12	$866.59	$736.60	N	
69641	AA		REVISE MIDDLE EAR & MASTOID	$9.30	$8.10	$9.30	$8.10	N	5
69642			REVISE MIDDLE EAR & MASTOID	$662.07	$562.76	$1,125.69	$956.83	N	
69642	AA		REVISE MIDDLE EAR & MASTOID	$9.30	$8.10	$9.30	$8.10	N	5
69643			REVISE MIDDLE EAR & MASTOID	$605.68	$514.83	$1,024.53	$870.85	N	
69643	AA		REVISE MIDDLE EAR & MASTOID	$9.30	$8.10	$9.30	$8.10	N	5
69644			REVISE MIDDLE EAR & MASTOID	$751.41	$638.69	$1,270.21	$1,079.68	N	
69644	AA		REVISE MIDDLE EAR & MASTOID	$9.30	$8.10	$9.30	$8.10	N	5
69645			REVISE MIDDLE EAR & MASTOID	$737.69	$627.04	$1,237.79	$1,052.12	N	
69645	AA		REVISE MIDDLE EAR & MASTOID	$9.30	$8.10	$9.30	$8.10	N	5
69646			REVISE MIDDLE EAR & MASTOID	$779.63	$662.68	$1,317.33	$1,119.73	N	
69646	AA		REVISE MIDDLE EAR & MASTOID	$9.30	$8.10	$9.30	$8.10	N	5
69650			STAPES MOBILIZATION	$398.76	$338.94	$665.38	$565.58	N	
69650	AA		RELEASE MIDDLE EAR BONE	$9.30	$8.10	$9.30	$8.10	N	5
69660			REVISE MIDDLE EAR BONE	$458.23	$389.50	$784.30	$666.65	N	
69660	AA		REVISE MIDDLE EAR BONE	$9.30	$8.10	$9.30	$8.10	N	5
69661			REVISE MIDDLE EAR BONE W/DRILL	$596.49	$507.01	$1,034.62	$879.43	N	
69661	AA		REVISE MIDDLE EAR BONE W/DRILL	$9.30	$8.10	$9.30	$8.10	N	5
69662			REVISE STAPEDECTOMY/OTOMY	$569.83	$484.35	$992.32	$843.47	N	
69662	AA		REVISE STAPEDECTOMY/OTOMY	$9.30	$8.10	$9.30	$8.10	N	5
69666			REPAIR MIDDLE EAR STRUCTURES	$401.04	$340.88	$670.56	$569.98	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
69666	AA		REPAIR MIDDLE EAR STRUCTURES	$9.30	$8.10	$9.30	$8.10	N	5
69667			REPAIR MIDDLE EAR STRUCTURES	$401.20	$341.02	$671.22	$570.53	N	
69667	AA		REPAIR MIDDLE EAR STRUCTURES	$9.30	$8.10	$9.30	$8.10	N	5
69670			REMOVE MASTOID AIR CELLS	$468.41	$398.14	$789.06	$670.70	N	
69670	AA		REMOVE MASTOID AIR CELLS	$9.30	$8.10	$9.30	$8.10	N	5
69676			TYMPANIC NEURECTOMY: UNILATERA	$413.84	$351.76	$690.34	$586.79	N	
69676	AA		TYMPANIC NEURECTOMY: UNILATERA	$9.30	$8.10	$9.30	$8.10	N	5
69676	AA	50	TYMPANIC NEURECTOMY:BILATERAL	$9.30	$8.10	$9.30	$8.10	N	5
69676	50		TYMPANIC NEVRECTOMY: BILATERAL	$386.00	$328.00	$1,380.67	$1,173.57	N	
69700			CLOSE MASTOID FISTULA	$330.94	$281.29	$594.18	$505.06	N	
69700	AA		CLOSE MASTOID FISTULA	$9.30	$8.10	$9.30	$8.10	N	5
69705			NPS SURG DILAT EUST TUBE UNI	$1,298.65	$1,103.85	$1,298.65	$1,103.85	N	
69705	AA		NPS SURG DILAT EUST TUBE UNI	$9.30	$8.10	$9.30	$8.10	N	5
69705	26		NPS SURG DILAT EUST TUBE UNI	$85.51	$72.68	$85.51	$72.68	N	
69706			NPS SURG DILAT EUST TUBE BI	$1,343.35	$1,141.85	$1,343.35	$1,141.85	N	
69706	AA		NPS SURG DILAT EUST TUBE BI	$9.30	$8.10	$9.30	$8.10	N	5
69706	26		NPS SURG DILAT EUST TUBE BI	$119.33	$101.43	$119.33	$101.43	N	
69714			IMPL OI IMPLT SKULL PERQ ESP	$246.58	$209.59	$906.26	$770.32	N	
69714	AA		OSSEOINTEG IMPLANT WO/MASTOID	$9.30	$8.10	$9.30	$8.10	N	5
69716			IMPLTJ OI IMPLT SKL TC ESP	$307.99	$261.79	$307.99	$261.79	N	
69716	AA		IMPLTJ OI IMPLT SKL TC ESP	$9.30	$8.10	$9.30	$8.10	N	5
69717			REPL OSSEOINT IMPLANT WO/MAST	$278.76	$236.94	$991.87	$843.09	N	
69717	AA		REPL OSSEOINT IMPLANT WO/MAST	$9.30	$8.10	$9.30	$8.10	N	5
69719			REVJ/RPLCMT OI IMPLT TC ESP	$319.59	$271.65	$319.59	$271.65	N	
69719	AA		REVJ/RPLCMT OI IMPLT TC ESP	$9.30	$8.10	$9.30	$8.10	N	5
69720			RELEASE FACIAL NERVE	$586.33	$498.38	$982.26	$834.92	N	
69720	AA		RELEASE FACIAL NERVE	$9.30	$8.10	$9.30	$8.10	N	5
69725			RELEASE FACIAL NERVE	$921.84	$783.56	$1,558.23	$1,324.50	N	
69725	AA		RELEASE FACIAL NERVE	$9.30	$8.10	$9.30	$8.10	N	5
69726			RMVL OI IMPLT SKL PERQ ESP	$237.26	$201.67	$237.26	$201.67	N	
69726	AA		RMVL OI IMPLT SKL PERQ ESP	$9.30	$8.10	$9.30	$8.10	N	5
69727			RMVL OI IMPLT SKL TC ESP	$264.38	$224.72	$264.38	$224.72	N	
69727	AA		RMVL OI IMPLT SKL TC ESP	$9.30	$8.10	$9.30	$8.10	N	5
69728			RMV NTR OI IMP SK TC>=100	$294.44	$250.27	$294.44	$250.27	N	
69728	AA		RMV NTR OI IMP SKTC ESP>=100	$9.30	$8.10	$9.30	$8.10	N	5
69729			IMPL OI IMPLT SK TC ESP>=100	$333.31	$283.31	$333.31	$283.31	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
69729	AA		IMPL OI IMPLT SK TC ESP>=100	$9.30	$8.10	$9.30	$8.10	N	5
69730			RPLC OI IMPLT SK TC ESP>=100	$340.34	$289.29	$340.34	$289.29	N	
69730	AA		RPLC OI IMPLT SK TC ESP>=100	$9.30	$8.10	$9.30	$8.10	N	5
69740			REPAIR FACIAL NERVE	$573.70	$487.64	$997.82	$848.14	N	
69740	AA		REPAIR FACIAL NERVE	$9.30	$8.10	$9.30	$8.10	N	5
69745			REPAIR FACIAL NERVE	$611.48	$519.75	$1,069.67	$909.22	N	
69745	AA		REPAIR FACIAL NERVE	$9.30	$8.10	$9.30	$8.10	N	5
69799			UNLISTED PX MIDDLE EAR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
69801			INCISE INNER EAR	$113.02	$96.07	$202.81	$172.39	N	
69801	AA		INCISE INNER EAR	$9.30	$8.10	$9.30	$8.10	N	5
69805			EXPLORE INNER EAR	$509.42	$433.00	$873.47	$742.45	N	
69805	AA		EXPLORE INNER EAR	$9.30	$8.10	$9.30	$8.10	N	5
69806			EXPLORE INNER EAR	$455.91	$387.52	$794.95	$675.71	N	
69806	AA		EXPLORE INNER EAR	$9.30	$8.10	$9.30	$8.10	N	5
69905			REMOVE INNER EAR	$455.49	$387.16	$762.99	$648.54	N	
69905	AA		REMOVE INNER EAR	$9.30	$8.10	$9.30	$8.10	N	5
69910			REMOVE INNER EAR & MASTOID	$489.88	$416.40	$867.35	$737.25	N	
69910	AA		REMOVE INNER EAR & MASTOID	$9.30	$8.10	$9.30	$8.10	N	5
69915			INCISE INNER EAR NERVE	$740.95	$629.80	$1,280.35	$1,088.30	N	
69915	AA		INCISE INNER EAR NERVE	$9.30	$8.10	$9.30	$8.10	N	5
69930			COCHLEAR DEVICE IMPLANTATION	$599.32	$509.42	$1,072.50	$911.62	N	
69930	AA		COCHLEAR DEVICE IMPLANTATION	$9.30	$8.10	$9.30	$8.10	N	5
69949			UNLISTED PX INNER EAR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
69950			INCISE INNER EAR NERVE	$860.50	$731.42	$1,519.67	$1,291.72	N	
69950	AA		INCISE INNER EAR NERVE	$9.30	$8.10	$9.30	$8.10	N	6
69955			RELEASE FACIAL NERVE	$969.22	$823.83	$1,654.31	$1,406.17	N	
69955	AA		RELEASE FACIAL NERVE	$9.30	$8.10	$9.30	$8.10	N	9
69960			RELEASE INNER EAR CANAL	$928.27	$789.03	$1,600.05	$1,360.04	N	
69960	AA		RELEASE INNER EAR CANAL	$9.30	$8.10	$9.30	$8.10	N	6
69970			REMOVE INNER EAR LESION	$1,047.78	$890.61	$1,811.26	$1,539.57	N	
69970	AA		REMOVE INNER EAR LESION	$9.30	$8.10	$9.30	$8.10	N	6
69979			UNLISTED PX TEMPORAL BONE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
69990			USE OF OPERATING MICROSCOPE	$107.12	$91.05	$196.73	$167.22	N	
70010			MYELOGRAPHY:PROCEDURE, S&I	$28.50	$28.50	$28.50	$28.50	N	
70010	TC		MYELOGRAPHY:PROCEDURE, S&I	$17.10	$17.10	$17.10	$17.10	N	
70010	26		MYELOGRAPHY:PROCEDURE, S&I	$11.40	$11.40	$11.40	$11.40	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
70010	AA		MYELOGRAPHY:PROCEDURE, S&I	$9.30	$8.10	$9.30	$8.10	N	3
70015			CISTERNOGRAPHY:PROCEDURE,S&I	$82.23	$82.23	$82.23	$82.23	N	
70015	TC		CISTERNOGRAPHY:PROCEDURE,S&I	$54.88	$54.88	$54.88	$54.88	N	
70015	26		CISTERNOGRAPHY:PROCEDURE,S&I	$27.35	$27.35	$27.35	$27.35	N	
70015	AA		CISTERNOGRAPHY:PROCEDURE,S&I	$9.30	$8.10	$9.30	$8.10	N	3
70030			X-RAY EYE: DETECT FOREIGN BODY	$16.64	$16.64	$16.64	$16.64	N	
70030	TC		X-RAY EYE: DETECT FOREIGN BODY	$12.40	$12.40	$12.40	$12.40	N	
70030	26		X-RAY EYE: DETECT FOREIGN BODY	$4.24	$4.24	$4.24	$4.24	N	
70030	AA		X-RAY EYE: DETECT FOREIGN BODY	$9.30	$8.10	$9.30	$8.10	N	3
70100			X-RAY EXAM OF JAW <4VIEWS	$19.53	$19.53	$19.53	$19.53	N	
70100	TC		X-RAY EXAM OF JAW <4VIEWS	$15.29	$15.29	$15.29	$15.29	N	
70100	26		X-RAY EXAM OF JAW <4VIEWS	$4.24	$4.24	$4.24	$4.24	N	
70100	AA		X-RAY MANDIBLE: PARTIAL	$9.30	$8.10	$9.30	$8.10	N	3
70110			X-RAY EXAM OF JAW 4/> VIEWS	$22.00	$22.00	$22.00	$22.00	N	
70110	TC		X-RAY EXAM OF JAW 4/> VIEWS	$16.14	$16.14	$16.14	$16.14	N	
70110	26		X-RAY EXAM OF JAW 4/> VIEWS	$5.87	$5.87	$5.87	$5.87	N	
70110	AA		X-RAY MANDIBLE: COMPLETE	$9.30	$8.10	$9.30	$8.10	N	3
70120			X-RAY MASTOIDS:L3 VIEWS PER SI	$19.35	$19.35	$19.35	$19.35	N	
70120	TC		X-RAY MASTOIDS:L3 VIEWS PER SI	$15.12	$15.12	$15.12	$15.12	N	
70120	26		X-RAY MASTOIDS:L3 VIEWS PER SI	$4.24	$4.24	$4.24	$4.24	N	
70120	AA		X-RAY MASTOIDS:L3 VIEWS PER SI	$9.30	$8.10	$9.30	$8.10	N	3
70130			COMPLETE X-RAY,MASTOIDS-3 VIEW	$31.43	$31.43	$31.43	$31.43	N	
70130	TC		COMPLETE X-RAY,MASTOIDS-3 VIEW	$23.45	$23.45	$23.45	$23.45	N	
70130	26		COMPLETE X-RAY,MASTOIDS-3 VIEW	$7.98	$7.98	$7.98	$7.98	N	
70130	AA		COMPLETE X-RAY,MASTOIDS-3 VIEW	$9.30	$8.10	$9.30	$8.10	N	3
70134			X-RAY INTERNAL AUDITORY MEATI	$30.93	$30.93	$30.93	$30.93	N	
70134	TC		X-RAY INTERNAL AUDITORY MEATI	$22.60	$22.60	$22.60	$22.60	N	
70134	26		X-RAY INTERNAL AUDITORY MEATI	$8.33	$8.33	$8.33	$8.33	N	
70134	AA		X-RAY INTERNAL AUDITORY MEATI	$9.30	$8.10	$9.30	$8.10	N	3
70140			X-RAY FACIAL BONES: L3 VIEWS	$16.12	$16.12	$16.12	$16.12	N	
70140	TC		X-RAY FACIAL BONES: L3 VIEWS	$11.38	$11.38	$11.38	$11.38	N	
70140	26		X-RAY FACIAL BONES: L3 VIEWS	$4.74	$4.74	$4.74	$4.74	N	
70140	AA		X-RAY FACIAL BONES: L3 VIEWS	$9.30	$8.10	$9.30	$8.10	N	3
70150			X-RAY FACIAL BONES: COMPLETE	$23.52	$23.52	$23.52	$23.52	N	
70150	TC		X-RAY FACIAL BONES: COMPLETE	$17.50	$17.50	$17.50	$17.50	N	
70150	26		X-RAY FACIAL BONES: COMPLETE	$6.03	$6.03	$6.03	$6.03	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
70150	AA		X-RAY FACIAL BONES: COMPLETE	$9.30	$8.10	$9.30	$8.10	N	3
70160			X-RAY NASAL BONES: COMPLETE	$19.03	$19.03	$19.03	$19.03	N	
70160	TC		X-RAY NASAL BONES: COMPLETE	$14.95	$14.95	$14.95	$14.95	N	
70160	26		X-RAY NASAL BONES: COMPLETE	$4.08	$4.08	$4.08	$4.08	N	
70160	AA		X-RAY NASAL BONES: COMPLETE	$9.30	$8.10	$9.30	$8.10	N	3
70170			DACRYOCYSTOGRAPHY:PROC, S&I	$20.00	$20.00	$20.00	$20.00	N	
70170	TC		DACRYOCYSTOGRAPHY:PROC, S&I	$12.80	$12.80	$12.80	$12.80	N	
70170	26		DACRYOCYSTOGRAPHY:PROC, S&I	$7.20	$7.20	$7.20	$7.20	N	
70170	AA		DACRYOCYSTOGRAPHY:PROC, S&I	$9.30	$8.10	$9.30	$8.10	N	3
70190			X-RAY OPTIC FORAMINA	$18.82	$18.82	$18.82	$18.82	N	
70190	TC		X-RAY OPTIC FORAMINA	$13.59	$13.59	$13.59	$13.59	N	
70190	26		X-RAY OPTIC FORAMINA	$5.23	$5.23	$5.23	$5.23	N	
70190	AA		X-RAY OPTIC FORAMINA	$9.30	$8.10	$9.30	$8.10	N	3
70200			X-RAY ORBITS,COMPLETE,4+ VIEWS	$24.01	$24.01	$24.01	$24.01	N	
70200	TC		X-RAY ORBITS,COMPLETE,4+ VIEWS	$17.50	$17.50	$17.50	$17.50	N	
70200	26		X-RAY ORBITS,COMPLETE,4+ VIEWS	$6.52	$6.52	$6.52	$6.52	N	
70200	AA		X-RAY ORBITS,COMPLETE,4+ VIEWS	$9.30	$8.10	$9.30	$8.10	N	3
70210			X-RAY SINUSES: PARANASAL: L3 V	$16.31	$16.31	$16.31	$16.31	N	
70210	TC		X-RAY SINUSES: PARANASAL: L3 V	$12.23	$12.23	$12.23	$12.23	N	
70210	26		X-RAY SINUSES: PARANASAL: L3 V	$4.08	$4.08	$4.08	$4.08	N	
70210	AA		X-RAY SINUSES: PARANASAL: L3 V	$9.30	$8.10	$9.30	$8.10	N	3
70220			X-RAY SINUSES: PARANASAL: COMP	$18.98	$18.98	$18.98	$18.98	N	
70220	TC		X-RAY SINUSES: PARANASAL: COMP	$13.93	$13.93	$13.93	$13.93	N	
70220	26		X-RAY SINUSES: PARANASAL: COMP	$5.05	$5.05	$5.05	$5.05	N	
70220	AA		X-RAY SINUSES: PARANASAL: COMP	$9.30	$8.10	$9.30	$8.10	N	3
70240			X-RAY SELLA TURCICA	$16.46	$16.46	$16.46	$16.46	N	
70240	TC		X-RAY SELLA TURCICA	$12.06	$12.06	$12.06	$12.06	N	
70240	26		X-RAY SELLA TURCICA	$4.40	$4.40	$4.40	$4.40	N	
70240	AA		X-RAY SELLA TURCICA	$9.30	$8.10	$9.30	$8.10	N	3
70250			X-RAY SKULL: LESS THAN 4 VIEWS	$18.17	$18.17	$18.17	$18.17	N	
70250	TC		X-RAY SKULL: LESS THAN 4 VIEWS	$13.93	$13.93	$13.93	$13.93	N	
70250	26		X-RAY SKULL: LESS THAN 4 VIEWS	$4.24	$4.24	$4.24	$4.24	N	
70250	AA		X-RAY SKULL: LESS THAN 4 VIEWS	$9.30	$8.10	$9.30	$8.10	N	3
70260			X-RAY SKULL: COMPLETE	$22.49	$22.49	$22.49	$22.49	N	
70260	TC		X-RAY SKULL: COMPLETE	$15.97	$15.97	$15.97	$15.97	N	
70260	26		X-RAY SKULL: COMPLETE	$6.52	$6.52	$6.52	$6.52	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
70260	AA		X-RAY SKULL: COMPLETE	$9.30	$8.10	$9.30	$8.10	N	3
70300			X-RAY TEETH: SINGLE VIEW	$6.69	$6.69	$6.69	$6.69	N	
70300	TC		X-RAY TEETH: SINGLE VIEW	$4.24	$4.24	$4.24	$4.24	N	
70300	26		X-RAY TEETH: SINGLE VIEW	$2.45	$2.45	$2.45	$2.45	N	
70300	AA		X-RAY TEETH: SINGLE VIEW	$9.30	$8.10	$9.30	$8.10	N	3
70310			X-RAY TEETH: PARTIAL EXAM	$20.57	$20.57	$20.57	$20.57	N	
70310	TC		X-RAY TEETH: PARTIAL EXAM	$16.65	$16.65	$16.65	$16.65	N	
70310	26		X-RAY TEETH: PARTIAL EXAM	$3.92	$3.92	$3.92	$3.92	N	
70310	AA		X-RAY TEETH: PARTIAL EXAM	$9.30	$8.10	$9.30	$8.10	N	3
70320			X-RAY TEETH: COMPLETE: FULL MO	$27.47	$27.47	$27.47	$27.47	N	
70320	TC		X-RAY TEETH: COMPLETE: FULL MO	$22.09	$22.09	$22.09	$22.09	N	
70320	26		X-RAY TEETH: COMPLETE: FULL MO	$5.39	$5.39	$5.39	$5.39	N	
70320	AA		X-RAY TEETH: COMPLETE: FULL MO	$9.30	$8.10	$9.30	$8.10	N	3
70328			X-RAY TEMPOROMAN DIBULAR JNT:	$17.32	$17.32	$17.32	$17.32	N	
70328	TC		X-RAY TEMPOROMAN DIBULAR JNT:	$13.08	$13.08	$13.08	$13.08	N	
70328	26		X-RAY TEMPOROMAN DIBULAR JNT:	$4.24	$4.24	$4.24	$4.24	N	
70328	AA		X-RAY TEMPOROMAN DIBULAR JNT:	$9.30	$8.10	$9.30	$8.10	N	3
70330			ARTHROTOMOGRAPHY:TEMPOROMAND.-	$26.77	$26.77	$26.77	$26.77	N	
70330	TC		ARTHROTOMOGRAPHY:TEMPOROMAND.-	$21.24	$21.24	$21.24	$21.24	N	
70330	26		ARTHROTOMOGRAPHY:TEMPOROMAND.-	$5.54	$5.54	$5.54	$5.54	N	
70330	AA		ARTHROTOMOGRAPHY:TEMPOROMAND.-	$9.30	$8.10	$9.30	$8.10	N	3
70332			TEMPOROMAND.ARTHROGRAPHY:SUPER	$40.91	$40.91	$40.91	$40.91	N	
70332	TC		TEMPOROMAND.ARTHROGRAPHY:SUPER	$28.37	$28.37	$28.37	$28.37	N	
70332	26		TEMPOROMAND.ARTHROGRAPHY:SUPER	$12.54	$12.54	$12.54	$12.54	N	
70332	AA		TEMPOROMAND.ARTHROGRAPHY:SUPER	$9.30	$8.10	$9.30	$8.10	N	3
70336			MRI,TEMPOROMANDIBULAR JOINT	$133.93	$133.93	$133.93	$133.93	N	
70336	TC		MRI,TEMPOROMANDIBULAR JOINT	$100.25	$100.25	$100.25	$100.25	N	
70336	26		MRI,TEMPOROMANDIBULAR JOINT	$33.68	$33.68	$33.68	$33.68	N	
70336	AA		MRI,TEMPOROMANDIBULAR JOINT	$9.30	$8.10	$9.30	$8.10	N	3
70350			CEPHALOGRAM: ORTHODONTIC	$8.83	$8.83	$8.83	$8.83	N	
70350	TC		CEPHALOGRAM: ORTHODONTIC	$4.59	$4.59	$4.59	$4.59	N	
70350	26		CEPHALOGRAM: ORTHODONTIC	$4.25	$4.25	$4.25	$4.25	N	
70350	AA		CEPHALOGRAM: ORTHODONTIC	$9.30	$8.10	$9.30	$8.10	N	3
70355			ORTHOPANTOGRAM	$9.48	$9.48	$9.48	$9.48	N	
70355	TC		ORTHOPANTOGRAM	$4.59	$4.59	$4.59	$4.59	N	
70355	26		ORTHOPANTOGRAM	$4.90	$4.90	$4.90	$4.90	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
70355	AA		ORTHOPANTOGRAM	$9.30	$8.10	$9.30	$8.10	N	3
70360			X-RAY NECK: SOFT TISSUE	$15.79	$15.79	$15.79	$15.79	N	
70360	TC		X-RAY NECK: SOFT TISSUE	$11.55	$11.55	$11.55	$11.55	N	
70360	26		X-RAY NECK: SOFT TISSUE	$4.24	$4.24	$4.24	$4.24	N	
70360	AA		X-RAY NECK: SOFT TISSUE	$9.30	$8.10	$9.30	$8.10	N	3
70370			X-RAY PHARYNX/LARYNX W/FLUROSC	$52.01	$52.01	$52.01	$52.01	N	
70370	TC		X-RAY PHARYNX/LARYNX W/FLUROSC	$44.69	$44.69	$44.69	$44.69	N	
70370	26		X-RAY PHARYNX/LARYNX W/FLUROSC	$7.32	$7.32	$7.32	$7.32	N	
70370	AA		X-RAY PHARYNX/LARYNX W/FLUROSC	$9.30	$8.10	$9.30	$8.10	N	3
70371			COMPLEX DYNAMIC PHARYNGEAL/SPE	$56.08	$56.08	$56.08	$56.08	N	
70371	TC		COMPLEX DYNAMIC PHARYNGEAL/SPE	$35.68	$35.68	$35.68	$35.68	N	
70371	26		COMPLEX DYNAMIC PHARYNGEAL/SPE	$20.40	$20.40	$20.40	$20.40	N	
70371	AA		COMPLEX DYNAMIC PHARYNGEAL/SPE	$9.30	$8.10	$9.30	$8.10	N	3
70380			X-RAY SALIVARY GLANDFOR CALCUL	$18.86	$18.86	$18.86	$18.86	N	
70380	TC		X-RAY SALIVARY GLANDFOR CALCUL	$14.95	$14.95	$14.95	$14.95	N	
70380	26		X-RAY SALIVARY GLANDFOR CALCUL	$3.91	$3.91	$3.91	$3.91	N	
70380	AA		X-RAY SALIVARY GLANDFOR CALCUL	$9.30	$8.10	$9.30	$8.10	N	3
70390			SIALOGRAPHY: PROCEDURE, S&I	$57.22	$57.22	$57.22	$57.22	N	
70390	TC		SIALOGRAPHY: PROCEDURE, S&I	$48.43	$48.43	$48.43	$48.43	N	
70390	26		SIALOGRAPHY: PROCEDURE, S&I	$8.79	$8.79	$8.79	$8.79	N	
70390	AA		SIALOGRAPHY: PROCEDURE. S&I	$9.30	$8.10	$9.30	$8.10	N	3
70450			CAT,HEAD/BRAIN:W/OUT CONTRAST	$54.37	$54.37	$54.37	$54.37	N	
70450	TC		CAT,HEAD/BRAIN:W/OUT CONTRAST	$34.83	$34.83	$34.83	$34.83	N	
70450	26		CAT,HEAD/BRAIN:W/OUT CONTRAST	$19.53	$19.53	$19.53	$19.53	N	
70450	AA		CAT,HEAD/BRAIN:W/OUT CONTRAST	$9.30	$8.10	$9.30	$8.10	N	3
70460			CAT,HEAD/BRAIN:W/CONTRAST	$75.66	$75.66	$75.66	$75.66	N	
70460	TC		CAT,HEAD/BRAIN:W/CONTRAST	$49.78	$49.78	$49.78	$49.78	N	
70460	26		CAT,HEAD/BRAIN:W/CONTRAST	$25.88	$25.88	$25.88	$25.88	N	
70460	AA		CAT,HEAD/BRAIN:W/CONTRAST	$9.30	$8.10	$9.30	$8.10	N	3
70470			CAT,HEAD/BRAIN:W/OUT-W/CONTRAS	$88.43	$88.43	$88.43	$88.43	N	
70470	TC		CAT,HEAD/BRAIN:W/OUT-W/CONTRAS	$59.30	$59.30	$59.30	$59.30	N	
70470	26		CAT,HEAD/BRAIN:W/OUT-W/CONTRAS	$29.14	$29.14	$29.14	$29.14	N	
70470	AA		CAT,HEAD/BRAIN:W/OUT-W/CONTRAS	$9.30	$8.10	$9.30	$8.10	N	3
70470	AA	52	CAT,HEAD/BRAIN:W/OUT-W/CONTRAS	$9.30	$8.10	$9.30	$8.10	N	3
70470	52		CAT,HEAD/BRAIN:W/OUT-W/CONTRAS	$75.00	$75.00	$75.00	$75.00	N	
70480			TOMOGRAPHY:ORBIT,SELLA,POSTERI	$80.95	$80.95	$80.95	$80.95	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
70480	TC		TOMOGRAPHY:ORBIT,SELLA,POSTERI	$51.48	$51.48	$51.48	$51.48	N	
70480	26		TOMOGRAPHY:ORBIT,SELLA,POSTERI	$29.47	$29.47	$29.47	$29.47	N	
70480	AA		TOMOGRAPHY:ORBIT,SELLA,POSTERI	$9.30	$8.10	$9.30	$8.10	N	3
70481			TOMOGRAPHY:ORBIT,ETC,WITH/CONT	$92.14	$92.14	$92.14	$92.14	N	
70481	TC		TOMOGRAPHY:ORBIT,ETC,WITH/CONT	$66.27	$66.27	$66.27	$66.27	N	
70481	26		TOMOGRAPHY:ORBIT,ETC,WITH/CONT	$25.88	$25.88	$25.88	$25.88	N	
70481	AA		TOMOGRAPHY:ORBIT,ETC,WITH/CONT	$9.30	$8.10	$9.30	$8.10	N	3
70482			CAT,ORBIT,ETC.,W/OUT-W/ CONTRA	$107.30	$107.30	$107.30	$107.30	N	
70482	TC		CAT,ORBIT,ETC.,W/OUT-W/ CONTRA	$78.33	$78.33	$78.33	$78.33	N	
70482	26		CAT,ORBIT,ETC.,W/OUT-W/ CONTRA	$28.97	$28.97	$28.97	$28.97	N	
70482	AA		CAT,ORBIT,ETC.,W/OUT-W/ CONTRA	$9.30	$8.10	$9.30	$8.10	N	3
70482	AA	52	CAT,ORBIT,ETC.,W/OUT-W/ CONTRA	$9.30	$8.10	$9.30	$8.10	N	3
70482	52		CAT,ORBIT,ETC.,W/OUT-W/ CONTRA	$75.00	$75.00	$75.00	$75.00	N	
70486			TOMOGRAPHY:MAXILLOFACIAL W/OUT	$65.41	$65.41	$65.41	$65.41	N	
70486	TC		TOMOGRAPHY:MAXILLOFACIAL W/OUT	$45.71	$45.71	$45.71	$45.71	N	
70486	26		TOMOGRAPHY:MAXILLOFACIAL W/OUT	$19.71	$19.71	$19.71	$19.71	N	
70486	AA		TOMOGRAPHY:MAXILLOFACIAL W/OUT	$9.30	$8.10	$9.30	$8.10	N	3
70487			TOMOGRAPHY:MAXILLOFAC,WITH CON	$77.53	$77.53	$77.53	$77.53	N	
70487	TC		TOMOGRAPHY:MAXILLOFAC,WITH CON	$51.65	$51.65	$51.65	$51.65	N	
70487	26		TOMOGRAPHY:MAXILLOFAC,WITH CON	$25.88	$25.88	$25.88	$25.88	N	
70487	AA		TOMOGRAPHY:MAXILLOFAC,WITH CON	$9.30	$8.10	$9.30	$8.10	N	3
70488			CAT:MAXILL.:W/OUT-W/ CONTRAST	$93.87	$93.87	$93.87	$93.87	N	
70488	TC		CAT:MAXILL.:W/OUT-W/ CONTRAST	$64.91	$64.91	$64.91	$64.91	N	
70488	26		CAT:MAXILL.:W/OUT-W/ CONTRAST	$28.97	$28.97	$28.97	$28.97	N	
70488	AA		CAT:MAXILL.,W/OUT-W/ CONTRAST	$9.30	$8.10	$9.30	$8.10	N	3
70488	AA	52	CAT:MAXILL.:W/OUT-W/ CONTRAST	$9.30	$8.10	$9.30	$8.10	N	3
70488	52		CAT:MAXILL.:W/OUT-W/ CONTRAST	$75.00	$75.00	$75.00	$75.00	N	
70490			CAT,SOFT TISSUE NECK:W/OUT CON	$76.36	$76.36	$76.36	$76.36	N	
70490	TC		CAT,SOFT TISSUE NECK:W/OUT CON	$46.90	$46.90	$46.90	$46.90	N	
70490	26		CAT,SOFT TISSUE NECK:W/OUT CON	$29.47	$29.47	$29.47	$29.47	N	
70490	AA		CAT,SOFT TISSUE NECK:W/OUT CON	$9.30	$8.10	$9.30	$8.10	N	3
70491			CAT.SOFT TISSUE NECK:W/ CONTRA	$93.76	$93.76	$93.76	$93.76	N	
70491	TC		CAT.SOFT TISSUE NECK:W/ CONTRA	$62.18	$62.18	$62.18	$62.18	N	
70491	26		CAT.SOFT TISSUE NECK:W/ CONTRA	$31.58	$31.58	$31.58	$31.58	N	
70491	AA		CAT.SOFT TISSUE NECK:W/ CONTRA	$9.30	$8.10	$9.30	$8.10	N	3
70492			CAT,NECK:W/OUT-W/ CONTRAST MAT	$112.55	$112.55	$112.55	$112.55	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
70492	TC		CAT,NECK:W/OUT-W/ CONTRAST MAT	$75.61	$75.61	$75.61	$75.61	N	
70492	26		CAT,NECK:W/OUT-W/ CONTRAST MAT	$36.94	$36.94	$36.94	$36.94	N	
70492	AA		CAT,NECK:W/OUT-W/ CONTRAST MAT	$9.30	$8.10	$9.30	$8.10	N	3
70492	AA	52	CAT,NECK:W/OUT-W/ CONTRAST MAT	$9.30	$8.10	$9.30	$8.10	N	3
70492	52		CAT,NECK:W/OUT-W/ CONTRAST MAT	$75.00	$75.00	$75.00	$75.00	N	
70496			COMP TOMOG ANGIO HEAD WO CONTR	$133.65	$133.65	$133.65	$133.65	N	
70496	TC		COMP TOMOG ANGIO HEAD WO CONTR	$93.62	$93.62	$93.62	$93.62	N	
70496	26		COMP TOMOG ANGIO HEAD WO CONTR	$40.04	$40.04	$40.04	$40.04	N	
70496	AA		COMP TOMOG ANGIO HEAD WO CONTR	$9.30	$8.10	$9.30	$8.10	N	7
70498			COMP TOMOG ANGIO NECK WO CONTR	$133.65	$133.65	$133.65	$133.65	N	
70498	TC		COMP TOMOG ANGIO NECK WO CONTR	$93.62	$93.62	$93.62	$93.62	N	
70498	26		COMP TOMOG ANGIO NECK WO CONTR	$40.04	$40.04	$40.04	$40.04	N	
70498	AA		COMP TOMOG ANGIO NECK WO CONTR	$9.30	$8.10	$9.30	$8.10	N	7
70540			MRI-ORBIT,FACE AND NECK	$115.38	$115.38	$115.38	$115.38	N	
70540	TC		MRI-ORBIT,FACE AND NECK	$84.62	$84.62	$84.62	$84.62	N	
70540	26		MRI-ORBIT,FACE AND NECK	$30.76	$30.76	$30.76	$30.76	N	
70540	AA		MRI-ORBIT,FACE AND NECK	$9.30	$8.10	$9.30	$8.10	N	3
70542			MRI-ORBIT, FACE, NECK W/ CONTR	$136.51	$136.51	$136.51	$136.51	N	
70542	TC		MRI-ORBIT, FACE, NECK W/ CONTR	$99.40	$99.40	$99.40	$99.40	N	
70542	26		MRI-ORBIT, FACE, NECK W/ CONTR	$37.11	$37.11	$37.11	$37.11	N	
70542	AA		MRI-ORBIT, FACE, NECK W/ CONTR	$9.30	$8.10	$9.30	$8.10	N	7
70543			MRI ORBT/FAC/NCK W/O &W/DYE	$173.00	$173.00	$173.00	$173.00	N	
70543	TC		MRI ORBT/FAC/NCK W/O &W/DYE	$123.53	$123.53	$123.53	$123.53	N	
70543	26		MRI ORBT/FAC/NCK W/O &W/DYE	$49.48	$49.48	$49.48	$49.48	N	
70543	AA		MRI-ORBIT, FACE,NECK WO/W CONT	$9.30	$8.10	$9.30	$8.10	N	7
70544			MRA-HEAD WO CNTRAST	$110.25	$110.25	$110.25	$110.25	N	
70544	TC		MRA-HEAD WO CNTRAST	$82.91	$82.91	$82.91	$82.91	N	
70544	26		MRA-HEAD WO CNTRAST	$27.34	$27.34	$27.34	$27.34	N	
70544	AA		MRA-HEAD WO CONTRAST	$9.30	$8.10	$9.30	$8.10	N	7
70545			MRA-HEAD WITH CONTRAST	$116.54	$116.54	$116.54	$116.54	N	
70545	TC		MRA-HEAD WITH CONTRAST	$89.20	$89.20	$89.20	$89.20	N	
70545	26		MRA-HEAD WITH CONTRAST	$27.34	$27.34	$27.34	$27.34	N	
70545	AA		MRA- HEAD WITH CONTRAST	$9.30	$8.10	$9.30	$8.10	N	7
70546			MRA-HEAD WO/W CONTRAST	$169.10	$169.10	$169.10	$169.10	N	
70546	TC		MRA-HEAD WO/W CONTRAST	$135.24	$135.24	$135.24	$135.24	N	
70546	26		MRA-HEAD WO/W CONTRAST	$33.85	$33.85	$33.85	$33.85	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
70546	AA		MRA-HEAD WO/W CONTRAST	$9.30	$8.10	$9.30	$8.10	N	7
70547			MRA-NECK WITHOUT CONTRAST	$110.59	$110.59	$110.59	$110.59	N	
70547	TC		MRA-NECK WITHOUT CONTRAST	$83.08	$83.08	$83.08	$83.08	N	
70547	26		MRA-NECK WITHOUT CONTRAST	$27.51	$27.51	$27.51	$27.51	N	
70547	AA		MRA-NECK WITHOUT CONTRAST	$9.30	$8.10	$9.30	$8.10	N	7
70548			MRA-NECK WITH CONTRAST	$125.92	$125.92	$125.92	$125.92	N	
70548	TC		MRA-NECK WITH CONTRAST	$91.58	$91.58	$91.58	$91.58	N	
70548	26		MRA-NECK WITH CONTRAST	$34.35	$34.35	$34.35	$34.35	N	
70548	AA		MRA-NECK WITH CONTRAST	$9.30	$8.10	$9.30	$8.10	N	7
70549			MRA-NECK WITHOUT/WITH CONTRAST	$176.94	$176.94	$176.94	$176.94	N	
70549	TC		MRA-NECK WITHOUT/WITH CONTRAST	$135.76	$135.76	$135.76	$135.76	N	
70549	26		MRA-NECK WITHOUT/WITH CONTRAST	$41.18	$41.18	$41.18	$41.18	N	
70549	AA		MRA-NECK WITHOUT/WITH CONTRAST	$9.30	$8.10	$9.30	$8.10	N	7
70551			MRI BRAIN STEM W/O DYE	$100.11	$100.11	$100.11	$100.11	N	
70551	TC		MRI BRAIN STEM W/O DYE	$66.27	$66.27	$66.27	$66.27	N	
70551	26		MRI BRAIN STEM W/O DYE	$33.85	$33.85	$33.85	$33.85	N	
70551	AA		MRI-BRAIN/INCLUDING BRAIN STEM	$9.30	$8.10	$9.30	$8.10	N	3
70552			MRI BRAIN STEM W/DYE	$138.21	$138.21	$138.21	$138.21	N	
70552	TC		MRI BRAIN STEM W/DYE	$97.36	$97.36	$97.36	$97.36	N	
70552	26		MRI BRAIN STEM W/DYE	$40.86	$40.86	$40.86	$40.86	N	
70552	AA		MRI,BRAIN...W CONTRAST MATERIA	$9.30	$8.10	$9.30	$8.10	N	3
70553			MRI BRAIN STEM W/O & W/DYE	$162.67	$162.67	$162.67	$162.67	N	
70553	TC		MRI BRAIN STEM W/O & W/DYE	$109.93	$109.93	$109.93	$109.93	N	
70553	26		MRI BRAIN STEM W/O & W/DYE	$52.74	$52.74	$52.74	$52.74	N	
70553	AA		MRI,BRIAN:WO CONTRAST MAT.FOLL	$9.30	$8.10	$9.30	$8.10	N	3
70554			FMRI BRAIN BY TECH	$194.10	$194.10	$194.10	$194.10	N	
70554	TC		FMRI BRAIN BY TECH	$145.10	$145.10	$145.10	$145.10	N	
70554	26		FMRI BRAIN BY TECH	$49.00	$49.00	$49.00	$49.00	N	
70554	AA		FMRI BRAIN BY TECH	$9.30	$8.10	$9.30	$8.10	N	7
70555			FMRI BRAIN BY PHYS/PSYCH	$98.16	$98.16	$98.16	$98.16	N	
70555	TC		FMRI BRAIN BY PHYS/PSYCH	$0.00	$0.00	$0.00	$0.00	N	
70555	26		FMRI BRAIN BY PHYS/PSYCH	$98.16	$98.16	$98.16	$98.16	N	
70555	AA		FMRI BRAIN BY PHYS/PSYCH	$9.30	$8.10	$9.30	$8.10	N	7
70557			MRI BRAIN DUR OPEN INTRACRAN	$62.00	$62.00	$62.00	$62.00	N	
70557	TC		MRI BRAIN DUR OPEN INTRACRAN	$0.00	$0.00	$0.00	$0.00	N	
70557	26		MRI BRAIN DUR OPEN INTRACRAN	$62.00	$62.00	$62.00	$62.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
70557	AA		MRI BRAIN DUR OPEN INTRACRAN	$9.30	$8.10	$9.30	$8.10	N	7
70558			MRI BRAIN DUR OPEN INTRACRAN	$68.00	$68.00	$68.00	$68.00	N	
70558	TC		MRI BRAIN DUR OPEN INTRACRAN	$0.00	$0.00	$0.00	$0.00	N	
70558	26		MRI BRAIN DUR OPEN INTRACRAN	$68.00	$68.00	$68.00	$68.00	N	
70558	AA		MRI BRAIN DUR OPEN INTRACRAN	$9.30	$8.10	$9.30	$8.10	N	7
70559			MRI BRAIN DUR OPEN INTRACRAN	$68.00	$68.00	$68.00	$68.00	N	
70559	TC		MRI BRAIN DUR OPEN INTRACRAN	$0.00	$0.00	$0.00	$0.00	N	
70559	26		MRI BRAIN DUR OPEN INTRACRAN	$68.00	$68.00	$68.00	$68.00	N	
70559	AA		MRI BRAIN DUR OPEN INTRACRAN	$9.30	$8.10	$9.30	$8.10	N	7
71045			X-RAY EXAM CHEST 1 VIEW	$13.06	$13.06	$13.06	$13.06	N	
71045	TC		X-RAY EXAM CHEST 1 VIEW	$8.94	$8.94	$8.94	$8.94	N	
71045	26		X-RAY EXAM CHEST 1 VIEW	$4.12	$4.12	$4.12	$4.12	N	
71046			X-RAY EXAM CHEST 2 VIEWS	$16.94	$16.94	$16.94	$16.94	N	
71046	TC		X-RAY EXAM CHEST 2 VIEWS	$11.89	$11.89	$11.89	$11.89	N	
71046	26		X-RAY EXAM CHEST 2 VIEWS	$5.05	$5.05	$5.05	$5.05	N	
71047			X-RAY EXAM CHEST 3 VIEWS	$21.14	$21.14	$21.14	$21.14	N	
71047	TC		X-RAY EXAM CHEST 3 VIEWS	$14.78	$14.78	$14.78	$14.78	N	
71047	26		X-RAY EXAM CHEST 3 VIEWS	$6.36	$6.36	$6.36	$6.36	N	
71048			X-RAY EXAM CHEST 4T VIEWS	$22.97	$22.97	$22.97	$22.97	N	
71048	TC		X-RAY EXAM CHEST 4T VIEWS	$15.80	$15.80	$15.80	$15.80	N	
71048	26		X-RAY EXAM CHEST 4T VIEWS	$7.17	$7.17	$7.17	$7.17	N	
71100			X-RAY EXAM RIBS UNI 2 VIEWS	$18.47	$18.47	$18.47	$18.47	N	
71100	TC		X-RAY EXAM RIBS UNI 2 VIEWS	$13.25	$13.25	$13.25	$13.25	N	
71100	26		X-RAY EXAM RIBS UNI 2 VIEWS	$5.22	$5.22	$5.22	$5.22	N	
71100	AA		X-RAY EXAM OF RIBS	$9.30	$8.10	$9.30	$8.10	N	3
71101			X-RAY EXAM UNILAT RIBS/CHEST	$21.14	$21.14	$21.14	$21.14	N	
71101	TC		X-RAY EXAM UNILAT RIBS/CHEST	$14.95	$14.95	$14.95	$14.95	N	
71101	26		X-RAY EXAM UNILAT RIBS/CHEST	$6.19	$6.19	$6.19	$6.19	N	
71101	AA		X-RAY EXAM RIBS-POSTEROANTER C	$9.30	$8.10	$9.30	$8.10	N	3
71110			X-RAY EXAM RIBS BIL 3 VIEWS	$21.97	$21.97	$21.97	$21.97	N	
71110	TC		X-RAY EXAM RIBS BIL 3 VIEWS	$15.29	$15.29	$15.29	$15.29	N	
71110	26		X-RAY EXAM RIBS BIL 3 VIEWS	$6.68	$6.68	$6.68	$6.68	N	
71110	AA		X-RAY EXAM OF RIBS	$9.30	$8.10	$9.30	$8.10	N	3
71111			X-RAY EXAM RIBS/CHEST4/> VWS	$26.35	$26.35	$26.35	$26.35	N	
71111	TC		X-RAY EXAM RIBS/CHEST4/> VWS	$18.86	$18.86	$18.86	$18.86	N	
71111	26		X-RAY EXAM RIBS/CHEST4/> VWS	$7.49	$7.49	$7.49	$7.49	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
71111	AA		X-RAY RIBS,BILAT:POSTEROANTERI	$9.30	$8.10	$9.30	$8.10	N	3
71120			X-RAY EXAM BREASTBONE 2/>VWS	$16.79	$16.79	$16.79	$16.79	N	
71120	TC		X-RAY EXAM BREASTBONE 2/>VWS	$12.23	$12.23	$12.23	$12.23	N	
71120	26		X-RAY EXAM BREASTBONE 2/>VWS	$4.56	$4.56	$4.56	$4.56	N	
71120	AA		X-RAY EXAM OF BREASTBONE	$9.30	$8.10	$9.30	$8.10	N	3
71130			X-RAY STRENOCLAVIC JT 3/>VWS	$20.67	$20.67	$20.67	$20.67	N	
71130	TC		X-RAY STRENOCLAVIC JT 3/>VWS	$15.63	$15.63	$15.63	$15.63	N	
71130	26		X-RAY STRENOCLAVIC JT 3/>VWS	$5.05	$5.05	$5.05	$5.05	N	
71130	AA		X-RAY EXAM OF BREASTBONE	$9.30	$8.10	$9.30	$8.10	N	3
71250			CAT,THORAX:W/OUT CONTRAST MATE	$67.73	$67.73	$67.73	$67.73	N	
71250	TC		CAT,THORAX:W/OUT CONTRAST MATE	$42.99	$42.99	$42.99	$42.99	N	
71250	26		CAT,THORAX:W/OUT CONTRAST MATE	$24.74	$24.74	$24.74	$24.74	N	
71250	AA		CAT,THORAX:W/OUT CONTRAST MATE	$9.30	$8.10	$9.30	$8.10	N	3
71260			CAT,THORAX: W/ CONTRAST MATERI	$85.15	$85.15	$85.15	$85.15	N	
71260	TC		CAT,THORAX: W/ CONTRAST MATERI	$58.45	$58.45	$58.45	$58.45	N	
71260	26		CAT,THORAX: W/ CONTRAST MATERI	$26.70	$26.70	$26.70	$26.70	N	
71260	AA		CAT,THORAX: W/ CONTRAST MATERI	$9.30	$8.10	$9.30	$8.10	N	3
71270			CAT,THORAX:W/OUT-W/ CONTRAST M	$100.18	$100.18	$100.18	$100.18	N	
71270	TC		CAT,THORAX:W/OUT-W/ CONTRAST M	$71.53	$71.53	$71.53	$71.53	N	
71270	26		CAT,THORAX:W/OUT-W/ CONTRAST M	$28.65	$28.65	$28.65	$28.65	N	
71270	AA		CAT:THORAX:W/OUT-W/ CONTRAST M	$9.30	$8.10	$9.30	$8.10	N	3
71270	AA	52	CAT,THORAX:W/OUT-W/ CONTRAST M	$9.30	$8.10	$9.30	$8.10	N	3
71270	52		CAT,THORAX:W/OUT-W/ CONTRAST M	$75.00	$75.00	$75.00	$75.00	N	
71271			CT THORAX LUNG CANCER SCR C-	$70.10	$70.10	$70.10	$70.10	N	
71271	TC		CT THORAX LUNG CANCER SCR C-	$45.37	$45.37	$45.37	$45.37	N	
71271	26		CT THORAX LUNG CANCER SCR C-	$24.74	$24.74	$24.74	$24.74	N	
71275			COMP TOMO ANGIO CHEST WO/W CON	$135.44	$135.44	$135.44	$135.44	N	
71275	TC		COMP TOMO ANGIO CHEST WO/W CON	$93.62	$93.62	$93.62	$93.62	N	
71275	26		COMP TOMO ANGIO CHEST WO/W CON	$41.83	$41.83	$41.83	$41.83	N	
71275	AA		COMP TOMO ANGIO CHEST WO/W CON	$9.30	$8.10	$9.30	$8.10	N	7
71550			MRI-CHEST/LYPHADENOPATHY EVAL	$160.62	$160.62	$160.62	$160.62	N	
71550	TC		MRI-CHEST/LYPHADENOPATHY EVAL	$127.09	$127.09	$127.09	$127.09	N	
71550	26		MRI-CHEST/LYPHADENOPATHY EVAL	$33.53	$33.53	$33.53	$33.53	N	
71550	AA		MRI-CHEST/LYPHADENOPATHY EVAL	$9.30	$8.10	$9.30	$8.10	N	3
71551			MRI-CHEST WITH CONTRAST	$191.11	$191.11	$191.11	$191.11	N	
71551	TC		MRI-CHEST WITH CONTRAST	$151.57	$151.57	$151.57	$151.57	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
71551	26		MRI-CHEST WITH CONTRAST	$39.55	$39.55	$39.55	$39.55	N	
71551	AA		MRI-CHEST WITH CONTRAST	$9.30	$8.10	$9.30	$8.10	N	7
71552			MRI CHEST WO/W CONTRAST	$239.67	$239.67	$239.67	$239.67	N	
71552	TC		MRI CHEST WO/W CONTRAST	$187.58	$187.58	$187.58	$187.58	N	
71552	26		MRI CHEST WO/W CONTRAST	$52.09	$52.09	$52.09	$52.09	N	
71552	AA		MRI CHEST WO/W CONTRAST	$9.30	$8.10	$9.30	$8.10	N	7
71555			MRI ANGIOGRAPHY CHEST W/WO CON	$170.29	$170.29	$170.29	$170.29	N	
71555	TC		MRI ANGIOGRAPHY CHEST W/WO CON	$129.30	$129.30	$129.30	$129.30	N	
71555	26		MRI ANGIOGRAPHY CHEST W/WO CON	$41.00	$41.00	$41.00	$41.00	N	
71555	AA		MRI-ANGIOGRAPHY CHEST W/WO CON	$9.30	$8.10	$9.30	$8.10	N	3
72020			X-RAY EXAM OF SPINE 1 VIEW	$12.24	$12.24	$12.24	$12.24	N	
72020	TC		X-RAY EXAM OF SPINE 1 VIEW	$8.50	$8.50	$8.50	$8.50	N	
72020	26		X-RAY EXAM OF SPINE 1 VIEW	$3.75	$3.75	$3.75	$3.75	N	
72020	AA		X-RAY SPINE,SINGLE VIEW	$9.30	$8.10	$9.30	$8.10	N	3
72040			X-RAY EXAM OF NECK SPINE	$20.00	$20.00	$20.00	$20.00	N	
72040	TC		X-RAY EXAM OF NECK SPINE	$14.78	$14.78	$14.78	$14.78	N	
72040	26		X-RAY EXAM OF NECK SPINE	$5.22	$5.22	$5.22	$5.22	N	
72040	AA		X-RAY EXAM OF NECK SPINE	$9.30	$8.10	$9.30	$8.10	N	3
72050			X-RAY EXAM OF NECK SPINE	$27.25	$27.25	$27.25	$27.25	N	
72050	TC		X-RAY EXAM OF NECK SPINE	$20.90	$20.90	$20.90	$20.90	N	
72050	26		X-RAY EXAM OF NECK SPINE	$6.36	$6.36	$6.36	$6.36	N	
72050	AA		X-RAY EXAM OF NECK SPINE	$9.30	$8.10	$9.30	$8.10	N	3
72052			X-RAY EXAM OF NECK SPINE	$31.30	$31.30	$31.30	$31.30	N	
72052	TC		X-RAY EXAM OF NECK SPINE	$24.30	$24.30	$24.30	$24.30	N	
72052	26		X-RAY EXAM OF NECK SPINE	$7.00	$7.00	$7.00	$7.00	N	
72052	AA		X-RAY EXAM OF NECK SPINE	$9.30	$8.10	$9.30	$8.10	N	3
72070			X-RAY EXAM THORAC SPINE 2VWS	$16.62	$16.62	$16.62	$16.62	N	
72070	TC		X-RAY EXAM THORAC SPINE 2VWS	$11.89	$11.89	$11.89	$11.89	N	
72070	26		X-RAY EXAM THORAC SPINE 2VWS	$4.73	$4.73	$4.73	$4.73	N	
72070	AA		X-RAY EXAM OF THORAX SPINE	$9.30	$8.10	$9.30	$8.10	N	3
72072			X-RAY EXAM THORAC SPINE 3VWS	$19.81	$19.81	$19.81	$19.81	N	
72072	TC		X-RAY EXAM THORAC SPINE 3VWS	$14.61	$14.61	$14.61	$14.61	N	
72072	26		X-RAY EXAM THORAC SPINE 3VWS	$5.21	$5.21	$5.21	$5.21	N	
72072	AA		X RAY SPINE:THORACIC,ANTEROPOS	$9.30	$8.10	$9.30	$8.10	N	3
72074			X-RAY EXAM THORAC SPINE4/>VW	$22.52	$22.52	$22.52	$22.52	N	
72074	TC		X-RAY EXAM THORAC SPINE4/>VW	$16.82	$16.82	$16.82	$16.82	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
72074	26		X-RAY EXAM THORAC SPINE4/>VW	$5.70	$5.70	$5.70	$5.70	N	
72074	AA		X-RAY COMPLETE THORACIC SPINE	$9.30	$8.10	$9.30	$8.10	N	3
72080			X-RAY EXAM THORACOLMB 2/> VW	$17.46	$17.46	$17.46	$17.46	N	
72080	TC		X-RAY EXAM THORACOLMB 2/> VW	$12.57	$12.57	$12.57	$12.57	N	
72080	26		X-RAY EXAM THORACOLMB 2/> VW	$4.89	$4.89	$4.89	$4.89	N	
72080	AA		X-RAY EXAM OF TRUNK SPINE	$9.30	$8.10	$9.30	$8.10	N	3
72081			X-RAY EXAM ENTIRE SPI 1 VW	$21.66	$21.66	$21.66	$21.66	N	
72081	TC		X-RAY EXAM ENTIRE SPI 1 VW	$15.63	$15.63	$15.63	$15.63	N	
72081	26		X-RAY EXAM ENTIRE SPI 1 VW	$6.03	$6.03	$6.03	$6.03	N	
72082			X-RAY EXAM ENTIRE SPI 2/3 VW	$35.54	$35.54	$35.54	$35.54	N	
72082	TC		X-RAY EXAM ENTIRE SPI 2/3 VW	$28.20	$28.20	$28.20	$28.20	N	
72082	26		X-RAY EXAM ENTIRE SPI 2/3 VW	$7.33	$7.33	$7.33	$7.33	N	
72083			X-RAY EXAM ENTIRE SPI 4/5 VW	$40.43	$40.43	$40.43	$40.43	N	
72083	TC		X-RAY EXAM ENTIRE SPI 4/5 VW	$32.11	$32.11	$32.11	$32.11	N	
72083	26		X-RAY EXAM ENTIRE SPI 4/5 VW	$8.32	$8.32	$8.32	$8.32	N	
72084			X-RAY EXAM ENTIRE SPI 6/> VW	$49.71	$49.71	$49.71	$49.71	N	
72084	TC		X-RAY EXAM ENTIRE SPI 6/> VW	$39.93	$39.93	$39.93	$39.93	N	
72084	26		X-RAY EXAM ENTIRE SPI 6/> VW	$9.78	$9.78	$9.78	$9.78	N	
72100			X-RAY EXAM L-S SPINE 2/3 VWS	$20.00	$20.00	$20.00	$20.00	N	
72100	TC		X-RAY EXAM L-S SPINE 2/3 VWS	$14.78	$14.78	$14.78	$14.78	N	
72100	26		X-RAY EXAM L-S SPINE 2/3 VWS	$5.22	$5.22	$5.22	$5.22	N	
72100	AA		X-RAY EXAM OF LOWER SPINE	$9.30	$8.10	$9.30	$8.10	N	3
72110			X-RAY EXAM L-2 SPINE 4/>VWS	$26.25	$26.25	$26.25	$26.25	N	
72110	TC		X-RAY EXAM L-2 SPINE 4/>VWS	$20.05	$20.05	$20.05	$20.05	N	
72110	26		X-RAY EXAM L-2 SPINE 4/>VWS	$6.20	$6.20	$6.20	$6.20	N	
72110	AA		X-RAY EXAM OF LOWER SPINE	$9.30	$8.10	$9.30	$8.10	N	3
72114			X-RAY EXAM L-S SPINE BENDING	$30.96	$30.96	$30.96	$30.96	N	
72114	TC		X-RAY EXAM L-S SPINE BENDING	$23.79	$23.79	$23.79	$23.79	N	
72114	26		X-RAY EXAM L-S SPINE BENDING	$7.18	$7.18	$7.18	$7.18	N	
72114	AA		X-RAY EXAM OF LOWER SPINE	$9.30	$8.10	$9.30	$8.10	N	3
72120			X-RAY BEND ONLY L-S SPINE	$20.51	$20.51	$20.51	$20.51	N	
72120	TC		X-RAY BEND ONLY L-S SPINE	$15.29	$15.29	$15.29	$15.29	N	
72120	26		X-RAY BEND ONLY L-S SPINE	$5.22	$5.22	$5.22	$5.22	N	
72120	AA		X-RAY EXAM OF LOWER SPINE	$9.30	$8.10	$9.30	$8.10	N	3
72125			CAT SCAN,CERVICAL SPINE W/OUT	$66.28	$66.28	$66.28	$66.28	N	
72125	TC		CAT SCAN,CERVICAL SPINE W/OUT	$43.50	$43.50	$43.50	$43.50	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
72125	26		CAT SCAN,CERVICAL SPINE W/OUT	$22.79	$22.79	$22.79	$22.79	N	
72125	AA		CAT SCAN,CERVICAL SPINE W/OUT	$9.30	$8.10	$9.30	$8.10	N	3
72126			CAT SCAN CERVICAL SPINE W/CONT	$85.94	$85.94	$85.94	$85.94	N	
72126	TC		CAT SCAN CERVICAL SPINE W/CONT	$58.11	$58.11	$58.11	$58.11	N	
72126	26		CAT SCAN CERVICAL SPINE W/CONT	$27.83	$27.83	$27.83	$27.83	N	
72126	AA		CAT SCAN CERVICAL SPINE W/CONT	$9.30	$8.10	$9.30	$8.10	N	3
72127			CAT-CERVICAL SPINE:W/O,W/ CONT	$100.33	$100.33	$100.33	$100.33	N	
72127	TC		CAT-CERVICAL SPINE:W/O,W/ CONT	$71.36	$71.36	$71.36	$71.36	N	
72127	26		CAT-CERVICAL SPINE:W/O,W/ CONT	$28.97	$28.97	$28.97	$28.97	N	
72127	AA		CAT-CERVICAL SPINE:W.O,W/ CONT	$9.30	$8.10	$9.30	$8.10	N	3
72128			CAT SCAN,THORACIC SPINE W/OUT	$66.11	$66.11	$66.11	$66.11	N	
72128	TC		CAT SCAN,THORACIC SPINE W/OUT	$43.33	$43.33	$43.33	$43.33	N	
72128	26		CAT SCAN,THORACIC SPINE W/OUT	$22.79	$22.79	$22.79	$22.79	N	
72128	AA		CAT SCAN,THORACIC SPINE W/OUT	$9.30	$8.10	$9.30	$8.10	N	3
72129			CAT SCAN,THORACIC SPINE W/CON	$86.78	$86.78	$86.78	$86.78	N	
72129	TC		CAT SCAN,THORACIC SPINE W/CON	$58.79	$58.79	$58.79	$58.79	N	
72129	26		CAT SCAN,THORACIC SPINE W/CON	$28.00	$28.00	$28.00	$28.00	N	
72129	AA		CAT SCAN,THORACIC SPINE W/CON	$9.30	$8.10	$9.30	$8.10	N	3
72130			CAT-THORACIC SPINE:W/OUT,W/CON	$101.52	$101.52	$101.52	$101.52	N	
72130	TC		CAT-THORACIC SPINE:W/OUT,W/CON	$72.38	$72.38	$72.38	$72.38	N	
72130	26		CAT-THORACIC SPINE:W/OUT,W/CON	$29.14	$29.14	$29.14	$29.14	N	
72130	AA		CAT-THORACIC SPINE:W/OUT,W/CON	$9.30	$8.10	$9.30	$8.10	N	3
72131			CAT SCAN LUMBAR W/OUT CONTRAST	$65.94	$65.94	$65.94	$65.94	N	
72131	TC		CAT SCAN LUMBAR W/OUT CONTRAST	$43.16	$43.16	$43.16	$43.16	N	
72131	26		CAT SCAN LUMBAR W/OUT CONTRAST	$22.79	$22.79	$22.79	$22.79	N	
72131	AA		CAT SCAN LUMBAR W/OUT CONTRAST	$9.30	$8.10	$9.30	$8.10	N	3
72132			CAT SCAN LUMBAR SPINE W/CONT M	$86.28	$86.28	$86.28	$86.28	N	
72132	TC		CAT SCAN LUMBAR SPINE W/CONT M	$58.45	$58.45	$58.45	$58.45	N	
72132	26		CAT SCAN LUMBAR SPINE W/CONT M	$27.83	$27.83	$27.83	$27.83	N	
72132	AA		CAT SCAN LUMBAR SPINE W/CONT M	$9.30	$8.10	$9.30	$8.10	N	3
72133			CAT-LUMBAR SPINE:W/OUT,W/CONTR	$100.50	$100.50	$100.50	$100.50	N	
72133	TC		CAT-LUMBAR SPINE:W/OUT,W/CONTR	$71.53	$71.53	$71.53	$71.53	N	
72133	26		CAT-LUMBAR SPINE:W/OUT,W/CONTR	$28.97	$28.97	$28.97	$28.97	N	
72133	AA		CAT-LUMBAR SPINE:W/OUT,W/CONTR	$9.30	$8.10	$9.30	$8.10	N	3
72141			MRI,SPINAL CANAL...:CERVICAL	$97.05	$97.05	$97.05	$97.05	N	
72141	TC		MRI,SPINAL CANAL...:CERVICAL	$63.04	$63.04	$63.04	$63.04	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
72141	26		MRI,SPINAL CANAL...:CERVICAL	$34.02	$34.02	$34.02	$34.02	N	
72141	AA		MRI,SPINAL CANAL...:CERVICAL	$9.30	$8.10	$9.30	$8.10	N	3
72142			MRI,SPINAL CANAL...W CONTR MAT	$140.58	$140.58	$140.58	$140.58	N	
72142	TC		MRI,SPINAL CANAL...W CONTR MAT	$99.23	$99.23	$99.23	$99.23	N	
72142	26		MRI,SPINAL CANAL...W CONTR MAT	$41.36	$41.36	$41.36	$41.36	N	
72142	AA		MRI,SPINAL CANAL...W CONTR MAT	$9.30	$8.10	$9.30	$8.10	N	3
72146			MRI,SPINAL CANAL,THORACIC WO C	$97.23	$97.23	$97.23	$97.23	N	
72146	TC		MRI,SPINAL CANAL,THORACIC WO C	$63.21	$63.21	$63.21	$63.21	N	
72146	26		MRI,SPINAL CANAL,THORACIC WO C	$34.02	$34.02	$34.02	$34.02	N	
72146	AA		MRI,SPINAL CANAL,THORACIC WO C	$9.30	$8.10	$9.30	$8.10	N	3
72147			MRI,SPINAL CANAL,THORACIC WITH	$139.06	$139.06	$139.06	$139.06	N	
72147	TC		MRI,SPINAL CANAL,THORACIC WITH	$98.20	$98.20	$98.20	$98.20	N	
72147	26		MRI,SPINAL CANAL,THORACIC WITH	$40.86	$40.86	$40.86	$40.86	N	
72147	AA		MRI,SPINAL CANAL,THORACIC WITH	$9.30	$8.10	$9.30	$8.10	N	3
72148			MRI,SPINAL CANAL,LUMBAR WO CM	$97.40	$97.40	$97.40	$97.40	N	
72148	TC		MRI,SPINAL CANAL,LUMBAR WO CM	$63.38	$63.38	$63.38	$63.38	N	
72148	26		MRI,SPINAL CANAL,LUMBAR WO CM	$34.02	$34.02	$34.02	$34.02	N	
72148	AA		MRI,SPINAL CANAL,LUMBAR WO CM	$9.30	$8.10	$9.30	$8.10	N	3
72149			MRI,SPINAL CANAL,LUMBAR W CM	$138.03	$138.03	$138.03	$138.03	N	
72149	TC		MRI,SPINAL CANAL,LUMBAR W CM	$96.85	$96.85	$96.85	$96.85	N	
72149	26		MRI,SPINAL CANAL,LUMBAR W CM	$41.19	$41.19	$41.19	$41.19	N	
72149	AA		MRI,SPINAL CANAL,LUMBAR W CM	$9.30	$8.10	$9.30	$8.10	N	3
72156			MRI,SP.CANAL/WO CONT.MAT./FOLL	$163.17	$163.17	$163.17	$163.17	N	
72156	TC		MRI,SP.CANAL/WO CONT.MAT./FOLL	$110.27	$110.27	$110.27	$110.27	N	
72156	26		MRI,SP.CANAL/WO CONT.MAT./FOLL	$52.90	$52.90	$52.90	$52.90	N	
72156	AA		MRI,SP.CANAL/WO CONT.MAT./FOLL	$9.30	$8.10	$9.30	$8.10	N	7
72157			MRI,SP.CANAL. THORACIC	$163.51	$163.51	$163.51	$163.51	N	
72157	TC		MRI,SP.CANAL. THORACIC	$110.61	$110.61	$110.61	$110.61	N	
72157	26		MRI,SP.CANAL. THORACIC	$52.90	$52.90	$52.90	$52.90	N	
72157	AA		MRI,SP.CANAL. THORACIC	$9.30	$8.10	$9.30	$8.10	N	3
72158			MRI,SPINAL CANAL. LUMBAR	$162.83	$162.83	$162.83	$162.83	N	
72158	TC		MRI,SPINAL CANAL. LUMBAR	$109.93	$109.93	$109.93	$109.93	N	
72158	26		MRI,SPINAL CANAL. LUMBAR	$52.90	$52.90	$52.90	$52.90	N	
72158	AA		MRI,SPINAL CANAL. LUMBAR	$9.30	$8.10	$9.30	$8.10	N	3
72159			MRI ANGIOGRAPHY SPINAL CANAL	$174.56	$174.56	$174.56	$174.56	N	
72159	TC		MRI ANGIOGRAPHY SPINAL CANAL	$133.38	$133.38	$133.38	$133.38	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
72159	26		MRI ANGIOGRAPHY SPINAL CANAL	$41.18	$41.18	$41.18	$41.18	N	
72159	AA		MRI ANGIOGRAPHY SPINAL CANAL	$9.30	$8.10	$9.30	$8.10	N	3
72170			X-RAY EXAM OF PELVIS	$14.10	$14.10	$14.10	$14.10	N	
72170	TC		X-RAY EXAM OF PELVIS	$10.03	$10.03	$10.03	$10.03	N	
72170	26		X-RAY EXAM OF PELVIS	$4.08	$4.08	$4.08	$4.08	N	
72170	AA		X-RAY EXAM OF PELVIS	$9.30	$8.10	$9.30	$8.10	N	3
72190			X-RAY EXAM OF PELVIS	$21.16	$21.16	$21.16	$21.16	N	
72190	TC		X-RAY EXAM OF PELVIS	$15.29	$15.29	$15.29	$15.29	N	
72190	26		X-RAY EXAM OF PELVIS	$5.87	$5.87	$5.87	$5.87	N	
72190	AA		X-RAY EXAM OF PELVIS	$9.30	$8.10	$9.30	$8.10	N	3
72191			COMP TOMO ANGIO PELVIS WO/W	$134.61	$134.61	$134.61	$134.61	N	
72191	TC		COMP TOMO ANGIO PELVIS WO/W	$93.45	$93.45	$93.45	$93.45	N	
72191	26		COMP TOMO ANGIO PELVIS WO/W	$41.16	$41.16	$41.16	$41.16	N	
72191	AA		COMP TOMO ANGIO PELVIS WO/W	$9.30	$8.10	$9.30	$8.10	N	7
72192			CAT,PELVIS:W/OUT CONTRAST MATE	$67.72	$67.72	$67.72	$67.72	N	
72192	TC		CAT,PELVIS:W/OUT CONTRAST MATE	$42.82	$42.82	$42.82	$42.82	N	
72192	26		CAT,PELVIS:W/OUT CONTRAST MATE	$24.90	$24.90	$24.90	$24.90	N	
72192	AA		CAT,PELVIS:W/OUT CONTRAST MATE	$9.30	$8.10	$9.30	$8.10	N	3
72193			CAT,PELVIS:W/ CONTRAST MATERIA	$116.07	$116.07	$116.07	$116.07	N	
72193	TC		CAT,PELVIS:W/ CONTRAST MATERIA	$89.54	$89.54	$89.54	$89.54	N	
72193	26		CAT,PELVIS:W/ CONTRAST MATERIA	$26.53	$26.53	$26.53	$26.53	N	
72193	AA		CAT,PELVIS:W/ CONTRAST MATERIA	$9.30	$8.10	$9.30	$8.10	N	3
72194			CAT,PELVIS:W/OUT-W/ CONTRAST M	$121.28	$121.28	$121.28	$121.28	N	
72194	TC		CAT,PELVIS:W/OUT-W/ CONTRAST M	$93.45	$93.45	$93.45	$93.45	N	
72194	26		CAT,PELVIS:W/OUT-W/ CONTRAST M	$27.83	$27.83	$27.83	$27.83	N	
72194	AA		CAT,PELVIS:W/OUT-W/ CONTRAST M	$9.30	$8.10	$9.30	$8.10	N	3
72194	AA	52	CAT,PELVIS:W/OUT W/ CONTRAST M	$9.30	$8.10	$9.30	$8.10	N	3
72194	52		CAT,PELVIS:W/OUT-W/ CONTRAST M	$75.00	$75.00	$75.00	$75.00	N	
72195			MRI PELVIS WO CONTRAST	$116.45	$116.45	$116.45	$116.45	N	
72195	TC		MRI PELVIS WO CONTRAST	$82.92	$82.92	$82.92	$82.92	N	
72195	26		MRI PELVIS WO CONTRAST	$33.53	$33.53	$33.53	$33.53	N	
72195	AA		MRI PELVIS WO CONTRAST	$9.30	$8.10	$9.30	$8.10	N	7
72196			MRI,PELVIS	$137.07	$137.07	$137.07	$137.07	N	
72196	TC		MRI,PELVIS	$97.52	$97.52	$97.52	$97.52	N	
72196	26		MRI,PELVIS	$39.55	$39.55	$39.55	$39.55	N	
72196	AA		MRI,PELVIS	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
72197			MRI PELVIS WO/W CONTRAST	$171.76	$171.76	$171.76	$171.76	N	
72197	TC		MRI PELVIS WO/W CONTRAST	$121.15	$121.15	$121.15	$121.15	N	
72197	26		MRI PELVIS WO/W CONTRAST	$50.62	$50.62	$50.62	$50.62	N	
72197	AA		MRI PELVIS WO/W CONTRAST	$9.30	$8.10	$9.30	$8.10	N	7
72198			MRI ANGIOGRAPHY PELVIS W/WO CT	$173.18	$173.18	$173.18	$173.18	N	
72198	TC		MRI ANGIOGRAPHY PELVIS W/WO CT	$132.01	$132.01	$132.01	$132.01	N	
72198	26		MRI ANGIOGRAPHY PELVIS W/WO CT	$41.17	$41.17	$41.17	$41.17	N	
72198	AA		MRI ANGIOGRAPHY PELVIS W/WO CT	$9.30	$8.10	$9.30	$8.10	N	3
72200			X-RAY EXAM SI JOINTS	$16.99	$16.99	$16.99	$16.99	N	
72200	TC		X-RAY EXAM SI JOINTS	$12.91	$12.91	$12.91	$12.91	N	
72200	26		X-RAY EXAM SI JOINTS	$4.08	$4.08	$4.08	$4.08	N	
72200	AA		X-RAY EXAM SACROILIAC JOINTS	$9.30	$8.10	$9.30	$8.10	N	3
72202			X-RAY EXAM SI JOINTS 3/> VWS	$19.81	$19.81	$19.81	$19.81	N	
72202	TC		X-RAY EXAM SI JOINTS 3/> VWS	$14.61	$14.61	$14.61	$14.61	N	
72202	26		X-RAY EXAM SI JOINTS 3/> VWS	$5.21	$5.21	$5.21	$5.21	N	
72202	AA		X-RAY EXAM SACROILIAC JOINTS	$9.30	$8.10	$9.30	$8.10	N	3
72220			X-RAY EXAM SACRUM TAILBONE	$16.48	$16.48	$16.48	$16.48	N	
72220	TC		X-RAY EXAM SACRUM TAILBONE	$12.40	$12.40	$12.40	$12.40	N	
72220	26		X-RAY EXAM SACRUM TAILBONE	$4.08	$4.08	$4.08	$4.08	N	
72220	AA		X-RAY EXAM OF TAILBONE	$9.30	$8.10	$9.30	$8.10	N	3
72240			MYELOGRAPHY NECK SPINE	$55.66	$55.66	$55.66	$55.66	N	
72240	TC		MYELOGRAPHY NECK SPINE	$34.66	$34.66	$34.66	$34.66	N	
72240	26		MYELOGRAPHY NECK SPINE	$21.00	$21.00	$21.00	$21.00	N	
72240	AA		CONTRAST X-RAY OF NECK SPINE	$9.30	$8.10	$9.30	$8.10	N	3
72255			MYELOGRAPHY THORACIC SPINE	$53.12	$53.12	$53.12	$53.12	N	
72255	TC		MYELOGRAPHY THORACIC SPINE	$32.28	$32.28	$32.28	$32.28	N	
72255	26		MYELOGRAPHY THORACIC SPINE	$20.84	$20.84	$20.84	$20.84	N	
72255	AA		CONTRAST X-RAY THORAX SPINE	$9.30	$8.10	$9.30	$8.10	N	3
72265			MYELOGRAPHY L-S SPINE	$54.21	$54.21	$54.21	$54.21	N	
72265	TC		MYELOGRAPHY L-S SPINE	$34.83	$34.83	$34.83	$34.83	N	
72265	26		MYELOGRAPHY L-S SPINE	$19.39	$19.39	$19.39	$19.39	N	
72265	AA		CONTRAST X-RAY LOWER SPINE	$9.30	$8.10	$9.30	$8.10	N	3
72270			MYELOGPHY 2/> SPINE REGIONS	$75.94	$75.94	$75.94	$75.94	N	
72270	TC		MYELOGPHY 2/> SPINE REGIONS	$44.01	$44.01	$44.01	$44.01	N	
72270	26		MYELOGPHY 2/> SPINE REGIONS	$31.93	$31.93	$31.93	$31.93	N	
72270	AA		CONTRAST XRAY OF SPINE	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
72285			DISCOGRAPHY CERV/THOR SPINE	$65.96	$65.96	$65.96	$65.96	N	
72285	TC		DISCOGRAPHY CERV/THOR SPINE	$38.91	$38.91	$38.91	$38.91	N	
72285	26		DISCOGRAPHY CERV/THOR SPINE	$27.05	$27.05	$27.05	$27.05	N	
72285	AA		X-RAY OF NECK SPINE DISK	$9.30	$8.10	$9.30	$8.10	N	3
72295			X-RAY OF LOWER SPINE DISK	$55.58	$55.58	$55.58	$55.58	N	
72295	TC		X-RAY OF LOWER SPINE DISK	$36.36	$36.36	$36.36	$36.36	N	
72295	26		X-RAY OF LOWER SPINE DISK	$19.22	$19.22	$19.22	$19.22	N	
72295	AA		XRAY OF LOWER SPINE DISK	$9.30	$8.10	$9.30	$8.10	N	3
73000			X-RAY EXAM OF COLLARBONE	$16.49	$16.49	$16.49	$16.49	N	
73000	TC		X-RAY EXAM OF COLLARBONE	$12.57	$12.57	$12.57	$12.57	N	
73000	26		X-RAY EXAM OF COLLARBONE	$3.92	$3.92	$3.92	$3.92	N	
73000	AA		X-RAY EXAM OF COLLARBONE	$9.30	$8.10	$9.30	$8.10	N	3
73010			X-RAY EXAM OF SHOULDER BLADE	$12.06	$12.06	$12.06	$12.06	N	
73010	TC		X-RAY EXAM OF SHOULDER BLADE	$7.81	$7.81	$7.81	$7.81	N	
73010	26		X-RAY EXAM OF SHOULDER BLADE	$4.25	$4.25	$4.25	$4.25	N	
73010	AA		X-RAY EXAM OF SHOULDER BONE	$9.30	$8.10	$9.30	$8.10	N	3
73020			X-RAY EXAM OF SHOULDER	$10.89	$10.89	$10.89	$10.89	N	
73020	TC		X-RAY EXAM OF SHOULDER	$7.30	$7.30	$7.30	$7.30	N	
73020	26		X-RAY EXAM OF SHOULDER	$3.59	$3.59	$3.59	$3.59	N	
73020	AA		X-RAY EXAM OF SHOULDER	$9.30	$8.10	$9.30	$8.10	N	3
73030			X-RAY EXAM OF SHOULDER	$17.49	$17.49	$17.49	$17.49	N	
73030	TC		X-RAY EXAM OF SHOULDER	$13.08	$13.08	$13.08	$13.08	N	
73030	26		X-RAY EXAM OF SHOULDER	$4.41	$4.41	$4.41	$4.41	N	
73030	AA		X-RAY EXAM OF SHOULDER	$9.30	$8.10	$9.30	$8.10	N	3
73040			X-RAY SHOULDER,ARTHROGRAPH,SUP	$65.38	$65.38	$65.38	$65.38	N	
73040	TC		X-RAY SHOULDER,ARTHROGRAPH,SUP	$52.34	$52.34	$52.34	$52.34	N	
73040	26		X-RAY SHOULDER,ARTHROGRAPH,SUP	$13.05	$13.05	$13.05	$13.05	N	
73040	AA		X-RAY SHOULDER,ARTHROGRAPH,SUP	$9.30	$8.10	$9.30	$8.10	N	3
73050			X-RAY EXAM OF SHOULDERS	$14.60	$14.60	$14.60	$14.60	N	
73050	TC		X-RAY EXAM OF SHOULDERS	$10.19	$10.19	$10.19	$10.19	N	
73050	26		X-RAY EXAM OF SHOULDERS	$4.41	$4.41	$4.41	$4.41	N	
73050	AA		X-RAY EXAM OF SHOULDERS	$9.30	$8.10	$9.30	$8.10	N	3
73060			X-RAY EXAM OF HUMERUS	$16.15	$16.15	$16.15	$16.15	N	
73060	TC		X-RAY EXAM OF HUMERUS	$12.40	$12.40	$12.40	$12.40	N	
73060	26		X-RAY EXAM OF HUMERUS	$3.75	$3.75	$3.75	$3.75	N	
73060	AA		X-RAY EXAM OF HUMERUS	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
73070			X-RAY EXAM OF ELBOW	$14.79	$14.79	$14.79	$14.79	N	
73070	TC		X-RAY EXAM OF ELBOW	$10.87	$10.87	$10.87	$10.87	N	
73070	26		X-RAY EXAM OF ELBOW	$3.92	$3.92	$3.92	$3.92	N	
73070	AA		X-RAY EXAM OF ELBOW	$9.30	$8.10	$9.30	$8.10	N	3
73080			X-RAY EXAM OF ELBOW	$16.48	$16.48	$16.48	$16.48	N	
73080	TC		X-RAY EXAM OF ELBOW	$12.40	$12.40	$12.40	$12.40	N	
73080	26		X-RAY EXAM OF ELBOW	$4.08	$4.08	$4.08	$4.08	N	
73080	AA		X-RAY EXAM OF ELBOW	$9.30	$8.10	$9.30	$8.10	N	3
73085			X-RAY,ELBOW,ARTHROGRAPHY:S&I	$49.41	$49.41	$49.41	$49.41	N	
73085	TC		X-RAY,ELBOW,ARTHROGRAPHY:S&I	$36.87	$36.87	$36.87	$36.87	N	
73085	26		X-RAY,ELBOW,ARTHROGRAPHY:S&I	$12.54	$12.54	$12.54	$12.54	N	
73085	AA		X-RAY,ELBOW,ARTHROGRAPHY:S&I	$9.30	$8.10	$9.30	$8.10	N	3
73090			X-RAY EXAM OF FOREARM	$14.79	$14.79	$14.79	$14.79	N	
73090	TC		X-RAY EXAM OF FOREARM	$11.04	$11.04	$11.04	$11.04	N	
73090	26		X-RAY EXAM OF FOREARM	$3.75	$3.75	$3.75	$3.75	N	
73090	AA		X-RAY EXAM OF FOREARM	$9.30	$8.10	$9.30	$8.10	N	3
73092			X-RAY EXAM OF ARM, INFANT	NA	NA	$20.00	$20.00	N	
73092	TC		X-RAY EXAM OF ARM, INFANT	NA	NA	$13.79	$13.79	N	
73092	26		X-RAY EXAM OF ARM, INFANT	NA	NA	$6.21	$6.21	N	
73092	AA		X-RAY EXAM OF ARM, INFANT	$9.30	$8.10	$9.30	$8.10	N	3
73100			X-RAY EXAM OF WRIST	$17.00	$17.00	$17.00	$17.00	N	
73100	TC		X-RAY EXAM OF WRIST	$13.08	$13.08	$13.08	$13.08	N	
73100	26		X-RAY EXAM OF WRIST	$3.92	$3.92	$3.92	$3.92	N	
73100	AA		X-RAY EXAM OF WRIST	$9.30	$8.10	$9.30	$8.10	N	3
73110			X-RAY EXAM OF WRIST	$20.90	$20.90	$20.90	$20.90	N	
73110	TC		X-RAY EXAM OF WRIST	$16.82	$16.82	$16.82	$16.82	N	
73110	26		X-RAY EXAM OF WRIST	$4.08	$4.08	$4.08	$4.08	N	
73110	AA		X-RAY EXAM OF WRIST	$9.30	$8.10	$9.30	$8.10	N	3
73115			X-RAY,WRIST,ARTHROGRAPHY,S&I	$66.23	$66.23	$66.23	$66.23	N	
73115	TC		X-RAY,WRIST,ARTHROGRAPHY,S&I	$53.02	$53.02	$53.02	$53.02	N	
73115	26		X-RAY,WRIST,ARTHROGRAPHY,S&I	$13.21	$13.21	$13.21	$13.21	N	
73115	AA		X-RAY,WRIST,ARTHROGRAPHY,S&I	$9.30	$8.10	$9.30	$8.10	N	3
73120			X-RAY EXAM OF HAND	$15.81	$15.81	$15.81	$15.81	N	
73120	TC		X-RAY EXAM OF HAND	$11.89	$11.89	$11.89	$11.89	N	
73120	26		X-RAY EXAM OF HAND	$3.92	$3.92	$3.92	$3.92	N	
73120	AA		X-RAY EXAM OF HAND	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
73130			X-RAY EXAM OF HAND	$18.86	$18.86	$18.86	$18.86	N	
73130	TC		X-RAY EXAM OF HAND	$14.78	$14.78	$14.78	$14.78	N	
73130	26		X-RAY EXAM OF HAND	$4.08	$4.08	$4.08	$4.08	N	
73130	AA		X-RAY EXAM OF HAND	$9.30	$8.10	$9.30	$8.10	N	3
73140			X-RAY EXAM OF FINGER(S)	$19.41	$19.41	$19.41	$19.41	N	
73140	TC		X-RAY EXAM OF FINGER(S)	$16.14	$16.14	$16.14	$16.14	N	
73140	26		X-RAY EXAM OF FINGER(S)	$3.27	$3.27	$3.27	$3.27	N	
73140	AA		X-RAY EXAM OF FINGER (S)	$9.30	$8.10	$9.30	$8.10	N	3
73200			CAT,UPPER EXTREMITY:W/OUT CONT	$78.68	$78.68	$78.68	$78.68	N	
73200	TC		CAT,UPPER EXTREMITY:W/OUT CONT	$55.90	$55.90	$55.90	$55.90	N	
73200	26		CAT,UPPER EXTREMITY:W/OUT CONT	$22.79	$22.79	$22.79	$22.79	N	
73200	AA		CAT,UPPER EXTREMITY:W/OUT CONT	$9.30	$8.10	$9.30	$8.10	N	3
73201			CAT,UPPER EXTREMITY:W/ CONTRAS	$102.14	$102.14	$102.14	$102.14	N	
73201	TC		CAT,UPPER EXTREMITY:W/ CONTRAS	$75.61	$75.61	$75.61	$75.61	N	
73201	26		CAT,UPPER EXTREMITY:W/ CONTRAS	$26.53	$26.53	$26.53	$26.53	N	
73201	AA		CAT,UPPER EXTREMITY:W/ CONTRAS	$9.30	$8.10	$9.30	$8.10	N	3
73202			CAT,UPPER EXT.:W/OUT-W/ CONTRA	$121.28	$121.28	$121.28	$121.28	N	
73202	TC		CAT,UPPER EXT.:W/OUT-W/ CONTRA	$93.62	$93.62	$93.62	$93.62	N	
73202	26		CAT,UPPER EXT.:W/OUT-W/ CONTRA	$27.66	$27.66	$27.66	$27.66	N	
73202	AA		CAT,UPPER EXT.:W/OUT-W/ CONTRA	$9.30	$8.10	$9.30	$8.10	N	3
73206			COMP TOMO ANGIO UPPER EXTREM	$134.60	$134.60	$134.60	$134.60	N	
73206	TC		COMP TOMO ANGIO UPPER EXTREM	$93.45	$93.45	$93.45	$93.45	N	
73206	26		COMP TOMO ANGIO UPPER EXTREM	$41.16	$41.16	$41.16	$41.16	N	
73206	AA		COMP TOMO ANGIO UPPER EXTREM	$9.30	$8.10	$9.30	$8.10	N	7
73218			MRI UPPER EXTREM WO CONTRAST	$154.28	$154.28	$154.28	$154.28	N	
73218	TC		MRI UPPER EXTREM WO CONTRAST	$123.18	$123.18	$123.18	$123.18	N	
73218	26		MRI UPPER EXTREM WO CONTRAST	$31.10	$31.10	$31.10	$31.10	N	
73218	AA		MRI UPPER EXTREM WO CONTRAST	$9.30	$8.10	$9.30	$8.10	N	7
73219			MRI UPPER EXTREM WITH CONTRAST	$168.79	$168.79	$168.79	$168.79	N	
73219	TC		MRI UPPER EXTREM WITH CONTRAST	$131.68	$131.68	$131.68	$131.68	N	
73219	26		MRI UPPER EXTREM WITH CONTRAST	$37.11	$37.11	$37.11	$37.11	N	
73219	AA		MRI UPPER EXTREM WITH CONTRAST	$9.30	$8.10	$9.30	$8.10	N	7
73220			MRI-UPPER EXTREMITY	$209.02	$209.02	$209.02	$209.02	N	
73220	TC		MRI-UPPER EXTREMITY	$159.37	$159.37	$159.37	$159.37	N	
73220	26		MRI-UPPER EXTREMITY	$49.65	$49.65	$49.65	$49.65	N	
73220	AA		MRI-UPPER EXTREMITY	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
73221			MRI, ANY JOIMT UPPER EXTREMITY	$103.98	$103.98	$103.98	$103.98	N	
73221	TC		MRI, ANY JOIMT UPPER EXTREMITY	$72.89	$72.89	$72.89	$72.89	N	
73221	26		MRI, ANY JOIMT UPPER EXTREMITY	$31.10	$31.10	$31.10	$31.10	N	
73221	AA		MRI, ANY JOINT UPPER EXTREMITY	$9.30	$8.10	$9.30	$8.10	N	3
73222			MRI ANY JOINT UPPER EXTREMITY	$158.94	$158.94	$158.94	$158.94	N	
73222	TC		MRI ANY JOINT UPPER EXTREMITY	$121.65	$121.65	$121.65	$121.65	N	
73222	26		MRI ANY JOINT UPPER EXTREMITY	$37.29	$37.29	$37.29	$37.29	N	
73222	AA		MRI ANY JOINT UPPER EXTREMITY	$9.30	$8.10	$9.30	$8.10	N	7
73223			MRI ANY JOINT UPPER EXTREM	$196.62	$196.62	$196.62	$196.62	N	
73223	TC		MRI ANY JOINT UPPER EXTREM	$146.98	$146.98	$146.98	$146.98	N	
73223	26		MRI ANY JOINT UPPER EXTREM	$49.65	$49.65	$49.65	$49.65	N	
73223	AA		MRI ANY JOINT UPPER EXTREM	$9.30	$8.10	$9.30	$8.10	N	7
73225			MRI ANGIOGRAPHY UPPER EXTREMIT	$166.64	$166.64	$166.64	$166.64	N	
73225	TC		MRI ANGIOGRAPHY UPPER EXTREMIT	$127.94	$127.94	$127.94	$127.94	N	
73225	26		MRI ANGIOGRAPHY UPPER EXTREMIT	$38.70	$38.70	$38.70	$38.70	N	
73225	AA		MRI ANGIOGRAPHY UPPER EXTREMIT	$9.30	$8.10	$9.30	$8.10	N	3
73501			X-RAY EXAM HIP UNI 1 VIEW	$16.81	$16.81	$16.81	$16.81	N	
73501	TC		X-RAY EXAM HIP UNI 1 VIEW	$12.40	$12.40	$12.40	$12.40	N	
73501	26		X-RAY EXAM HIP UNI 1 VIEW	$4.41	$4.41	$4.41	$4.41	N	
73502			X-RAY EXAM HIP UNI 2-3 VIEWS	$24.08	$24.08	$24.08	$24.08	N	
73502	TC		X-RAY EXAM HIP UNI 2-3 VIEWS	$18.86	$18.86	$18.86	$18.86	N	
73502	26		X-RAY EXAM HIP UNI 2-3 VIEWS	$5.22	$5.22	$5.22	$5.22	N	
73503			X-RAY EXAM HIP UNI 4/> VIEWS	$30.65	$30.65	$30.65	$30.65	N	
73503	TC		X-RAY EXAM HIP UNI 4/> VIEWS	$24.13	$24.13	$24.13	$24.13	N	
73503	26		X-RAY EXAM HIP UNI 4/> VIEWS	$6.52	$6.52	$6.52	$6.52	N	
73521			X-RAY EXAM HIPS BI 2 VIEWS	$20.85	$20.85	$20.85	$20.85	N	
73521	TC		X-RAY EXAM HIPS BI 2 VIEWS	$15.63	$15.63	$15.63	$15.63	N	
73521	26		X-RAY EXAM HIPS BI 2 VIEWS	$5.22	$5.22	$5.22	$5.22	N	
73522			X-RAY EXAM HIPS BI 3-4 VIEWS	$27.23	$27.23	$27.23	$27.23	N	
73522	TC		X-RAY EXAM HIPS BI 3-4 VIEWS	$20.39	$20.39	$20.39	$20.39	N	
73522	26		X-RAY EXAM HIPS BI 3-4 VIEWS	$6.85	$6.85	$6.85	$6.85	N	
73523			X-RAY EXAM HIPS BI 5/> VIEWS	$31.29	$31.29	$31.29	$31.29	N	
73523	TC		X-RAY EXAM HIPS BI 5/> VIEWS	$23.96	$23.96	$23.96	$23.96	N	
73523	26		X-RAY EXAM HIPS BI 5/> VIEWS	$7.33	$7.33	$7.33	$7.33	N	
73525			CONTRAST X-RAY OF HIP	$63.00	$63.00	$63.00	$63.00	N	
73525	TC		CONTRAST X-RAY OF HIP	$49.45	$49.45	$49.45	$49.45	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
73525	26		CONTRAST X-RAY OF HIP	$13.55	$13.55	$13.55	$13.55	N	
73525	AA		CONTRAST X-RAY OF HIP	$9.30	$8.10	$9.30	$8.10	N	3
73551			X-RAY EXAM OF FEMUR 1	$14.97	$14.97	$14.97	$14.97	N	
73551	TC		X-RAY EXAM OF FEMUR 1	$11.01	$11.01	$11.01	$11.01	N	
73551	26		X-RAY EXAM OF FEMUR 1	$3.96	$3.96	$3.96	$3.96	N	
73552			X-RAY EXAM OF FEMUR 2/>	$18.00	$18.00	$18.00	$18.00	N	
73552	TC		X-RAY EXAM OF FEMUR 2/>	$13.76	$13.76	$13.76	$13.76	N	
73552	26		X-RAY EXAM OF FEMUR 2/>	$4.24	$4.24	$4.24	$4.24	N	
73560			X-RAY EXAM OF KNEE	$17.17	$17.17	$17.17	$17.17	N	
73560	TC		X-RAY EXAM OF KNEE	$13.25	$13.25	$13.25	$13.25	N	
73560	26		X-RAY EXAM OF KNEE	$3.92	$3.92	$3.92	$3.92	N	
73560	AA		X-RAY EXAM OF KNEE	$9.30	$8.10	$9.30	$8.10	N	3
73562			X-RAY KNEE A/P.OBLIQUES,3+VIEW	$20.55	$20.55	$20.55	$20.55	N	
73562	TC		X-RAY KNEE A/P.OBLIQUES,3+VIEW	$16.14	$16.14	$16.14	$16.14	N	
73562	26		X-RAY KNEE A/P.OBLIQUES,3+VIEW	$4.41	$4.41	$4.41	$4.41	N	
73562	AA		X-RAY KNEE A/P.OBLIQUES,3+VIEW	$9.30	$8.10	$9.30	$8.10	N	3
73564			X-RAY KNEE,COMPLETE,W/OBLIQUES	$23.90	$23.90	$23.90	$23.90	N	
73564	TC		X-RAY KNEE,COMPLETE,W/OBLIQUES	$18.52	$18.52	$18.52	$18.52	N	
73564	26		X-RAY KNEE,COMPLETE,W/OBLIQUES	$5.39	$5.39	$5.39	$5.39	N	
73564	AA		X-RAY KNEE,COMPLETE,W/OBLIQUES	$9.30	$8.10	$9.30	$8.10	N	3
73565			XRAY KNEES,STANDING	$20.23	$20.23	$20.23	$20.23	N	
73565	TC		XRAY KNEES,STANDING	$16.14	$16.14	$16.14	$16.14	N	
73565	26		XRAY KNEES,STANDING	$4.09	$4.09	$4.09	$4.09	N	
73565	AA		XRAY KNEES,STANDING	$9.30	$8.10	$9.30	$8.10	N	3
73580			CONTRAST X-RAY OF KNEE JOINT	$54.27	$54.27	$54.27	$54.27	N	
73580	TC		CONTRAST X-RAY OF KNEE JOINT	$39.42	$39.42	$39.42	$39.42	N	
73580	26		CONTRAST X-RAY OF KNEE JOINT	$14.85	$14.85	$14.85	$14.85	N	
73580	AA		CONTRAST X-RAY OF KNEE JOINT	$9.30	$8.10	$9.30	$8.10	N	3
73590			X-RAY EXAM OF LOWER LEG	$15.98	$15.98	$15.98	$15.98	N	
73590	TC		X-RAY EXAM OF LOWER LEG	$12.23	$12.23	$12.23	$12.23	N	
73590	26		X-RAY EXAM OF LOWER LEG	$3.75	$3.75	$3.75	$3.75	N	
73590	AA		X-RAY EXAM OF LOWER LEG	$9.30	$8.10	$9.30	$8.10	N	3
73592			X-RAY EXAM OF LEG, INFANT	NA	NA	$20.00	$20.00	N	
73592	TC		X-RAY EXAM OF LEG, INFANT	NA	NA	$13.79	$13.79	N	
73592	26		X-RAY EXAM OF LEG, INFANT	NA	NA	$6.21	$6.21	N	
73592	AA		X-RAY EXAM OF LEG, INFANT	NA	NA	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
73600			X-RAY EXAM OF ANKLE 2 VIEWS	$16.15	$16.15	$16.15	$16.15	N	
73600	TC		X-RAY EXAM OF ANKLE 2 VIEWS	$12.40	$12.40	$12.40	$12.40	N	
73600	26		X-RAY EXAM OF ANKLE 2 VIEWS	$3.75	$3.75	$3.75	$3.75	N	
73600	AA		X-RAY EXAM OF ANKLE 2 VIEWS	$9.30	$8.10	$9.30	$8.10	N	3
73610			X-RAY EXAM OF ANKLE 3 VIEWS	$18.35	$18.35	$18.35	$18.35	N	
73610	TC		X-RAY EXAM OF ANKLE 3 VIEWS	$14.27	$14.27	$14.27	$14.27	N	
73610	26		X-RAY EXAM OF ANKLE 3 VIEWS	$4.08	$4.08	$4.08	$4.08	N	
73610	AA		X-RAY EXAM OF ANKLE 3 VIEWS	$9.30	$8.10	$9.30	$8.10	N	3
73615			X-RAY ANKLE,ARTHROGRAPHY:S&I	$62.84	$62.84	$62.84	$62.84	N	
73615	TC		X-RAY ANKLE,ARTHROGRAPHY:S&I	$49.62	$49.62	$49.62	$49.62	N	
73615	26		X-RAY ANKLE,ARTHROGRAPHY:S&I	$13.22	$13.22	$13.22	$13.22	N	
73615	AA		X-RAY ANKLE,ARTHROGRAPHY:S&I	$9.30	$8.10	$9.30	$8.10	N	3
73620			X-RAY EXAM OF FOOT 2 VIEWS	$14.28	$14.28	$14.28	$14.28	N	
73620	TC		X-RAY EXAM OF FOOT 2 VIEWS	$10.70	$10.70	$10.70	$10.70	N	
73620	26		X-RAY EXAM OF FOOT 2 VIEWS	$3.58	$3.58	$3.58	$3.58	N	
73620	AA		X-RAY EXAM OF FOOT 2 VIEWS	$9.30	$8.10	$9.30	$8.10	N	3
73630			X-RAY EXAM OF FOOT 3 VIEWS	$17.15	$17.15	$17.15	$17.15	N	
73630	TC		X-RAY EXAM OF FOOT 3 VIEWS	$13.25	$13.25	$13.25	$13.25	N	
73630	26		X-RAY EXAM OF FOOT 3 VIEWS	$3.91	$3.91	$3.91	$3.91	N	
73630	AA		X-RAY EXAM OF FOOT 3 VIEWS	$9.30	$8.10	$9.30	$8.10	N	3
73650			X-RAY EXAM OF HEEL	$14.28	$14.28	$14.28	$14.28	N	
73650	TC		X-RAY EXAM OF HEEL	$10.53	$10.53	$10.53	$10.53	N	
73650	26		X-RAY EXAM OF HEEL	$3.75	$3.75	$3.75	$3.75	N	
73650	AA		X-RAY EXAM OF HEEL	$9.30	$8.10	$9.30	$8.10	N	3
73660			X-RAY EXAM OF TOE(S)	$14.65	$14.65	$14.65	$14.65	N	
73660	TC		X-RAY EXAM OF TOE(S)	$11.55	$11.55	$11.55	$11.55	N	
73660	26		X-RAY EXAM OF TOE(S)	$3.10	$3.10	$3.10	$3.10	N	
73660	AA		X-RAY EXAM OF TOE(S)	$9.30	$8.10	$9.30	$8.10	N	3
73700			CAT,LOWER EXTREMITY:W/OUT COUN	$66.11	$66.11	$66.11	$66.11	N	
73700	TC		CAT,LOWER EXTREMITY:W/OUT COUN	$43.33	$43.33	$43.33	$43.33	N	
73700	26		CAT,LOWER EXTREMITY:W/OUT COUN	$22.79	$22.79	$22.79	$22.79	N	
73700	AA		CAT,LOWER EXTREMITY:W/OUT COUN	$9.30	$8.10	$9.30	$8.10	N	3
73701			CAT,LOWER EXTREMITY:W/ CONTRAS	$84.98	$84.98	$84.98	$84.98	N	
73701	TC		CAT,LOWER EXTREMITY:W/ CONTRAS	$58.45	$58.45	$58.45	$58.45	N	
73701	26		CAT,LOWER EXTREMITY:W/ CONTRAS	$26.53	$26.53	$26.53	$26.53	N	
73701	AA		CAT,LOWER EXTREMITY:W/ CONTRAS	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
73702			CAT.,LOWER EXT.:W/OUT-W/CONTRA	$99.71	$99.71	$99.71	$99.71	N	
73702	TC		CAT.,LOWER EXT.:W/OUT-W/CONTRA	$72.04	$72.04	$72.04	$72.04	N	
73702	26		CAT.,LOWER EXT.:W/OUT-W/CONTRA	$27.66	$27.66	$27.66	$27.66	N	
73702	AA		CAT.,LOWER EXT.:W/OUT-W/CONTRA	$9.30	$8.10	$9.30	$8.10	N	3
73706			COMP TOMO ANGIO LOWER EXTREM	$136.73	$136.73	$136.73	$136.73	N	
73706	TC		COMP TOMO ANGIO LOWER EXTREM	$93.45	$93.45	$93.45	$93.45	N	
73706	26		COMP TOMO ANGIO LOWER EXTREM	$43.28	$43.28	$43.28	$43.28	N	
73706	AA		COMP TOMO ANGIO LOWER EXTREM	$9.30	$8.10	$9.30	$8.10	N	7
73718			MRI LOWER EXTREM WO CONTRAST	$113.67	$113.67	$113.67	$113.67	N	
73718	TC		MRI LOWER EXTREM WO CONTRAST	$82.75	$82.75	$82.75	$82.75	N	
73718	26		MRI LOWER EXTREM WO CONTRAST	$30.93	$30.93	$30.93	$30.93	N	
73718	AA		MRI LOWER EXTREM WO CONTRAST	$9.30	$8.10	$9.30	$8.10	N	7
73719			MRI LOWER EXTREM W/CONTRAST	$134.13	$134.13	$134.13	$134.13	N	
73719	TC		MRI LOWER EXTREM W/CONTRAST	$97.02	$97.02	$97.02	$97.02	N	
73719	26		MRI LOWER EXTREM W/CONTRAST	$37.11	$37.11	$37.11	$37.11	N	
73719	AA		MRI LOWER EXTREM W/CONTRAST	$9.30	$8.10	$9.30	$8.10	N	7
73720			MRI-LOWER EXTREMITY,OTHER THAN	$171.99	$171.99	$171.99	$171.99	N	
73720	TC		MRI-LOWER EXTREMITY,OTHER THAN	$122.34	$122.34	$122.34	$122.34	N	
73720	26		MRI-LOWER EXTREMITY,OTHER THAN	$49.65	$49.65	$49.65	$49.65	N	
73720	AA		MRI-LOWER EXTREMITY,OTHER THAN	$9.30	$8.10	$9.30	$8.10	N	3
73721			MRI,ANY JOINT LOWER EXTREMITY	$103.81	$103.81	$103.81	$103.81	N	
73721	TC		MRI,ANY JOINT LOWER EXTREMITY	$72.72	$72.72	$72.72	$72.72	N	
73721	26		MRI,ANY JOINT LOWER EXTREMITY	$31.10	$31.10	$31.10	$31.10	N	
73721	AA		MRI,ANY JOINT LOWER EXTREMITY	$9.30	$8.10	$9.30	$8.10	N	3
73722			MRI LOWER EXTREM JOINT W/CONTR	$159.79	$159.79	$159.79	$159.79	N	
73722	TC		MRI LOWER EXTREM JOINT W/CONTR	$122.51	$122.51	$122.51	$122.51	N	
73722	26		MRI LOWER EXTREM JOINT W/CONTR	$37.29	$37.29	$37.29	$37.29	N	
73722	AA		MRI LOWER EXTREM JOINT W/CONTR	$9.30	$8.10	$9.30	$8.10	N	7
73723			MRI LOWER EXTREM JOINT WO/W	$196.12	$196.12	$196.12	$196.12	N	
73723	TC		MRI LOWER EXTREM JOINT WO/W	$146.47	$146.47	$146.47	$146.47	N	
73723	26		MRI LOWER EXTREM JOINT WO/W	$49.65	$49.65	$49.65	$49.65	N	
73723	AA		MRI LOWER EXTREM JOINT WO/W	$9.30	$8.10	$9.30	$8.10	N	7
73725			MRI ANGIOGRAPHY LOWER EXTREMIT	$172.31	$172.31	$172.31	$172.31	N	
73725	TC		MRI ANGIOGRAPHY LOWER EXTREMIT	$131.00	$131.00	$131.00	$131.00	N	
73725	26		MRI ANGIOGRAPHY LOWER EXTREMIT	$41.32	$41.32	$41.32	$41.32	N	
73725	AA		MRI ANGIOGRAPHY LOWER EXTREMIT	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
74018			RADEX ABDOMEN 1 VIEW	$15.11	$15.11	$15.11	$15.11	N	
74018	TC		RADEX ABDOMEN 1 VIEW	$10.87	$10.87	$10.87	$10.87	N	
74018	26		RADEX ABDOMEN 1 VIEW	$4.24	$4.24	$4.24	$4.24	N	
74019			RADEX ABDOMEN 2 VIEWS	$18.63	$18.63	$18.63	$18.63	N	
74019	TC		RADEX ABDOMEN 2 VIEWS	$13.25	$13.25	$13.25	$13.25	N	
74019	26		RADEX ABDOMEN 2 VIEWS	$5.38	$5.38	$5.38	$5.38	N	
74021			RADEX ABDOMEN 3+ VIEWS	$21.48	$21.48	$21.48	$21.48	N	
74021	TC		RADEX ABDOMEN 3+ VIEWS	$15.29	$15.29	$15.29	$15.29	N	
74021	26		RADEX ABDOMEN 3+ VIEWS	$6.19	$6.19	$6.19	$6.19	N	
74022			RADEX COMPL AQT ABD SERIES	$25.16	$25.16	$25.16	$25.16	N	
74022	TC		RADEX COMPL AQT ABD SERIES	$17.67	$17.67	$17.67	$17.67	N	
74022	26		RADEX COMPL AQT ABD SERIES	$7.49	$7.49	$7.49	$7.49	N	
74022	AA		X-RAY ACUTE ABDOMEN SERIES,SUP	$9.30	$8.10	$9.30	$8.10	N	3
74150			CT ABDOMEN W/O CONTRAST	$69.32	$69.32	$69.32	$69.32	N	
74150	TC		CT ABDOMEN W/O CONTRAST	$42.14	$42.14	$42.14	$42.14	N	
74150	26		CT ABDOMEN W/O CONTRAST	$27.18	$27.18	$27.18	$27.18	N	
74150	AA		CAT,ABDOMEN:W/OUT CANTRAST MAT	$9.30	$8.10	$9.30	$8.10	N	3
74160			CT ABDOMEN W/CONTRAST	$118.00	$118.00	$118.00	$118.00	N	
74160	TC		CT ABDOMEN W/CONTRAST	$88.87	$88.87	$88.87	$88.87	N	
74160	26		CT ABDOMEN W/CONTRAST	$29.14	$29.14	$29.14	$29.14	N	
74160	AA		CAT,ABDOMEN:W/ CONTRAST MATERI	$9.30	$8.10	$9.30	$8.10	N	3
74170			CT ABD WO CNTRST FLWD CNTRST	$125.35	$125.35	$125.35	$125.35	N	
74170	TC		CT ABD WO CNTRST FLWD CNTRST	$93.45	$93.45	$93.45	$93.45	N	
74170	26		CT ABD WO CNTRST FLWD CNTRST	$31.90	$31.90	$31.90	$31.90	N	
74170	AA		CAT,ABDOMEN:W/OUT-W/CONTRAST M	$9.30	$8.10	$9.30	$8.10	N	3
74170	AA	52	CAT,ABODMEN:W/OUT-W/CONTRAST M	$9.30	$8.10	$9.30	$8.10	N	3
74170	52		CAT,ABDOMEN:W/OUT-W/CONTRAST M	$75.00	$75.00	$75.00	$75.00	N	
74174			CTA ABD&PLVS W/CONTRAST	$194.35	$194.35	$194.35	$194.35	N	
74174	TC		CTA ABD&PLVS W/CONTRAST	$143.91	$143.91	$143.91	$143.91	N	
74174	26		CTA ABD&PLVS W/CONTRAST	$50.44	$50.44	$50.44	$50.44	N	
74175			CTA ABDOMEN W/CONTRAST	$135.11	$135.11	$135.11	$135.11	N	
74175	TC		CTA ABDOMEN W/CONTRAST	$93.45	$93.45	$93.45	$93.45	N	
74175	26		CTA ABDOMEN W/CONTRAST	$41.66	$41.66	$41.66	$41.66	N	
74175	AA		COMP TOMO ANGIO ABD WO/W CONTR	$9.30	$8.10	$9.30	$8.10	N	7
74176			CT ABD & PELVIS W/O CONTRAST	$93.23	$93.23	$93.23	$93.23	N	
74176	TC		CT ABD & PELVIS W/O CONTRAST	$53.35	$53.35	$53.35	$53.35	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
74176	26		CT ABD & PELVIS W/O CONTRAST	$39.88	$39.88	$39.88	$39.88	N	
74177			CT ABD & PELVIS W/CONTRAST	$154.31	$154.31	$154.31	$154.31	N	
74177	TC		CT ABD & PELVIS W/CONTRAST	$112.32	$112.32	$112.32	$112.32	N	
74177	26		CT ABD & PELVIS W/CONTRAST	$42.00	$42.00	$42.00	$42.00	N	
74178			CT ABD&PLV WO CNTR FLWD CNTR	$172.81	$172.81	$172.81	$172.81	N	
74178	TC		CT ABD&PLV WO CNTR FLWD CNTR	$126.76	$126.76	$126.76	$126.76	N	
74178	26		CT ABD&PLV WO CNTR FLWD CNTR	$46.06	$46.06	$46.06	$46.06	N	
74181			MRI ABDOMEN W/O CONTRAST	$99.62	$99.62	$99.62	$99.62	N	
74181	TC		MRI ABDOMEN W/O CONTRAST	$66.27	$66.27	$66.27	$66.27	N	
74181	26		MRI ABDOMEN W/O CONTRAST	$33.36	$33.36	$33.36	$33.36	N	
74181	AA		MRI-ABDOMEN	$9.30	$8.10	$9.30	$8.10	N	3
74182			MRI ABDOMEN W/CONTRAST	$154.41	$154.41	$154.41	$154.41	N	
74182	TC		MRI ABDOMEN W/CONTRAST	$114.86	$114.86	$114.86	$114.86	N	
74182	26		MRI ABDOMEN W/CONTRAST	$39.55	$39.55	$39.55	$39.55	N	
74182	AA		MRI ABDOMEN WITH CONTRAST	$9.30	$8.10	$9.30	$8.10	N	7
74183			MRI ABD W/O CNTR FLWD CNTR	$172.45	$172.45	$172.45	$172.45	N	
74183	TC		MRI ABD W/O CNTR FLWD CNTR	$121.83	$121.83	$121.83	$121.83	N	
74183	26		MRI ABD W/O CNTR FLWD CNTR	$50.62	$50.62	$50.62	$50.62	N	
74183	AA		MRI ABDOMEN WO/W CONTRAST	$9.30	$8.10	$9.30	$8.10	N	7
74185			MRA ABD W OR W/O CNTRST	$172.33	$172.33	$172.33	$172.33	N	
74185	TC		MRA ABD W OR W/O CNTRST	$131.34	$131.34	$131.34	$131.34	N	
74185	26		MRA ABD W OR W/O CNTRST	$41.00	$41.00	$41.00	$41.00	N	
74185	AA		MRI ANGIOGRAPHY ABDOMEN W/WO C	$9.30	$8.10	$9.30	$8.10	N	3
74190			PERITONEOGRAM RS&I	$53.00	$53.00	$53.00	$53.00	N	
74190	TC		PERITONEOGRAM RS&I	$38.00	$38.00	$38.00	$38.00	N	
74190	26		PERITONEOGRAM RS&I	$15.00	$15.00	$15.00	$15.00	N	
74190	AA		PERITONEOGRAM RADIOLOGICAL S&I	$9.30	$8.10	$9.30	$8.10	N	3
74210			CONTRAST XRAY EXAM OF THROAT	$46.64	$46.64	$46.64	$46.64	N	
74210	TC		CONTRAST XRAY EXAM OF THROAT	$33.13	$33.13	$33.13	$33.13	N	
74210	26		CONTRAST XRAY EXAM OF THROAT	$13.51	$13.51	$13.51	$13.51	N	
74210	AA		CONTRAST XRAY EXAM OF THROAT	$9.30	$8.10	$9.30	$8.10	N	3
74220			CONTRAST XRAY EXAM,ESOPHAGUS	$48.33	$48.33	$48.33	$48.33	N	
74220	TC		CONTRAST XRAY EXAM,ESOPHAGUS	$34.49	$34.49	$34.49	$34.49	N	
74220	26		CONTRAST XRAY EXAM,ESOPHAGUS	$13.84	$13.84	$13.84	$13.84	N	
74220	AA		CONTRAST XRAY EXAM,ESOPHAGUS	$9.30	$8.10	$9.30	$8.10	N	3
74221			X-RAY XM ESOPHAGUS 2CNTRST	$54.34	$54.34	$54.34	$54.34	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
74221	TC		X-RAY XM ESOPHAGUS 2CNTRST	$38.23	$38.23	$38.23	$38.23	N	
74221	26		X-RAY XM ESOPHAGUS 2CNTRST	$16.11	$16.11	$16.11	$16.11	N	
74230			CINEMA XRAY THROAT/ESOPHAGUS	$61.48	$61.48	$61.48	$61.48	N	
74230	TC		CINEMA XRAY THROAT/ESOPHAGUS	$49.28	$49.28	$49.28	$49.28	N	
74230	26		CINEMA XRAY THROAT/ESOPHAGUS	$12.21	$12.21	$12.21	$12.21	N	
74230	AA		CINEMA XRAY THROAT/ESOPHAGUS	$9.30	$8.10	$9.30	$8.10	N	3
74235			REMOVE FOREIGN BODY(S),ESOPHA	$46.10	$46.10	$46.10	$46.10	N	
74235	TC		REMOVE FOREIGN BODY(S),ESOPHA	$0.00	$0.00	$0.00	$0.00	N	
74235	26		REMOVE FOREIGN BODY(S),ESOPHA	$46.10	$46.10	$46.10	$46.10	N	
74235	AA		REMOVE FOREIGN BODY(S),ESOPHA	$9.30	$8.10	$9.30	$8.10	N	5
74240			X-RAY UPPER GI DELAY W/O KUB	$60.70	$60.70	$60.70	$60.70	N	
74240	TC		X-RAY UPPER GI DELAY W/O KUB	$42.14	$42.14	$42.14	$42.14	N	
74240	26		X-RAY UPPER GI DELAY W/O KUB	$18.57	$18.57	$18.57	$18.57	N	
74240	AA		X-RAY EXAM UPPER GI TRACT	$9.30	$8.10	$9.30	$8.10	N	3
74246			X-RAY GASTROINTESTINAL TRACT	$68.59	$68.59	$68.59	$68.59	N	
74246	TC		X-RAY GASTROINTESTINAL TRACT	$48.09	$48.09	$48.09	$48.09	N	
74246	26		X-RAY GASTROINTESTINAL TRACT	$20.51	$20.51	$20.51	$20.51	N	
74246	AA		X-RAY GASTROINTESTINAL TRACT	$9.30	$8.10	$9.30	$8.10	N	5
74248			X-RAY SM INT F-THRU STD	$40.75	$40.75	$40.75	$40.75	N	
74248	TC		X-RAY SM INT F-THRU STD	$24.64	$24.64	$24.64	$24.64	N	
74248	26		X-RAY SM INT F-THRU STD	$16.11	$16.11	$16.11	$16.11	N	
74250			X-RAY EXAM OF SMALL BOWEL	$60.35	$60.35	$60.35	$60.35	N	
74250	TC		X-RAY EXAM OF SMALL BOWEL	$41.80	$41.80	$41.80	$41.80	N	
74250	26		X-RAY EXAM OF SMALL BOWEL	$18.56	$18.56	$18.56	$18.56	N	
74250	AA		X-RAY EXAM OF SMALL BOWEL	$9.30	$8.10	$9.30	$8.10	N	5
74251			XRAY EXAM SM BOWEL CLYSIS TUBE	$120.32	$120.32	$120.32	$120.32	N	
74251	TC		XRAY EXAM SM BOWEL CLYSIS TUBE	$93.63	$93.63	$93.63	$93.63	N	
74251	26		XRAY EXAM SM BOWEL CLYSIS TUBE	$26.69	$26.69	$26.69	$26.69	N	
74251	AA		XRAY EXAM SM BOWEL CLYSIS TUBE	$9.30	$8.10	$9.30	$8.10	N	5
74261			COMPUTED TOMOGRAPHIC (CT) COLO	$111.25	$111.25	$111.25	$111.25	N	
74261	TC		COMPUTED TOMOGRAPHIC (CT) COLO	$55.91	$55.91	$55.91	$55.91	N	
74261	26		COMPUTED TOMOGRAPHIC (CT) COLO	$55.34	$55.34	$55.34	$55.34	N	
74261	AA		COMPUTED TOMOGRAPHIC (CT) COL	$9.30	$8.10	$9.30	$8.10	N	7
74262			COMPUTED TOMOGRAPHIC (CT) COLO	$151.25	$151.25	$151.25	$151.25	N	
74262	TC		COMPUTED TOMOGRAPHIC (CT) COLO	$93.63	$93.63	$93.63	$93.63	N	
74262	26		COMPUTED TOMOGRAPHIC (CT) COLO	$57.62	$57.62	$57.62	$57.62	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
74262	AA		COMPUTED TOMOGRAPHIC (CT) COLO	$9.30	$8.10	$9.30	$8.10	N	7
74263			COMPUTED TOMOGRAPHIC (CT) COLO	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
74263	TC		COMPUTED TOMOGRAPHIC (CT) COLO	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
74263	26		COMPUTED TOMOGRAPHIC (CT) COLO	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
74263	AA		COMPUTED TOMOGRAPHIC (CT) COLO	$9.30	$8.10	$9.30	$8.10	N	7
74270			CONTRAST X-RAY EXAM OF COLON	$75.76	$75.76	$75.76	$75.76	N	
74270	TC		CONTRAST X-RAY EXAM OF COLON	$52.17	$52.17	$52.17	$52.17	N	
74270	26		CONTRAST X-RAY EXAM OF COLON	$23.60	$23.60	$23.60	$23.60	N	
74270	AA		CONTRAST X-RAY EXAM OF COLON	$9.30	$8.10	$9.30	$8.10	N	5
74280			CONTRAST X-RAY EXAM OF COLON	$108.33	$108.33	$108.33	$108.33	N	
74280	TC		CONTRAST X-RAY EXAM OF COLON	$79.52	$79.52	$79.52	$79.52	N	
74280	26		CONTRAST X-RAY EXAM OF COLON	$28.81	$28.81	$28.81	$28.81	N	
74280	AA		CONTRAST X-RAY EXAM OF COLON	$9.30	$8.10	$9.30	$8.10	N	5
74283			THER NMA RDCTJ INTUS/OBSTRCJ	$130.33	$130.33	$130.33	$130.33	N	
74283	TC		THER NMA RDCTJ INTUS/OBSTRCJ	$81.39	$81.39	$81.39	$81.39	N	
74283	26		THER NMA RDCTJ INTUS/OBSTRCJ	$48.94	$48.94	$48.94	$48.94	N	
74283	AA		BARIUM ENEMA,THERAPEUTIC	$9.30	$8.10	$9.30	$8.10	N	5
74290			CONTRAST X-RAY, GALLBLADDER	$42.15	$42.15	$42.15	$42.15	N	
74290	TC		CONTRAST X-RAY, GALLBLADDER	$34.66	$34.66	$34.66	$34.66	N	
74290	26		CONTRAST X-RAY, GALLBLADDER	$7.49	$7.49	$7.49	$7.49	N	
74290	AA		CONTRAST X-RAY, GALLBLADDER	$9.30	$8.10	$9.30	$8.10	N	5
74300			CONTRAST X-RAY OF BILE DUCTS	$40.00	$40.00	$40.00	$40.00	N	
74300	TC		CONTRAST X-RAY OF BILE DUCTS	$29.20	$29.20	$29.20	$29.20	N	
74300	26		CONTRAST X-RAY OF BILE DUCTS	$10.80	$10.80	$10.80	$10.80	N	
74300	AA		CONTRAST X-RAY OF BILE DUCTS	$9.30	$8.10	$9.30	$8.10	N	5
74301			CHOLANGIOGRA:ADDITIONAL SET/SU	$10.00	$10.00	$10.00	$10.00	N	
74301	TC		CHOLANGIOGRA:ADDITIONAL SET/SU	$6.00	$6.00	$6.00	$6.00	N	
74301	26		CHOLANGIOGRA:ADDITIONAL SET/SU	$4.00	$4.00	$4.00	$4.00	N	
74301	AA		CHOLANGIOGRA:ADDITIONAL SET/SU	$9.30	$8.10	$9.30	$8.10	N	5
74328			XRAY FOR BILE DUCT ENDOSCOPY	$27.15	$27.15	$27.15	$27.15	N	
74328	TC		XRAY FOR BILE DUCT ENDOSCOPY	$0.00	$0.00	$0.00	$0.00	N	
74328	26		XRAY FOR BILE DUCT ENDOSCOPY	$27.15	$27.15	$27.15	$27.15	N	
74328	AA		XRAY FOR BILE DUCT ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	7
74329			X-RAY FOR PANCREAS ENDOSCOPY	$27.15	$27.15	$27.15	$27.15	N	
74329	TC		X-RAY FOR PANCREAS ENDOSCOPY	$0.00	$0.00	$0.00	$0.00	N	
74329	26		X-RAY FOR PANCREAS ENDOSCOPY	$27.15	$27.15	$27.15	$27.15	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
74329	AA		X-RAY FOR PANCREAS ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	7
74330			XRAY,BILE/PANCREAS ENDOSCOPY	$76.00	$76.00	$76.00	$76.00	N	
74330	TC		XRAY,BILE/PANCREAS ENDOSCOPY	$53.00	$53.00	$53.00	$53.00	N	
74330	26		XRAY,BILE/PANCREAS ENDOSCOPY	$23.00	$23.00	$23.00	$23.00	N	
74330	AA		XRAY,BILE/PANCREAS ENDOSCOPY	$9.30	$8.10	$9.30	$8.10	N	7
74340			X-RAY GUIDE FOR GI TUBE	$40.00	$40.00	$40.00	$40.00	N	
74340	TC		X-RAY GUIDE FOR GI TUBE	$24.00	$24.00	$24.00	$24.00	N	
74340	26		X-RAY GUIDE FOR GI TUBE	$16.00	$16.00	$16.00	$16.00	N	
74340	AA		X-RAY GUIDE FOR GI TUBE	$9.30	$8.10	$9.30	$8.10	N	7
74355			PERC.PLACE.ENTEROLYSIS TUBE:GU	$50.00	$50.00	$50.00	$50.00	N	
74355	TC		PERC.PLACE.ENTEROLYSIS TUBE:GU	$30.00	$30.00	$30.00	$30.00	N	
74355	26		PERC.PLACE.ENTEROLYSIS TUBE:GU	$20.00	$20.00	$20.00	$20.00	N	
74355	AA		PERC.PLACE.ENTEROLYSIS TUBE:GU	$9.30	$8.10	$9.30	$8.10	N	7
74360			INTRALUMINAL DILATION:GUIDANCE	$50.00	$50.00	$50.00	$50.00	N	
74360	TC		INTRALUMINAL DILATION:GUIDANCE	$30.00	$30.00	$30.00	$30.00	N	
74360	26		INTRALUMINAL DILATION:GUIDANCE	$20.00	$20.00	$20.00	$20.00	N	
74360	AA		INTRALUMINAL DELATION:GUIDANCE	$9.30	$8.10	$9.30	$8.10	N	7
74363			DILATATION OF BILIARY DUCT STR	$117.07	$117.07	$117.07	$117.07	N	
74363	TC		DILATATION OF BILIARY DUCT STR	$79.14	$79.14	$79.14	$79.14	N	
74363	26		DILATATION OF BILIARY DUCT STR	$37.93	$37.93	$37.93	$37.93	N	
74363	AA		DILATATION OF BILIARY DUCT STR	$9.30	$8.10	$9.30	$8.10	N	7
74400			UROGRAPHY IV +-KUB TOMOG	$66.96	$66.96	$66.96	$66.96	N	
74400	TC		UROGRAPHY IV +-KUB TOMOG	$55.90	$55.90	$55.90	$55.90	N	
74400	26		UROGRAPHY IV +-KUB TOMOG	$11.07	$11.07	$11.07	$11.07	N	
74400	AA		CONTRAST X-RAY UNINARY TRACT	$9.30	$8.10	$9.30	$8.10	N	3
74410			UROGRAPHY NFS DRIP&/BOLUS	$70.36	$70.36	$70.36	$70.36	N	
74410	TC		UROGRAPHY NFS DRIP&/BOLUS	$59.13	$59.13	$59.13	$59.13	N	
74410	26		UROGRAPHY NFS DRIP&/BOLUS	$11.24	$11.24	$11.24	$11.24	N	
74410	AA		CONTRAST X-RAY URINARY TRACT	$9.30	$8.10	$9.30	$8.10	N	5
74415			UROGRAPHY NFS DRIP&/BLS W/NF	$75.62	$75.62	$75.62	$75.62	N	
74415	TC		UROGRAPHY NFS DRIP&/BLS W/NF	$64.39	$64.39	$64.39	$64.39	N	
74415	26		UROGRAPHY NFS DRIP&/BLS W/NF	$11.23	$11.23	$11.23	$11.23	N	
74415	AA		CONTRAST X-RAY URINARY TRACT	$9.30	$8.10	$9.30	$8.10	N	5
74420			UROGRAPHY RTRGR +-KUB	$39.24	$39.24	$39.24	$39.24	N	
74420	TC		UROGRAPHY RTRGR +-KUB	$27.36	$27.36	$27.36	$27.36	N	
74420	26		UROGRAPHY RTRGR +-KUB	$11.89	$11.89	$11.89	$11.89	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
74420	AA		CONTRAST X-RAY URINARY TRACT	$9.30	$8.10	$9.30	$8.10	N	5
74425			CONTRAST X-RAY URINARY TRACT	$67.45	$67.45	$67.45	$67.45	N	
74425	TC		CONTRAST X-RAY URINARY TRACT	$55.73	$55.73	$55.73	$55.73	N	
74425	26		CONTRAST X-RAY URINARY TRACT	$11.72	$11.72	$11.72	$11.72	N	
74425	AA		CONTRAST X-RAY URINARY TRACT	$9.30	$8.10	$9.30	$8.10	N	5
74430			CONTRAST X-RAY OF BLADDER	$20.74	$20.74	$20.74	$20.74	N	
74430	TC		CONTRAST X-RAY OF BLADDER	$13.42	$13.42	$13.42	$13.42	N	
74430	26		CONTRAST X-RAY OF BLADDER	$7.32	$7.32	$7.32	$7.32	N	
74430	AA		CONTRAST X-RAY OF BLADDER	$9.30	$8.10	$9.30	$8.10	N	3
74440			XRAY EXAM MALE GENITAL TRACT	$48.22	$48.22	$48.22	$48.22	N	
74440	TC		XRAY EXAM MALE GENITAL TRACT	$39.59	$39.59	$39.59	$39.59	N	
74440	26		XRAY EXAM MALE GENITAL TRACT	$8.63	$8.63	$8.63	$8.63	N	
74440	AA		XRAY EXAM MALE GENITAL TRACT	$9.30	$8.10	$9.30	$8.10	N	3
74445			COPORA CAVERNOSOGRAPHY:S&I	$43.00	$43.00	$43.00	$43.00	N	
74445	TC		COPORA CAVERNOSOGRAPHY:S&I	$15.00	$15.00	$15.00	$15.00	N	
74445	26		COPORA CAVERNOSOGRAPHY:S&I	$28.00	$28.00	$28.00	$28.00	N	
74445	AA		COPORA CAVERNOSOGRAPHY:S&I	$9.30	$8.10	$9.30	$8.10	N	3
74450			X-RAY EXAM URETHRA/BLADDER	$20.00	$20.00	$20.00	$20.00	N	
74450	TC		X-RAY EXAM URETHRA/BLADDER	$11.00	$11.00	$11.00	$11.00	N	
74450	26		X-RAY EXAM URETHRA/BLADDER	$9.00	$9.00	$9.00	$9.00	N	
74450	AA		X-RAY EXAM URETHRA/BLADDER	$9.30	$8.10	$9.30	$8.10	N	3
74455			X-RAY EXAM URETHRA/BLADDER	$51.33	$51.33	$51.33	$51.33	N	
74455	TC		X-RAY EXAM URETHRA/BLADDER	$43.84	$43.84	$43.84	$43.84	N	
74455	26		X-RAY EXAM URETHRA/BLADDER	$7.49	$7.49	$7.49	$7.49	N	
74455	AA		X-RAY EXAM URETHRA/BLADDER	$9.30	$8.10	$9.30	$8.10	N	3
74470			X-RAY-RENAL CYST STUDY	$20.00	$20.00	$20.00	$20.00	N	
74470	TC		X-RAY-RENAL CYST STUDY	$11.00	$11.00	$11.00	$11.00	N	
74470	26		X-RAY-RENAL CYST STUDY	$9.00	$9.00	$9.00	$9.00	N	
74470	AA		X-RAY-RENAL CYST STUDY	$9.30	$8.10	$9.30	$8.10	N	3
74485			DILATE NEPHROL./URETERS:SUPER/	$59.15	$59.15	$59.15	$59.15	N	
74485	TC		DILATE NEPHROL./URETERS:SUPER/	$40.27	$40.27	$40.27	$40.27	N	
74485	26		DILATE NEPHROL./URETERS:SUPER/	$18.88	$18.88	$18.88	$18.88	N	
74485	AA		DILATE NEPHROL./URETERS:SUPER/	$9.30	$8.10	$9.30	$8.10	N	7
74712			MRI FETAL SNGL/1ST GESTATION	$196.44	$196.44	$196.44	$196.44	N	
74712	TC		MRI FETAL SNGL/1ST GESTATION	$127.09	$127.09	$127.09	$127.09	N	
74712	26		MRI FETAL SNGL/1ST GESTATION	$69.35	$69.35	$69.35	$69.35	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
74713			MRI FETAL EA ADDL GESTATION	$100.93	$100.93	$100.93	$100.93	N	
74713	TC		MRI FETAL EA ADDL GESTATION	$58.11	$58.11	$58.11	$58.11	N	
74713	26		MRI FETAL EA ADDL GESTATION	$42.82	$42.82	$42.82	$42.82	N	
74740			X-RAY FEMALE GENITAL TRACT,S&I	$45.66	$45.66	$45.66	$45.66	N	
74740	TC		X-RAY FEMALE GENITAL TRACT,S&I	$36.87	$36.87	$36.87	$36.87	N	
74740	26		X-RAY FEMALE GENITAL TRACT,S&I	$8.79	$8.79	$8.79	$8.79	N	
74740	AA		X-RAY FEMALE GENITAL TRACT,S&I	$9.30	$8.10	$9.30	$8.10	N	5
74742			TRNSCERV CATH OF FALLOP TUBE	$57.00	$57.00	$57.00	$57.00	N	
74742	TC		TRNSCERV CATH OF FALLOP TUBE	$41.25	$41.25	$41.25	$41.25	N	
74742	26		TRNSCERV CATH OF FALLOP TUBE	$15.75	$15.75	$15.75	$15.75	N	
74742	AA		TRANSCERV CATH OF FALLOP TUBE	$9.30	$8.10	$9.30	$8.10	N	7
74775			PERINEOGRAM-DET.SEX/EXTENT ANO	$30.00	$30.00	$30.00	$30.00	N	
74775	TC		PERINEOGRAM-DET.SEX/EXTENT ANO	$18.00	$18.00	$18.00	$18.00	N	
74775	26		PERINEOGRAM-DET.SEX/EXTENT ANO	$12.00	$12.00	$12.00	$12.00	N	
74775	AA		PERINEOGRAM-DET.SEX/EXTENT ANO	$9.30	$8.10	$9.30	$8.10	N	7
75557			CARDIAC MAGNETIC RESONANCE IMA	$140.71	$140.71	$140.71	$140.71	N	
75557	TC		CARDIAC MAGNETIC RESONANCE IMA	$87.34	$87.34	$87.34	$87.34	N	
75557	26		CARDIAC MAGNETIC RESONANCE IMA	$53.37	$53.37	$53.37	$53.37	N	
75557	AA		CARDIAC MRI WO/CONTRAST	$9.30	$8.10	$9.30	$8.10	N	7
75559			CARDIAC MAGNETIC RESONANCE IMA	$188.21	$188.21	$188.21	$188.21	N	
75559	TC		CARDIAC MAGNETIC RESONANCE IMA	$122.34	$122.34	$122.34	$122.34	N	
75559	26		CARDIAC MAGNETIC RESONANCE IMA	$65.88	$65.88	$65.88	$65.88	N	
75561			CARDIAC MAGNETIC RESONANCE IMA	$183.78	$183.78	$183.78	$183.78	N	
75561	TC		CARDIAC MAGNETIC RESONANCE IMA	$124.55	$124.55	$124.55	$124.55	N	
75561	26		CARDIAC MAGNETIC RESONANCE IMA	$59.24	$59.24	$59.24	$59.24	N	
75563			CARDIAC MAGNETIC RESONANCE IMA	$213.97	$213.97	$213.97	$213.97	N	
75563	TC		CARDIAC MAGNETIC RESONANCE IMA	$146.30	$146.30	$146.30	$146.30	N	
75563	26		CARDIAC MAGNETIC RESONANCE IMA	$67.68	$67.68	$67.68	$67.68	N	
75565			CARDIAC MAGNETIC RESONANCE IMA	$22.86	$22.86	$22.86	$22.86	N	
75565	TC		CARDIAC MAGNETIC RESONANCE IMA	$17.16	$17.16	$17.16	$17.16	N	
75565	26		CARDIAC MAGNETIC RESONANCE IMA	$5.70	$5.70	$5.70	$5.70	N	
75571			COMPUTED TOMOGRAPHY, HEART, WI	$51.40	$51.40	$51.40	$51.40	N	
75571	TC		COMPUTED TOMOGRAPHY, HEART, WI	$38.05	$38.05	$38.05	$38.05	N	
75571	26		COMPUTED TOMOGRAPHY, HEART, WI	$13.35	$13.35	$13.35	$13.35	N	
75572			COMPUTED TOMOGRAPHY, HEART, WI	$116.16	$116.16	$116.16	$116.16	N	
75572	TC		COMPUTED TOMOGRAPHY, HEART, WI	$76.45	$76.45	$76.45	$76.45	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
75572	26		COMPUTED TOMOGRAPHY, HEART, WI	$39.70	$39.70	$39.70	$39.70	N	
75573			COMPUTED TOMOGRAPHY, HEART, WI	$155.95	$155.95	$155.95	$155.95	N	
75573	TC		COMPUTED TOMOGRAPHY, HEART, WI	$97.52	$97.52	$97.52	$97.52	N	
75573	26		COMPUTED TOMOGRAPHY, HEART, WI	$58.43	$58.43	$58.43	$58.43	N	
75574			COMPUTED TOMOGRAPHIC ANGIOGRAP	$164.77	$164.77	$164.77	$164.77	N	
75574	TC		COMPUTED TOMOGRAPHIC ANGIOGRAP	$109.93	$109.93	$109.93	$109.93	N	
75574	26		COMPUTED TOMOGRAPHIC ANGIOGRAP	$54.84	$54.84	$54.84	$54.84	N	
75580			N-INVAS EST C FFR SW ALY CTA	$440.02	$440.02	$440.02	$440.02	N	
75580	TC		N-INVAS EST C FFR SW ALY CTA	$423.10	$423.10	$423.10	$423.10	N	
75580	26		N-INVAS EST C FFR SW ALY CTA	$16.92	$16.92	$16.92	$16.92	N	
75600			CONTRAST EXAM THORACIC AORTA	$87.84	$87.84	$87.84	$87.84	N	
75600	TC		CONTRAST EXAM THORACIC AORTA	$76.63	$76.63	$76.63	$76.63	N	
75600	26		CONTRAST EXAM THORACIC AORTA	$11.21	$11.21	$11.21	$11.21	N	
75600	AA		CONTRAST X-RAY EXAM OF AORTA	$9.30	$8.10	$9.30	$8.10	N	5
75605			CONTRAST EXAM THORACIC AORTA	$60.15	$60.15	$60.15	$60.15	N	
75605	TC		CONTRAST EXAM THORACIC AORTA	$34.49	$34.49	$34.49	$34.49	N	
75605	26		CONTRAST EXAM THORACIC AORTA	$25.66	$25.66	$25.66	$25.66	N	
75605	AA		CONTRAST X-RAY EXAM OF AORTA	$9.30	$8.10	$9.30	$8.10	N	5
75625			CONTRAST EXAM ABDOMINL AORTA	$62.36	$62.36	$62.36	$62.36	N	
75625	TC		CONTRAST EXAM ABDOMINL AORTA	$29.90	$29.90	$29.90	$29.90	N	
75625	26		CONTRAST EXAM ABDOMINL AORTA	$32.45	$32.45	$32.45	$32.45	N	
75625	AA		CONTRAST XRAY EXAM OF AORTA	$9.30	$8.10	$9.30	$8.10	N	5
75630			AORTOGRAPH:ABDOMEN-BILAT	$77.43	$77.43	$77.43	$77.43	N	
75630	TC		AORTOGRAPH:ABDOMEN-BILAT	$32.45	$32.45	$32.45	$32.45	N	
75630	26		AORTOGRAPH:ABDOMEN-BILAT	$44.99	$44.99	$44.99	$44.99	N	
75630	AA		AORTOGRAPH:ABDOMEN-BILAT	$9.30	$8.10	$9.30	$8.10	N	5
75635			CTA ABD AORTA WO/W CONTRAST	$147.78	$147.78	$147.78	$147.78	N	
75635	TC		CTA ABD AORTA WO/W CONTRAST	$93.45	$93.45	$93.45	$93.45	N	
75635	26		CTA ABD AORTA WO/W CONTRAST	$54.33	$54.33	$54.33	$54.33	N	
75635	AA		CTA ABD AORTA WO/W CONTRAST	$9.30	$8.10	$9.30	$8.10	N	5
75705			ARTERY X-RAYS, SPINE	$128.42	$128.42	$128.42	$128.42	N	
75705	TC		ARTERY X-RAYS, SPINE	$71.19	$71.19	$71.19	$71.19	N	
75705	26		ARTERY X-RAYS, SPINE	$57.24	$57.24	$57.24	$57.24	N	
75705	AA		ARTERY X-RAYS, SPINE	$9.30	$8.10	$9.30	$8.10	N	5
75710			ARTERY X-RAYS, ARM/LEG	$73.59	$73.59	$73.59	$73.59	N	
75710	TC		ARTERY X-RAYS, ARM/LEG	$34.32	$34.32	$34.32	$34.32	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
75710	26		ARTERY X-RAYS, ARM/LEG	$39.28	$39.28	$39.28	$39.28	N	
75710	AA		ARTERY X-RAYS, ARM/LEG	$9.30	$8.10	$9.30	$8.10	N	5
75716			ARTERY X-RAYS, ARMS/LEGS	$80.69	$80.69	$80.69	$80.69	N	
75716	TC		ARTERY X-RAYS, ARMS/LEGS	$36.36	$36.36	$36.36	$36.36	N	
75716	26		ARTERY X-RAYS, ARMS/LEGS	$44.34	$44.34	$44.34	$44.34	N	
75716	AA		ARTERY X-RAYS, ARM/LEGS	$9.30	$8.10	$9.30	$8.10	N	5
75726			ARTERY X-RAYS, ABDOMEN	$84.89	$84.89	$84.89	$84.89	N	
75726	TC		ARTERY X-RAYS, ABDOMEN	$39.41	$39.41	$39.41	$39.41	N	
75726	26		ARTERY X-RAYS, ABDOMEN	$45.48	$45.48	$45.48	$45.48	N	
75726	AA		ARTERY X-RAYS, ABDOMEN	$9.30	$8.10	$9.30	$8.10	N	5
75731			ARTERY X-RAYS, ADRENAL GLAND	$77.51	$77.51	$77.51	$77.51	N	
75731	TC		ARTERY X-RAYS, ADRENAL GLAND	$51.31	$51.31	$51.31	$51.31	N	
75731	26		ARTERY X-RAYS, ADRENAL GLAND	$26.21	$26.21	$26.21	$26.21	N	
75731	AA		ARTERY X-RAYS, ADRENAL GLAND	$9.30	$8.10	$9.30	$8.10	N	5
75733			ARTERY X-RAYS,ADRENAL GLANDS	$86.69	$86.69	$86.69	$86.69	N	
75733	TC		ARTERY X-RAYS,ADRENAL GLANDS	$57.42	$57.42	$57.42	$57.42	N	
75733	26		ARTERY X-RAYS,ADRENAL GLANDS	$29.28	$29.28	$29.28	$29.28	N	
75733	AA		ARTERY X-RAYS,ADRENAL GLANDS	$9.30	$8.10	$9.30	$8.10	N	5
75736			ARTERY X-RAYS, PELVIS	$72.40	$72.40	$72.40	$72.40	N	
75736	TC		ARTERY X-RAYS, PELVIS	$47.56	$47.56	$47.56	$47.56	N	
75736	26		ARTERY X-RAYS, PELVIS	$24.84	$24.84	$24.84	$24.84	N	
75736	AA		ARTERY XRAYS, PELVIS	$9.30	$8.10	$9.30	$8.10	N	5
75741			ARTERY X-RAYS, LUNG	$64.42	$64.42	$64.42	$64.42	N	
75741	TC		ARTERY X-RAYS, LUNG	$35.68	$35.68	$35.68	$35.68	N	
75741	26		ARTERY X-RAYS, LUNG	$28.74	$28.74	$28.74	$28.74	N	
75741	AA		ARTERY X-RAYS, LUNG	$9.30	$8.10	$9.30	$8.10	N	5
75743			ARTERY X-RAYS, LUNGS	$73.57	$73.57	$73.57	$73.57	N	
75743	TC		ARTERY X-RAYS, LUNGS	$36.36	$36.36	$36.36	$36.36	N	
75743	26		ARTERY X-RAYS, LUNGS	$37.21	$37.21	$37.21	$37.21	N	
75743	AA		ARTERY X-RAYS, LUNGS	$9.30	$8.10	$9.30	$8.10	N	5
75746			ARTERY X-RAYS, LUNG	$67.66	$67.66	$67.66	$67.66	N	
75746	TC		ARTERY X-RAYS, LUNG	$42.47	$42.47	$42.47	$42.47	N	
75746	26		ARTERY X-RAYS, LUNG	$25.19	$25.19	$25.19	$25.19	N	
75746	AA		ARTERY X-RAYS, LUNG	$9.30	$8.10	$9.30	$8.10	N	5
75756			ARTERY X-RAYS, CHEST	$81.56	$81.56	$81.56	$81.56	N	
75756	TC		ARTERY X-RAYS, CHEST	$55.05	$55.05	$55.05	$55.05	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
75756	26		ARTERY X-RAYS, CHEST	$26.51	$26.51	$26.51	$26.51	N	
75756	AA		ARTERY X-RAYS, CHEST	$9.30	$8.10	$9.30	$8.10	N	5
75774			ANGIOGRPHY,SELECT, PROC, S&I	$47.74	$47.74	$47.74	$47.74	N	
75774	TC		ANGIOGRPHY,SELECT, PROC, S&I	$25.66	$25.66	$25.66	$25.66	N	
75774	26		ANGIOGRPHY,SELECT, PROC, S&I	$22.08	$22.08	$22.08	$22.08	N	
75774	AA		ANGIOGRAPHY,SELECT, PROC, S&I	$9.30	$8.10	$9.30	$8.10	N	5
75801			LYMPH VESSEL X-RAY, ARM/LEG	$60.00	$60.00	$60.00	$60.00	N	
75801	TC		LYMPH VESSEL X-RAY, ARM/LEG	$42.00	$42.00	$42.00	$42.00	N	
75801	26		LYMPH VESSEL X-RAY, ARM/LEG	$18.00	$18.00	$18.00	$18.00	N	
75801	AA		LYMPH VESSEL X-RAY, ARM/LEG	$9.30	$8.10	$9.30	$8.10	N	5
75803			LYMPH VESSEL X-RAY,ARMS/LEGS	$90.00	$90.00	$90.00	$90.00	N	
75803	TC		LYMPH VESSEL X-RAY,ARMS/LEGS	$67.50	$67.50	$67.50	$67.50	N	
75803	26		LYMPH VESSEL X-RAY,ARMS/LEGS	$22.50	$22.50	$22.50	$22.50	N	
75803	AA		LYMPH VESSEL X-RAY,ARMS/LEGS	$9.30	$8.10	$9.30	$8.10	N	5
75805			LYMPH VESSEL X-RAY, TRUNK	$75.60	$75.60	$75.60	$75.60	N	
75805	TC		LYMPH VESSEL X-RAY, TRUNK	$54.00	$54.00	$54.00	$54.00	N	
75805	26		LYMPH VESSEL X-RAY, TRUNK	$21.60	$21.60	$21.60	$21.60	N	
75805	AA		LYMPH VESSEL X-RAY, TRUNK	$9.30	$8.10	$9.30	$8.10	N	5
75807			LYMPH VESSEL X-RAY, TRUNK	$94.70	$94.70	$94.70	$94.70	N	
75807	TC		LYMPH VESSEL X-RAY, TRUNK	$65.00	$65.00	$65.00	$65.00	N	
75807	26		LYMPH VESSEL X-RAY, TRUNK	$29.70	$29.70	$29.70	$29.70	N	
75807	AA		LYMPH VESSEL X-RAY, TRUNK	$9.30	$8.10	$9.30	$8.10	N	5
75809			SHUNTOGRAM,NONVASC SHUNT	$40.81	$40.81	$40.81	$40.81	N	
75809	TC		SHUNTOGRAM,NONVASC SHUNT	$29.73	$29.73	$29.73	$29.73	N	
75809	26		SHUNTOGRAM,NONVASC SHUNT	$11.08	$11.08	$11.08	$11.08	N	
75809	AA		SHUNTOGRAM,NONVASC SHUNT	$9.30	$8.10	$9.30	$8.10	N	5
75810			VEIN X-RAY, SPLEEN/LIVER	$62.50	$62.50	$62.50	$62.50	N	
75810	TC		VEIN X-RAY, SPLEEN/LIVER	$40.00	$40.00	$40.00	$40.00	N	
75810	26		VEIN X-RAY, SPLEEN/LIVER	$22.50	$22.50	$22.50	$22.50	N	
75810	AA		VEIN X-RAY, SPLEEN/LIVER	$9.30	$8.10	$9.30	$8.10	N	5
75820			VEIN X-RAY, ARM/LEG	$52.97	$52.97	$52.97	$52.97	N	
75820	TC		VEIN X-RAY, ARM/LEG	$29.57	$29.57	$29.57	$29.57	N	
75820	26		VEIN X-RAY, ARM/LEG	$23.40	$23.40	$23.40	$23.40	N	
75820	AA		VEIN X-RAY, ARM/LEG	$9.30	$8.10	$9.30	$8.10	N	5
75822			VEIN X-RAY, ARMS/LEGS	$66.10	$66.10	$66.10	$66.10	N	
75822	TC		VEIN X-RAY, ARMS/LEGS	$32.96	$32.96	$32.96	$32.96	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
75822	26		VEIN X-RAY, ARMS/LEGS	$33.14	$33.14	$33.14	$33.14	N	
75822	AA		VEIN X-RAY, ARMS/LEGS	$9.30	$8.10	$9.30	$8.10	N	5
75825			VEIN X-RAY, TRUNK	$56.91	$56.91	$56.91	$56.91	N	
75825	TC		VEIN X-RAY, TRUNK	$31.10	$31.10	$31.10	$31.10	N	
75825	26		VEIN X-RAY, TRUNK	$25.81	$25.81	$25.81	$25.81	N	
75825	AA		VEIN XRAY, TRUNK	$9.30	$8.10	$9.30	$8.10	N	5
75827			VEIN X-RAY, CHEST	$58.62	$58.62	$58.62	$58.62	N	
75827	TC		VEIN X-RAY, CHEST	$32.96	$32.96	$32.96	$32.96	N	
75827	26		VEIN X-RAY, CHEST	$25.66	$25.66	$25.66	$25.66	N	
75827	AA		VEIN X-RAY, CHEST	$9.30	$8.10	$9.30	$8.10	N	5
75831			VEIN X-RAY, KIDNEY	$59.83	$59.83	$59.83	$59.83	N	
75831	TC		VEIN X-RAY, KIDNEY	$35.17	$35.17	$35.17	$35.17	N	
75831	26		VEIN X-RAY, KIDNEY	$24.66	$24.66	$24.66	$24.66	N	
75831	AA		VEIN X-RAY, KIDNEY	$9.30	$8.10	$9.30	$8.10	N	5
75833			VEIN X-RAY, KIDNEYS	$73.53	$73.53	$73.53	$73.53	N	
75833	TC		VEIN X-RAY, KIDNEYS	$40.10	$40.10	$40.10	$40.10	N	
75833	26		VEIN X-RAY, KIDNEYS	$33.44	$33.44	$33.44	$33.44	N	
75833	AA		VEIN X-RAY, KIDNEYS	$9.30	$8.10	$9.30	$8.10	N	5
75840			VEIN X-RAY, ADRENAL GLAND	$64.09	$64.09	$64.09	$64.09	N	
75840	TC		VEIN X-RAY, ADRENAL GLAND	$37.88	$37.88	$37.88	$37.88	N	
75840	26		VEIN X-RAY, ADRENAL GLAND	$26.21	$26.21	$26.21	$26.21	N	
75840	AA		VEIN X-RAY, ADRENAL GLAND	$9.30	$8.10	$9.30	$8.10	N	5
75842			VEIN X-RAY, ADRENAL GLANDS	$79.55	$79.55	$79.55	$79.55	N	
75842	TC		VEIN X-RAY, ADRENAL GLANDS	$45.19	$45.19	$45.19	$45.19	N	
75842	26		VEIN X-RAY, ADRENAL GLANDS	$34.35	$34.35	$34.35	$34.35	N	
75842	AA		VEIN X-RAY, ADRENAL GLANDS	$9.30	$8.10	$9.30	$8.10	N	5
75860			VEIN X-RAY, NECK	$63.22	$63.22	$63.22	$63.22	N	
75860	TC		VEIN X-RAY, NECK	$37.20	$37.20	$37.20	$37.20	N	
75860	26		VEIN X-RAY, NECK	$26.01	$26.01	$26.01	$26.01	N	
75860	AA		VEIN X-RAY, NECK	$9.30	$8.10	$9.30	$8.10	N	5
75870			VEIN X-RAY, SKULL	$82.36	$82.36	$82.36	$82.36	N	
75870	TC		VEIN X-RAY, SKULL	$53.18	$53.18	$53.18	$53.18	N	
75870	26		VEIN X-RAY, SKULL	$29.18	$29.18	$29.18	$29.18	N	
75870	AA		VEIN X-RAY, SKULL	$9.30	$8.10	$9.30	$8.10	N	5
75872			VEIN X-RAY SKULL EPIDURAL	$64.09	$64.09	$64.09	$64.09	N	
75872	TC		VEIN X-RAY SKULL EPIDURAL	$37.88	$37.88	$37.88	$37.88	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
75872	26		VEIN X-RAY SKULL EPIDURAL	$26.21	$26.21	$26.21	$26.21	N	
75872	AA		VENOGRAPH,EPIDURAL:SUPER/INTER	$9.30	$8.10	$9.30	$8.10	N	5
75880			VEIN X-RAY, EYE SOCKET	$54.17	$54.17	$54.17	$54.17	N	
75880	TC		VEIN X-RAY, EYE SOCKET	$37.88	$37.88	$37.88	$37.88	N	
75880	26		VEIN X-RAY, EYE SOCKET	$16.29	$16.29	$16.29	$16.29	N	
75880	AA		VEIN X-RAY, EYE SOCKET	$9.30	$8.10	$9.30	$8.10	N	5
75885			VEIN X-RAY LIVER W/HEMODYNAM	$68.53	$68.53	$68.53	$68.53	N	
75885	TC		VEIN X-RAY LIVER W/HEMODYNAM	$37.04	$37.04	$37.04	$37.04	N	
75885	26		VEIN X-RAY LIVER W/HEMODYNAM	$31.50	$31.50	$31.50	$31.50	N	
75885	AA		VEIN X-RAY, LIVER	$9.30	$8.10	$9.30	$8.10	N	7
75887			VEIN X-RAY LIVER W/O HEMODYN	$68.87	$68.87	$68.87	$68.87	N	
75887	TC		VEIN X-RAY LIVER W/O HEMODYN	$37.04	$37.04	$37.04	$37.04	N	
75887	26		VEIN X-RAY LIVER W/O HEMODYN	$31.84	$31.84	$31.84	$31.84	N	
75887	AA		VEIN X-RAY, LIVER	$9.30	$8.10	$9.30	$8.10	N	7
75889			VEIN X-RAY LIVER W/HEMODYNAM	$61.71	$61.71	$61.71	$61.71	N	
75889	TC		VEIN X-RAY LIVER W/HEMODYNAM	$36.87	$36.87	$36.87	$36.87	N	
75889	26		VEIN X-RAY LIVER W/HEMODYNAM	$24.84	$24.84	$24.84	$24.84	N	
75889	AA		VEIN X-RAY, LIVER	$9.30	$8.10	$9.30	$8.10	N	7
75891			VEIN X-RAY, LIVER	$62.05	$62.05	$62.05	$62.05	N	
75891	TC		VEIN X-RAY, LIVER	$37.04	$37.04	$37.04	$37.04	N	
75891	26		VEIN X-RAY, LIVER	$25.02	$25.02	$25.02	$25.02	N	
75891	AA		VEIN X-RAY, LIVER	$9.30	$8.10	$9.30	$8.10	N	7
75893			VENOUS SAMPLING BY CATHETER	$53.14	$53.14	$53.14	$53.14	N	
75893	TC		VENOUS SAMPLING BY CATHETER	$40.94	$40.94	$40.94	$40.94	N	
75893	26		VENOUS SAMPLING BY CATHETER	$12.20	$12.20	$12.20	$12.20	N	
75893	AA		VENOUS SAMPLING BY CATHETER	$9.30	$8.10	$9.30	$8.10	N	7
75894			XRAYS, TRANSCATHETER THERAPY	$149.57	$149.57	$149.57	$149.57	N	
75894	TC		XRAYS, TRANSCATHETER THERAPY	$92.70	$92.70	$92.70	$92.70	N	
75894	26		XRAYS, TRANSCATHETER THERAPY	$56.87	$56.87	$56.87	$56.87	N	
75894	AA		XRAYS, TRANSCATHETER THERAPY	$9.30	$8.10	$9.30	$8.10	N	7
75898			FOLLOW-UP ANGIOGRAM	$100.00	$100.00	$100.00	$100.00	N	
75898	TC		FOLLOW-UP ANGIOGRAM	$37.39	$37.39	$37.39	$37.39	N	
75898	26		FOLLOW-UP ANGIOGRAM	$62.61	$62.61	$62.61	$62.61	N	
75898	AA		FOLLOW-UP ANGIOGRAM	$9.30	$8.10	$9.30	$8.10	N	7
75901			MECH REMOV PERICATH OBST MATER	$112.67	$112.67	$112.67	$112.67	N	
75901	TC		MECH REMOV PERICATH OBST MATER	$101.95	$101.95	$101.95	$101.95	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
75901	26		MECH REMOV PERICATH OBST MATER	$10.72	$10.72	$10.72	$10.72	N	
75902			MECH REM INTRALUM OBST MATERIA	$43.10	$43.10	$43.10	$43.10	N	
75902	TC		MECH REM INTRALUM OBST MATERIA	$34.32	$34.32	$34.32	$34.32	N	
75902	26		MECH REM INTRALUM OBST MATERIA	$8.78	$8.78	$8.78	$8.78	N	
75956			ENDOVASC REP DESC THOR AORTA	$173.67	$173.67	$173.67	$173.67	N	
75956	TC		ENDOVASC REP DESC THOR AORTA	$0.00	$0.00	$0.00	$0.00	N	
75956	26		ENDOVASC REP DESC THOR AORTA	$173.67	$173.67	$173.67	$173.67	N	
75957			XRAY, ENDOVASC THOR AO REPR	$148.89	$148.89	$148.89	$148.89	N	
75957	TC		XRAY, ENDOVASC THOR AO REPR	$0.00	$0.00	$0.00	$0.00	N	
75957	26		XRAY, ENDOVASC THOR AO REPR	$148.89	$148.89	$148.89	$148.89	N	
75958			XRAY, PLACE PROX EXT THOR AO	$99.10	$99.10	$99.10	$99.10	N	
75958	TC		XRAY, PLACE PROX EXT THOR AO	$0.00	$0.00	$0.00	$0.00	N	
75958	26		XRAY, PLACE PROX EXT THOR AO	$99.10	$99.10	$99.10	$99.10	N	
75959			XRAY, PLACE DIST EXT THOR AO	$86.92	$86.92	$86.92	$86.92	N	
75959	TC		XRAY, PLACE DIST EXT THOR AO	$0.00	$0.00	$0.00	$0.00	N	
75959	26		XRAY, PLACE DIST EXT THOR AO	$86.92	$86.92	$86.92	$86.92	N	
75970			TRANSCATH BXX:SUPER/INTERP	$150.00	$150.00	$150.00	$150.00	N	
75970	TC		TRANSCATH BXX:SUPER/INTERP	$120.00	$120.00	$120.00	$120.00	N	
75970	26		TRANSCATH BXX:SUPER/INTERP	$30.00	$30.00	$30.00	$30.00	N	
75970	AA		TRANSCATH BXX:SUPER/INTERP	$9.30	$8.10	$9.30	$8.10	N	7
75984			CHNG PERC CATH W/C0NTRAST MONI	$47.24	$47.24	$47.24	$47.24	N	
75984	TC		CHNG PERC CATH W/C0NTRAST MONI	$29.05	$29.05	$29.05	$29.05	N	
75984	26		CHNG PERC CATH W/C0NTRAST MONI	$18.19	$18.19	$18.19	$18.19	N	
75984	AA		CHNG PERC CATH W/CONTRAST MONI	$9.30	$8.10	$9.30	$8.10	N	7
75989			RADIOLOGIC GUIDANCE PERCU DRA	$55.20	$55.20	$55.20	$55.20	N	
75989	TC		RADIOLOGIC GUIDANCE PERCU DRA	$28.55	$28.55	$28.55	$28.55	N	
75989	26		RADIOLOGIC GUIDANCE PERCU DRA	$26.66	$26.66	$26.66	$26.66	N	
75989	AA		RADIOLOGIC GUIDANCE PERCU DRA	$9.30	$8.10	$9.30	$8.10	N	7
76000			IMAGING GUIDANCE FOR PROCEDU	$21.61	$21.61	$21.61	$21.61	N	
76000	TC		IMAGING GUIDANCE FOR PROCEDU	$14.27	$14.27	$14.27	$14.27	N	
76000	26		IMAGING GUIDANCE FOR PROCEDU	$7.34	$7.34	$7.34	$7.34	N	
76000	AA		FLUOROSCOPY,MD TIME TO 1 HR	$9.30	$8.10	$9.30	$8.10	N	7
76010			X-RAY,NOWE-RECTUM,SINGLE FILM,	$14.77	$14.77	$14.77	$14.77	N	
76010	TC		X-RAY,NOWE-RECTUM,SINGLE FILM,	$10.53	$10.53	$10.53	$10.53	N	
76010	26		X-RAY,NOWE-RECTUM,SINGLE FILM,	$4.24	$4.24	$4.24	$4.24	N	
76010	AA		X-RAY,NOWE-RECTUM,SINGLE FILM,	$9.30	$8.10	$9.30	$8.10	N	5

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
76080			X-RAY EXAM OF FISTULA	$30.03	$30.03	$30.03	$30.03	N	
76080	TC		X-RAY EXAM OF FISTULA	$18.01	$18.01	$18.01	$18.01	N	
76080	26		X-RAY EXAM OF FISTULA	$12.02	$12.02	$12.02	$12.02	N	
76080	AA		X-RAY EXAM OF FISTULA	$9.30	$8.10	$9.30	$8.10	N	3
76098			IMAGING OF SURGICAL SPECIMEN	$21.60	$21.60	$21.60	$21.60	N	
76098	TC		IMAGING OF SURGICAL SPECIMEN	$14.27	$14.27	$14.27	$14.27	N	
76098	26		IMAGING OF SURGICAL SPECIMEN	$7.33	$7.33	$7.33	$7.33	N	
76098	AA		RADIO.EXAM.,BREAST SURGICAL SP	$9.30	$8.10	$9.30	$8.10	N	3
76100			X-RAY EXAM OF BODY SECTION	$44.27	$44.27	$44.27	$44.27	N	
76100	TC		X-RAY EXAM OF BODY SECTION	$30.92	$30.92	$30.92	$30.92	N	
76100	26		X-RAY EXAM OF BODY SECTION	$13.35	$13.35	$13.35	$13.35	N	
76100	AA		X-RAY EXAM OF BODY SECTION	$9.30	$8.10	$9.30	$8.10	N	3
76120			CINEMATIC X-RAYS	$55.52	$55.52	$55.52	$55.52	N	
76120	TC		CINEMATIC X-RAYS	$46.39	$46.39	$46.39	$46.39	N	
76120	26		CINEMATIC X-RAYS	$9.13	$9.13	$9.13	$9.13	N	
76120	AA		CINEMATIC X-RAYS	$9.30	$8.10	$9.30	$8.10	N	3
76125			CINEMATIC X-RAYS	$5.00	$5.00	$5.00	$5.00	N	
76125	TC		CINEMATIC X-RAYS	$0.00	$0.00	$0.00	$0.00	N	
76125	26		CINEMATIC X-RAYS	$5.00	$5.00	$5.00	$5.00	N	
76125	AA		CINEMATIC X-RAYS	$9.30	$8.10	$9.30	$8.10	N	3
76145			MED PHYSIC DOS EVAL RAD EXPS	$501.69	$501.69	$501.69	$501.69	N	
76145	TC		MED PHYSIC DOS EVAL RAD EXPS	$301.01	$301.01	$301.01	$301.01	N	
76145	26		MED PHYSIC DOS EVAL RAD EXPS	$200.68	$200.68	$200.68	$200.68	N	
76376			3D RENDER W/O POSTPROCESS	$12.88	$12.88	$12.88	$12.88	N	
76376	TC		3D RENDER W/O POSTPROCESS	$8.32	$8.32	$8.32	$8.32	N	
76376	26		3D RENDER W/O POSTPROCESS	$4.56	$4.56	$4.56	$4.56	N	
76377			3D RENDERING W/POSTPROCESS	$39.64	$39.64	$39.64	$39.64	N	
76377	TC		3D RENDERING W/POSTPROCESS	$21.40	$21.40	$21.40	$21.40	N	
76377	26		3D RENDERING W/POSTPROCESS	$18.23	$18.23	$18.23	$18.23	N	
76380			COMP.TOMOGRAPHY,LOCAL OR F/UP	$66.64	$66.64	$66.64	$66.64	N	
76380	TC		COMP.TOMOGRAPHY,LOCAL OR F/UP	$44.86	$44.86	$44.86	$44.86	N	
76380	26		COMP.TOMOGRAPHY,LOCAL OR F/UP	$21.78	$21.78	$21.78	$21.78	N	
76380	AA		COMP.TOMOGRAPHY,LOCAL OR F/UP	$9.30	$8.10	$9.30	$8.10	N	3
76390			MAGNETIC RESONANCE SPECTROSCOP	$280.00	$280.00	$280.00	$280.00	N	
76390	TC		MAGNETIC RESONANCE SPECTROSCOP	$235.00	$235.00	$235.00	$235.00	N	
76390	26		MAGNETIC RESONANCE SPECTROSCOP	$45.00	$45.00	$45.00	$45.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
76390	AA		MAGNETIC RESONANCE SPECTROSCOP	$9.30	$8.10	$9.30	$8.10	N	3
76391			MR ELASTOGRAPHY	$102.03	$102.03	$102.03	$102.03	N	
76391	TC		MR ELASTOGRAPHY	$76.80	$76.80	$76.80	$76.80	N	
76391	26		MR ELASTOGRAPHY	$25.23	$25.23	$25.23	$25.23	N	
76496			UNLISTED FLUOROSCOPIC PX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
76496	TC		UNLISTED FLUOROSCOPIC PX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
76496	26		UNLISTED FLUOROSCOPIC PX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
76497			UNLISTED CT PROCEDURE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
76497	TC		UNLISTED CT PROCEDURE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
76497	26		UNLISTED CT PROCEDURE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
76498			UNLISTED MR PROCEDURE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
76498	TC		UNLISTED MR PROCEDURE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
76498	26		UNLISTED MR PROCEDURE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
76499			UNLISTED DX RADIOGRAPHIC PX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
76499	TC		UNLISTED DX RADIOGRAPHIC PX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
76499	26		UNLISTED DX RADIOGRAPHIC PX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
76499	AA		RADIOGRAPHIC PROCEDURE	$9.30	$8.10	$9.30	$8.10	N	3
76506			ECHO EXAM OF HEAD B-MODE COMPL	$55.09	$55.09	$55.09	$55.09	N	
76506	TC		ECHO EXAM OF HEAD B-MODE COMPL	$40.44	$40.44	$40.44	$40.44	N	
76506	26		ECHO EXAM OF HEAD B-MODE COMPL	$14.66	$14.66	$14.66	$14.66	N	
76506	AA		ECHO EXAM OF HEAD B-MODE COMPL	$9.30	$8.10	$9.30	$8.10	N	3
76510			OPH US DX B-SCAN&QUAN A-SCAN	$33.80	$33.80	$33.80	$33.80	N	
76510	TC		OPH US DX B-SCAN&QUAN A-SCAN	$14.95	$14.95	$14.95	$14.95	N	
76510	26		OPH US DX B-SCAN&QUAN A-SCAN	$18.85	$18.85	$18.85	$18.85	N	
76511			OPH US DX QUAN A-SCAN ONLY	$28.08	$28.08	$28.08	$28.08	N	
76511	TC		OPH US DX QUAN A-SCAN ONLY	$10.87	$10.87	$10.87	$10.87	N	
76511	26		OPH US DX QUAN A-SCAN ONLY	$17.21	$17.21	$17.21	$17.21	N	
76511	AA		ECHO EXAM OF EYE	$9.30	$8.10	$9.30	$8.10	N	3
76512			OPH US DX B-SCAN	$23.74	$23.74	$23.74	$23.74	N	
76512	TC		OPH US DX B-SCAN	$9.00	$9.00	$9.00	$9.00	N	
76512	26		OPH US DX B-SCAN	$14.74	$14.74	$14.74	$14.74	N	
76512	AA		ECHO EXAM OF EYE	$9.30	$8.10	$9.30	$8.10	N	3
76513			OPH US DX ANT SGM US UNI/BI	$37.29	$37.29	$37.29	$37.29	N	
76513	TC		OPH US DX ANT SGM US UNI/BI	$21.58	$21.58	$21.58	$21.58	N	
76513	26		OPH US DX ANT SGM US UNI/BI	$15.72	$15.72	$15.72	$15.72	N	
76513	AA		OPHTH.ULTRASOUND,ECHOGRAPHY:H2	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
76514			OPHTH U/S ECHOG DX CORN PACHYM	$5.63	$5.63	$5.63	$5.63	N	
76514	TC		OPHTH U/S ECHOG DX CORN PACHYM	$1.86	$1.86	$1.86	$1.86	N	
76514	26		OPHTH U/S ECHOG DX CORN PACHYM	$3.77	$3.77	$3.77	$3.77	N	
76516			ECHO EXAM OF EYE	$23.39	$23.39	$23.39	$23.39	N	
76516	TC		ECHO EXAM OF EYE	$12.40	$12.40	$12.40	$12.40	N	
76516	26		ECHO EXAM OF EYE	$10.99	$10.99	$10.99	$10.99	N	
76516	AA		ECHO EXAM OF EYE	$9.30	$8.10	$9.30	$8.10	N	3
76519			OPHTHALMIC BIOMETRY,A-MODE:W/L	$34.13	$34.13	$34.13	$34.13	N	
76519	TC		OPHTHALMIC BIOMETRY,A-MODE:W/L	$19.37	$19.37	$19.37	$19.37	N	
76519	26		OPHTHALMIC BIOMETRY,A-MODE:W/L	$14.76	$14.76	$14.76	$14.76	N	
76519	AA		OPHTHALMIC BIOMETRY,A-MODE:W/L	$9.30	$8.10	$9.30	$8.10	N	5
76529			ECHO EXAM OF EYE	$42.25	$42.25	$42.25	$42.25	N	
76529	TC		ECHO EXAM OF EYE	$27.02	$27.02	$27.02	$27.02	N	
76529	26		ECHO EXAM OF EYE	$15.24	$15.24	$15.24	$15.24	N	
76529	AA		ECHO EXAM OF EYE	$9.30	$8.10	$9.30	$8.10	N	3
76536			ECHOGRAPHY,B-SCAN/REAL TIME W/	$55.16	$55.16	$55.16	$55.16	N	
76536	TC		ECHOGRAPHY,B-SCAN/REAL TIME W/	$42.14	$42.14	$42.14	$42.14	N	
76536	26		ECHOGRAPHY,B-SCAN/REAL TIME W/	$13.03	$13.03	$13.03	$13.03	N	
76536	AA		ECHOGRAPHY,B-SCAN/REAL TIME W/	$9.30	$8.10	$9.30	$8.10	N	3
76604			ECHO EXAM OF CHEST	$28.97	$28.97	$28.97	$28.97	N	
76604	TC		ECHO EXAM OF CHEST	$15.80	$15.80	$15.80	$15.80	N	
76604	26		ECHO EXAM OF CHEST	$13.17	$13.17	$13.17	$13.17	N	
76604	AA		ECHO EXAM OF CHEST	$9.30	$8.10	$9.30	$8.10	N	3
76641			ULTRASOUND BREAST COMPLETE	$51.26	$51.26	$51.26	$51.26	N	
76641	TC		ULTRASOUND BREAST COMPLETE	$34.32	$34.32	$34.32	$34.32	N	
76641	26		ULTRASOUND BREAST COMPLETE	$16.94	$16.94	$16.94	$16.94	N	
76641	AA		ULTRASOUND BREAST COMPLETE	$9.30	$8.10	$9.30	$8.10	N	7
76642			ULTRASOUND BREAST LIMITED	$42.47	$42.47	$42.47	$42.47	N	
76642	TC		ULTRASOUND BREAST LIMITED	$26.68	$26.68	$26.68	$26.68	N	
76642	26		ULTRASOUND BREAST LIMITED	$15.80	$15.80	$15.80	$15.80	N	
76642	AA		ULTRASOUND BREAST LIMITED	$9.30	$9.30	$9.30	$9.30	N	7
76700			ECHO EXAM OF ABDOMEN	$57.97	$57.97	$57.97	$57.97	N	
76700	TC		ECHO EXAM OF ABDOMEN	$39.41	$39.41	$39.41	$39.41	N	
76700	26		ECHO EXAM OF ABDOMEN	$18.56	$18.56	$18.56	$18.56	N	
76700	AA		ECHO EXAM OF ABDOMEN	$9.30	$8.10	$9.30	$8.10	N	3
76705			ECHO EXAM OF ABDOMEN	$43.58	$43.58	$43.58	$43.58	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
76705	TC		ECHO EXAM OF ABDOMEN	$30.07	$30.07	$30.07	$30.07	N	
76705	26		ECHO EXAM OF ABDOMEN	$13.51	$13.51	$13.51	$13.51	N	
76705	AA		ECHO EXAM OF ABDOMEN	$9.30	$8.10	$9.30	$8.10	N	3
76706			US ABDL AORTA SCREEN AAA	$53.82	$53.82	$53.82	$53.82	N	
76706	TC		US ABDL AORTA SCREEN AAA	$41.29	$41.29	$41.29	$41.29	N	
76706	26		US ABDL AORTA SCREEN AAA	$12.53	$12.53	$12.53	$12.53	N	
76706	AA		US ABDL AORTA SCREEN AAA	$9.30	$8.10	$9.30	$8.10	N	7
76770			ECHO EXAM ABDOMEN BACK WALL	$54.13	$54.13	$54.13	$54.13	N	
76770	TC		ECHO EXAM ABDOMEN BACK WALL	$37.20	$37.20	$37.20	$37.20	N	
76770	26		ECHO EXAM ABDOMEN BACK WALL	$16.93	$16.93	$16.93	$16.93	N	
76770	AA		ECHO EXAM ABDOMEN BACK WALL	$9.30	$8.10	$9.30	$8.10	N	3
76775			ECHO EXAM ABDOMEN BACK WALL	$30.34	$30.34	$30.34	$30.34	N	
76775	TC		ECHO EXAM ABDOMEN BACK WALL	$16.99	$16.99	$16.99	$16.99	N	
76775	26		ECHO EXAM ABDOMEN BACK WALL	$13.35	$13.35	$13.35	$13.35	N	
76775	AA		ECHO EXAM ABDOMEN BACK WALL	$9.30	$8.10	$9.30	$8.10	N	3
76776			US EXAM K TRANSPL W/DOPPLER	$73.65	$73.65	$73.65	$73.65	N	
76776	TC		US EXAM K TRANSPL W/DOPPLER	$56.24	$56.24	$56.24	$56.24	N	
76776	26		US EXAM K TRANSPL W/DOPPLER	$17.42	$17.42	$17.42	$17.42	N	
76776	AA		US EXAM K TRANSPL W/DOPPLER	$9.30	$8.10	$9.30	$8.10	N	7
76800			ECHHGRAPHY,SPINAL CANAL&CONTEN	$86.62	$86.62	$86.62	$86.62	N	
76800	TC		ECHHGRAPHY,SPINAL CANAL&CONTEN	$55.91	$55.91	$55.91	$55.91	N	
76800	26		ECHHGRAPHY,SPINAL CANAL&CONTEN	$30.72	$30.72	$30.72	$30.72	N	
76800	AA		ECHOGRAPHY,SPINAL CANAL&CONTEN	$9.30	$8.10	$9.30	$8.10	N	3
76801			U/S PREG UTERUS 1ST TRIM SINGL	$58.31	$58.31	$58.31	$58.31	N	
76801	TC		U/S PREG UTERUS 1ST TRIM SINGL	$35.51	$35.51	$35.51	$35.51	N	
76801	26		U/S PREG UTERUS 1ST TRIM SINGL	$22.80	$22.80	$22.80	$22.80	N	
76801	UD		U/S PREG UTERUS 1ST TRIM SINGL	$214.33	$214.33	$214.33	$214.33	N	
76802			U/S PREG UTER 1ST TRIM EAC ADD	$29.59	$29.59	$29.59	$29.59	N	
76802	TC		U/S PREG UTER 1ST TRIM EAC ADD	$10.54	$10.54	$10.54	$10.54	N	
76802	26		U/S PREG UTER 1ST TRIM EAC ADD	$19.05	$19.05	$19.05	$19.05	N	
76802	UD		U/S PREG UTER 1ST TRIM EAC ADD	$108.43	$108.43	$108.43	$108.43	N	
76805			OB US >= 14 WKS SNGL FETUS	$67.31	$67.31	$67.31	$67.31	N	
76805	TC		OB US >= 14 WKS SNGL FETUS	$44.34	$44.34	$44.34	$44.34	N	
76805	26		OB US >= 14 WKS SNGL FETUS	$22.97	$22.97	$22.97	$22.97	N	
76805	AA		ECHO EXAM OF PREG.UTERUS	$9.30	$8.10	$9.30	$8.10	N	3
76805	UD		U/S PREG UTERUS >OR=14 WEEKS	$248.38	$248.38	$248.38	$248.38	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
76810			OB US >= 14 WKS ADDL FETUS	$43.03	$43.03	$43.03	$43.03	N	
76810	TC		OB US >= 14 WKS ADDL FETUS	$20.56	$20.56	$20.56	$20.56	N	
76810	26		OB US >= 14 WKS ADDL FETUS	$22.48	$22.48	$22.48	$22.48	N	
76810	AA		ECHOGRAPHY,PREG.UTERUS..COMP.	$9.30	$8.10	$9.30	$8.10	N	3
76810	UD		U/S PREG UTERUS >OR= 14 WEEKS	$158.67	$158.67	$158.67	$158.67	N	
76811			U/S PREG UTER/FETAL ANAT EXAM	$88.50	$88.50	$88.50	$88.50	N	
76811	TC		U/S PREG UTER/FETAL ANAT EXAM	$45.02	$45.02	$45.02	$45.02	N	
76811	26		U/S PREG UTER/FETAL ANAT EXAM	$43.48	$43.48	$43.48	$43.48	N	
76812			U/S PREG UTER FET ANAT EXAM EA	$94.57	$94.57	$94.57	$94.57	N	
76812	TC		U/S PREG UTER FET ANAT EXAM EA	$53.69	$53.69	$53.69	$53.69	N	
76812	26		U/S PREG UTER FET ANAT EXAM EA	$40.88	$40.88	$40.88	$40.88	N	
76813			OB US NUCHAL MEAS, 1 GEST	$56.60	$56.60	$56.60	$56.60	N	
76813	TC		OB US NUCHAL MEAS, 1 GEST	$29.57	$29.57	$29.57	$29.57	N	
76813	26		OB US NUCHAL MEAS, 1 GEST	$27.03	$27.03	$27.03	$27.03	N	
76813	AA		OB US NUCHAL MEAS, 1 GEST	$9.30	$8.10	$9.30	$8.10	N	7
76814			OB US NUCHAL MEAS, ADD-ON	$36.40	$36.40	$36.40	$36.40	N	
76814	TC		OB US NUCHAL MEAS, ADD-ON	$13.76	$13.76	$13.76	$13.76	N	
76814	26		OB US NUCHAL MEAS, ADD-ON	$22.64	$22.64	$22.64	$22.64	N	
76815			U/S PREG UTERUS LIMITED	$40.46	$40.46	$40.46	$40.46	N	
76815	TC		U/S PREG UTERUS LIMITED	$25.49	$25.49	$25.49	$25.49	N	
76815	26		U/S PREG UTERUS LIMITED	$14.98	$14.98	$14.98	$14.98	N	
76815	AA		ECHO EXAM FOR FETAL GROWTH	$9.30	$8.10	$9.30	$8.10	N	3
76815	UD		U/S PREG UTERUS LIMITED	$148.07	$148.07	$148.07	$148.07	N	
76816			U/S PREG UTERUS FU PER FETUS	$54.38	$54.38	$54.38	$54.38	N	
76816	TC		U/S PREG UTERUS FU PER FETUS	$34.83	$34.83	$34.83	$34.83	N	
76816	26		U/S PREG UTERUS FU PER FETUS	$19.55	$19.55	$19.55	$19.55	N	
76816	AA		ECHOGRAPHY..PG UTERUS:FOLLOW-U	$9.30	$8.10	$9.30	$8.10	N	3
76816	UD		ECHOGRAPHY..PG UTERUS:FOLLOW-U	$201.26	$201.26	$201.26	$201.26	N	
76817			U/S PREG UTERUS TRANSVAGINAL	$45.97	$45.97	$45.97	$45.97	N	
76817	TC		U/S PREG UTERUS TRANSVAGINAL	$28.72	$28.72	$28.72	$28.72	N	
76817	26		U/S PREG UTERUS TRANSVAGINAL	$17.26	$17.26	$17.26	$17.26	N	
76817	UD		U/S PREG UTERUS TRANSVAGINAL	$169.40	$169.40	$169.40	$169.40	N	
76818			FETAL BIOPHYSICAL PROFILE	$59.44	$59.44	$59.44	$59.44	N	
76818	TC		FETAL BIOPHYSICAL PROFILE	$35.33	$35.33	$35.33	$35.33	N	
76818	26		FETAL BIOPHYSICAL PROFILE	$24.11	$24.11	$24.11	$24.11	N	
76818	AA		FETAL BIOPHYSICAL PROFILE	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
76819			FETAL BIOPHYSICAL PROFILE	$42.90	$42.90	$42.90	$42.90	N	
76819	TC		FETAL BIOPHYSICAL PROFILE	$25.31	$25.31	$25.31	$25.31	N	
76819	26		FETAL BIOPHYSICAL PROFILE	$17.59	$17.59	$17.59	$17.59	N	
76819	AA		FETAL BIOPHYSICAL PROFILE	$9.30	$8.10	$9.30	$8.10	N	3
76820			UMBILICAL ARTERY ECHO	$21.93	$21.93	$21.93	$21.93	N	
76820	TC		UMBILICAL ARTERY ECHO	$10.53	$10.53	$10.53	$10.53	N	
76820	26		UMBILICAL ARTERY ECHO	$11.40	$11.40	$11.40	$11.40	N	
76821			MIDDLE CEREBRAL ARTERY ECHO	$43.99	$43.99	$43.99	$43.99	N	
76821	TC		MIDDLE CEREBRAL ARTERY ECHO	$27.87	$27.87	$27.87	$27.87	N	
76821	26		MIDDLE CEREBRAL ARTERY ECHO	$16.12	$16.12	$16.12	$16.12	N	
76825			ECHOCARDIOGRAPHY, FETAL HEART-	$128.66	$128.66	$128.66	$128.66	N	
76825	TC		ECHOCARDIOGRAPHY, FETAL HEART-	$90.73	$90.73	$90.73	$90.73	N	
76825	26		ECHOCARDIOGRAPHY, FETAL HEART-	$37.93	$37.93	$37.93	$37.93	N	
76825	AA		ECHOCARDIOGRAPHY, FETAL HEART-	$9.30	$8.10	$9.30	$8.10	N	3
76826			ECHOCARDIOGRAPHY/FETAL REAL TI	$77.50	$77.50	$77.50	$77.50	N	
76826	TC		ECHOCARDIOGRAPHY/FETAL REAL TI	$58.62	$58.62	$58.62	$58.62	N	
76826	26		ECHOCARDIOGRAPHY/FETAL REAL TI	$18.89	$18.89	$18.89	$18.89	N	
76826	AA		ECHOCARDIOGRAPHY/FETAL REAL TI	$9.30	$8.10	$9.30	$8.10	N	3
76827			DOPPLER ECHOCARDIOGRAPHY FETAL	$34.42	$34.42	$34.42	$34.42	N	
76827	TC		DOPPLER ECHOCARDIOGRAPHY FETAL	$21.07	$21.07	$21.07	$21.07	N	
76827	26		DOPPLER ECHOCARDIOGRAPHY FETAL	$13.35	$13.35	$13.35	$13.35	N	
76827	AA		DOPPLER ECHOCARDIOGRAPHY FETAL	$9.30	$8.10	$9.30	$8.10	N	3
76828			DOPPLER ECG...FU/REPEAT STUDY	$23.91	$23.91	$23.91	$23.91	N	
76828	TC		DOPPLER ECG...FU/REPEAT STUDY	$11.21	$11.21	$11.21	$11.21	N	
76828	26		DOPPLER ECG...FU/REPEAT STUDY	$12.70	$12.70	$12.70	$12.70	N	
76828	AA		DOPPLER ECG...FU/REPEAT STUDY	$9.30	$8.10	$9.30	$8.10	N	3
76830			ECHOGRAPHY,TRANSVAGINAL	$59.28	$59.28	$59.28	$59.28	N	
76830	TC		ECHOGRAPHY,TRANSVAGINAL	$43.32	$43.32	$43.32	$43.32	N	
76830	26		ECHOGRAPHY,TRANSVAGINAL	$15.96	$15.96	$15.96	$15.96	N	
76830	AA		ECHOGRAPHY,TRANSVAGINAL	$9.30	$8.10	$9.30	$8.10	N	3
76830	UD		ECHOGRAPHY,TRANSVAGINAL	$219.11	$219.11	$219.11	$219.11	N	
76831			HYSTEROSONOGRAPHY	$57.39	$57.39	$57.39	$57.39	N	
76831	TC		HYSTEROSONOGRAPHY	$40.78	$40.78	$40.78	$40.78	N	
76831	26		HYSTEROSONOGRAPHY	$16.62	$16.62	$16.62	$16.62	N	
76831	AA		HYSTEROSONOGRAPHY	$9.30	$8.10	$9.30	$8.10	N	3
76856			ECHOGRAPHY, PELVIC, REAL TIME	$52.66	$52.66	$52.66	$52.66	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
76856	TC		ECHOGRAPHY, PELVIC, REAL TIME	$36.87	$36.87	$36.87	$36.87	N	
76856	26		ECHOGRAPHY, PELVIC, REAL TIME	$15.79	$15.79	$15.79	$15.79	N	
76856	AA		ECHOGRAPHY, PELVIC, REAL TIME	$9.30	$8.10	$9.30	$8.10	N	3
76857			ECHOGRAPHY, PELVIC,LIMITED OR	$24.98	$24.98	$24.98	$24.98	N	
76857	TC		ECHOGRAPHY, PELVIC,LIMITED OR	$13.59	$13.59	$13.59	$13.59	N	
76857	26		ECHOGRAPHY, PELVIC,LIMITED OR	$11.39	$11.39	$11.39	$11.39	N	
76857	AA		ECHOGRAPHY, PELVIC,LIMITED OR	$9.30	$8.10	$9.30	$8.10	N	3
76857	FP		ECHOGRAPHY, PELVIC, LIMITED	$97.31	$97.31	$97.31	$97.31	N	
76857	SA		ECHOGRAPHY, PELVIC, LIMITED	$12.91	$12.91	$12.91	$12.91	N	
76870			ECHOGRAPHY,SCROTUM AND CONTENT	$50.15	$50.15	$50.15	$50.15	N	
76870	TC		ECHOGRAPHY,SCROTUM AND CONTENT	$35.51	$35.51	$35.51	$35.51	N	
76870	26		ECHOGRAPHY,SCROTUM AND CONTENT	$14.65	$14.65	$14.65	$14.65	N	
76870	AA		ECHOGRAPHY,SCROTUM AND CONTENT	$9.30	$8.10	$9.30	$8.10	N	3
76872			ECHOGRAPHY,TRANSRECTAL	$71.36	$71.36	$71.36	$71.36	N	
76872	TC		ECHOGRAPHY,TRANSRECTAL	$55.73	$55.73	$55.73	$55.73	N	
76872	26		ECHOGRAPHY,TRANSRECTAL	$15.63	$15.63	$15.63	$15.63	N	
76872	AA		ECHOGRAPHY,PROSTATE,TRANSRECTA	$9.30	$8.10	$9.30	$8.10	N	3
76873			TRANSRECTAL ECHOGRAPHY	$87.48	$87.48	$87.48	$87.48	N	
76873	TC		TRANSRECTAL ECHOGRAPHY	$50.46	$50.46	$50.46	$50.46	N	
76873	26		TRANSRECTAL ECHOGRAPHY	$37.02	$37.02	$37.02	$37.02	N	
76873	AA		TRANSRECTAL ECHOGRAPHY	$9.30	$8.10	$9.30	$8.10	N	3
76881			ULTRASOUND OF LEG OR ARM	$26.28	$26.28	$26.28	$26.28	N	
76881	TC		ULTRASOUND OF LEG OR ARM	$5.44	$5.44	$5.44	$5.44	N	
76881	26		ULTRASOUND OF LEG OR ARM	$20.85	$20.85	$20.85	$20.85	N	
76882			ULTRASOUND OF ARM OR LEG	$32.09	$32.09	$32.09	$32.09	N	
76882	TC		ULTRASOUND OF ARM OR LEG	$16.14	$16.14	$16.14	$16.14	N	
76882	26		ULTRASOUND OF ARM OR LEG	$15.95	$15.95	$15.95	$15.95	N	
76883			US NRV&ACC STRUX 1XTR COMPRE	$35.66	$35.66	$35.66	$35.66	N	
76883	TC		US NRV&ACC STRUX 1XTR COMPRE	$7.65	$7.65	$7.65	$7.65	N	
76883	26		US NRV&ACC STRUX 1XTR COMPRE	$28.01	$28.01	$28.01	$28.01	N	
76885			ECHOGRAPHY INFANT HIPS	$63.31	$63.31	$63.31	$63.31	N	
76885	TC		ECHOGRAPHY INFANT HIPS	$46.21	$46.21	$46.21	$46.21	N	
76885	26		ECHOGRAPHY INFANT HIPS	$17.09	$17.09	$17.09	$17.09	N	
76885	AA		ECHOGRAPHY INFANT HIPS	$9.30	$8.10	$9.30	$8.10	N	3
76886			ECHOGRAPHY INFANT HIPS	$49.84	$49.84	$49.84	$49.84	N	
76886	TC		ECHOGRAPHY INFANT HIPS	$35.51	$35.51	$35.51	$35.51	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
76886	26		ECHOGRAPHY INFANT HIPS	$14.33	$14.33	$14.33	$14.33	N	
76886	AA		ECHOGRAPHY INFANT HIPS	$9.30	$8.10	$9.30	$8.10	N	3
76932			ULTRASONIC GUID.ENDOMYOCARD BI	$42.00	$42.00	$42.00	$42.00	N	
76932	TC		ULTRASONIC GUID.ENDOMYOCARD BI	$22.00	$22.00	$22.00	$22.00	N	
76932	26		ULTRASONIC GUID.ENDOMYOCARD BI	$20.00	$20.00	$20.00	$20.00	N	
76932	AA		ULTRASONIC GUID.ENDOMYOCARD BI	$9.30	$8.10	$9.30	$8.10	N	7
76936			ART-PSEDO ANEURYSM/AV FIST APR	$129.10	$129.10	$129.10	$129.10	N	
76936	TC		ART-PSEDO ANEURYSM/AV FIST APR	$83.93	$83.93	$83.93	$83.93	N	
76936	26		ART-PSEDO ANEURYSM/AV FIST APR	$45.17	$45.17	$45.17	$45.17	N	
76936	AA		ART-PSEDO ANEURYSM/AB FIST RPR	$9.30	$8.10	$9.30	$8.10	N	7
76937			U/S GUID FOR VASCULAR ACCESS	$19.23	$19.23	$19.23	$19.23	N	
76937	TC		U/S GUID FOR VASCULAR ACCESS	$12.74	$12.74	$12.74	$12.74	N	
76937	26		U/S GUID FOR VASCULAR ACCESS	$6.50	$6.50	$6.50	$6.50	N	
76940			U/S GUID VISCERAL TISS ABLAT	$92.90	$92.90	$92.90	$92.90	N	
76940	TC		U/S GUID VISCERAL TISS ABLAT	$72.66	$72.66	$72.66	$72.66	N	
76940	26		U/S GUID VISCERAL TISS ABLAT	$20.24	$20.24	$20.24	$20.24	N	
76941			INTRAUTERINE TRANSFU/CORDOCENT	$57.00	$57.00	$57.00	$57.00	N	
76941	TC		INTRAUTERINE TRANSFU/CORDOCENT	$25.00	$25.00	$25.00	$25.00	N	
76941	26		INTRAUTERINE TRANSFU/CORDOCENT	$32.00	$32.00	$32.00	$32.00	N	
76941	AA		INTRAUTERINE TRANSFU/CORDOCENT	$9.30	$8.10	$9.30	$8.10	N	7
76941	UD		INTRAUTERINE TRANSFU/CORDOCENT	$112.18	$112.18	$112.18	$112.18	N	
76942			ECHO GUIDE FOR BIOPSY	$29.40	$29.40	$29.40	$29.40	N	
76942	TC		ECHO GUIDE FOR BIOPSY	$14.78	$14.78	$14.78	$14.78	N	
76942	26		ECHO GUIDE FOR BIOPSY	$14.62	$14.62	$14.62	$14.62	N	
76942	AA		ECHO GUIDE FOR BIOPSY	$9.30	$8.10	$9.30	$8.10	N	7
76945			ULTRASONIC GUIDE/COLL/DRAIN:CO	$40.00	$40.00	$40.00	$40.00	N	
76945	TC		ULTRASONIC GUIDE/COLL/DRAIN:CO	$20.00	$20.00	$20.00	$20.00	N	
76945	26		ULTRASONIC GUIDE/COLL/DRAIN:CO	$20.00	$20.00	$20.00	$20.00	N	
76945	AA		US GUIDE CHORIONIC VILUS SAMPL	$9.30	$8.10	$9.30	$8.10	N	5
76946			ECHO GUIDE-AMNIOCENTESIS	$16.61	$16.61	$16.61	$16.61	N	
76946	TC		ECHO GUIDE-AMNIOCENTESIS	$7.81	$7.81	$7.81	$7.81	N	
76946	26		ECHO GUIDE-AMNIOCENTESIS	$8.80	$8.80	$8.80	$8.80	N	
76946	AA		ECHO GUIDE-AMNIOCENTESIS	$9.30	$8.10	$9.30	$8.10	N	5
76948			ULTRASONIC GUIDE,ASPIRE OVA,	$39.95	$39.95	$39.95	$39.95	N	
76948	TC		ULTRASONIC GUIDE,ASPIRE OVA,	$24.64	$24.64	$24.64	$24.64	N	
76948	26		ULTRASONIC GUIDE,ASPIRE OVA,	$15.31	$15.31	$15.31	$15.31	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
76948	AA		ULTRASONIC GUIDE,ASPIRE OVA,	$9.30	$8.10	$9.30	$8.10	N	5
76965			ECHO GUIDANCE RADIOTHERAPY	$47.26	$47.26	$47.26	$47.26	N	
76965	TC		ECHO GUIDANCE RADIOTHERAPY	$14.27	$14.27	$14.27	$14.27	N	
76965	26		ECHO GUIDANCE RADIOTHERAPY	$32.99	$32.99	$32.99	$32.99	N	
76965	AA		ECHO GUIDANCE RADIOTHERAPY	$9.30	$8.10	$9.30	$8.10	N	5
76975			GI ENDOSCOPIC ULTRASOUND SU&I	$60.00	$60.00	$60.00	$60.00	N	
76975	TC		GI ENDOSCOPIC ULTRASOUND SU&I	$33.00	$33.00	$33.00	$33.00	N	
76975	26		GI ENDOSCOPIC ULTRASOUND SU&I	$27.00	$27.00	$27.00	$27.00	N	
76975	AA		GI ENDOSCOPIC ULTRASOUND SU&I	$9.30	$8.10	$9.30	$8.10	N	3
76977			ULTRASOUND BONE DENSITY MEASUR	$3.68	$3.68	$3.68	$3.68	N	
76977	TC		ULTRASOUND BONE DENSITY MEASUR	$2.38	$2.38	$2.38	$2.38	N	
76977	26		ULTRASOUND BONE DENSITY MEASUR	$1.31	$1.31	$1.31	$1.31	N	
76978			US TRGT DYN MBUBB 1ST LES	$97.26	$97.26	$97.26	$97.26	N	
76978	TC		US TRGT DYN MBUBB 1ST LES	$60.15	$60.15	$60.15	$60.15	N	
76978	26		US TRGT DYN MBUBB 1ST LES	$37.11	$37.11	$37.11	$37.11	N	
76979			US TRGT DYN MBUBB EA ADDL	$62.01	$62.01	$62.01	$62.01	N	
76979	TC		US TRGT DYN MBUBB EA ADDL	$42.48	$42.48	$42.48	$42.48	N	
76979	26		US TRGT DYN MBUBB EA ADDL	$19.53	$19.53	$19.53	$19.53	N	
76981			USE PARENCHYMA	$53.26	$53.26	$53.26	$53.26	N	
76981	TC		USE PARENCHYMA	$39.41	$39.41	$39.41	$39.41	N	
76981	26		USE PARENCHYMA	$13.85	$13.85	$13.85	$13.85	N	
76982			USE 1ST TARGET LESION	$46.47	$46.47	$46.47	$46.47	N	
76982	TC		USE 1ST TARGET LESION	$32.79	$32.79	$32.79	$32.79	N	
76982	26		USE 1ST TARGET LESION	$13.68	$13.68	$13.68	$13.68	N	
76983			USE EA ADDL TARGET LESION	$29.77	$29.77	$29.77	$29.77	N	
76983	TC		USE EA ADDL TARGET LESION	$18.52	$18.52	$18.52	$18.52	N	
76983	26		USE EA ADDL TARGET LESION	$11.26	$11.26	$11.26	$11.26	N	
76984			DX INTRAOP THORACIC AORTA US	$15.17	$15.17	$15.17	$15.17	N	
76984	TC		DX INTRAOP THORACIC AORTA US	$0.00	$0.00	$0.00	$0.00	N	
76984	26		DX INTRAOP THORACIC AORTA US	$15.17	$15.17	$15.17	$15.17	N	
76987			DX INTRAOP EPICAR CAR US CHD	$46.30	$46.30	$46.30	$46.30	N	
76987	TC		DX INTRAOP EPICAR CAR US CHD	$0.00	$0.00	$0.00	$0.00	N	
76987	26		DX INTRAOP EPICAR CAR US CHD	$46.30	$46.30	$46.30	$46.30	N	
76988			DX NTROP EPCR US CHD IMG ACQ	$29.50	$29.50	$29.50	$29.50	N	
76988	TC		DX NTROP EPCR US CHD IMG ACQ	$0.00	$0.00	$0.00	$0.00	N	
76988	26		DX NTROP EPCR US CHD IMG ACQ	$29.50	$29.50	$29.50	$29.50	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
76989			DX INTRAOP EPCAR US CHD I&R	$17.31	$17.31	$17.31	$17.31	N	
76989	TC		DX INTRAOP EPCAR US CHD I&R	$0.00	$0.00	$0.00	$0.00	N	
76989	26		DX INTRAOP EPCAR US CHD I&R	$17.31	$17.31	$17.31	$17.31	N	
76998			US GUIDE, INTRAOP	$99.10	$99.10	$99.10	$99.10	N	
76998	TC		US GUIDE, INTRAOP	$67.83	$67.83	$67.83	$67.83	N	
76998	26		US GUIDE, INTRAOP	$31.27	$31.27	$31.27	$31.27	N	
76998	AA		US GUIDE, INTRAOP	$9.30	$8.10	$9.30	$8.10	N	7
76998	UD		U/S GUIDANCE, INTRAOP	$81.88	$81.88	$81.88	$81.88	N	
76999			ECHO EXAMINATION PROCEDURE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
76999	TC		ECHO EXAMINATION PROCEDURE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
76999	26		ECHO EXAMINATION PROCEDURE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
76999	AA		ECHO EXAMINATION PROCEDURE	$9.30	$8.10	$9.30	$8.10	N	5
77001			FLUOROGUIDE FOR VEIN DEVICE	$49.05	$49.05	$49.05	$49.05	N	
77001	TC		FLUOROGUIDE FOR VEIN DEVICE	$40.27	$40.27	$40.27	$40.27	N	
77001	26		FLUOROGUIDE FOR VEIN DEVICE	$8.78	$8.78	$8.78	$8.78	N	
77002			NEEDLE LOCALIZATION BY XRAY	$57.40	$57.40	$57.40	$57.40	N	
77002	TC		NEEDLE LOCALIZATION BY XRAY	$44.52	$44.52	$44.52	$44.52	N	
77002	26		NEEDLE LOCALIZATION BY XRAY	$12.88	$12.88	$12.88	$12.88	N	
77002	AA		NEEDLE LOCALIZATION BY XRAY	$9.30	$8.10	$9.30	$8.10	N	7
77003			FLUOROGUIDE FOR SPINE INJECT	$51.73	$51.73	$51.73	$51.73	N	
77003	TC		FLUOROGUIDE FOR SPINE INJECT	$38.06	$38.06	$38.06	$38.06	N	
77003	26		FLUOROGUIDE FOR SPINE INJECT	$13.67	$13.67	$13.67	$13.67	N	
77011			CT SCAN FOR LOCALIZATION	$109.90	$109.90	$109.90	$109.90	N	
77011	TC		CT SCAN FOR LOCALIZATION	$80.04	$80.04	$80.04	$80.04	N	
77011	26		CT SCAN FOR LOCALIZATION	$29.87	$29.87	$29.87	$29.87	N	
77011	AA		CT SCAN FOR LOCALIZATION	$9.30	$8.10	$9.30	$8.10	N	7
77012			CT SCAN FOR NEEDLE BIOPSY	$62.71	$62.71	$62.71	$62.71	N	
77012	TC		CT SCAN FOR NEEDLE BIOPSY	$29.22	$29.22	$29.22	$29.22	N	
77012	26		CT SCAN FOR NEEDLE BIOPSY	$33.49	$33.49	$33.49	$33.49	N	
77012	AA		CT SCAN FOR NEEDLE BIOPSY	$9.30	$8.10	$9.30	$8.10	N	7
77013			CT GUIDE FOR TISSUE ABLATION	$148.63	$148.63	$148.63	$148.63	N	
77013	TC		CT GUIDE FOR TISSUE ABLATION	$0.00	$0.00	$0.00	$0.00	N	
77013	26		CT GUIDE FOR TISSUE ABLATION	$148.63	$148.63	$148.63	$148.63	N	
77013	AA		CT GUIDE FOR TISSUE ABLATION	$9.30	$8.10	$9.30	$8.10	N	7
77014			CT SCAN FOR THERAPY GUIDE	$59.98	$59.98	$59.98	$59.98	N	
77014	TC		CT SCAN FOR THERAPY GUIDE	$37.72	$37.72	$37.72	$37.72	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
77014	26		CT SCAN FOR THERAPY GUIDE	$22.26	$22.26	$22.26	$22.26	N	
77014	AA		CT SCAN FOR THERAPY GUIDE	$9.30	$8.10	$9.30	$8.10	N	7
77021			MRI GUIDANCE NDL PLMT RS&I	$210.39	$210.39	$210.39	$210.39	N	
77021	TC		MRI GUIDANCE NDL PLMT RS&I	$176.20	$176.20	$176.20	$176.20	N	
77021	26		MRI GUIDANCE NDL PLMT RS&I	$34.18	$34.18	$34.18	$34.18	N	
77022			MRI GDN PARNCHYMA TISS ABLTJ	$165.86	$165.86	$165.86	$165.86	N	
77022	TC		MRI GDN PARNCHYMA TISS ABLTJ	$0.00	$0.00	$0.00	$0.00	N	
77022	26		MRI GDN PARNCHYMA TISS ABLTJ	$165.86	$165.86	$165.86	$165.86	N	
77022	AA		MRI FOR TISSUE ABLATION	$9.30	$8.10	$9.30	$8.10	N	7
77046			MRI BREAST C- UNILATERAL	$108.14	$108.14	$108.14	$108.14	N	
77046	TC		MRI BREAST C- UNILATERAL	$75.10	$75.10	$75.10	$75.10	N	
77046	26		MRI BREAST C- UNILATERAL	$33.04	$33.04	$33.04	$33.04	N	
77047			MRI BREAST C- BILATERAL	$111.39	$111.39	$111.39	$111.39	N	
77047	TC		MRI BREAST C- BILATERAL	$74.76	$74.76	$74.76	$74.76	N	
77047	26		MRI BREAST C- BILATERAL	$36.63	$36.63	$36.63	$36.63	N	
77048			MRI BREAST C-+ W/CAD UNI	$171.53	$171.53	$171.53	$171.53	N	
77048	TC		MRI BREAST C-+ W/CAD UNI	$123.02	$123.02	$123.02	$123.02	N	
77048	26		MRI BREAST C-+ W/CAD UNI	$48.51	$48.51	$48.51	$48.51	N	
77049			MRI BREAST C-+ W/CAD BI	$174.55	$174.55	$174.55	$174.55	N	
77049	TC		MRI BREAST C-+ W/CAD BI	$121.49	$121.49	$121.49	$121.49	N	
77049	26		MRI BREAST C-+ W/CAD BI	$53.06	$53.06	$53.06	$53.06	N	
77053			X-RAY OF MAMMARY DUCT	$26.99	$26.99	$26.99	$26.99	N	
77053	TC		X-RAY OF MAMMARY DUCT	$18.69	$18.69	$18.69	$18.69	N	
77053	26		X-RAY OF MAMMARY DUCT	$8.31	$8.31	$8.31	$8.31	N	
77053	AA		X-RAY OF MAMMARY DUCT	$9.30	$8.10	$9.30	$8.10	N	7
77054			X-RAY OF MAMMARY DUCTS	$34.89	$34.89	$34.89	$34.89	N	
77054	TC		X-RAY OF MAMMARY DUCTS	$24.64	$24.64	$24.64	$24.64	N	
77054	26		X-RAY OF MAMMARY DUCTS	$10.25	$10.25	$10.25	$10.25	N	
77054	AA		X-RAY OF MAMMARY DUCTS	$9.30	$8.10	$9.30	$8.10	N	7
77063			BREAST TOMOSYNTHESIS BI	$26.08	$26.08	$26.08	$26.08	N	
77063	TC		BREAST TOMOSYNTHESIS BI	$12.24	$12.24	$12.24	$12.24	N	
77063	26		BREAST TOMOSYNTHESIS BI	$13.84	$13.84	$13.84	$13.84	N	
77063	AA		BREAST TOMOSYNTHESIS BILATERAL	$9.30	$8.10	$9.30	$8.10	N	7
77065			DX MAMMO INCL CAD UNI	$63.23	$63.23	$63.23	$63.23	N	
77065	TC		DX MAMMO INCL CAD UNI	$44.68	$44.68	$44.68	$44.68	N	
77065	26		DX MAMMO INCL CAD UNI	$18.56	$18.56	$18.56	$18.56	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
77066			DX MAMMO INCL CAD BI	$79.70	$79.70	$79.70	$79.70	N	
77066	TC		DX MAMMO INCL CAD BI	$56.92	$56.92	$56.92	$56.92	N	
77066	26		DX MAMMO INCL CAD BI	$22.79	$22.79	$22.79	$22.79	N	
77067			SCR MAMMO BI INCL CAD	$64.65	$64.65	$64.65	$64.65	N	
77067	TC		SCR MAMMO BI INCL CAD	$47.07	$47.07	$47.07	$47.07	N	
77067	26		SCR MAMMO BI INCL CAD	$17.59	$17.59	$17.59	$17.59	N	
77071			MNL APPL STRS JT RADIOGRAPHY	$27.26	$27.26	$27.26	$27.26	N	
77071	TC		MNL APPL STRS JT RADIOGRAPHY	$16.36	$16.36	$16.36	$16.36	N	
77071	26		MNL APPL STRS JT RADIOGRAPHY	$10.90	$10.90	$10.90	$10.90	N	
77071	AA		X-RAY STRESS VIEW	$9.30	$8.10	$9.30	$8.10	N	7
77072			BONE AGE STUDIES	$12.89	$12.89	$12.89	$12.89	N	
77072	TC		BONE AGE STUDIES	$8.50	$8.50	$8.50	$8.50	N	
77072	26		BONE AGE STUDIES	$4.40	$4.40	$4.40	$4.40	N	
77072	AA		X-RAYS FOR BONE AGE	$9.30	$8.10	$9.30	$8.10	N	7
77073			BONE LENGTH STUDIES	$22.84	$22.84	$22.84	$22.84	N	
77073	TC		BONE LENGTH STUDIES	$16.48	$16.48	$16.48	$16.48	N	
77073	26		BONE LENGTH STUDIES	$6.36	$6.36	$6.36	$6.36	N	
77073	AA		X-RAYS BONE LENGTH STUDIES	$9.30	$8.10	$9.30	$8.10	N	7
77074			RADEX OSSEOUS SURVEY LMTD	$32.86	$32.86	$32.86	$32.86	N	
77074	TC		RADEX OSSEOUS SURVEY LMTD	$22.77	$22.77	$22.77	$22.77	N	
77074	26		RADEX OSSEOUS SURVEY LMTD	$10.10	$10.10	$10.10	$10.10	N	
77074	AA		X-RAYS, BONE SURVEY, LIMITED	$9.30	$8.10	$9.30	$8.10	N	7
77075			RADEX OSSEOUS SURVEY COMPL	$49.90	$49.90	$49.90	$49.90	N	
77075	TC		RADEX OSSEOUS SURVEY COMPL	$37.20	$37.20	$37.20	$37.20	N	
77075	26		RADEX OSSEOUS SURVEY COMPL	$12.70	$12.70	$12.70	$12.70	N	
77075	AA		X-RAYS, BONE SURVEY COMPLETE	$9.30	$8.10	$9.30	$8.10	N	7
77076			RADEX OSSEOUS SURVEY INFANT	$53.83	$53.83	$53.83	$53.83	N	
77076	TC		RADEX OSSEOUS SURVEY INFANT	$37.55	$37.55	$37.55	$37.55	N	
77076	26		RADEX OSSEOUS SURVEY INFANT	$16.29	$16.29	$16.29	$16.29	N	
77076	AA		X-RAYS, BONE SURVEY, INFANT	$9.30	$8.10	$9.30	$8.10	N	7
77077			JOINT SURVEY, SINGLE VIEW	$23.28	$23.28	$23.28	$23.28	N	
77077	TC		JOINT SURVEY, SINGLE VIEW	$15.29	$15.29	$15.29	$15.29	N	
77077	26		JOINT SURVEY, SINGLE VIEW	$7.99	$7.99	$7.99	$7.99	N	
77077	AA		JOINT SURVEY, SINGLE VIEW	$9.30	$8.10	$9.30	$8.10	N	7
77078			CT BONE DENSITY, AXIAL	$71.01	$71.01	$71.01	$71.01	N	
77078	TC		CT BONE DENSITY, AXIAL	$63.04	$63.04	$63.04	$63.04	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
77078	26		CT BONE DENSITY, AXIAL	$7.97	$7.97	$7.97	$7.97	N	
77078	AA		CT BONE DENSITY, AXIAL	$9.30	$8.10	$9.30	$8.10	N	7
77080			DXA BONE DENSITY, AXIAL	$27.78	$27.78	$27.78	$27.78	N	
77080	TC		DXA BONE DENSITY, AXIAL	$21.41	$21.41	$21.41	$21.41	N	
77080	26		DXA BONE DENSITY, AXIAL	$6.38	$6.38	$6.38	$6.38	N	
77080	AA		DXA BONE DESITY, AXIAL	$9.30	$8.10	$9.30	$8.10	N	7
77081			DXA BONE DENSITY APPENDICULR	$22.55	$22.55	$22.55	$22.55	N	
77081	TC		DXA BONE DENSITY APPENDICULR	$16.17	$16.17	$16.17	$16.17	N	
77081	26		DXA BONE DENSITY APPENDICULR	$6.38	$6.38	$6.38	$6.38	N	
77081	AA		DXA BONE DENSITY/PERIPHERAL	$9.30	$8.10	$9.30	$8.10	N	7
77084			MRI BONE MARROW BLOOD SUPPLY	$161.51	$161.51	$161.51	$161.51	N	
77084	TC		MRI BONE MARROW BLOOD SUPPLY	$124.71	$124.71	$124.71	$124.71	N	
77084	26		MRI BONE MARROW BLOOD SUPPLY	$36.80	$36.80	$36.80	$36.80	N	
77084	AA		MAGNETIC IMAGE, BONE MARROW	$9.30	$8.10	$9.30	$8.10	N	7
77085			DXA BONE DENSITY AXL VRT FX	$27.21	$27.21	$27.21	$27.21	N	
77085	TC		DXA BONE DENSITY AXL VRT FX	$20.29	$20.29	$20.29	$20.29	N	
77085	26		DXA BONE DENSITY AXL VRT FX	$6.92	$6.92	$6.92	$6.92	N	
77085	AA		DXA BONE DENSITY STUDY	$9.30	$8.10	$9.30	$8.10	N	7
77086			VRT FRACTURE ASSMT VIA DXA	$17.33	$17.33	$17.33	$17.33	N	
77086	TC		VRT FRACTURE ASSMT VIA DXA	$13.42	$13.42	$13.42	$13.42	N	
77086	26		VRT FRACTURE ASSMT VIA DXA	$3.91	$3.91	$3.91	$3.91	N	
77086	AA		FRACTURE ASSESSMENT VIA DXA	$9.30	$8.10	$9.30	$8.10	N	7
77089			TBS DXA CAL W/I&R FX RISK	$20.18	$20.18	$20.18	$20.18	N	
77089	TC		TBS DXA CAL W/I&R FX RISK	$12.11	$12.11	$12.11	$12.11	N	
77089	26		TBS DXA CAL W/I&R FX RISK	$8.07	$8.07	$8.07	$8.07	N	
77090			TBS TECHL PREP&TRANSMIS DATA	$1.53	$1.53	$1.53	$1.53	N	
77090	TC		TBS TECHL PREP&TRANSMIS DATA	$0.92	$0.92	$0.92	$0.92	N	
77090	26		TBS TECHL PREP&TRANSMIS DATA	$0.61	$0.61	$0.61	$0.61	N	
77091			TBS TECHL CALCULATION ONLY	$13.93	$13.93	$13.93	$13.93	N	
77091	TC		TBS TECHL CALCULATION ONLY	$8.36	$8.36	$8.36	$8.36	N	
77091	26		TBS TECHL CALCULATION ONLY	$5.57	$5.57	$5.57	$5.57	N	
77092			TBS I&R FX RSK QHP	$4.73	$4.73	$4.73	$4.73	N	
77092	TC		TBS I&R FX RSK QHP	$2.84	$2.84	$2.84	$2.84	N	
77092	26		TBS I&R FX RSK QHP	$1.89	$1.89	$1.89	$1.89	N	
77261			THER RADIOLOGY TX PLNG SMPL	$34.72	$34.72	$34.72	$34.72	N	
77261	TC		THER RADIOLOGY TX PLNG SMPL	$20.83	$20.83	$20.83	$20.83	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
77261	26		THER RADIOLOGY TX PLNG SMPL	$13.89	$13.89	$13.89	$13.89	N	
77262			THER RADIOLOGY TX PLNG INTRM	$53.70	$53.70	$53.70	$53.70	N	
77262	TC		THER RADIOLOGY TX PLNG INTRM	$32.22	$32.22	$32.22	$32.22	N	
77262	26		THER RADIOLOGY TX PLNG INTRM	$21.48	$21.48	$21.48	$21.48	N	
77263			THER RADIOLOGY TX PLNG CPLX	$83.45	$83.45	$83.45	$83.45	N	
77263	TC		THER RADIOLOGY TX PLNG CPLX	$50.07	$50.07	$50.07	$50.07	N	
77263	26		THER RADIOLOGY TX PLNG CPLX	$33.38	$33.38	$33.38	$33.38	N	
77280			THER RAD SIMULAJ FIELD SMPL	$135.91	$135.91	$135.91	$135.91	N	
77280	TC		THER RAD SIMULAJ FIELD SMPL	$117.41	$117.41	$117.41	$117.41	N	
77280	26		THER RAD SIMULAJ FIELD SMPL	$18.50	$18.50	$18.50	$18.50	N	
77285			THER RAD SIMULAJ FIELD INTRM	$225.63	$225.63	$225.63	$225.63	N	
77285	TC		THER RAD SIMULAJ FIELD INTRM	$197.79	$197.79	$197.79	$197.79	N	
77285	26		THER RAD SIMULAJ FIELD INTRM	$27.84	$27.84	$27.84	$27.84	N	
77290			THER RAD SIMULAJ FIELD CPLX	$223.07	$223.07	$223.07	$223.07	N	
77290	TC		THER RAD SIMULAJ FIELD CPLX	$182.49	$182.49	$182.49	$182.49	N	
77290	26		THER RAD SIMULAJ FIELD CPLX	$40.58	$40.58	$40.58	$40.58	N	
77293			RESPIRATOR MOTION MGMT SIMUL	$203.26	$203.26	$203.26	$203.26	N	
77293	TC		RESPIRATOR MOTION MGMT SIMUL	$151.39	$151.39	$151.39	$151.39	N	
77293	26		RESPIRATOR MOTION MGMT SIMUL	$51.86	$51.86	$51.86	$51.86	N	
77295			THERAPEUTIC XRAY 3-DIMEN TUMOR	$243.58	$243.58	$243.58	$243.58	N	
77295	TC		THERAPEUTIC XRAY 3-DIMEN TUMOR	$132.17	$132.17	$132.17	$132.17	N	
77295	26		THERAPEUTIC XRAY 3-DIMEN TUMOR	$111.41	$111.41	$111.41	$111.41	N	
77299			UNLISTED PX THER RAD TX PLNG	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77299	TC		UNLISTED PX THER RAD TX PLNG	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77299	26		UNLISTED PX THER RAD TX PLNG	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77300			BASIC RAD DOSIMETRY CALCULATIO	$33.69	$33.69	$33.69	$33.69	N	
77300	TC		BASIC RAD DOSIMETRY CALCULATIO	$17.50	$17.50	$17.50	$17.50	N	
77300	26		BASIC RAD DOSIMETRY CALCULATIO	$16.20	$16.20	$16.20	$16.20	N	
77301			INTENS MOD RADIOTHERAPY PLAN	$936.23	$936.23	$936.23	$936.23	N	
77301	TC		INTENS MOD RADIOTHERAPY PLAN	$728.30	$728.30	$728.30	$728.30	N	
77301	26		INTENS MOD RADIOTHERAPY PLAN	$207.94	$207.94	$207.94	$207.94	N	
77301	AA		INTENS MOD RADIOTHERAPY PLAN	$9.30	$8.10	$9.30	$8.10	N	1
77306			TELETHX ISODOSE PLAN SIMPLE	$75.06	$75.06	$75.06	$75.06	N	
77306	TC		TELETHX ISODOSE PLAN SIMPLE	$38.73	$38.73	$38.73	$38.73	N	
77306	26		TELETHX ISODOSE PLAN SIMPLE	$36.32	$36.32	$36.32	$36.32	N	
77307			TELETHX ISODOSE PLAN CPLX	$145.91	$145.91	$145.91	$145.91	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
77307	TC		TELETHX ISODOSE PLAN CPLX	$70.33	$70.33	$70.33	$70.33	N	
77307	26		TELETHX ISODOSE PLAN CPLX	$75.58	$75.58	$75.58	$75.58	N	
77316			BRACHYTX ISODOSE PLAN SIMPLE	$125.00	$125.00	$125.00	$125.00	N	
77316	TC		BRACHYTX ISODOSE PLAN SIMPLE	$88.69	$88.69	$88.69	$88.69	N	
77316	26		BRACHYTX ISODOSE PLAN SIMPLE	$36.32	$36.32	$36.32	$36.32	N	
77317			BRACHYTX ISODOSE INTERMED	$164.50	$164.50	$164.50	$164.50	N	
77317	TC		BRACHYTX ISODOSE INTERMED	$116.89	$116.89	$116.89	$116.89	N	
77317	26		BRACHYTX ISODOSE INTERMED	$47.61	$47.61	$47.61	$47.61	N	
77318			BRACHYTX ISODOSE COMPLEX	$233.58	$233.58	$233.58	$233.58	N	
77318	TC		BRACHYTX ISODOSE COMPLEX	$158.16	$158.16	$158.16	$158.16	N	
77318	26		BRACHYTX ISODOSE COMPLEX	$75.41	$75.41	$75.41	$75.41	N	
77321			SPEC TELETHERAPY PLAN TOTALBOD	$47.64	$47.64	$47.64	$47.64	N	
77321	TC		SPEC TELETHERAPY PLAN TOTALBOD	$22.94	$22.94	$22.94	$22.94	N	
77321	26		SPEC TELETHERAPY PLAN TOTALBOD	$24.71	$24.71	$24.71	$24.71	N	
77331			SPECIAL DOSIMETRY (SPECIFY)	$32.60	$32.60	$32.60	$32.60	N	
77331	TC		SPECIAL DOSIMETRY (SPECIFY)	$9.85	$9.85	$9.85	$9.85	N	
77331	26		SPECIAL DOSIMETRY (SPECIFY)	$22.75	$22.75	$22.75	$22.75	N	
77332			TREATMENT DEVICES,DESIGN/CONST	$20.45	$20.45	$20.45	$20.45	N	
77332	TC		TREATMENT DEVICES,DESIGN/CONST	$8.66	$8.66	$8.66	$8.66	N	
77332	26		TREATMENT DEVICES,DESIGN/CONST	$11.78	$11.78	$11.78	$11.78	N	
77333			TREATMENT DEVICES/DESIGN:INTER	$69.09	$69.09	$69.09	$69.09	N	
77333	TC		TREATMENT DEVICES/DESIGN:INTER	$49.45	$49.45	$49.45	$49.45	N	
77333	26		TREATMENT DEVICES/DESIGN:INTER	$19.64	$19.64	$19.64	$19.64	N	
77334			TREATMENT DEVICES/DESIGN:COMPL	$63.42	$63.42	$63.42	$63.42	N	
77334	TC		TREATMENT DEVICES/DESIGN:COMPL	$33.64	$33.64	$33.64	$33.64	N	
77334	26		TREATMENT DEVICES/DESIGN:COMPL	$29.78	$29.78	$29.78	$29.78	N	
77336			CONTINUE MED.RADIATION PHYSICS	$46.52	$46.52	$46.52	$46.52	N	
77336	TC		CONTINUE MED.RADIATION PHYSICS	$27.91	$27.91	$27.91	$27.91	N	
77336	26		CONTINUE MED.RADIATION PHYSICS	$18.61	$18.61	$18.61	$18.61	N	
77338			MULTI-LEAF COLLIMATOR (MLC) DE	$238.13	$238.13	$238.13	$238.13	N	
77338	TC		MULTI-LEAF COLLIMATOR (MLC) DE	$126.73	$126.73	$126.73	$126.73	N	
77338	26		MULTI-LEAF COLLIMATOR (MLC) DE	$111.41	$111.41	$111.41	$111.41	N	
77370			SPECIAL MED RAD PHYSICS CONSUL	$76.38	$76.38	$76.38	$76.38	N	
77370	TC		SPECIAL MED RAD PHYSICS CONSUL	$45.83	$45.83	$45.83	$45.83	N	
77370	26		SPECIAL MED RAD PHYSICS CONSUL	$30.55	$30.55	$30.55	$30.55	N	
77371			SRS, MULTISOURCE	$676.63	$676.63	$676.63	$676.63	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
77371	TC		SRS, MULTISOURCE	$0.00	$0.00	$0.00	$0.00	N	
77371	26		SRS, MULTISOURCE	$676.63	$676.63	$676.63	$676.63	N	
77372			SRS, LINEAR BASED	$474.85	$474.85	$474.85	$474.85	N	
77372	TC		SRS, LINEAR BASED	$284.91	$284.91	$284.91	$284.91	N	
77372	26		SRS, LINEAR BASED	$189.94	$189.94	$189.94	$189.94	N	
77373			STRTCTC BDY RAD THER TX DLVR	$498.60	$498.60	$498.60	$498.60	N	
77373	TC		STRTCTC BDY RAD THER TX DLVR	$299.16	$299.16	$299.16	$299.16	N	
77373	26		STRTCTC BDY RAD THER TX DLVR	$199.44	$199.44	$199.44	$199.44	N	
77385			NTSTY MODUL RAD TX DLVR SMPL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77385	TC		NTSTY MODUL RAD TX DLVR SMPL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77385	26		NTSTY MODUL RAD TX DLVR SMPL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77386			NTSTY MODUL RAD TX DLVR CPLX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77386	TC		NTSTY MODUL RAD TX DLVR CPLX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77386	26		NTSTY MODUL RAD TX DLVR CPLX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77387			GUIDANCE FOR RADIAJ TX DLVR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77387	TC		GUIDANCE FOR RADIAJ TX DLVR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77387	26		GUIDANCE FOR RADIAJ TX DLVR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77399			UNLISTED PX MED RADJ PHYSICS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77399	TC		UNLISTED PX MED RADJ PHYSICS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77399	26		UNLISTED PX MED RADJ PHYSICS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77401			RADIATION TX DELIVERY SUPFC	$20.90	$20.90	$20.90	$20.90	N	
77401	TC		RADIATION TX DELIVERY SUPFC	$12.54	$12.54	$12.54	$12.54	N	
77401	26		RADIATION TX DELIVERY SUPFC	$8.36	$8.36	$8.36	$8.36	N	
77401	AA		RADIATION TREATMENT DELIVERY	$9.30	$8.10	$9.30	$8.10	N	3
77402			RADIATION TX DELIVERY SIMPLE	$21.00	$21.00	$21.00	$21.00	N	
77402	TC		RADIATION TX DELIVERY SIMPLE	$21.00	$21.00	$21.00	$21.00	N	
77402	26		RADIATION TX DELIVERY SIMPLE	$0.00	$0.00	$0.00	$0.00	N	
77402	AA		RADIATION TREATMENT DELIVERY	$9.30	$8.10	$9.30	$8.10	N	3
77407			RADIATION TX DELIVERY INTRM	$21.00	$21.00	$21.00	$21.00	N	
77407	TC		RADIATION TX DELIVERY INTRM	$21.00	$21.00	$21.00	$21.00	N	
77407	26		RADIATION TX DELIVERY INTRM	$0.00	$0.00	$0.00	$0.00	N	
77407	AA		RADIATION TREATMENT DELIVERY	$9.30	$8.10	$9.30	$8.10	N	3
77412			RADIATION TX DELIVERY COMPLX	$41.00	$41.00	$41.00	$41.00	N	
77412	TC		RADIATION TX DELIVERY COMPLX	$41.00	$41.00	$41.00	$41.00	N	
77412	26		RADIATION TX DELIVERY COMPLX	$0.00	$0.00	$0.00	$0.00	N	
77412	AA		RADIATION TREATMENT DELIVERY	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
77417			THER RADIOLOGY PORT IMAGE(S)	$8.32	$8.32	$8.32	$8.32	N	
77417	TC		THER RADIOLOGY PORT IMAGE(S)	$4.99	$4.99	$4.99	$4.99	N	
77417	26		THER RADIOLOGY PORT IMAGE(S)	$3.33	$3.33	$3.33	$3.33	N	
77417	AA		THERAPEUTIC RADIOLOGY	$9.30	$8.10	$9.30	$8.10	N	3
77423			NEUTRON BEAM TX, COMPLEX	$36.84	$36.84	$36.84	$36.84	N	
77423	TC		NEUTRON BEAM TX, COMPLEX	$36.84	$36.84	$36.84	$36.84	N	
77423	26		NEUTRON BEAM TX, COMPLEX	$0.00	$0.00	$0.00	$0.00	N	
77424			IO RAD TX DELIVERY BY X-RAY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77424	TC		IO RAD TX DELIVERY BY X-RAY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77424	26		IO RAD TX DELIVERY BY X-RAY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77425			INTRAOPERATIVE RADIATION TX DE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77425	TC		INTRAOPERATIVE RADIATION TX DE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77425	26		INTRAOPERATIVE RADIATION TX DE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77427			RADIATION TX MNGMNT 5 TREATMEN	$95.26	$95.26	$95.26	$95.26	N	
77427	TC		RADIATION TX MNGMNT 5 TREATMEN	$57.16	$57.16	$57.16	$57.16	N	
77427	26		RADIATION TX MNGMNT 5 TREATMEN	$38.10	$38.10	$38.10	$38.10	N	
77431			RADIATION THERAPY MANAGEMENT	$53.87	$53.87	$53.87	$53.87	N	
77431	TC		RADIATION THERAPY MANAGEMENT	$32.32	$32.32	$32.32	$32.32	N	
77431	26		RADIATION THERAPY MANAGEMENT	$21.55	$21.55	$21.55	$21.55	N	
77432			STEREOT RADIATION RX CERERRAL	$210.73	$210.73	$210.73	$210.73	N	
77432	TC		STEREOT RADIATION RX CERERRAL	$126.44	$126.44	$126.44	$126.44	N	
77432	26		STEREOT RADIATION RX CERERRAL	$84.29	$84.29	$84.29	$84.29	N	
77432	AA		STEREO RADIATION RX CEREBRAL	$9.30	$8.10	$9.30	$8.10	N	7
77435			SBRT MANAGEMENT	$318.49	$318.49	$318.49	$318.49	N	
77435	TC		SBRT MANAGEMENT	$191.09	$191.09	$191.09	$191.09	N	
77435	26		SBRT MANAGEMENT	$127.40	$127.40	$127.40	$127.40	N	
77469			IO RADIATION TX MANAGEMENT	$159.42	$159.42	$159.42	$159.42	N	
77469	TC		IO RADIATION TX MANAGEMENT	$95.65	$95.65	$95.65	$95.65	N	
77469	26		IO RADIATION TX MANAGEMENT	$63.77	$63.77	$63.77	$63.77	N	
77470			SPECIAL TREATMENT PROCEDURE	$72.72	$72.72	$72.72	$72.72	N	
77470	TC		SPECIAL TREATMENT PROCEDURE	$19.87	$19.87	$19.87	$19.87	N	
77470	26		SPECIAL TREATMENT PROCEDURE	$52.85	$52.85	$52.85	$52.85	N	
77499			UNLISTED PX THER RAD TX MGMT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77499	TC		UNLISTED PX THER RAD TX MGMT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77499	26		UNLISTED PX THER RAD TX MGMT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77520			PROTON TX DEL SIMPLE WO COMP	$474.74	$474.74	$474.74	$474.74	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
77520	TC		PROTON TX DEL SIMPLE WO COMP	$474.74	$474.74	$474.74	$474.74	N	
77520	26		PROTON TX DEL SIMPLE WO COMP	$0.00	$0.00	$0.00	$0.00	N	
77522			PROTON TX DEL SIMPLE W/COMPENS	$474.74	$474.74	$474.74	$474.74	N	
77522	TC		PROTON TX DEL SIMPLE W/COMPENS	$474.74	$474.74	$474.74	$474.74	N	
77522	26		PROTON TX DEL SIMPLE W/COMPENS	$0.00	$0.00	$0.00	$0.00	N	
77523			PROTON TX DEL INTERMEDIATE	$545.12	$545.12	$545.12	$545.12	N	
77523	TC		PROTON TX DEL INTERMEDIATE	$545.12	$545.12	$545.12	$545.12	N	
77523	26		PROTON TX DEL INTERMEDIATE	$0.00	$0.00	$0.00	$0.00	N	
77525			PROTON TX DELIV COMPLEX	$615.50	$615.50	$615.50	$615.50	N	
77525	TC		PROTON TX DELIV COMPLEX	$615.50	$615.50	$615.50	$615.50	N	
77525	26		PROTON TX DELIV COMPLEX	$0.00	$0.00	$0.00	$0.00	N	
77600			HYPERTHERMIA EXT GEN SUPFC	$275.98	$275.98	$275.98	$275.98	N	
77600	TC		HYPERTHERMIA EXT GEN SUPFC	$240.93	$240.93	$240.93	$240.93	N	
77600	26		HYPERTHERMIA EXT GEN SUPFC	$35.05	$35.05	$35.05	$35.05	N	
77600	AA		HYPERTHERMIA,EXT GEN, SUPERFIC	$9.30	$8.10	$9.30	$8.10	N	3
77605			HYPERTHERMIA EXT GEN DEEP	$477.18	$477.18	$477.18	$477.18	N	
77605	TC		HYPERTHERMIA EXT GEN DEEP	$428.54	$428.54	$428.54	$428.54	N	
77605	26		HYPERTHERMIA EXT GEN DEEP	$48.65	$48.65	$48.65	$48.65	N	
77605	AA		HYPERTHERMIA,EXT GEN/DEEP	$9.30	$8.10	$9.30	$8.10	N	3
77610			HYPERTHERMIA NTRSTL PRB 5/<	$342.08	$342.08	$342.08	$342.08	N	
77610	TC		HYPERTHERMIA NTRSTL PRB 5/<	$308.05	$308.05	$308.05	$308.05	N	
77610	26		HYPERTHERMIA NTRSTL PRB 5/<	$34.03	$34.03	$34.03	$34.03	N	
77610	AA		HYPERTHERMIA:INTERSTITIAL/5 OR	$9.30	$8.10	$9.30	$8.10	N	3
77615			HYPERTHERMIA NTRSTL PRB>5	$539.98	$539.98	$539.98	$539.98	N	
77615	TC		HYPERTHERMIA NTRSTL PRB>5	$492.04	$492.04	$492.04	$492.04	N	
77615	26		HYPERTHERMIA NTRSTL PRB>5	$47.94	$47.94	$47.94	$47.94	N	
77615	AA		HYPERTHERMIA/INTERSTITIAL/>5	$9.30	$8.10	$9.30	$8.10	N	3
77620			HYPERTHERMIA GEN INTRCV PRB	$319.75	$319.75	$319.75	$319.75	N	
77620	TC		HYPERTHERMIA GEN INTRCV PRB	$279.17	$279.17	$279.17	$279.17	N	
77620	26		HYPERTHERMIA GEN INTRCV PRB	$40.59	$40.59	$40.59	$40.59	N	
77620	AA		HYPERTHERMIA...INTRACACITARY P	$9.30	$8.10	$9.30	$8.10	N	5
77750			INFUSE/INSTILL RADIOELEMENT	$198.52	$198.52	$198.52	$198.52	N	
77750	TC		INFUSE/INSTILL RADIOELEMENT	$68.29	$68.29	$68.29	$68.29	N	
77750	26		INFUSE/INSTILL RADIOELEMENT	$130.23	$130.23	$130.23	$130.23	N	
77750	AA		INFUSE/INSTILL RADIOELEMENT	$9.30	$8.10	$9.30	$8.10	N	5
77761			SIMPLE INTRACAV RADIOELEMENT	$213.77	$213.77	$213.77	$213.77	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
77761	TC		SIMPLE INTRACAV RADIOELEMENT	$113.48	$113.48	$113.48	$113.48	N	
77761	26		SIMPLE INTRACAV RADIOELEMENT	$100.29	$100.29	$100.29	$100.29	N	
77761	AA		SIMPLE INTRACAV RADIOELEMENT	$9.30	$8.10	$9.30	$8.10	N	3
77762			INTERM,INTRACAV RADIOELEMENT	$280.50	$280.50	$280.50	$280.50	N	
77762	TC		INTERM,INTRACAV RADIOELEMENT	$130.64	$130.64	$130.64	$130.64	N	
77762	26		INTERM,INTRACAV RADIOELEMENT	$149.87	$149.87	$149.87	$149.87	N	
77762	AA		INTERM,INTRACAV RADIOELEMENT	$9.30	$8.10	$9.30	$8.10	N	5
77763			COMPLEX INTRACAV RADIOELEMENT	$397.84	$397.84	$397.84	$397.84	N	
77763	TC		COMPLEX INTRACAV RADIOELEMENT	$172.07	$172.07	$172.07	$172.07	N	
77763	26		COMPLEX INTRACAV RADIOELEMENT	$225.78	$225.78	$225.78	$225.78	N	
77763	AA		COMPLEX INTRACAV RADIOELEMENT	$9.30	$8.10	$9.30	$8.10	N	5
77767			HDR RDNCL SKN SURF BRACHYTX	$126.71	$126.71	$126.71	$126.71	N	
77767	TC		HDR RDNCL SKN SURF BRACHYTX	$99.39	$99.39	$99.39	$99.39	N	
77767	26		HDR RDNCL SKN SURF BRACHYTX	$27.32	$27.32	$27.32	$27.32	N	
77768			HDR RDNCL SKN SURF BRACHYTX	$186.33	$186.33	$186.33	$186.33	N	
77768	TC		HDR RDNCL SKN SURF BRACHYTX	$150.01	$150.01	$150.01	$150.01	N	
77768	26		HDR RDNCL SKN SURF BRACHYTX	$36.32	$36.32	$36.32	$36.32	N	
77770			HDR RDNCL NTRSTL/ICAV BRCHTX	$176.28	$176.28	$176.28	$176.28	N	
77770	TC		HDR RDNCL NTRSTL/ICAV BRCHTX	$125.55	$125.55	$125.55	$125.55	N	
77770	26		HDR RDNCL NTRSTL/ICAV BRCHTX	$50.72	$50.72	$50.72	$50.72	N	
77771			HDR RDNCL NTRSTL/ICAV BRCHTX	$308.27	$308.27	$308.27	$308.27	N	
77771	TC		HDR RDNCL NTRSTL/ICAV BRCHTX	$209.29	$209.29	$209.29	$209.29	N	
77771	26		HDR RDNCL NTRSTL/ICAV BRCHTX	$98.98	$98.98	$98.98	$98.98	N	
77772			HDR RDNCL NTRSTL/ICAV BRCHTX	$460.93	$460.93	$460.93	$460.93	N	
77772	TC		HDR RDNCL NTRSTL/ICAV BRCHTX	$321.42	$321.42	$321.42	$321.42	N	
77772	26		HDR RDNCL NTRSTL/ICAV BRCHTX	$139.52	$139.52	$139.52	$139.52	N	
77778			INTERSTITIAL RADIOELEMENT COMP	$467.89	$467.89	$467.89	$467.89	N	
77778	TC		INTERSTITIAL RADIOELEMENT COMP	$239.69	$239.69	$239.69	$239.69	N	
77778	26		INTERSTITIAL RADIOELEMENT COMP	$228.21	$228.21	$228.21	$228.21	N	
77778	AA		INTERSTITIAL RADIOELEMENT COMP	$9.30	$8.10	$9.30	$8.10	N	5
77789			APPLY SURF LDR RADIONUCLIDE	$66.99	$66.99	$66.99	$66.99	N	
77789	TC		APPLY SURF LDR RADIONUCLIDE	$37.38	$37.38	$37.38	$37.38	N	
77789	26		APPLY SURF LDR RADIONUCLIDE	$29.62	$29.62	$29.62	$29.62	N	
77789	AA		SURFACE APPLICATION OF RADIOEL	$9.30	$8.10	$9.30	$8.10	N	5
77790			SUPERVISE/HANDLE/LOAD RADIOELE	$9.68	$9.68	$9.68	$9.68	N	
77790	TC		SUPERVISE/HANDLE/LOAD RADIOELE	$5.81	$5.81	$5.81	$5.81	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
77790	26		SUPERVISE/HANDLE/LOAD RADIOELE	$3.87	$3.87	$3.87	$3.87	N	
77790	AA		SUPERVISE/HANDLE/LOAD RADIOELE	$9.30	$8.10	$9.30	$8.10	N	5
77799			UNLISTED PX CLIN BRACHYTX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77799	TC		UNLISTED PX CLIN BRACHYTX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77799	26		UNLISTED PX CLIN BRACHYTX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
77799	AA		UNLISTED CLINICAL BRACHYTHERAP	$9.30	$8.10	$9.30	$8.10	N	5
78012			THYROID UPTAKE MEASUREMENT	$41.09	$41.09	$41.09	$41.09	N	
78012	TC		THYROID UPTAKE MEASUREMENT	$36.86	$36.86	$36.86	$36.86	N	
78012	26		THYROID UPTAKE MEASUREMENT	$4.23	$4.23	$4.23	$4.23	N	
78013			THYROID IMAGING W/BLOOD FLOW	$85.42	$85.42	$85.42	$85.42	N	
78013	TC		THYROID IMAGING W/BLOOD FLOW	$77.13	$77.13	$77.13	$77.13	N	
78013	26		THYROID IMAGING W/BLOOD FLOW	$8.30	$8.30	$8.30	$8.30	N	
78014			THYROID IMAGING W/BLOOD FLOW	$108.40	$108.40	$108.40	$108.40	N	
78014	TC		THYROID IMAGING W/BLOOD FLOW	$97.18	$97.18	$97.18	$97.18	N	
78014	26		THYROID IMAGING W/BLOOD FLOW	$11.23	$11.23	$11.23	$11.23	N	
78015			NUCLEAR SCAN OF THYROID	$105.85	$105.85	$105.85	$105.85	N	
78015	TC		NUCLEAR SCAN OF THYROID	$90.39	$90.39	$90.39	$90.39	N	
78015	26		NUCLEAR SCAN OF THYROID	$15.47	$15.47	$15.47	$15.47	N	
78015	AA		NUCLEAR SCAN OF THYROID	$9.30	$8.10	$9.30	$8.10	N	3
78016			EXTENSIVE THYROID SCAN	$125.59	$125.59	$125.59	$125.59	N	
78016	TC		EXTENSIVE THYROID SCAN	$109.92	$109.92	$109.92	$109.92	N	
78016	26		EXTENSIVE THYROID SCAN	$15.67	$15.67	$15.67	$15.67	N	
78016	AA		EXTENSIVE THYROID SCAN	$9.30	$8.10	$9.30	$8.10	N	3
78018			THYROID CA IMAGING:WHOLE BODY	$141.52	$141.52	$141.52	$141.52	N	
78018	TC		THYROID CA IMAGING:WHOLE BODY	$122.84	$122.84	$122.84	$122.84	N	
78018	26		THYROID CA IMAGING:WHOLE BODY	$18.68	$18.68	$18.68	$18.68	N	
78018	AA		THYROID CA IMAGING:WHOLE BODY	$9.30	$8.10	$9.30	$8.10	N	3
78020			THYROID CA MET UPTAKE	$39.67	$39.67	$39.67	$39.67	N	
78020	TC		THYROID CA MET UPTAKE	$27.01	$27.01	$27.01	$27.01	N	
78020	26		THYROID CA MET UPTAKE	$12.66	$12.66	$12.66	$12.66	N	
78070			PARATHYROID IMAGING	$134.10	$134.10	$134.10	$134.10	N	
78070	TC		PARATHYROID IMAGING	$115.87	$115.87	$115.87	$115.87	N	
78070	26		PARATHYROID IMAGING	$18.22	$18.22	$18.22	$18.22	N	
78070	AA		PARATHYROID IMAGING	$9.30	$8.10	$9.30	$8.10	N	3
78071			PARATHYRD PLANAR W/WO SUBTRJ	$158.85	$158.85	$158.85	$158.85	N	
78071	TC		PARATHYRD PLANAR W/WO SUBTRJ	$132.02	$132.02	$132.02	$132.02	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
78071	26		PARATHYRD PLANAR W/WO SUBTRJ	$26.84	$26.84	$26.84	$26.84	N	
78072			PARATHYRD PLANAR W/SPECT&CT	$196.68	$196.68	$196.68	$196.68	N	
78072	TC		PARATHYRD PLANAR W/SPECT&CT	$161.41	$161.41	$161.41	$161.41	N	
78072	26		PARATHYRD PLANAR W/SPECT&CT	$35.27	$35.27	$35.27	$35.27	N	
78075			ADRENAL CORTEX & MEDULLA IMG	$201.44	$201.44	$201.44	$201.44	N	
78075	TC		ADRENAL CORTEX & MEDULLA IMG	$184.35	$184.35	$184.35	$184.35	N	
78075	26		ADRENAL CORTEX & MEDULLA IMG	$17.09	$17.09	$17.09	$17.09	N	
78075	AA		NUCLEAR SCAN OF ADRENALS	$9.30	$8.10	$9.30	$8.10	N	3
78099			UNLISTED ENDOCRINE PX DX NUC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78099	TC		UNLISTED ENDOCRINE PX DX NUC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78099	26		UNLISTED ENDOCRINE PX DX NUC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78099	AA		ENDOCRINE NUCLEAR PROCEDURE	$9.30	$8.10	$9.30	$8.10	N	3
78102			NUCLEAR SCAN OF BONE MARROW	$80.49	$80.49	$80.49	$80.49	N	
78102	TC		NUCLEAR SCAN OF BONE MARROW	$68.46	$68.46	$68.46	$68.46	N	
78102	26		NUCLEAR SCAN OF BONE MARROW	$12.02	$12.02	$12.02	$12.02	N	
78102	AA		NUCLEAR SCAN OF BONE MARROW	$9.30	$8.10	$9.30	$8.10	N	3
78103			NUCLEAR SCAN OF BONE MARROW	$85.22	$85.22	$85.22	$85.22	N	
78103	TC		NUCLEAR SCAN OF BONE MARROW	$71.01	$71.01	$71.01	$71.01	N	
78103	26		NUCLEAR SCAN OF BONE MARROW	$14.21	$14.21	$14.21	$14.21	N	
78103	AA		NUCLEAR SCAN OF BONE MARROW	$9.30	$8.10	$9.30	$8.10	N	3
78104			NUCLEAR SCAN OF BONE MARROW	$113.71	$113.71	$113.71	$113.71	N	
78104	TC		NUCLEAR SCAN OF BONE MARROW	$96.16	$96.16	$96.16	$96.16	N	
78104	26		NUCLEAR SCAN OF BONE MARROW	$17.55	$17.55	$17.55	$17.55	N	
78104	AA		NUCLEAR SCAN OF BONE MARROW	$9.30	$8.10	$9.30	$8.10	N	3
78110			NUCLEAR EXAM, PLASMA VOLUME	$35.30	$35.30	$35.30	$35.30	N	
78110	TC		NUCLEAR EXAM, PLASMA VOLUME	$31.59	$31.59	$31.59	$31.59	N	
78110	26		NUCLEAR EXAM, PLASMA VOLUME	$3.72	$3.72	$3.72	$3.72	N	
78110	AA		NUCLEAR EXAM, PLASMA VOLUME	$9.30	$8.10	$9.30	$8.10	N	3
78111			NUCLEAR EXAM, PLASMA VOLUME	$46.49	$46.49	$46.49	$46.49	N	
78111	TC		NUCLEAR EXAM, PLASMA VOLUME	$41.44	$41.44	$41.44	$41.44	N	
78111	26		NUCLEAR EXAM, PLASMA VOLUME	$5.05	$5.05	$5.05	$5.05	N	
78111	AA		NUCLEAR EXAM, PLASMA VOLUME	$9.30	$8.10	$9.30	$8.10	N	3
78120			NUCLEAR EXAM OF RBC MASS	$36.11	$36.11	$36.11	$36.11	N	
78120	TC		NUCLEAR EXAM OF RBC MASS	$31.59	$31.59	$31.59	$31.59	N	
78120	26		NUCLEAR EXAM OF RBC MASS	$4.53	$4.53	$4.53	$4.53	N	
78120	AA		NUCLEAR EXAM OF RBC MASS	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
78121			NUCLEAR EXAM OF RBC MASS	$47.75	$47.75	$47.75	$47.75	N	
78121	TC		NUCLEAR EXAM OF RBC MASS	$40.59	$40.59	$40.59	$40.59	N	
78121	26		NUCLEAR EXAM OF RBC MASS	$7.16	$7.16	$7.16	$7.16	N	
78121	AA		NUCLEAR EXAM OF RBC MASS	$9.30	$8.10	$9.30	$8.10	N	3
78122			WHL BLD VOLUME DETERMINATION	$50.17	$50.17	$50.17	$50.17	N	
78122	TC		WHL BLD VOLUME DETERMINATION	$40.25	$40.25	$40.25	$40.25	N	
78122	26		WHL BLD VOLUME DETERMINATION	$9.92	$9.92	$9.92	$9.92	N	
78122	AA		WHOLE BLOOD VOLUME DETERMINATI	$9.30	$8.10	$9.30	$8.10	N	3
78130			RED CELL SURVIVAL EXAM	$62.75	$62.75	$62.75	$62.75	N	
78130	TC		RED CELL SURVIVAL EXAM	$51.12	$51.12	$51.12	$51.12	N	
78130	26		RED CELL SURVIVAL EXAM	$11.63	$11.63	$11.63	$11.63	N	
78130	AA		RED CELL SURVIVAL EXAM	$9.30	$8.10	$9.30	$8.10	N	3
78140			NUCLEAR EXAM,RED BLOOD CELLS	$55.11	$55.11	$55.11	$55.11	N	
78140	TC		NUCLEAR EXAM,RED BLOOD CELLS	$43.48	$43.48	$43.48	$43.48	N	
78140	26		NUCLEAR EXAM,RED BLOOD CELLS	$11.63	$11.63	$11.63	$11.63	N	
78140	AA		NUCLEAR EXAM,RED BLOOD CELLS	$9.30	$8.10	$9.30	$8.10	N	3
78185			NUCLEAR SCAN OF SPLEEN	$77.58	$77.58	$77.58	$77.58	N	
78185	TC		NUCLEAR SCAN OF SPLEEN	$69.82	$69.82	$69.82	$69.82	N	
78185	26		NUCLEAR SCAN OF SPLEEN	$7.76	$7.76	$7.76	$7.76	N	
78185	AA		NUCLEAR SCAN OF SPLEEN	$9.30	$8.10	$9.30	$8.10	N	3
78191			PLATELET SURVIVAL STUDY	$62.75	$62.75	$62.75	$62.75	N	
78191	TC		PLATELET SURVIVAL STUDY	$51.12	$51.12	$51.12	$51.12	N	
78191	26		PLATELET SURVIVAL STUDY	$11.63	$11.63	$11.63	$11.63	N	
78191	AA		PLATELET SURVIVAL	$9.30	$8.10	$9.30	$8.10	N	3
78195			NUCLEAR SCAN OF LYMPH SYSTEM	$160.37	$160.37	$160.37	$160.37	N	
78195	TC		NUCLEAR SCAN OF LYMPH SYSTEM	$133.71	$133.71	$133.71	$133.71	N	
78195	26		NUCLEAR SCAN OF LYMPH SYSTEM	$26.66	$26.66	$26.66	$26.66	N	
78195	AA		NUCLEAR SCAN OF LYMPH SYSTEM	$9.30	$8.10	$9.30	$8.10	N	3
78199			UNLSTD HEMATOP RET/ENDO LYMP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78199	TC		UNLSTD HEMATOP RET/ENDO LYMP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78199	26		UNLSTD HEMATOP RET/ENDO LYMP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78199	AA		NUCLEAR EXAM BLOOD/LYMPH	$9.30	$8.10	$9.30	$8.10	N	3
78201			LIVER IMAGING STATIC ONLY	$88.75	$88.75	$88.75	$88.75	N	
78201	TC		LIVER IMAGING STATIC ONLY	$79.00	$79.00	$79.00	$79.00	N	
78201	26		LIVER IMAGING STATIC ONLY	$9.75	$9.75	$9.75	$9.75	N	
78201	AA		NUCLEAR SCAN OF LIVER	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
78202			LIVER IMAGING WITH VASC FLOW	$98.53	$98.53	$98.53	$98.53	N	
78202	TC		LIVER IMAGING WITH VASC FLOW	$86.98	$86.98	$86.98	$86.98	N	
78202	26		LIVER IMAGING WITH VASC FLOW	$11.55	$11.55	$11.55	$11.55	N	
78202	AA		NUCLEAR SCAN OF LIVER	$9.30	$8.10	$9.30	$8.10	N	3
78215			LVR&SPLEEN IMG STATIC ONLY	$91.08	$91.08	$91.08	$91.08	N	
78215	TC		LVR&SPLEEN IMG STATIC ONLY	$80.02	$80.02	$80.02	$80.02	N	
78215	26		LVR&SPLEEN IMG STATIC ONLY	$11.07	$11.07	$11.07	$11.07	N	
78215	AA		NUCLEAR SCAN, LIVER & SPLEEN	$9.30	$8.10	$9.30	$8.10	N	3
78216			LVR&SPLEEN IMG W/VASC FLOW	$68.56	$68.56	$68.56	$68.56	N	
78216	TC		LVR&SPLEEN IMG W/VASC FLOW	$55.38	$55.38	$55.38	$55.38	N	
78216	26		LVR&SPLEEN IMG W/VASC FLOW	$13.19	$13.19	$13.19	$13.19	N	
78216	AA		NUCLEAR SCAN, LIVER/SPLEEN	$9.30	$8.10	$9.30	$8.10	N	3
78226			HEPATOBILIARY SYSTEM IMAGING	$147.07	$147.07	$147.07	$147.07	N	
78226	TC		HEPATOBILIARY SYSTEM IMAGING	$130.32	$130.32	$130.32	$130.32	N	
78226	26		HEPATOBILIARY SYSTEM IMAGING	$16.76	$16.76	$16.76	$16.76	N	
78226	AA		HEPATOBILIARY SYSTEM IMAGING	$9.30	$8.10	$9.30	$8.10	N	7
78227			HEPATOBIL SYST IMAGE W/DRUG	$197.54	$197.54	$197.54	$197.54	N	
78227	TC		HEPATOBIL SYST IMAGE W/DRUG	$177.21	$177.21	$177.21	$177.21	N	
78227	26		HEPATOBIL SYST IMAGE W/DRUG	$20.34	$20.34	$20.34	$20.34	N	
78227	AA		HEPATOBIL SYST IMAGE W/DRUG	$9.30	$8.10	$9.30	$8.10	N	7
78230			NUCLEAR SCAN, SALIVARY GLAND	$82.11	$82.11	$82.11	$82.11	N	
78230	TC		NUCLEAR SCAN, SALIVARY GLAND	$71.86	$71.86	$71.86	$71.86	N	
78230	26		NUCLEAR SCAN, SALIVARY GLAND	$10.25	$10.25	$10.25	$10.25	N	
78230	AA		NUCLEAR SCAN, SALIVARY GLAND	$9.30	$8.10	$9.30	$8.10	N	3
78231			SALIVARY GLND IMG SERIAL IMG	$52.48	$52.48	$52.48	$52.48	N	
78231	TC		SALIVARY GLND IMG SERIAL IMG	$42.46	$42.46	$42.46	$42.46	N	
78231	26		SALIVARY GLND IMG SERIAL IMG	$10.02	$10.02	$10.02	$10.02	N	
78231	AA		NUCLEAR SCANS,SALIVARY GLAND	$9.30	$8.10	$9.30	$8.10	N	3
78232			SALIVARY GLAND FUNCTION STD	$51.68	$51.68	$51.68	$51.68	N	
78232	TC		SALIVARY GLAND FUNCTION STD	$42.63	$42.63	$42.63	$42.63	N	
78232	26		SALIVARY GLAND FUNCTION STD	$9.05	$9.05	$9.05	$9.05	N	
78232	AA		SALIVARY GLAND FUNCTION STUDY	$9.30	$8.10	$9.30	$8.10	N	3
78258			ESOPHAGEAL MOTILITY	$99.33	$99.33	$99.33	$99.33	N	
78258	TC		ESOPHAGEAL MOTILITY	$83.25	$83.25	$83.25	$83.25	N	
78258	26		ESOPHAGEAL MOTILITY	$16.08	$16.08	$16.08	$16.08	N	
78258	AA		ESOPHAGEAL MOTILITY	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
78261			GASTRIC MUCOSA IMAGING	$91.74	$91.74	$91.74	$91.74	N	
78261	TC		GASTRIC MUCOSA IMAGING	$78.66	$78.66	$78.66	$78.66	N	
78261	26		GASTRIC MUCOSA IMAGING	$13.08	$13.08	$13.08	$13.08	N	
78261	AA		GASTRIC MUCOSA IMAGING	$9.30	$8.10	$9.30	$8.10	N	3
78262			GASTROESOPHAGEAL REFLUX STD	$112.81	$112.81	$112.81	$112.81	N	
78262	TC		GASTROESOPHAGEAL REFLUX STD	$97.18	$97.18	$97.18	$97.18	N	
78262	26		GASTROESOPHAGEAL REFLUX STD	$15.63	$15.63	$15.63	$15.63	N	
78262	AA		GASTROESOPHAGEAL REFLUX STUDY	$9.30	$8.10	$9.30	$8.10	N	3
78264			GASTRIC EMPTYING IMAG STUDY	$150.07	$150.07	$150.07	$150.07	N	
78264	TC		GASTRIC EMPTYING IMAG STUDY	$132.18	$132.18	$132.18	$132.18	N	
78264	26		GASTRIC EMPTYING IMAG STUDY	$17.90	$17.90	$17.90	$17.90	N	
78264	AA		GASTRIC EMPTYING STUDY	$9.30	$8.10	$9.30	$8.10	N	3
78265			GASTRIC EMPTYING IMAG STUDY	$178.78	$178.78	$178.78	$178.78	N	
78265	TC		GASTRIC EMPTYING IMAG STUDY	$156.82	$156.82	$156.82	$156.82	N	
78265	26		GASTRIC EMPTYING IMAG STUDY	$21.96	$21.96	$21.96	$21.96	N	
78266			GASTRIC EMPTYING IMAG STUDY	$201.10	$201.10	$201.10	$201.10	N	
78266	TC		GASTRIC EMPTYING IMAG STUDY	$177.72	$177.72	$177.72	$177.72	N	
78266	26		GASTRIC EMPTYING IMAG STUDY	$23.39	$23.39	$23.39	$23.39	N	
78267			UREA BREATH TEST C14 ACQUISIT	$5.53	$5.53	$5.53	$5.53	N	
78267	TC		UREA BREATH TEST C14 ACQUISIT	$3.32	$3.32	$3.32	$3.32	N	
78267	26		UREA BREATH TEST C14 ACQUISIT	$2.21	$2.21	$2.21	$2.21	N	
78268			UREA BREATH TEST C14 ANALYSIS	$47.21	$47.21	$47.21	$47.21	N	
78268	TC		UREA BREATH TEST C14 ANALYSIS	$28.32	$28.32	$28.32	$28.32	N	
78268	26		UREA BREATH TEST C14 ANALYSIS	$18.88	$18.88	$18.88	$18.88	N	
78278			ACUTE GI BLOOD LOSS IMAGING	$158.21	$158.21	$158.21	$158.21	N	
78278	TC		ACUTE GI BLOOD LOSS IMAGING	$135.92	$135.92	$135.92	$135.92	N	
78278	26		ACUTE GI BLOOD LOSS IMAGING	$22.28	$22.28	$22.28	$22.28	N	
78278	AA		ACUTE GI BLOOD LOSS IMAGING	$9.30	$8.10	$9.30	$8.10	N	5
78282			G.I. PROTEIN LOSS EXAM	$30.00	$30.00	$30.00	$30.00	N	
78282	TC		G.I. PROTEIN LOSS EXAM	$19.20	$19.20	$19.20	$19.20	N	
78282	26		G.I. PROTEIN LOSS EXAM	$10.80	$10.80	$10.80	$10.80	N	
78282	AA		G.I. PROTEIN LOSS EXAM	$9.30	$8.10	$9.30	$8.10	N	5
78290			NUCLEAR SCAN OF BOWEL	$149.68	$149.68	$149.68	$149.68	N	
78290	TC		NUCLEAR SCAN OF BOWEL	$134.39	$134.39	$134.39	$134.39	N	
78290	26		NUCLEAR SCAN OF BOWEL	$15.29	$15.29	$15.29	$15.29	N	
78290	AA		NUCLEAR SCAN OF BOWEL	$9.30	$8.10	$9.30	$8.10	N	5

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
78291			PERITONEAL-VENOUS SHUNT PATENC	$120.42	$120.42	$120.42	$120.42	N	
78291	TC		PERITONEAL-VENOUS SHUNT PATENC	$100.24	$100.24	$100.24	$100.24	N	
78291	26		PERITONEAL-VENOUS SHUNT PATENC	$20.19	$20.19	$20.19	$20.19	N	
78291	AA		PERITONEAL-VENOUS SHUNT PATENC	$9.30	$8.10	$9.30	$8.10	N	5
78299			UNLISTED GI PX DX NUC MED	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78299	TC		UNLISTED GI PX DX NUC MED	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78299	26		UNLISTED GI PX DX NUC MED	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78299	AA		G.I. NUCLEAR PROCEDURE	$9.30	$8.10	$9.30	$8.10	N	5
78300			NUCLEAR SCAN OF BONE	$102.68	$102.68	$102.68	$102.68	N	
78300	TC		NUCLEAR SCAN OF BONE	$88.52	$88.52	$88.52	$88.52	N	
78300	26		NUCLEAR SCAN OF BONE	$14.16	$14.16	$14.16	$14.16	N	
78300	AA		NUCLEAR SCAN OF BONE	$9.30	$8.10	$9.30	$8.10	N	3
78305			NUCLEAR SCAN OF BONES	$125.06	$125.06	$125.06	$125.06	N	
78305	TC		NUCLEAR SCAN OF BONES	$106.19	$106.19	$106.19	$106.19	N	
78305	26		NUCLEAR SCAN OF BONES	$18.87	$18.87	$18.87	$18.87	N	
78305	AA		NUCLEAR SCAN OF BONES	$9.30	$8.10	$9.30	$8.10	N	3
78306			NUCLEAR SCAN OF SKELETON	$133.70	$133.70	$133.70	$133.70	N	
78306	TC		NUCLEAR SCAN OF SKELETON	$114.34	$114.34	$114.34	$114.34	N	
78306	26		NUCLEAR SCAN OF SKELETON	$19.35	$19.35	$19.35	$19.35	N	
78306	AA		NUCLEAR SCAN OF SKELETON	$9.30	$8.10	$9.30	$8.10	N	3
78315			BONE IMAGING:BY THREE PHASE TE	$156.99	$156.99	$156.99	$156.99	N	
78315	TC		BONE IMAGING:BY THREE PHASE TE	$134.05	$134.05	$134.05	$134.05	N	
78315	26		BONE IMAGING:BY THREE PHASE TE	$22.94	$22.94	$22.94	$22.94	N	
78315	AA		BONE IMAGING:BY THREE PHASE TE	$9.30	$8.10	$9.30	$8.10	N	3
78399			UNLISTED MUSCSKEL PX DX NUC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78399	TC		UNLISTED MUSCSKEL PX DX NUC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78399	26		UNLISTED MUSCSKEL PX DX NUC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78399	AA		MUSCULOSKELETAL NUCLEAR EXAM	$9.30	$8.10	$9.30	$8.10	N	3
78414			DETERMINE VENTRIC.EJECT FRACTI	$20.25	$20.25	$20.25	$20.25	N	
78414	TC		DETERMINE VENTRIC.EJECT FRACTI	$0.00	$0.00	$0.00	$0.00	N	
78414	26		DETERMINE VENTRIC.EJECT FRACTI	$20.25	$20.25	$20.25	$20.25	N	
78414	AA		DETERMINE VENTRIC.EJECT FRACTI	$9.30	$8.10	$9.30	$8.10	N	5
78428			CARDIAC SHUNT DETECTION	$86.20	$86.20	$86.20	$86.20	N	
78428	TC		CARDIAC SHUNT DETECTION	$68.80	$68.80	$68.80	$68.80	N	
78428	26		CARDIAC SHUNT DETECTION	$17.40	$17.40	$17.40	$17.40	N	
78428	AA		CARDIAC SHUNT DETECTION	$9.30	$8.10	$9.30	$8.10	N	5

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
78429			MYOCRD IMG PET 1 STD W/CT	$844.82	$844.82	$844.82	$844.82	N	
78429	TC		MYOCRD IMG PET 1 STD W/CT	$804.09	$804.09	$804.09	$804.09	N	
78429	26		MYOCRD IMG PET 1 STD W/CT	$40.73	$40.73	$40.73	$40.73	N	
78430			MYOCRD IMG PET RST/STRS W/CT	$842.91	$842.91	$842.91	$842.91	N	
78430	TC		MYOCRD IMG PET RST/STRS W/CT	$804.09	$804.09	$804.09	$804.09	N	
78430	26		MYOCRD IMG PET RST/STRS W/CT	$38.82	$38.82	$38.82	$38.82	N	
78431			MYOCRD IMG PET RST&STRS CT	$1,264.96	$1,264.96	$1,264.96	$1,264.96	N	
78431	TC		MYOCRD IMG PET RST&STRS CT	$1,219.66	$1,219.66	$1,219.66	$1,219.66	N	
78431	26		MYOCRD IMG PET RST&STRS CT	$45.31	$45.31	$45.31	$45.31	N	
78432			MYOCRD IMG PET 2RTRACER	$1,538.50	$1,538.50	$1,538.50	$1,538.50	N	
78432	TC		MYOCRD IMG PET 2RTRACER	$1,490.68	$1,490.68	$1,490.68	$1,490.68	N	
78432	26		MYOCRD IMG PET 2RTRACER	$47.83	$47.83	$47.83	$47.83	N	
78433			MYOCRD IMG PET 2RTRACER CT	$1,543.40	$1,543.40	$1,543.40	$1,543.40	N	
78433	TC		MYOCRD IMG PET 2RTRACER CT	$1,490.68	$1,490.68	$1,490.68	$1,490.68	N	
78433	26		MYOCRD IMG PET 2RTRACER CT	$52.73	$52.73	$52.73	$52.73	N	
78434			AQMBF PET REST & RX STRESS	$97.79	$97.79	$97.79	$97.79	N	
78434	TC		AQMBF PET REST & RX STRESS	$82.80	$82.80	$82.80	$82.80	N	
78434	26		AQMBF PET REST & RX STRESS	$14.99	$14.99	$14.99	$14.99	N	
78445			NUCLEAR SCAN OF BLOOD FLOW	$86.83	$86.83	$86.83	$86.83	N	
78445	TC		NUCLEAR SCAN OF BLOOD FLOW	$75.43	$75.43	$75.43	$75.43	N	
78445	26		NUCLEAR SCAN OF BLOOD FLOW	$11.40	$11.40	$11.40	$11.40	N	
78445	AA		NUCLEAR SCAN OF BLOOD FLOW	$9.30	$8.10	$9.30	$8.10	N	5
78451			MYOCARDIAL PERFUSION IMAGING,	$154.60	$154.60	$154.60	$154.60	N	
78451	TC		MYOCARDIAL PERFUSION IMAGING,	$123.86	$123.86	$123.86	$123.86	N	
78451	26		MYOCARDIAL PERFUSION IMAGING,	$30.74	$30.74	$30.74	$30.74	N	
78451	AA		MYOCARDIAL PERFUSION IMAGING	$9.30	$8.10	$9.30	$8.10	N	7
78452			MYOCARDIAL PERFUSION IMAGING,	$213.14	$213.14	$213.14	$213.14	N	
78452	TC		MYOCARDIAL PERFUSION IMAGING,	$176.86	$176.86	$176.86	$176.86	N	
78452	26		MYOCARDIAL PERFUSION IMAGING,	$36.28	$36.28	$36.28	$36.28	N	
78452	AA		MYOCARDIAL PERFUSION IMAGING	$9.30	$8.10	$9.30	$8.10	N	7
78453			MYOCARDIAL PERFUSION IMAGING,	$133.39	$133.39	$133.39	$133.39	N	
78453	TC		MYOCARDIAL PERFUSION IMAGING,	$111.11	$111.11	$111.11	$111.11	N	
78453	26		MYOCARDIAL PERFUSION IMAGING,	$22.28	$22.28	$22.28	$22.28	N	
78453	AA		MYOCARDIAL PERFUSION IMAGING	$9.30	$8.10	$9.30	$8.10	N	7
78454			MYOCARDIAL PERFUSION IMAGING,	$197.61	$197.61	$197.61	$197.61	N	
78454	TC		MYOCARDIAL PERFUSION IMAGING,	$167.01	$167.01	$167.01	$167.01	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
78454	26		MYOCARDIAL PERFUSION IMAGING,	$30.60	$30.60	$30.60	$30.60	N	
78454	AA		MYOCARDIAL PERFUSION IMAGING	$9.30	$8.10	$9.30	$8.10	N	7
78456			ACUTE VEN THROMB IMAG, PEPTIDE	$142.23	$142.23	$142.23	$142.23	N	
78456	TC		ACUTE VEN THROMB IMAG, PEPTIDE	$119.78	$119.78	$119.78	$119.78	N	
78456	26		ACUTE VEN THROMB IMAG, PEPTIDE	$22.45	$22.45	$22.45	$22.45	N	
78456	AA		ACUTE VEN THROMB IMAG, PEPTIDE	$9.30	$8.10	$9.30	$8.10	N	7
78457			VENOUS THROMBOSIS IMAGING: UNI	$78.68	$78.68	$78.68	$78.68	N	
78457	TC		VENOUS THROMBOSIS IMAGING: UNI	$61.33	$61.33	$61.33	$61.33	N	
78457	26		VENOUS THROMBOSIS IMAGING: UNI	$17.35	$17.35	$17.35	$17.35	N	
78457	AA		VENOUS THROMBOSIS IMAGING: UNI	$9.30	$8.10	$9.30	$8.10	N	5
78458			VENOUS THROMBOSIS IMAGING: BIL	$96.10	$96.10	$96.10	$96.10	N	
78458	TC		VENOUS THROMBOSIS IMAGING: BIL	$75.43	$75.43	$75.43	$75.43	N	
78458	26		VENOUS THROMBOSIS IMAGING: BIL	$20.67	$20.67	$20.67	$20.67	N	
78458	AA		VENOUS THROMBOSIS IMAGING: BIL	$9.30	$8.10	$9.30	$8.10	N	5
78459			HEART MUSCLE IMAGING	$738.33	$738.33	$738.33	$738.33	N	
78459	TC		HEART MUSCLE IMAGING	$700.85	$700.85	$700.85	$700.85	N	
78459	26		HEART MUSCLE IMAGING	$37.48	$37.48	$37.48	$37.48	N	
78459	AA		HEART MUSCLE IMAGING	$9.30	$8.10	$9.30	$8.10	N	5
78466			MYOCARD IMAGING..:AT REST,QUAL	$80.69	$80.69	$80.69	$80.69	N	
78466	TC		MYOCARD IMAGING..:AT REST,QUAL	$65.41	$65.41	$65.41	$65.41	N	
78466	26		MYOCARD IMAGING..:AT REST,QUAL	$15.29	$15.29	$15.29	$15.29	N	
78466	AA		MYOCARD IMAGING..:AT REST,QUAL	$9.30	$8.10	$9.30	$8.10	N	5
78468			MYOCARD IMAGING..AT REST:FIRST	$91.62	$91.62	$91.62	$91.62	N	
78468	TC		MYOCARD IMAGING..AT REST:FIRST	$73.56	$73.56	$73.56	$73.56	N	
78468	26		MYOCARD IMAGING..AT REST:FIRST	$18.06	$18.06	$18.06	$18.06	N	
78468	AA		MYOCARD IMAGING..AT REST:FIRST	$9.30	$8.10	$9.30	$8.10	N	5
78472			CARD BLD POOL IMAG,AT REST,WAL	$104.18	$104.18	$104.18	$104.18	N	
78472	TC		CARD BLD POOL IMAG,AT REST,WAL	$82.23	$82.23	$82.23	$82.23	N	
78472	26		CARD BLD POOL IMAG,AT REST,WAL	$21.96	$21.96	$21.96	$21.96	N	
78472	AA		CARD BLD POOL IMAG,AT REST,WAL	$9.30	$8.10	$9.30	$8.10	N	5
78473			CARDIAC BL.POOL IMAGING:MULT S	$132.24	$132.24	$132.24	$132.24	N	
78473	TC		CARDIAC BL.POOL IMAGING:MULT S	$99.22	$99.22	$99.22	$99.22	N	
78473	26		CARDIAC BL.POOL IMAGING:MULT S	$33.02	$33.02	$33.02	$33.02	N	
78473	AA		CARDIAC BL.POOL IMAGING:MULT S	$9.30	$8.10	$9.30	$8.10	N	5
78481			CARD BLD POOL IMAG-FRST PASS T	$81.08	$81.08	$81.08	$81.08	N	
78481	TC		CARD BLD POOL IMAG-FRST PASS T	$59.29	$59.29	$59.29	$59.29	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
78481	26		CARD BLD POOL IMAG-FRST PASS T	$21.79	$21.79	$21.79	$21.79	N	
78481	AA		CARD BLD POOL IMAG-FRST PASS T	$9.30	$8.10	$9.30	$8.10	N	5
78483			CARDIAC BL.POOL IMAGING,FIRST.	$109.48	$109.48	$109.48	$109.48	N	
78483	TC		CARDIAC BL.POOL IMAGING,FIRST.	$76.62	$76.62	$76.62	$76.62	N	
78483	26		CARDIAC BL.POOL IMAGING,FIRST.	$32.86	$32.86	$32.86	$32.86	N	
78483	AA		CARDIAC BL.POOL IMAGING,FIRST.	$9.30	$8.10	$9.30	$8.10	N	5
78491			HEART MUSCLE IMAGING	$117.00	$117.00	$117.00	$117.00	N	
78491	TC		HEART MUSCLE IMAGING	$97.00	$97.00	$97.00	$97.00	N	
78491	26		HEART MUSCLE IMAGING	$20.00	$20.00	$20.00	$20.00	N	
78491	AA		HEART MUSCLE IMAGING	$9.30	$8.10	$9.30	$8.10	N	3
78492			HEART MUSCLE IMAGING	$141.00	$141.00	$141.00	$141.00	N	
78492	TC		HEART MUSCLE IMAGING	$117.00	$117.00	$117.00	$117.00	N	
78492	26		HEART MUSCLE IMAGING	$24.00	$24.00	$24.00	$24.00	N	
78492	AA		HEART MUSCLE IMAGING	$9.30	$8.10	$9.30	$8.10	N	3
78494			CARD BLD POOL IMAG-GATED EQUIL	$105.33	$105.33	$105.33	$105.33	N	
78494	TC		CARD BLD POOL IMAG-GATED EQUIL	$78.66	$78.66	$78.66	$78.66	N	
78494	26		CARD BLD POOL IMAG-GATED EQUIL	$26.68	$26.68	$26.68	$26.68	N	
78494	AA		CARD BLD POOL IMAG GATED EQUIL	$9.30	$8.10	$9.30	$8.10	N	3
78496			CARD BLD POOL IMAG-GATED EQUIL	$20.57	$20.57	$20.57	$20.57	N	
78496	TC		CARD BLD POOL IMAG-GATED EQUIL	$9.68	$9.68	$9.68	$9.68	N	
78496	26		CARD BLD POOL IMAG-GATED EQUIL	$10.89	$10.89	$10.89	$10.89	N	
78496	AA		CARD BLD POOL IMAG GATED EQUIL	$9.30	$8.10	$9.30	$8.10	N	3
78499			UNLISTED CV PX DX NUC MED	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78499	TC		UNLISTED CV PX DX NUC MED	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78499	26		UNLISTED CV PX DX NUC MED	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78499	AA		CARDIOVASCULAR NUCLEAR EXAM	$9.30	$8.10	$9.30	$8.10	N	5
78579			LUNG VENTILATION IMAGING	$85.48	$85.48	$85.48	$85.48	N	
78579	TC		LUNG VENTILATION IMAGING	$74.59	$74.59	$74.59	$74.59	N	
78579	26		LUNG VENTILATION IMAGING	$10.89	$10.89	$10.89	$10.89	N	
78579	AA		LUNG VENTILATION IMAGING	$9.30	$8.10	$9.30	$8.10	N	7
78580			NUCLEAR SCAN OF LUNG	$107.82	$107.82	$107.82	$107.82	N	
78580	TC		NUCLEAR SCAN OF LUNG	$91.06	$91.06	$91.06	$91.06	N	
78580	26		NUCLEAR SCAN OF LUNG	$16.76	$16.76	$16.76	$16.76	N	
78582			PULMONARY VENT/PERFUSION IMAGI	$149.97	$149.97	$149.97	$149.97	N	
78582	TC		PULMONARY VENT/PERFUSION IMAGI	$126.07	$126.07	$126.07	$126.07	N	
78582	26		PULMONARY VENT/PERFUSION IMAGI	$23.91	$23.91	$23.91	$23.91	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
78582	AA		PULMONARY VENT/PERFUSION IMAGI	$9.30	$8.10	$9.30	$8.10	N	7
78597			LUNG PERFUSION DIFFERENTIAL	$91.67	$91.67	$91.67	$91.67	N	
78597	TC		LUNG PERFUSION DIFFERENTIAL	$75.44	$75.44	$75.44	$75.44	N	
78597	26		LUNG PERFUSION DIFFERENTIAL	$16.24	$16.24	$16.24	$16.24	N	
78597	AA		LUNG PERFUSION DIFFERENTIAL	$9.30	$8.10	$9.30	$8.10	N	7
78598			LUNG PERF&VENTILAT DIFERENTL	$136.09	$136.09	$136.09	$136.09	N	
78598	TC		LUNG PERF&VENTILAT DIFERENTL	$117.57	$117.57	$117.57	$117.57	N	
78598	26		LUNG PERF&VENTILAT DIFERENTL	$18.52	$18.52	$18.52	$18.52	N	
78598	AA		LUNG PERF&VENTILAT DIFFERENTIA	$9.30	$8.10	$9.30	$8.10	N	7
78599			UNLISTED RESP PX DX NUC MED	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78599	TC		UNLISTED RESP PX DX NUC MED	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78599	26		UNLISTED RESP PX DX NUC MED	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78600			NUCLEAR SCAN OF BRAIN	$84.33	$84.33	$84.33	$84.33	N	
78600	TC		NUCLEAR SCAN OF BRAIN	$74.41	$74.41	$74.41	$74.41	N	
78600	26		NUCLEAR SCAN OF BRAIN	$9.93	$9.93	$9.93	$9.93	N	
78600	AA		NUCLEAR SCAN OF BRAIN	$9.30	$8.10	$9.30	$8.10	N	3
78601			NUCLEAR SCAN OF BRAIN	$99.56	$99.56	$99.56	$99.56	N	
78601	TC		NUCLEAR SCAN OF BRAIN	$88.18	$88.18	$88.18	$88.18	N	
78601	26		NUCLEAR SCAN OF BRAIN	$11.38	$11.38	$11.38	$11.38	N	
78601	AA		NUCLEAR SCAN OF BRAIN	$9.30	$8.10	$9.30	$8.10	N	3
78605			NUCLEAR SCAN OF BRAIN	$92.90	$92.90	$92.90	$92.90	N	
78605	TC		NUCLEAR SCAN OF BRAIN	$80.70	$80.70	$80.70	$80.70	N	
78605	26		NUCLEAR SCAN OF BRAIN	$12.21	$12.21	$12.21	$12.21	N	
78605	AA		NUCLEAR SCAN OF BRAIN	$9.30	$8.10	$9.30	$8.10	N	3
78606			NUCLEAR SCAN OF BRAIN	$149.72	$149.72	$149.72	$149.72	N	
78606	TC		NUCLEAR SCAN OF BRAIN	$135.24	$135.24	$135.24	$135.24	N	
78606	26		NUCLEAR SCAN OF BRAIN	$14.48	$14.48	$14.48	$14.48	N	
78606	AA		NUCLEAR SCAN OF BRAIN	$9.30	$8.10	$9.30	$8.10	N	3
78608			BRAIN IMAGING PET METAB EVALU	$1,080.00	$1,080.00	$1,080.00	$1,080.00	N	
78608	TC		BRAIN IMAGING PET METAB EVALU	$1,022.02	$1,022.02	$1,022.02	$1,022.02	N	
78608	26		BRAIN IMAGING PET METAB EVALU	$57.98	$57.98	$57.98	$57.98	N	
78608	AA		BRAIN IMAGING PET METAB EVALU	$9.30	$8.10	$9.30	$8.10	N	3
78609			BRAIN IMAG PET PERF EVALUATION	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78609	TC		BRAIN IMAG PET PERF EVALUATION	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78609	26		BRAIN IMAG PET PERF EVALUATION	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78609	AA		BRAIN IMAG PET PERF EVALUATION	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
78610			NUCLEAR SCAN OF BRAIN	$81.08	$81.08	$81.08	$81.08	N	
78610	TC		NUCLEAR SCAN OF BRAIN	$74.41	$74.41	$74.41	$74.41	N	
78610	26		NUCLEAR SCAN OF BRAIN	$6.67	$6.67	$6.67	$6.67	N	
78610	AA		NUCLEAR SCAN OF BRAIN	$9.30	$8.10	$9.30	$8.10	N	3
78630			CEREBROSPINAL FLUID SCAN	$152.91	$152.91	$152.91	$152.91	N	
78630	TC		CEREBROSPINAL FLUID SCAN	$137.62	$137.62	$137.62	$137.62	N	
78630	26		CEREBROSPINAL FLUID SCAN	$15.29	$15.29	$15.29	$15.29	N	
78630	AA		CEREBROSPINAL FLUID SCAN	$9.30	$8.10	$9.30	$8.10	N	3
78635			CEREBROSPINAL FLUID SCAN	$153.32	$153.32	$153.32	$153.32	N	
78635	TC		CEREBROSPINAL FLUID SCAN	$139.32	$139.32	$139.32	$139.32	N	
78635	26		CEREBROSPINAL FLUID SCAN	$14.00	$14.00	$14.00	$14.00	N	
78635	AA		CEREBROSPINAL FLUID SCAN	$9.30	$8.10	$9.30	$8.10	N	3
78645			CEREBROSPINAL FLUID SCAN	$147.24	$147.24	$147.24	$147.24	N	
78645	TC		CEREBROSPINAL FLUID SCAN	$134.56	$134.56	$134.56	$134.56	N	
78645	26		CEREBROSPINAL FLUID SCAN	$12.68	$12.68	$12.68	$12.68	N	
78645	AA		CEREBROSPINAL FLUID SCAN	$9.30	$8.10	$9.30	$8.10	N	3
78650			CEREBROSPINAL FLUID SCAN	$122.91	$122.91	$122.91	$122.91	N	
78650	TC		CEREBROSPINAL FLUID SCAN	$111.28	$111.28	$111.28	$111.28	N	
78650	26		CEREBROSPINAL FLUID SCAN	$11.63	$11.63	$11.63	$11.63	N	
78650	AA		CEREBROSPINAL FLUID SCAN	$9.30	$8.10	$9.30	$8.10	N	3
78660			NUCLEAR EXAM OF TEAR FLOW	$66.41	$66.41	$66.41	$66.41	N	
78660	TC		NUCLEAR EXAM OF TEAR FLOW	$56.23	$56.23	$56.23	$56.23	N	
78660	26		NUCLEAR EXAM OF TEAR FLOW	$10.18	$10.18	$10.18	$10.18	N	
78660	AA		NUCLEAR EXAM OF TEAR FLOW	$9.30	$8.10	$9.30	$8.10	N	3
78699			UNLISTED NRVS SYS PX DX NUC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78699	TC		UNLISTED NRVS SYS PX DX NUC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78699	26		UNLISTED NRVS SYS PX DX NUC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78699	AA		NERVOUS SYSTEM NUCLEAR EXAM	$9.30	$8.10	$9.30	$8.10	N	3
78700			NUCLEAR SCAN OF KIDNEY	$79.39	$79.39	$79.39	$79.39	N	
78700	TC		NUCLEAR SCAN OF KIDNEY	$69.31	$69.31	$69.31	$69.31	N	
78700	26		NUCLEAR SCAN OF KIDNEY	$10.09	$10.09	$10.09	$10.09	N	
78700	AA		NUCLEAR SCAN OF KIDNEY	$9.30	$8.10	$9.30	$8.10	N	3
78701			NUCLEAR SCAN OF KIDNEY	$104.17	$104.17	$104.17	$104.17	N	
78701	TC		NUCLEAR SCAN OF KIDNEY	$92.93	$92.93	$92.93	$92.93	N	
78701	26		NUCLEAR SCAN OF KIDNEY	$11.24	$11.24	$11.24	$11.24	N	
78701	AA		NUCLEAR SCAN OF KIDNEY	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
78707			NUCLEAR SCAN OF KIDNEY	$107.26	$107.26	$107.26	$107.26	N	
78707	TC		NUCLEAR SCAN OF KIDNEY	$85.96	$85.96	$85.96	$85.96	N	
78707	26		NUCLEAR SCAN OF KIDNEY	$21.30	$21.30	$21.30	$21.30	N	
78707	AA		NUCLEAR SCAN OF KIDNEY	$9.30	$8.10	$9.30	$8.10	N	3
78708			NUCLEAR SCAN OF KIDNEY	$88.31	$88.31	$88.31	$88.31	N	
78708	TC		NUCLEAR SCAN OF KIDNEY	$61.33	$61.33	$61.33	$61.33	N	
78708	26		NUCLEAR SCAN OF KIDNEY	$26.99	$26.99	$26.99	$26.99	N	
78708	AA		NUCLEAR SCAN OF KIDNEY	$9.30	$8.10	$9.30	$8.10	N	3
78709			NUCLEAR SCAN OF KIDNEY	$167.47	$167.47	$167.47	$167.47	N	
78709	TC		NUCLEAR SCAN OF KIDNEY	$136.26	$136.26	$136.26	$136.26	N	
78709	26		NUCLEAR SCAN OF KIDNEY	$31.21	$31.21	$31.21	$31.21	N	
78709	AA		NUCLEAR SCAN OF KIDNEY	$9.30	$8.10	$9.30	$8.10	N	3
78725			NUCLEAR EXAM OF KIDNEY	$49.22	$49.22	$49.22	$49.22	N	
78725	TC		NUCLEAR EXAM OF KIDNEY	$41.10	$41.10	$41.10	$41.10	N	
78725	26		NUCLEAR EXAM OF KIDNEY	$8.12	$8.12	$8.12	$8.12	N	
78725	AA		NUCLEAR EXAM OF KIDNEY	$9.30	$8.10	$9.30	$8.10	N	3
78730			NUCLEAR EXAM OF BLADDER	$33.49	$33.49	$33.49	$33.49	N	
78730	TC		NUCLEAR EXAM OF BLADDER	$29.90	$29.90	$29.90	$29.90	N	
78730	26		NUCLEAR EXAM OF BLADDER	$3.59	$3.59	$3.59	$3.59	N	
78730	AA		NUCLEAR EXAM OF BLADDER	$9.30	$8.10	$9.30	$8.10	N	3
78740			NUCLEAR EXAM OF URETER	$105.96	$105.96	$105.96	$105.96	N	
78740	TC		NUCLEAR EXAM OF URETER	$92.93	$92.93	$92.93	$92.93	N	
78740	26		NUCLEAR EXAM OF URETER	$13.03	$13.03	$13.03	$13.03	N	
78740	AA		NUCLEAR EXAM OF URETER	$9.30	$8.10	$9.30	$8.10	N	3
78761			TESTICULAR IMAGING,W/VASCULAR	$98.50	$98.50	$98.50	$98.50	N	
78761	TC		TESTICULAR IMAGING,W/VASCULAR	$82.06	$82.06	$82.06	$82.06	N	
78761	26		TESTICULAR IMAGING,W/VASCULAR	$16.45	$16.45	$16.45	$16.45	N	
78761	AA		TESTICULAR IMAGING,W/VASCULAR	$9.30	$8.10	$9.30	$8.10	N	3
78799			UNLISTED GU PX DX NUC MED	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78799	TC		UNLISTED GU PX DX NUC MED	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78799	26		UNLISTED GU PX DX NUC MED	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78799	AA		GENITOURINARY NUCLEAR EXAM	$9.30	$8.10	$9.30	$8.10	N	3
78800			NUCLEAR EXAM OF LESION	$115.56	$115.56	$115.56	$115.56	N	
78800	TC		NUCLEAR EXAM OF LESION	$100.75	$100.75	$100.75	$100.75	N	
78800	26		NUCLEAR EXAM OF LESION	$14.81	$14.81	$14.81	$14.81	N	
78800	AA		NUCLEAR EXAM OF LESION	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
78801			NUCLEAR EXAM OF LESIONS	$123.64	$123.64	$123.64	$123.64	N	
78801	TC		NUCLEAR EXAM OF LESIONS	$107.38	$107.38	$107.38	$107.38	N	
78801	26		NUCLEAR EXAM OF LESIONS	$16.26	$16.26	$16.26	$16.26	N	
78801	AA		NUCLEAR EXAM OF LESIONS	$9.30	$8.10	$9.30	$8.10	N	3
78802			NUCLEAR EXAM OF LESIONS	$139.36	$139.36	$139.36	$139.36	N	
78802	TC		NUCLEAR EXAM OF LESIONS	$121.48	$121.48	$121.48	$121.48	N	
78802	26		NUCLEAR EXAM OF LESIONS	$17.89	$17.89	$17.89	$17.89	N	
78802	AA		NUCLEAR EXAM OF LESIONS	$9.30	$8.10	$9.30	$8.10	N	3
78803			TUMOR LOCALIZATION (SPECT)	$171.20	$171.20	$171.20	$171.20	N	
78803	TC		TUMOR LOCALIZATION (SPECT)	$147.14	$147.14	$147.14	$147.14	N	
78803	26		TUMOR LOCALIZATION (SPECT)	$24.06	$24.06	$24.06	$24.06	N	
78803	AA		TUMOR LOCALIZATION (SPECT)	$9.30	$8.10	$9.30	$8.10	N	3
78804			RADIOPHARM LOC TUMOR WHOLE BOD	$289.35	$289.35	$289.35	$289.35	N	
78804	TC		RADIOPHARM LOC TUMOR WHOLE BOD	$266.92	$266.92	$266.92	$266.92	N	
78804	26		RADIOPHARM LOC TUMOR WHOLE BOD	$22.44	$22.44	$22.44	$22.44	N	
78808			INJECTION PROCEDURE FOR RADIOP	$20.20	$20.20	$20.20	$20.20	N	
78808	TC		INJECTION PROCEDURE FOR RADIOP	$12.12	$12.12	$12.12	$12.12	N	
78808	26		INJECTION PROCEDURE FOR RADIOP	$8.08	$8.08	$8.08	$8.08	N	
78811			TUMOR IMAGING (PET), LIMITED	$722.60	$722.60	$722.60	$722.60	N	
78811	TC		TUMOR IMAGING (PET), LIMITED	$684.01	$684.01	$684.01	$684.01	N	
78811	26		TUMOR IMAGING (PET), LIMITED	$38.59	$38.59	$38.59	$38.59	N	
78812			TUMOR IMAGE (PET)/SKUL-THIGH	$823.21	$823.21	$823.21	$823.21	N	
78812	TC		TUMOR IMAGE (PET)/SKUL-THIGH	$775.80	$775.80	$775.80	$775.80	N	
78812	26		TUMOR IMAGE (PET)/SKUL-THIGH	$47.41	$47.41	$47.41	$47.41	N	
78813			TUMOR IMAGE (PET) FULL BODY	$823.34	$823.34	$823.34	$823.34	N	
78813	TC		TUMOR IMAGE (PET) FULL BODY	$775.79	$775.79	$775.79	$775.79	N	
78813	26		TUMOR IMAGE (PET) FULL BODY	$47.55	$47.55	$47.55	$47.55	N	
78814			TUMOR IMAGE PET/CT, LIMITED	$830.08	$830.08	$830.08	$830.08	N	
78814	TC		TUMOR IMAGE PET/CT, LIMITED	$775.79	$775.79	$775.79	$775.79	N	
78814	26		TUMOR IMAGE PET/CT, LIMITED	$54.29	$54.29	$54.29	$54.29	N	
78815			TUMORIMAGE PET/CT SKUL-THIGH	$836.64	$836.64	$836.64	$836.64	N	
78815	TC		TUMORIMAGE PET/CT SKUL-THIGH	$775.79	$775.79	$775.79	$775.79	N	
78815	26		TUMORIMAGE PET/CT SKUL-THIGH	$60.85	$60.85	$60.85	$60.85	N	
78816			TUMOR IMAGE PET/CT FULL BODY	$837.12	$837.12	$837.12	$837.12	N	
78816	TC		TUMOR IMAGE PET/CT FULL BODY	$775.79	$775.79	$775.79	$775.79	N	
78816	26		TUMOR IMAGE PET/CT FULL BODY	$61.33	$61.33	$61.33	$61.33	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
78830			RP LOCLZJ TUM SPECT W/CT 1	$215.14	$215.14	$215.14	$215.14	N	
78830	TC		RP LOCLZJ TUM SPECT W/CT 1	$182.82	$182.82	$182.82	$182.82	N	
78830	26		RP LOCLZJ TUM SPECT W/CT 1	$32.33	$32.33	$32.33	$32.33	N	
78830	AA		RP LOCLZJ TUM SPECT W/ CT 1	$9.30	$8.10	$9.30	$8.10	N	7
78831			RP LOCLZJ TUM SPECT 2 AREAS	$320.15	$320.15	$320.15	$320.15	N	
78831	TC		RP LOCLZJ TUM SPECT 2 AREAS	$279.66	$279.66	$279.66	$279.66	N	
78831	26		RP LOCLZJ TUM SPECT 2 AREAS	$40.49	$40.49	$40.49	$40.49	N	
78831	AA		RP LOCLZJ TUM SPECT 2 AREAS	$9.30	$8.10	$9.30	$8.10	N	7
78832			RP LOCLZJ TUM SPECT W/CT 2	$406.15	$406.15	$406.15	$406.15	N	
78832	TC		RP LOCLZJ TUM SPECT W/CT 2	$359.68	$359.68	$359.68	$359.68	N	
78832	26		RP LOCLZJ TUM SPECT W/CT 2	$46.47	$46.47	$46.47	$46.47	N	
78832	AA		RP LOCLZJ TUM SPECT W/ CT2	$9.30	$8.10	$9.30	$8.10	N	7
78835			RP QUAN MEAS SINGLE AREA	$44.56	$44.56	$44.56	$44.56	N	
78835	TC		RP QUAN MEAS SINGLE AREA	$34.32	$34.32	$34.32	$34.32	N	
78835	26		RP QUAN MEAS SINGLE AREA	$10.23	$10.23	$10.23	$10.23	N	
78999			UNLISTED MISC PX DX NUC MED	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78999	TC		UNLISTED MISC PX DX NUC MED	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
78999	26		UNLISTED MISC PX DX NUC MED	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
79005			NUCLEAR RX, ORAL ADMIN	$66.84	$66.84	$66.84	$66.84	N	
79005	TC		NUCLEAR RX, ORAL ADMIN	$26.33	$26.33	$26.33	$26.33	N	
79005	26		NUCLEAR RX, ORAL ADMIN	$40.51	$40.51	$40.51	$40.51	N	
79101			NUCLEAR RX, IV ADMIN	$72.12	$72.12	$72.12	$72.12	N	
79101	TC		NUCLEAR RX, IV ADMIN	$27.35	$27.35	$27.35	$27.35	N	
79101	26		NUCLEAR RX, IV ADMIN	$44.77	$44.77	$44.77	$44.77	N	
79200			RADIONUCLIDE THERAPY	$64.63	$64.63	$64.63	$64.63	N	
79200	TC		RADIONUCLIDE THERAPY	$26.84	$26.84	$26.84	$26.84	N	
79200	26		RADIONUCLIDE THERAPY	$37.80	$37.80	$37.80	$37.80	N	
79200	AA		RADIONUCLIDE THERAPY	$9.30	$8.10	$9.30	$8.10	N	3
79300			RADIONUCLIDE THERAPY	$109.00	$109.00	$109.00	$109.00	N	
79300	TC		RADIONUCLIDE THERAPY	$35.57	$35.57	$35.57	$35.57	N	
79300	26		RADIONUCLIDE THERAPY	$73.43	$73.43	$73.43	$73.43	N	
79300	AA		RADIONUCLIDE THERAPY	$9.30	$8.10	$9.30	$8.10	N	3
79403			RADIOPHARM THERAPY BY IV INFUS	$84.41	$84.41	$84.41	$84.41	N	
79403	TC		RADIOPHARM THERAPY BY IV INFUS	$41.61	$41.61	$41.61	$41.61	N	
79403	26		RADIOPHARM THERAPY BY IV INFUS	$42.80	$42.80	$42.80	$42.80	N	
79440			RADIONUCLIDE THERAPY	$58.01	$58.01	$58.01	$58.01	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
79440	TC		RADIONUCLIDE THERAPY	$20.21	$20.21	$20.21	$20.21	N	
79440	26		RADIONUCLIDE THERAPY	$37.80	$37.80	$37.80	$37.80	N	
79440	AA		RADIONUCLIDE THERAPY	$9.30	$8.10	$9.30	$8.10	N	3
79445			NUCLEAR RX, INTRA-ARTERIAL	$58.33	$58.33	$58.33	$58.33	N	
79445	TC		NUCLEAR RX, INTRA-ARTERIAL	$0.00	$0.00	$0.00	$0.00	N	
79445	26		NUCLEAR RX, INTRA-ARTERIAL	$58.33	$58.33	$58.33	$58.33	N	
79999			RP THERAPY UNLISTED PX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
79999	TC		RP THERAPY UNLISTED PX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
79999	26		RP THERAPY UNLISTED PX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
79999	AA		NUCLEAR MEDICINE THERAPY	$9.30	$8.10	$9.30	$8.10	N	3
80047			BASIC METABOLIC PANEL (CALCIUM	$10.98	$10.98	$10.98	$10.98	N	
80048			BASIC METABOLIC PANEL	$6.77	$6.77	$6.77	$6.77	N	
80050			GENERAL HEALTH SCREEN PANEL	$36.00	$36.00	$36.00	$36.00	N	
80051			ELECTROLYTE PANEL	$5.61	$5.61	$5.61	$5.61	N	
80051	UD		ELECTROLYTE PANEL	$12.62	$12.62	$12.62	$12.62	N	
80053			COMPREHENSIVE METABOLIC PANEL	$8.45	$8.45	$8.45	$8.45	N	
80055			OBSTETRIC PROFILE	$38.25	$38.25	$38.25	$38.25	N	
80055	UD		OBSTETRIC PROFILE	$86.06	$86.06	$86.06	$86.06	N	
80061			LIPID PROFILE	$10.71	$10.71	$10.71	$10.71	N	
80061	QW		LIPID PROFILE	$10.71	$10.71	$10.71	$10.71	N	
80061	22		LIPID PROFILE	$23.00	$23.00	$23.00	$23.00	N	
80069			RENAL FUNCTION PANEL	$6.94	$6.94	$6.94	$6.94	N	
80074			ACUTE HEPATITIS PANEL	$38.10	$38.10	$38.10	$38.10	N	
80076			HEPATIC FUNCTION PANEL	$6.54	$6.54	$6.54	$6.54	N	
80081			OBSTETRIC PANEL INC HIV TSTG	$59.89	$59.89	$59.89	$59.89	N	
80104	HF	QW	DRUG SCRN 1+ CLASS NONCHROMATO	$3.25	$3.25	$3.25	$3.25	N	
80143			DRUG ASSAY ACETAMINOPHEN	$14.91	$14.91	$14.91	$14.91	N	
80145			DRUG ASSAY ADALIMUMAB	$30.86	$30.86	$30.86	$30.86	N	
80150			AMIKACIN	$12.06	$12.06	$12.06	$12.06	N	
80151			DRUG ASSAY AMIODARONE	$14.91	$14.91	$14.91	$14.91	N	
80155			DRUG ASSAY CAFFEINE	$30.86	$30.86	$30.86	$30.86	N	
80156			CARBAMAZEPINE	$11.66	$11.66	$11.66	$11.66	N	
80157			CARBAMAZEPINE:FREE	$10.60	$10.60	$10.60	$10.60	N	
80158			DRUG ASSAY CYCLOSPORINE	$14.44	$14.44	$14.44	$14.44	N	
80159			DRUG ASSAY CLOZAPINE	$16.12	$16.12	$16.12	$16.12	N	
80161			ASY CARBAMAZEPIN 10,11-EPXID	$14.91	$14.91	$14.91	$14.91	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
80162			ASSAY OF DIGOXIN TOTAL	$10.62	$10.62	$10.62	$10.62	N	
80163			ASSAY OF DIGOXIN FREE	$10.62	$10.62	$10.62	$10.62	N	
80164			DIPROPYLACETIC ACID(VALPROIC)	$10.83	$10.83	$10.83	$10.83	N	
80165			DIPROPYLACETIC ACID FREE	$10.83	$10.83	$10.83	$10.83	N	
80167			DRUG ASSAY FELBAMATE	$14.91	$14.91	$14.91	$14.91	N	
80168			ETHOSUXIMIDE	$13.07	$13.07	$13.07	$13.07	N	
80169			DRUG ASSAY EVEROLIMUS	$10.98	$10.98	$10.98	$10.98	N	
80170			GENTAMICIN	$13.10	$13.10	$13.10	$13.10	N	
80171			DRUG SCREEN QUANT GABAPENTIN	$17.34	$17.34	$17.34	$17.34	N	
80173			HALOPERIDOL	$12.62	$12.62	$12.62	$12.62	N	
80175			DRUG SCREEN QUAN LAMOTRIGINE	$10.60	$10.60	$10.60	$10.60	N	
80176			LIDOCAINE	$11.75	$11.75	$11.75	$11.75	N	
80177			DRUG SCRN QUAN LEVETIRACETAM	$10.60	$10.60	$10.60	$10.60	N	
80178			LITHIUM	$5.29	$5.29	$5.29	$5.29	N	
80178	QW		LITHIUM	$5.29	$5.29	$5.29	$5.29	N	
80179			DRUG ASSAY SALICYLATE	$14.91	$14.91	$14.91	$14.91	N	
80180			DRUG SCRN QUAN MYCOPHENOLATE	$14.44	$14.44	$14.44	$14.44	N	
80181			DRUG ASSAY FLECAINIDE	$14.91	$14.91	$14.91	$14.91	N	
80183			DRUG SCRN QUANT OXCARBAZEPIN	$10.60	$10.60	$10.60	$10.60	N	
80184			PHENOBARBITAL	$12.24	$12.24	$12.24	$12.24	N	
80185			PHENYTOIN: TOTAL	$10.60	$10.60	$10.60	$10.60	N	
80186			PHENYTOIN: FREE	$11.01	$11.01	$11.01	$11.01	N	
80187			DRUG ASSAY POSACONAZOLE	$21.69	$21.69	$21.69	$21.69	N	
80188			PRIMIDONE	$13.27	$13.27	$13.27	$13.27	N	
80189			DRUG ASSAY ITRACONAZOLE	$21.69	$21.69	$21.69	$21.69	N	
80190			PROCAINAMIDE	$48.00	$48.00	$48.00	$48.00	N	
80192			PROCAINAMIDE:WITH METABOLITES	$13.40	$13.40	$13.40	$13.40	N	
80193			DRUG ASSAY LEFLUNOMIDE	$30.86	$30.86	$30.86	$30.86	N	
80194			QUINIDINE	$11.68	$11.68	$11.68	$11.68	N	
80195			ASSAY OF SIROLIMUS	$10.98	$10.98	$10.98	$10.98	N	
80197			TACROLIMUS	$10.98	$10.98	$10.98	$10.98	N	
80198			THEOPHYLLINE	$11.31	$11.31	$11.31	$11.31	N	
80199			DRUG SCREEN QUANT TIAGABINE	$21.69	$21.69	$21.69	$21.69	N	
80200			TOBRAMYCIN	$12.90	$12.90	$12.90	$12.90	N	
80201			TOPIRMATE	$9.54	$9.54	$9.54	$9.54	N	
80202			VANCOMYCIN	$10.83	$10.83	$10.83	$10.83	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
80203			DRUG SCREEN QUANT ZONISAMIDE	$10.60	$10.60	$10.60	$10.60	N	
80204			DRUG ASSAY METHOTREXATE	$30.86	$30.86	$30.86	$30.86	N	
80210			DRUG ASSAY RUFINAMIDE	$21.69	$21.69	$21.69	$21.69	N	
80220			DRUG ASY HYDROXYCHLOROQUINE	$14.91	$14.91	$14.91	$14.91	N	
80230			DRUG ASSAY INFLIXIMAB	$30.86	$30.86	$30.86	$30.86	N	
80235			DRUG ASSAY LACOSAMIDE	$21.69	$21.69	$21.69	$21.69	N	
80280			DRUG ASSAY VEDOLIZUMAB	$30.86	$30.86	$30.86	$30.86	N	
80285			DRUG ASSAY VORICONAZOLE	$21.69	$21.69	$21.69	$21.69	N	
80299			QUANT.DRUG NOT ELSEWHERE SPECI	$14.91	$14.91	$14.91	$14.91	N	
80305			DRUG TEST PRSMV DIR OPT OBS	$10.08	$10.08	$10.08	$10.08	N	
80305	HF		DRUG TEST PRESMV DIR OPT OBS	$10.08	$10.08	$10.08	$10.08	N	
80306			DRUG TEST PRSMV INSTRMNT	$13.71	$13.71	$13.71	$13.71	N	
80306	HF		DRUG TEST PRSMV INSTRMNT	$13.71	$13.71	$13.71	$13.71	N	
80307			DRUG TEST PRSMV CHEM ANLYZR	$49.71	$49.71	$49.71	$49.71	N	
80307	HF		DRUG TEST PRSMV VHEM ANLYZR	$49.71	$49.71	$49.71	$49.71	N	
80329			ANALGESICS NON-OPIOID 1 OR 2	$16.48	$16.48	$16.48	$16.48	N	
80400			ACTH STIM PANEL:FOR ADRENAL IN	$26.10	$26.10	$26.10	$26.10	N	
80402			ACTH STIM:P.:21 HYDROXYLASE DE	$69.57	$69.57	$69.57	$69.57	N	
80406			ACTH STIM:P.:3 BETA-HYDRO.DEF.	$62.61	$62.61	$62.61	$62.61	N	
80408			ALDOST.SUPP.EVAL.PANEL	$100.40	$100.40	$100.40	$100.40	N	
80410			CALCIUM-PENTAGASTRIN-STIM&PAN.	$64.30	$64.30	$64.30	$64.30	N	
80412			CORTICOTROPIC REL.HORMONE PAN.	$641.30	$641.30	$641.30	$641.30	N	
80414			TESTOSTERONE RESPONSE PANEL	$41.31	$41.31	$41.31	$41.31	N	
80415			TOT ESTRADIOL RESPONSE PANEL	$44.71	$44.71	$44.71	$44.71	N	
80416			RENAL VEIN RENIN STIM.P.CAPTOP	$167.46	$167.46	$167.46	$167.46	N	
80417			PERI VEIN RENIN STIM.P.CAPTOP.	$35.19	$35.19	$35.19	$35.19	N	
80418			COMB RAPIAD ANT PIT PANEL	$463.58	$463.58	$463.58	$463.58	N	
80420			DEXAMETHASONE SUPP PANEL, 48HR	$129.50	$129.50	$129.50	$129.50	N	
80422			GLUCAGON TOLERANCE PANEL:INSUL	$36.86	$36.86	$36.86	$36.86	N	
80424			GLUCAGON TOLERANCE PANEL:PHEOC	$40.40	$40.40	$40.40	$40.40	N	
80426			GONADO.REL.HORMONE STIM. PANEL	$118.73	$118.73	$118.73	$118.73	N	
80428			GROWTH HOR.STIM.P.ARGININE INE	$53.36	$53.36	$53.36	$53.36	N	
80430			GROWTH HORMONE SUPP.P GLUC.ADM	$103.46	$103.46	$103.46	$103.46	N	
80432			INSULIN-IN.C-PEPTIDE SUPP.PAN.	$132.49	$132.49	$132.49	$132.49	N	
80434			INS.TOLERANCE PANEL:ACTH INS.	$228.02	$228.02	$228.02	$228.02	N	
80435			INS.TOLERANCE PANEL:GROWTH HOR	$82.40	$82.40	$82.40	$82.40	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
80436			METYRAPONE PANEL	$72.93	$72.93	$72.93	$72.93	N	
80438			THYROTROPIN REL.HORMONE I HR.	$40.33	$40.33	$40.33	$40.33	N	
80439			THYROTROPIN REL.HORMONE 2 HRS.	$53.77	$53.77	$53.77	$53.77	N	
80503			PATH CLIN CONSLTJ SF 5-20	$21.33	$21.33	$21.33	$21.33	N	
80504			PATH CLIN CONSLTJ MOD 21-40	$41.22	$41.22	$41.22	$41.22	N	
80505			PATH CLIN CONSLTJ HIGH 41-60	$75.26	$75.26	$75.26	$75.26	N	
80506			PATH CLIN CONSLTJ PROLNG SVC	$32.96	$32.96	$32.96	$32.96	N	
81000			URINALYSIS WITH MICROSCOPY	$3.22	$3.22	$3.22	$3.22	N	
81000	FP		URINALYSIS WITH MICROSCOPY	$7.24	$7.24	$7.24	$7.24	N	
81000	UD		URINALYSIS WITH MICROSCOPY	$7.24	$7.24	$7.24	$7.24	N	
81001			URINALYSIS,AUTOMATED W.MICROS.	$2.54	$2.54	$2.54	$2.54	N	
81002			ROUTINE URINE ANALYSIS	$2.78	$2.78	$2.78	$2.78	N	
81002	FP		ROUTINE URINE ANALYSIS	$6.26	$6.26	$6.26	$6.26	N	
81002	UD		ROUTINE URINE ANALYSIS	$6.26	$6.26	$6.26	$6.26	N	
81002	U9		ROUTINE URINE ANALYSIS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
81003			URINALYSIS WITHOUT MICR.AUTOMA	$1.80	$1.80	$1.80	$1.80	N	
81003	QW		URINALYSIS WITHOUT MICR.AUTOMA	$1.80	$1.80	$1.80	$1.80	N	
81005			URINALYSIS	$1.74	$1.74	$1.74	$1.74	N	
81005	UD		URINALYSIS	$3.91	$3.91	$3.91	$3.91	N	
81007			URINE BACTERIURIA SR NON CUT	$23.98	$23.98	$23.98	$23.98	N	
81007	QW		URINE BACTERIURIA SR NON CUT	$23.98	$23.98	$23.98	$23.98	N	
81015			MICROSCOPIC EXAM OF URINE	$2.44	$2.44	$2.44	$2.44	N	
81020			URINALYSIS, GLASS TEST	$3.76	$3.76	$3.76	$3.76	N	
81025			URINE PREG.TEST:VISUAL COLOR	$6.89	$6.89	$6.89	$6.89	N	
81025	FP		URINE PREG.TEST:VISUAL COLOR	$15.50	$15.50	$15.50	$15.50	N	
81025	UD		URINE PREG.TEST:VISUAL COLOR	$15.50	$15.50	$15.50	$15.50	N	
81025	U9		URINE PREG TEST:VISUAL COLOR	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
81050			VOL.MEAS.TIMED COLLECTION,EACH	$2.91	$2.91	$2.91	$2.91	N	
81099			UNLISTED URINALYSIS PX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
81105			HPA-1 GENOTYPING	$97.78	$97.78	$97.78	$97.78	N	
81106			HPA-2 GENOTYPING	$97.78	$97.78	$97.78	$97.78	N	
81107			HPA-3 GENOTYPING	$97.78	$97.78	$97.78	$97.78	N	
81108			HPAL-4 GENOTYPING	$97.78	$97.78	$97.78	$97.78	N	
81109			HPA-5 GENOTYPING	$97.78	$97.78	$97.78	$97.78	N	
81110			HPA - 6 GNENOTYPING	$97.78	$97.78	$97.78	$97.78	N	
81111			HPA - 9 GENOTYPING	$97.78	$97.78	$97.78	$97.78	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
81112			HPA - 15 GENOTYPING	$97.78	$97.78	$97.78	$97.78	N	
81120			IDH1 COMMON VARIANTS	$154.60	$154.60	$154.60	$154.60	N	
81121			IDH2 COMMON VARIANTS	$236.63	$236.63	$236.63	$236.63	N	
81161			DMD DUP/DELET ANALYSIS	$223.20	$223.20	$223.20	$223.20	N	
81162			BRCA1&2 SEQ & FULL DUP/DEL	$1,459.90	$1,459.90	$1,459.90	$1,459.90	N	
81163			BRCA1&2 GENE FULL SEQ ALYS	$374.40	$374.40	$374.40	$374.40	N	
81164			BRCA1&2 GEN FUL DUP/DEL ALYS	$467.38	$467.38	$467.38	$467.38	N	
81165			BRCA1 GENE FULL SEQ ALYS	$226.30	$226.30	$226.30	$226.30	N	
81166			BRCA1 GENE FULL DUP/DEL ALYS	$241.08	$241.08	$241.08	$241.08	N	
81167			BRCA2 GENE FULL DUP/DEL ALYS	$226.30	$226.30	$226.30	$226.30	N	
81168			CCND1/IGH TRANSLOCATION ALYS	$165.85	$165.85	$165.85	$165.85	N	
81170			ABL1 GENE	$240.00	$240.00	$240.00	$240.00	N	
81171			AFF2 GENE DETC ABNOR ALLELES	$109.60	$109.60	$109.60	$109.60	N	
81172			AFF2 GENE CHARAC ALLELES	$219.86	$219.86	$219.86	$219.86	N	
81173			AR GENE FULL GENE SEQUENCE	$241.08	$241.08	$241.08	$241.08	N	
81174			AR GENE KNOWN FAMIL VARIANT	$148.16	$148.16	$148.16	$148.16	N	
81175			ASXL1 FULL GENE SEQUENCE	$541.20	$541.20	$541.20	$541.20	N	
81176			ASX1 GENE TARGET SEQ ALYS	$193.52	$193.52	$193.52	$193.52	N	
81177			ATN1 GENE DETC ABNOR ALLELES	$109.60	$109.60	$109.60	$109.60	N	
81178			ATXN1 GENE DETC ABNOR ALLELE	$109.60	$109.60	$109.60	$109.60	N	
81179			ATXN2 GENE DETC ABNOR ALLELE	$109.60	$109.60	$109.60	$109.60	N	
81180			ATXN3 GENE DETC ABNOR ALLELE	$109.60	$109.60	$109.60	$109.60	N	
81181			ATXN7 GENE DETC ABNOR ALLELE	$109.60	$109.60	$109.60	$109.60	N	
81182			ATXN8OS GEN DETC ABNOR ALLEL	$109.60	$109.60	$109.60	$109.60	N	
81183			ATXN10 GENE DETC ABNOR ALLEL	$109.60	$109.60	$109.60	$109.60	N	
81184			CACNA1A GEN DETC ABNOR ALLEL	$109.60	$109.60	$109.60	$109.60	N	
81185			CACNA1A GENE FULL GENE SEQ	$677.02	$677.02	$677.02	$677.02	N	
81186			CACNA1A GEN KNOWN FAMIL VRNT	$148.16	$148.16	$148.16	$148.16	N	
81187			CNBP GENE DETC ABNOR ALLELE	$109.60	$109.60	$109.60	$109.60	N	
81188			CSTB GENE DETC ABNOR ALLELE	$109.60	$109.60	$109.60	$109.60	N	
81189			CSTB GENE FULL GENE SEQUENCE	$219.86	$219.86	$219.86	$219.86	N	
81190			CSTB GENE KNOWN FAMIL VRNT	$148.16	$148.16	$148.16	$148.16	N	
81191			NTRK1 TRANSLOCATION ANALYSIS	$165.85	$165.85	$165.85	$165.85	N	
81192			NTRK2 TRANSLOCATION ANALYSIS	$165.85	$165.85	$165.85	$165.85	N	
81193			NTRK3 TRANSLOCATION ANALYSIS	$165.85	$165.85	$165.85	$165.85	N	
81194			NTRK TRANSLOCATION ANALYSIS	$414.62	$414.62	$414.62	$414.62	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
81200			ASPA GENE	$37.80	$37.80	$37.80	$37.80	N	
81201			APC GENE FULL SEQUENCE	$624.00	$624.00	$624.00	$624.00	N	
81202			APC GENE KNOWN FAM VARIANTS	$224.00	$224.00	$224.00	$224.00	N	
81203			APC GENE DUP/DELET VARIANTS	$160.00	$160.00	$160.00	$160.00	N	
81204			AR GENE CHARAC ALLELES	$109.60	$109.60	$109.60	$109.60	N	
81205			BCKDHB GENE	$75.99	$75.99	$75.99	$75.99	N	
81206			BCR/ABL1 GENE MAJOR BP	$131.17	$131.17	$131.17	$131.17	N	
81207			BCR/ABL1 GENE MINOR BP	$115.87	$115.87	$115.87	$115.87	N	
81208			BCR/ABL1 GENE OTHER BP	$171.70	$171.70	$171.70	$171.70	N	
81209			BLM GENE	$31.45	$31.45	$31.45	$31.45	N	
81210			BRAF GENE	$140.32	$140.32	$140.32	$140.32	N	
81212			BRCA1&2 185&5385&6174 VAR	$352.00	$352.00	$352.00	$352.00	N	
81215			BRCA1 GENE KNOWN FAM VARIANT	$300.20	$300.20	$300.20	$300.20	N	
81216			BRCA2 GENE FULL SEQUENCE	$148.10	$148.10	$148.10	$148.10	N	
81217			BRCA2 GENE KNOWN FAM VARIANT	$300.20	$300.20	$300.20	$300.20	N	
81218			CEBPA GENE FULL SEQUENCE	$193.52	$193.52	$193.52	$193.52	N	
81219			CALR GENE COM VARIANTS	$97.30	$97.30	$97.30	$97.30	N	
81220			CFTR GENE COM VARIANTS	$445.28	$445.28	$445.28	$445.28	N	
81221			CFTR GENE KNOWN FAM VARIANTS	$77.78	$77.78	$77.78	$77.78	N	
81222			CFTR GENE DUP/DELET VARIANTS	$348.06	$348.06	$348.06	$348.06	N	
81223			CFTR GENE FULL SEQUENCE	$399.20	$399.20	$399.20	$399.20	N	
81224			CFTR GENE INTRON POLY T	$135.00	$135.00	$135.00	$135.00	N	
81225			CYP2C19 GENE COM VARIANTS	$233.09	$233.09	$233.09	$233.09	N	
81226			CYP2D6 GENE COM VARIANTS	$360.73	$360.73	$360.73	$360.73	N	
81227			CYP2C9 GENE COM VARIANTS	$139.85	$139.85	$139.85	$139.85	N	
81228			CYTOG ALYS CHRML ABNR CGH	$720.00	$720.00	$720.00	$720.00	N	
81229			CYTOGEN M ARRAY COPY NO&SNP	$928.00	$928.00	$928.00	$928.00	N	
81230			CYP 3A4 COMMON VARIANTS	$139.85	$139.85	$139.85	$139.85	N	
81231			CYP3A5 GENE COMMON VARIANTS	$139.85	$139.85	$139.85	$139.85	N	
81232			DPYD GENE COMMON VARIANTS	$139.85	$139.85	$139.85	$139.85	N	
81233			BTK GENE COMMON VARIANTS	$140.32	$140.32	$140.32	$140.32	N	
81234			DMPK GENE DETC ABNOR ALLELE	$109.60	$109.60	$109.60	$109.60	N	
81235			EGFR GENE COM VARIANTS	$259.66	$259.66	$259.66	$259.66	N	
81236			EZH2 GENE FULL GENE SEQUENCE	$226.30	$226.30	$226.30	$226.30	N	
81237			EZH2 GENE COMMON VARIANTS	$140.32	$140.32	$140.32	$140.32	N	
81238			F9 FULL GENE SEQUENCE	$480.00	$480.00	$480.00	$480.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
81239			DMPK GENE CHARAC ALLELES	$219.86	$219.86	$219.86	$219.86	N	
81240			F2 GENE	$52.55	$52.55	$52.55	$52.55	N	
81241			F5 GENE	$58.70	$58.70	$58.70	$58.70	N	
81242			FANCC GENE	$29.30	$29.30	$29.30	$29.30	N	
81243			FMR1 GENE DETECTION	$45.63	$45.63	$45.63	$45.63	N	
81244			FMR1 GENE CHARACTERIZATION	$35.91	$35.91	$35.91	$35.91	N	
81245			FLT3 GENE	$132.41	$132.41	$132.41	$132.41	N	
81246			FLT3 GENE ANALYSIS	$66.40	$66.40	$66.40	$66.40	N	
81247			G6PD GENE ALYS CMN VARIANT	$139.85	$139.85	$139.85	$139.85	N	
81248			G6PD KNOWN FAMILIAL VARIANT	$300.20	$300.20	$300.20	$300.20	N	
81249			G6PD FULL GENE SEQUENCE	$480.00	$480.00	$480.00	$480.00	N	
81250			G6PC GENE	$46.79	$46.79	$46.79	$46.79	N	
81251			GBA GENE	$37.80	$37.80	$37.80	$37.80	N	
81252			GJB2 GENE FULL SEQUENCE	$80.90	$80.90	$80.90	$80.90	N	
81253			GJB2 GENE KNOWN FAM VARIANTS	$49.22	$49.22	$49.22	$49.22	N	
81254			GJB6 GENE COM VARIANTS	$28.00	$28.00	$28.00	$28.00	N	
81255			HEXA GENE	$41.16	$41.16	$41.16	$41.16	N	
81256			HFE GENE	$52.29	$52.29	$52.29	$52.29	N	
81257			HBA1/HBA2 GENE	$81.81	$81.81	$81.81	$81.81	N	
81258			HBA1/HBA2 GENE FAM VRNT	$300.20	$300.20	$300.20	$300.20	N	
81259			HBA1/HBA2 FULL GENE SEQUENCE	$480.00	$480.00	$480.00	$480.00	N	
81260			IKBKAP GENE	$31.45	$31.45	$31.45	$31.45	N	
81261			IGH GENE REARRANGE AMP METH	$158.39	$158.39	$158.39	$158.39	N	
81262			IGH GENE REARRANG DIR PROBE	$54.84	$54.84	$54.84	$54.84	N	
81263			IGH VARI REGIONAL MUTATION	$235.62	$235.62	$235.62	$235.62	N	
81264			IGK REARRANGEABN CLONAL POP	$138.18	$138.18	$138.18	$138.18	N	
81265			STR MARKERS SPECIMEN ANAL	$186.46	$186.46	$186.46	$186.46	N	
81266			STR MARKERS SPEC ANAL ADDL	$243.85	$243.85	$243.85	$243.85	N	
81267			CHIMERISM ANAL NO CELL SELEC	$165.97	$165.97	$165.97	$165.97	N	
81268			CHIMERISM ANAL W/CELL SELECT	$208.63	$208.63	$208.63	$208.63	N	
81269			HBA1/HBA2 GENE DUP/DD VRNTS	$161.92	$161.92	$161.92	$161.92	N	
81270			JAK2 GENE	$73.33	$73.33	$73.33	$73.33	N	
81271			HTT GENE DETC ABNOR ALLELES	$109.60	$109.60	$109.60	$109.60	N	
81272			KIT GENE TARGETED SEQ ANALYS	$263.61	$263.61	$263.61	$263.61	N	
81273			KIT GENE ANALYS D816 VARIANT	$99.90	$99.90	$99.90	$99.90	N	
81274			HTT GENE CHARAC ALLELES	$219.86	$219.86	$219.86	$219.86	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
81275			KRAS GENE VARIANTS EXON 2	$154.60	$154.60	$154.60	$154.60	N	
81276			KRAS GENE ADDL VARIANTS	$154.60	$154.60	$154.60	$154.60	N	
81277			CYTOGENOMIC NEO MICRORA ALYS	$928.00	$928.00	$928.00	$928.00	N	
81278			IGH@/BCL2 TRANSLOCATION ALYS	$165.85	$165.85	$165.85	$165.85	N	
81279			JAK2 GENE TRGT SEQUENCE ALYS	$148.16	$148.16	$148.16	$148.16	N	
81283			IFNL3 GENE	$58.70	$58.70	$58.70	$58.70	N	
81284			FXN GENE DETC ABNOR ALLELES	$109.60	$109.60	$109.60	$109.60	N	
81285			FXN GENE CHARAC ALLELES	$219.86	$219.86	$219.86	$219.86	N	
81286			FXN GENE FULL GENE SEQUENCE	$219.86	$219.86	$219.86	$219.86	N	
81287			MGMT GENE METHYLATION ANAL	$99.71	$99.71	$99.71	$99.71	N	
81288			MLH1 GENE	$153.86	$153.86	$153.86	$153.86	N	
81289			FXN GENE KNOWN FAMIL VARIANT	$148.16	$148.16	$148.16	$148.16	N	
81290			MCOLN1 GENE	$31.45	$31.45	$31.45	$31.45	N	
81291			MTHFR GENE	$52.27	$52.27	$52.27	$52.27	N	
81292			MLH1 GENE FULL SEQ	$540.32	$540.32	$540.32	$540.32	N	
81293			MLH1 GENE KNOWN VARIANTS	$264.80	$264.80	$264.80	$264.80	N	
81294			MLH1 GENE DUP/DELETE VARIANT	$161.92	$161.92	$161.92	$161.92	N	
81295			MSH2 GENE FULL SEQ	$305.36	$305.36	$305.36	$305.36	N	
81296			MSH2 GENE KNOWN VARIANTS	$270.18	$270.18	$270.18	$270.18	N	
81297			MSH2 GENE DUP/DELETE VARIANT	$170.64	$170.64	$170.64	$170.64	N	
81298			MSH6 GENE FULL SEQ	$513.48	$513.48	$513.48	$513.48	N	
81299			MSH6 GENE KNOWN VARIANTS	$246.40	$246.40	$246.40	$246.40	N	
81300			MSH6 GENE DUP/DELETE VARIANT	$190.40	$190.40	$190.40	$190.40	N	
81301			MICROSATELLITE INSTABILITY	$278.85	$278.85	$278.85	$278.85	N	
81302			MECP2 GENE FULL SEQ	$422.30	$422.30	$422.30	$422.30	N	
81303			MECP2 GENE KNOWN VARIANT	$96.00	$96.00	$96.00	$96.00	N	
81304			MECP2 GENE DUP/DELET VARIANT	$120.00	$120.00	$120.00	$120.00	N	
81305			MYD88 GENE P.LEU265PRO VRNT	$140.32	$140.32	$140.32	$140.32	N	
81306			NUDT15 GENE COMMON VARIANTS	$233.09	$233.09	$233.09	$233.09	N	
81307			PALB2 GENE FULL GENE SEQ	$541.20	$541.20	$541.20	$541.20	N	
81308			PALB2 GENE KNOWN FAMIL VRNT	$241.08	$241.08	$241.08	$241.08	N	
81309			PIK3CA GENE TRGT SEQ ALYS	$219.86	$219.86	$219.86	$219.86	N	
81310			NPM1 GENE	$197.22	$197.22	$197.22	$197.22	N	
81311			NRAS GENE VARIANTS EXON 2&3	$236.63	$236.63	$236.63	$236.63	N	
81312			PABPN1 GENE DETC ABNOR ALLEL	$109.60	$109.60	$109.60	$109.60	N	
81313			PCA3/KLK3 ANTIGEN	$204.04	$204.04	$204.04	$204.04	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
81314			PDGFRA GENE	$263.61	$263.61	$263.61	$263.61	N	
81315			PML/RARALPHA COM BREAKPOINTS	$165.85	$165.85	$165.85	$165.85	N	
81316			PML/RARALPHA 1 BREAKPOINT	$165.85	$165.85	$165.85	$165.85	N	
81317			PMS2 GENE FULL SEQ ANALYSIS	$541.20	$541.20	$541.20	$541.20	N	
81318			PMS2 KNOWN FAMILIAL VARIANTS	$264.80	$264.80	$264.80	$264.80	N	
81319			PMS2 GENE DUP/DELET VARIANTS	$162.80	$162.80	$162.80	$162.80	N	
81320			PLCG2 GENE COMMON VARIANTS	$233.09	$233.09	$233.09	$233.09	N	
81321			PTEN GENE FULL SEQUENCE	$480.00	$480.00	$480.00	$480.00	N	
81322			PTEN GENE KNOWN FAM VARIANT	$37.28	$37.28	$37.28	$37.28	N	
81323			PTEN GENE DUP/DELET VARIANT	$240.00	$240.00	$240.00	$240.00	N	
81324			PMP22 GENE DUP/DELET	$606.69	$606.69	$606.69	$606.69	N	
81325			PMP22 GENE FULL SEQUENCE	$615.66	$615.66	$615.66	$615.66	N	
81326			PMP22 GENE KNOWN FAM VARIANT	$37.28	$37.28	$37.28	$37.28	N	
81327			SEPT9 METHYLATION ANALYSIS	$153.60	$153.60	$153.60	$153.60	N	
81328			SLCO1B1 GENE COM VARIANTS	$139.85	$139.85	$139.85	$139.85	N	
81329			SMN1 GENE DOS/DELETION ALYS	$109.60	$109.60	$109.60	$109.60	N	
81330			SMPD1 GENE COMMON VARIANTS	$37.60	$37.60	$37.60	$37.60	N	
81331			SNRPN/UBE3A GENE	$40.86	$40.86	$40.86	$40.86	N	
81332			SERPINA1 GENE	$34.92	$34.92	$34.92	$34.92	N	
81333			TGFBI GENE COMMON VARIANTS	$109.60	$109.60	$109.60	$109.60	N	
81334			RUNX1 GENE TARGETED SEQ ALYS	$263.61	$263.61	$263.61	$263.61	N	
81335			TPMT GENE COM VARIANTS	$139.85	$139.85	$139.85	$139.85	N	
81336			SMN1 GENE FULL GENE SEQUENCE	$241.08	$241.08	$241.08	$241.08	N	
81337			SMN1 GEN NOWN FAMIL SEQ VRNT	$148.16	$148.16	$148.16	$148.16	N	
81338			MPL GENE COMMON VARIANTS	$120.26	$120.26	$120.26	$120.26	N	
81339			MPL GENE SEQ ALYS EXON 10	$148.16	$148.16	$148.16	$148.16	N	
81340			TRB@ GENE REARRANGE AMPLIFY	$167.14	$167.14	$167.14	$167.14	N	
81341			TRB@ GENE REARRANGE DIRPROBE	$39.67	$39.67	$39.67	$39.67	N	
81342			TRG GENE REARRANGEMENT ANAL	$161.20	$161.20	$161.20	$161.20	N	
81343			PPP2R2B GEN DETC ABNOR ALLEL	$109.60	$109.60	$109.60	$109.60	N	
81344			TBP GENE DETC ABNOR ALLELES	$109.60	$109.60	$109.60	$109.60	N	
81345			TERT GENE TARGETED SEQ ALYS	$148.16	$148.16	$148.16	$148.16	N	
81346			TYMS GENE COM VARIANTS	$139.85	$139.85	$139.85	$139.85	N	
81347			SF3B1 GENE COMMON VARIANTS	$154.60	$154.60	$154.60	$154.60	N	
81348			SRSF2 GENE COMMON VARIANTS	$140.32	$140.32	$140.32	$140.32	N	
81350			UGT1A1 GENE	$187.20	$187.20	$187.20	$187.20	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
81351			TP53 GENE FULL GENE SEQUENCE	$513.48	$513.48	$513.48	$513.48	N	
81352			TP53 GENE TRGT SEQUENCE ALYS	$263.61	$263.61	$263.61	$263.61	N	
81353			TP53 GENE KNOWN FAMIL VRNT	$246.40	$246.40	$246.40	$246.40	N	
81355			VKORC1 GENE	$70.56	$70.56	$70.56	$70.56	N	
81357			U2AF1 GENE COMMON VARIANTS	$154.60	$154.60	$154.60	$154.60	N	
81360			ZRSR2 GENE COMMON VARIANTS	$154.60	$154.60	$154.60	$154.60	N	
81361			HBB GENE COM VARIANTS	$139.85	$139.85	$139.85	$139.85	N	
81362			HBB GENE KNOWN FAM VARIANT	$300.20	$300.20	$300.20	$300.20	N	
81363			HBB GENE DUP/DD VARIANTS	$161.92	$161.92	$161.92	$161.92	N	
81364			HBB FULL GENE SEQUENCE	$259.66	$259.66	$259.66	$259.66	N	
81370			HLA I & II TYPING LR	$321.70	$321.70	$321.70	$321.70	N	
81371			HLA I & II TYPE VERIFY LR	$323.62	$323.62	$323.62	$323.62	N	
81372			HLA I TYPING COMPLETE LR	$322.87	$322.87	$322.87	$322.87	N	
81373			HLA I TYPING 1 LOCUS LR	$101.94	$101.94	$101.94	$101.94	N	
81374			HLA I TYPING 1 ANTIGEN LR	$59.46	$59.46	$59.46	$59.46	N	
81375			HLA II TYPING AG EQUIV LR	$176.59	$176.59	$176.59	$176.59	N	
81376			HLA II TYPING 1 LOCUS LR	$97.78	$97.78	$97.78	$97.78	N	
81377			HLA II TYPE 1 AG EQUIV LR	$75.79	$75.79	$75.79	$75.79	N	
81378			HLA I & II TYPING HR	$276.46	$276.46	$276.46	$276.46	N	
81379			HLA I TYPING COMPLETE HR	$268.30	$268.30	$268.30	$268.30	N	
81380			HLA I TYPING 1 LOCUS HR	$141.80	$141.80	$141.80	$141.80	N	
81381			HLA I TYPING 1 ALLELE HR	$135.92	$135.92	$135.92	$135.92	N	
81382			HLA II TYPING 1 LOC HR	$98.94	$98.94	$98.94	$98.94	N	
81383			HLA II TYPING 1 ALLELE HR	$87.30	$87.30	$87.30	$87.30	N	
81400			MOPATH PROCEDURE LEVEL 1	$51.17	$51.17	$51.17	$51.17	N	
81401			MOPATH PROCEDURE LEVEL 2	$109.60	$109.60	$109.60	$109.60	N	
81402			MOPATH PROCEDURE LEVEL 3	$120.26	$120.26	$120.26	$120.26	N	
81403			MOPATH PROCEDURE LEVEL 4	$148.16	$148.16	$148.16	$148.16	N	
81404			MOPATH PROCEDURE LEVEL 5	$219.86	$219.86	$219.86	$219.86	N	
81405			MOPATH PROCEDURE LEVEL 6	$241.08	$241.08	$241.08	$241.08	N	
81406			MOPATH PROCEDURE LEVEL 7	$226.30	$226.30	$226.30	$226.30	N	
81407			MOPATH PROCEDURE LEVEL 8	$677.02	$677.02	$677.02	$677.02	N	
81408			MOPATH PROCEDURE LEVEL 9	$1,600.00	$1,600.00	$1,600.00	$1,600.00	N	
81410			AORTIC DYSFUNCTION/DILATION	$403.20	$403.20	$403.20	$403.20	N	
81411			AORTIC DYSFUNCTION/DILATION	$1,080.15	$1,080.15	$1,080.15	$1,080.15	N	
81412			ASHKENAZI JEWISH ASSOC DIS	$1,958.85	$1,958.85	$1,958.85	$1,958.85	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
81413			CAR ION CHNNLPATH INC 10 GNS	$467.92	$467.92	$467.92	$467.92	N	
81414			CAR ION CHNNLPATH INC 2 GNS	$467.92	$467.92	$467.92	$467.92	N	
81415			EXOME SEQUENCE ANALYSIS	$3,824.00	$3,824.00	$3,824.00	$3,824.00	N	
81416			EXOME SEQUENCE ANALYSIS	$9,600.00	$9,600.00	$9,600.00	$9,600.00	N	
81417			EXOME RE-EVALUATION	$256.00	$256.00	$256.00	$256.00	N	
81419			EPILEPSY GEN SEQ ALYS PANEL	$1,958.85	$1,958.85	$1,958.85	$1,958.85	N	
81420			FETAL CHRMOML ANEUPLOIDY	$607.24	$607.24	$607.24	$607.24	N	
81422			FETAL CHRMOML MICRODELTJ	$607.24	$607.24	$607.24	$607.24	N	
81425			GENOME SEQUENCE ANALYSIS	$4,024.96	$4,024.96	$4,024.96	$4,024.96	N	
81426			GENOME SEQUENCE ANALYSIS	$2,167.96	$2,167.96	$2,167.96	$2,167.96	N	
81427			GENOME RE-EVALUATION	$1,870.12	$1,870.12	$1,870.12	$1,870.12	N	
81430			HEARING LOSS SEQUENCE ANALYS	$1,300.00	$1,300.00	$1,300.00	$1,300.00	N	
81431			HEARING LOSS DUP/DEL ANALYS	$543.66	$543.66	$543.66	$543.66	N	
81432			HRDTRY BRST CA-RLATD DSORDRS	$1,043.16	$1,043.16	$1,043.16	$1,043.16	N	
81434			HERED RTA DO GEN SEQ 15	$478.33	$478.33	$478.33	$478.33	N	
81435			HEREDITARY COLON CA DSORDRS	$1,043.16	$1,043.16	$1,043.16	$1,043.16	N	
81437			HEREDTRY NURONDCRN TUM DSRDR	$1,043.16	$1,043.16	$1,043.16	$1,043.16	N	
81439			TEST FOR DETECTING GENES ASS	$467.92	$467.92	$467.92	$467.92	N	
81440			MITOCHONDRIAL GENE	$2,659.20	$2,659.20	$2,659.20	$2,659.20	N	
81441			IBMFS SEQ ALYS PNL 30 GENES	$1,958.85	$1,958.85	$1,958.85	$1,958.85	N	
81442			NOONAN SPECTRUM DISORDERS	$1,714.88	$1,714.88	$1,714.88	$1,714.88	N	
81443			GENETIC TSTG SEVERE INH COND	$1,958.85	$1,958.85	$1,958.85	$1,958.85	N	
81445			TARGETED GENOMIC SEQ ANALYS	$478.33	$478.33	$478.33	$478.33	N	
81448			HRDTY PERPH NEURPHY PANEL	$467.92	$467.92	$467.92	$467.92	N	
81449			TGSAP SO NEO 5-50 RNA ALYS	$478.33	$478.33	$478.33	$478.33	N	
81450			TARGETED GENOMIC SEQ ANALYS	$607.62	$607.62	$607.62	$607.62	N	
81451			TGSAP HL NEO 5-50 RNA ALYS	$607.62	$607.62	$607.62	$607.62	N	
81455			TGSAP SO/HL 51/> DNA/DNA&RNA	$2,335.68	$2,335.68	$2,335.68	$2,335.68	N	
81456			TGSAP SO/HL 51/> RNA ALYS	$2,335.68	$2,335.68	$2,335.68	$2,335.68	N	
81457			SO NEO GSAP DNA MCRSTL INS	$717.50	$717.50	$717.50	$717.50	N	
81458			SO GSAP DNA CPY NMBR&MCRSTL	$837.08	$837.08	$837.08	$837.08	N	
81459			SO NEO GSAP DNA/DNA&RNA	$2,391.64	$2,391.64	$2,391.64	$2,391.64	N	
81460			WHOLE MITOCHONDRIAL GENOME	$1,029.60	$1,029.60	$1,029.60	$1,029.60	N	
81462			SO GSAP CLL FR DNA/DNA&RNA	$956.66	$956.66	$956.66	$956.66	N	
81463			SO GSAP CL FR CPY NMBR&MCRST	$1,076.25	$1,076.25	$1,076.25	$1,076.25	N	
81464			SO GSAP CLL FR MCRSTL INS	$2,630.81	$2,630.81	$2,630.81	$2,630.81	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
81465			WHOLE MITOCHONDRIAL GENOME	$748.80	$748.80	$748.80	$748.80	N	
81470			X-LINKED INTELLECTUAL DBLT	$731.20	$731.20	$731.20	$731.20	N	
81471			X-LINKED INTELLECTUAL DBLT	$731.20	$731.20	$731.20	$731.20	N	
81479			UNLISTED MOLECULAR PATHOLOGY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
81490			AUTOIMMUNE RA ALYS 12 BMRK	$672.52	$672.52	$672.52	$672.52	N	
81493			COR ARTERY DISEASE MRNA	$840.00	$840.00	$840.00	$840.00	N	
81500			ONCO (OVAR) TWO PROTEINS	$208.40	$208.40	$208.40	$208.40	N	
81503			ONCO (OVAR) FIVE PROTEINS	$717.60	$717.60	$717.60	$717.60	N	
81504			ONCOLOGY TISSUE OF ORIGIN	$416.00	$416.00	$416.00	$416.00	N	
81506			ENDO ASSAY SEVEN ANAL	$55.14	$55.14	$55.14	$55.14	N	
81507			FETAL ANEUPLOIDY TRISOM RISK	$636.00	$636.00	$636.00	$636.00	N	
81508			FTL CGEN ABNOR TWO PROTEINS	$43.44	$43.44	$43.44	$43.44	N	
81509			FTL CGEN ABNOR 3 PROTEINS	$1,189.90	$1,189.90	$1,189.90	$1,189.90	N	
81510			FTL CGEN ABNOR THREE ANAL	$44.43	$44.43	$44.43	$44.43	N	
81511			FTL CGEN ABNOR FOUR ANAL	$122.80	$122.80	$122.80	$122.80	N	
81512			FTL CGEN ABNOR FIVE ANAL	$55.62	$55.62	$55.62	$55.62	N	
81513			NFCT DS BV RNA VAG FLU ALG	$114.10	$114.10	$114.10	$114.10	N	
81514			NFCT DS BV&VAGINITIS DNA ALG	$210.39	$210.39	$210.39	$210.39	N	
81517			LIVER DS ALYS 3 BMRK SRM ALG	$140.95	$140.95	$140.95	$140.95	N	
81518			ONC BRST MRNA 11 GENES	$3,098.40	$3,098.40	$3,098.40	$3,098.40	N	
81519			ONCOLOGY BREAST MRNA	$3,098.40	$3,098.40	$3,098.40	$3,098.40	N	
81520			ONC BREAST MMA 58 GENES	$2,008.17	$2,008.17	$2,008.17	$2,008.17	N	
81521			ONC BREAST MMA 70 GENES	$3,098.40	$3,098.40	$3,098.40	$3,098.40	N	
81522			ONC BREAST MRNA 12 GENES	$3,098.40	$3,098.40	$3,098.40	$3,098.40	N	
81523			ONC BRST MRNA 70 CNT 31 GENE	$3,098.40	$3,098.40	$3,098.40	$3,098.40	N	
81525			ONCOLOGY COLON MRNA	$2,492.80	$2,492.80	$2,492.80	$2,492.80	N	
81528			ONCOLOGY COLORECTAL SCR	$407.10	$407.10	$407.10	$407.10	N	
81529			ONC CUTAN MLNMA MRNA 31 GENE	$5,754.40	$5,754.40	$5,754.40	$5,754.40	N	
81535			ONCOLOGY GYNECOLOGIC	$463.57	$463.57	$463.57	$463.57	N	
81536			ONCOLOGY GYNECOLOGIC	$142.05	$142.05	$142.05	$142.05	N	
81538			ONCOLOGY LUNG	$2,296.80	$2,296.80	$2,296.80	$2,296.80	N	
81539			ONCOLOGY PROSTATE PROB SCORE	$608.00	$608.00	$608.00	$608.00	N	
81540			ONCOLOGY TUM UNKNOWN ORIGIN	$3,000.00	$3,000.00	$3,000.00	$3,000.00	N	
81541			ONC PROSTATE MMA 46 GENES	$3,098.40	$3,098.40	$3,098.40	$3,098.40	N	
81542			ONC PROSTATE MRNA 22 CNT GEN	$3,098.40	$3,098.40	$3,098.40	$3,098.40	N	
81546			ONC THYR MRNA 10,196 GEN ALG	$2,880.00	$2,880.00	$2,880.00	$2,880.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
81551			ONC PROSTATE 3 GENES	$1,624.00	$1,624.00	$1,624.00	$1,624.00	N	
81552			ONC UVEAL MLNMA MRNA 15 GENE	$6,220.80	$6,220.80	$6,220.80	$6,220.80	N	
81554			PULM DS IPF MRNA 190 GEN ALG	$4,356.00	$4,356.00	$4,356.00	$4,356.00	N	
81595			CARDIOLOGY HRT TRNSPL MRNA	$2,592.00	$2,592.00	$2,592.00	$2,592.00	N	
81596			NFCT DS CHRNC HCV 6 ASSAYS	$57.75	$57.75	$57.75	$57.75	N	
81599			UNLISTED MAAA	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
82009			KETONE BODYS QUAL	$3.62	$3.62	$3.62	$3.62	N	
82010			KETONE BODYS QUAN	$6.54	$6.54	$6.54	$6.54	N	
82010	QW		ACETONE ASSAY	$6.54	$6.54	$6.54	$6.54	N	
82013			ACETYLCHOLINESTERASE ASSAY	$9.83	$9.83	$9.83	$9.83	N	
82016			ACYLCARNITINES:QUAL EACH SPEC	$13.19	$13.19	$13.19	$13.19	N	
82017			ACYLCARNITINES:QUANT EACH	$13.50	$13.50	$13.50	$13.50	N	
82024			ACTH RADIOIMMUNE ASSAY	$30.90	$30.90	$30.90	$30.90	N	
82030			RIA ASSAY, BLOOD ADP & AMP	$20.64	$20.64	$20.64	$20.64	N	
82040			ASSAY SERUM ALBUMIN	$3.96	$3.96	$3.96	$3.96	N	
82042			ASSAY URINE ALBUMIN	$6.22	$6.22	$6.22	$6.22	N	
82043			URINE MICROALBUMIN (PROTEIN)	$4.62	$4.62	$4.62	$4.62	N	
82044			URINE MICROALBUMIN (PROTEIN)	$4.98	$4.98	$4.98	$4.98	N	
82044	QW		ALBUMIN:URINE MICRO.SEMIQUANT.	$4.98	$4.98	$4.98	$4.98	N	
82045			ALBUMIN, ISCHEMIA MODIFIED	$27.15	$27.15	$27.15	$27.15	N	
82075			ASSAY BREATH ETHANOL	$24.00	$24.00	$24.00	$24.00	N	
82077			ASSAY SPEC XCP UR&BREATH IA	$13.82	$13.82	$13.82	$13.82	N	
82085			ASSAY OF BLOOD ALDOLASE	$7.77	$7.77	$7.77	$7.77	N	
82088			RIA ASSAY, BLOOD ALDOSTERONE	$32.60	$32.60	$32.60	$32.60	N	
82103			ALPHA-1-ANTITRYPSIN: TOTAL	$10.75	$10.75	$10.75	$10.75	N	
82104			ALPHA-1-ANTITRYPSIN:PHENOTYPE	$11.57	$11.57	$11.57	$11.57	N	
82105			ALPHA-FETOPROTEIN: SERUM	$13.42	$13.42	$13.42	$13.42	N	
82106			ALPHA-FETOPROTEIN:AMNIOTIC FLU	$13.60	$13.60	$13.60	$13.60	N	
82107			ALPHA-FETOPROTEIN L3	$51.53	$51.53	$51.53	$51.53	N	
82108			ALUMINUM,BLOOD (SERUM)	$20.38	$20.38	$20.38	$20.38	N	
82120			AMINES, VAGINAL FLUID, QUAL	$4.79	$4.79	$4.79	$4.79	N	
82120	QW		AMINES,VAGINAL FLUID,QUALITAIV	$4.79	$4.79	$4.79	$4.79	N	
82127			AMINO ACIDS:SINGLE QUAL EA. SP	$11.34	$11.34	$11.34	$11.34	N	
82128			TEST FOR AMINO ACIDS	$11.10	$11.10	$11.10	$11.10	N	
82131			AMINO ACIDS FRACT.&QUANT.EACH	$18.38	$18.38	$18.38	$18.38	N	
82135			ASSAY, AMINOLEVULINIC ACID	$13.16	$13.16	$13.16	$13.16	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
82136			AMINO ACIDS 2/5 AMINO A QUANEA	$15.69	$15.69	$15.69	$15.69	N	
82139			AMINO ACIDS,6 OR MORE QUAN.EA.	$13.50	$13.50	$13.50	$13.50	N	
82140			ASSAY OF BLOOD AMMONIA	$11.66	$11.66	$11.66	$11.66	N	
82143			AMNIOTIC FLUID SCAN	$7.48	$7.48	$7.48	$7.48	N	
82150			ASSAY OF SERUM AMYLASE	$5.18	$5.18	$5.18	$5.18	N	
82154			ANDROSTANEDIOL GLUCORONIED	$23.06	$23.06	$23.06	$23.06	N	
82157			RIA ASSAY OF ANDROSTENEDIONE	$23.42	$23.42	$23.42	$23.42	N	
82160			ANDROSTERONE: RIA	$20.44	$20.44	$20.44	$20.44	N	
82163			RIA ASSAY OF ANGIOTENSIN II	$16.42	$16.42	$16.42	$16.42	N	
82164			ANGIOTENSIN-CONVERTING ENZYME	$11.68	$11.68	$11.68	$11.68	N	
82166			ASSAY ANTI-MULLERIAN HORM	$30.90	$30.90	$30.90	$30.90	N	
82172			APOLIPOPROTEIN	$16.87	$16.87	$16.87	$16.87	N	
82173			ARGININE TOLERANCE TEST	$11.20	$11.20	$11.20	$11.20	N	
82175			ASSAY OF ARSENIC	$15.18	$15.18	$15.18	$15.18	N	
82180			ASSAY OF ASCORBIC ACID	$7.91	$7.91	$7.91	$7.91	N	
82190			ATOMIC ABSORPTION SPECTR.,EACH	$12.72	$12.72	$12.72	$12.72	N	
82232			BETA-2 MICROGLOBULIN,RIA:SERUM	$12.94	$12.94	$12.94	$12.94	N	
82239			BILE ACIDS:TOTAL	$13.70	$13.70	$13.70	$13.70	N	
82240			ASSAY BILE ACIDS IN BLOOD	$21.26	$21.26	$21.26	$21.26	N	
82247			BILIRUBIN:TOTAL	$4.02	$4.02	$4.02	$4.02	N	
82248			BILIRUBIN:DIRECT	$4.02	$4.02	$4.02	$4.02	N	
82252			FECAL BILIRUBIN TEST	$3.65	$3.65	$3.65	$3.65	N	
82261			BIOTINIDASE EACH SPEC.	$13.50	$13.50	$13.50	$13.50	N	
82270			TEST FECES FOR BLOOD	$3.50	$3.50	$3.50	$3.50	N	
82270	QW		TEST FECES FOR BLOOD	$3.50	$3.50	$3.50	$3.50	N	
82271			OCCULT BLOOD, FECES, SINGLE	$4.26	$4.26	$4.26	$4.26	N	
82271	QW		OCCULT BLOOD, FECES, SINGLE	$4.26	$4.26	$4.26	$4.26	N	
82272			BLOOD OCCULT PEROXIDASE	$3.38	$3.38	$3.38	$3.38	N	
82272	QW		BLOOD OCCULT PEROXIDASE	$3.38	$3.38	$3.38	$3.38	N	
82274			BLOOD OCCULT HGB DETEMINATION	$12.74	$12.74	$12.74	$12.74	N	
82274	QW		BLOOD OCCULT HGB DETERMINATION	$12.74	$12.74	$12.74	$12.74	N	
82286			ASSAY OF BRADYKININ	$4.13	$4.13	$4.13	$4.13	N	
82300			ASSAY CADMIUM IN URINE	$18.91	$18.91	$18.91	$18.91	N	
82306			CALCIFEDIOL,CHROMATOGRAPHIC TE	$23.68	$23.68	$23.68	$23.68	N	
82308			RIA ASSAY OF CALCITONIN	$21.43	$21.43	$21.43	$21.43	N	
82310			ASSAY CALCIUM IN BLOOD	$4.13	$4.13	$4.13	$4.13	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
82310	QW		ASSAY CALCIUM IN BLOOD	$4.13	$4.13	$4.13	$4.13	N	
82330			ASSAY CALCIUM IN BLOOD	$10.94	$10.94	$10.94	$10.94	N	
82331			ASSAY CALCIUM IN BLD:AFT CAL I	$10.67	$10.67	$10.67	$10.67	N	
82340			ASSAY CALCIUM IN URINE	$4.82	$4.82	$4.82	$4.82	N	
82355			CALCULUS (STONE) ANALYSIS	$9.26	$9.26	$9.26	$9.26	N	
82360			CALCULUS (STONE) ASSAY	$10.30	$10.30	$10.30	$10.30	N	
82365			CALCULUS (STONE) ASSAY	$10.32	$10.32	$10.32	$10.32	N	
82370			X-RAY ASSAY,CALCULUS (STONE)	$10.02	$10.02	$10.02	$10.02	N	
82373			CARBOHYDRATE DEFICIENT TRANS	$14.45	$14.45	$14.45	$14.45	N	
82374			ASSAY BLOOD CARBON DIOXIDE	$3.90	$3.90	$3.90	$3.90	N	
82375			ASSAY BLOOD CARBON MONOXIDE	$9.86	$9.86	$9.86	$9.86	N	
82376			TEST FOR CARBON MONOXIDE	$11.26	$11.26	$11.26	$11.26	N	
82378			CARCINOEMBRYONIC ANTIGEN (CEA)	$15.17	$15.17	$15.17	$15.17	N	
82379			CARNITINE T/F EACH SPEC	$13.50	$13.50	$13.50	$13.50	N	
82380			ASSAY BLOOD CAROTENE	$7.38	$7.38	$7.38	$7.38	N	
82382			ASSAY URINE CATECHOLAMINES	$21.84	$21.84	$21.84	$21.84	N	
82383			ASSAY BLOOD CATECHOLAMINES	$23.26	$23.26	$23.26	$23.26	N	
82384			ASSAY THREE CATECHOLAMINES	$20.20	$20.20	$20.20	$20.20	N	
82387			CATHEPSIN-D	$14.45	$14.45	$14.45	$14.45	N	
82390			ASSAY BLOOD CERULOPLASMIN	$8.59	$8.59	$8.59	$8.59	N	
82397			CHEMILUMINESCENT ASSAY	$11.30	$11.30	$11.30	$11.30	N	
82415			ASSAY BLOOD CHLORAMPHENICOL	$10.14	$10.14	$10.14	$10.14	N	
82435			ASSAY BLOOD CHLORIDES	$3.68	$3.68	$3.68	$3.68	N	
82436			ASSAY URINE CHLORIDES	$4.60	$4.60	$4.60	$4.60	N	
82438			ASSAY SPINAL FLUID CHLORIDES	$4.00	$4.00	$4.00	$4.00	N	
82441			TEST FOR CHLOROHYDROCARBONS	$4.81	$4.81	$4.81	$4.81	N	
82443			ASSAY OF THIAZIDE	$22.00	$22.00	$22.00	$22.00	N	
82465			ASSAY SERUM CHOLESTEROL	$3.48	$3.48	$3.48	$3.48	N	
82465	FP		ASSAY SERUM CHOLESTROL	$7.83	$7.83	$7.83	$7.83	N	
82465	QW		ASSAY SERUM CHOLESTEROL	$3.48	$3.48	$3.48	$3.48	N	
82480			ASSAY SERUM CHOLINESTERASE	$6.30	$6.30	$6.30	$6.30	N	
82482			ASSAY RBC CHOLINESTERASE	$7.85	$7.85	$7.85	$7.85	N	
82485			ASSAY CHONDROITIN SULFATE	$16.52	$16.52	$16.52	$16.52	N	
82495			ASSAY URINE CHROMIUM	$16.22	$16.22	$16.22	$16.22	N	
82507			ASSAY CITRIC ACID	$22.24	$22.24	$22.24	$22.24	N	
82523			COLLAGEN CROSS LINK ANY METH.	$14.94	$14.94	$14.94	$14.94	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
82523	QW		COLLAGEN CROSS LINK ANY METH	$14.94	$14.94	$14.94	$14.94	N	
82525			ASSAY BLOOD COPPER	$9.93	$9.93	$9.93	$9.93	N	
82528			RIA ASSAY CORTICOSTERONE	$18.02	$18.02	$18.02	$18.02	N	
82530			CORTISOL: FREE	$13.37	$13.37	$13.37	$13.37	N	
82533			RIA ASSAY PLASMA CORTISOL	$13.04	$13.04	$13.04	$13.04	N	
82540			CREATINE BLOOD	$3.71	$3.71	$3.71	$3.71	N	
82542			COL CHROMOTOGRAPHY QUAL/QUAN	$19.27	$19.27	$19.27	$19.27	N	
82550			ASSAY CPK IN BLOOD	$5.21	$5.21	$5.21	$5.21	N	
82552			ASSAY CPK IN BLOOD	$10.71	$10.71	$10.71	$10.71	N	
82553			CREATINE KINASE MB FRACTION	$9.24	$9.24	$9.24	$9.24	N	
82554			CREATINE KINASE ISOFORMS	$9.50	$9.50	$9.50	$9.50	N	
82565			ASSAY BLOOD CREATININE	$4.10	$4.10	$4.10	$4.10	N	
82565	QW		ASSAY BLOOD CREATININE	$4.10	$4.10	$4.10	$4.10	N	
82570			ASSAY URINE CREATININE	$4.14	$4.14	$4.14	$4.14	N	
82570	QW		ASSAY URINE CREATININE	$4.14	$4.14	$4.14	$4.14	N	
82575			CREATININE CLEARANCE TEST	$7.57	$7.57	$7.57	$7.57	N	
82585			ASSAY BLOOD CRYOFIBRINOGEN	$11.31	$11.31	$11.31	$11.31	N	
82595			ASSAY BLOOD CRYOGLOBULIN	$5.18	$5.18	$5.18	$5.18	N	
82600			ASSAY BLOOD CYANIDE	$15.52	$15.52	$15.52	$15.52	N	
82607			RIA ASSAY FOR VITAMIN B-12	$12.06	$12.06	$12.06	$12.06	N	
82608			CYANOCOBALAMIN:UNSAT.BIND CAPA	$11.46	$11.46	$11.46	$11.46	N	
82610			CYSTATIN C	$14.82	$14.82	$14.82	$14.82	N	
82615			TEST FOR URINE CYSTINES	$7.64	$7.64	$7.64	$7.64	N	
82626			DEHYDROEPIANDROSTERONE, RIA	$20.22	$20.22	$20.22	$20.22	N	
82627			DEHYDROEPIANDROSTERONE-SULFATE	$17.78	$17.78	$17.78	$17.78	N	
82633			DESOXYCORTICOSTERONE, RIA	$24.78	$24.78	$24.78	$24.78	N	
82634			DESOXYCORTISOL, RIA	$23.42	$23.42	$23.42	$23.42	N	
82638			ASSAY DIBUCAINE NUMBER	$9.80	$9.80	$9.80	$9.80	N	
82642			DIHYDROTESTOSTERONE	$23.42	$23.42	$23.42	$23.42	N	
82652			DIHYDROXYVITAMIN D, 1,25-	$30.80	$30.80	$30.80	$30.80	N	
82653			EL-1 FECAL QUANTITATIVE	$18.38	$18.38	$18.38	$18.38	N	
82656			ELASTASE	$9.22	$9.22	$9.22	$9.22	N	
82657			ENZYME,ACTIVITY IN BLOOD EACH	$17.74	$17.74	$17.74	$17.74	N	
82658			ENZYME ACT/BL/C RADIO EACH SPE	$35.22	$35.22	$35.22	$35.22	N	
82664			ELECTROPHORETIC TEST	$49.20	$49.20	$49.20	$49.20	N	
82668			ERYTHROPOIETIN BIOASSAY	$15.03	$15.03	$15.03	$15.03	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
82670			RIA ASSAY OF ESTRADIOL	$22.35	$22.35	$22.35	$22.35	N	
82671			ESTROGENS ASSAY	$25.84	$25.84	$25.84	$25.84	N	
82672			ESTROGEN ASSAY	$17.36	$17.36	$17.36	$17.36	N	
82677			RIA ASSAY OF ESTRIOL	$19.34	$19.34	$19.34	$19.34	N	
82679			RIA ASSAY OF ESTRONE	$19.96	$19.96	$19.96	$19.96	N	
82679	QW		RIA ASSAY OF ESTRONE	$19.96	$19.96	$19.96	$19.96	N	
82681			ASSAY DIR MEAS FR ESTRADIOL	$22.35	$22.35	$22.35	$22.35	N	
82693			ETHYLENE GLYCOL	$11.92	$11.92	$11.92	$11.92	N	
82696			ASSAY OF ETIOCHOLANOLONE, RIA	$20.99	$20.99	$20.99	$20.99	N	
82705			FATS/LIPIDS,FECES,SCREENING	$0.51	$0.51	$0.51	$0.51	N	
82710			FATS/LIPIDS, FECES, ASSAY	$13.44	$13.44	$13.44	$13.44	N	
82715			FECAL FAT ASSAY	$18.38	$18.38	$18.38	$18.38	N	
82725			ASSAY BLOOD FATTY ACIDS	$15.02	$15.02	$15.02	$15.02	N	
82726			VERY LONG CHAIN FATTY ACIDS	$15.80	$15.80	$15.80	$15.80	N	
82728			FERRITIN, SPECIFY METHOD	$10.90	$10.90	$10.90	$10.90	N	
82731			FETAL FIBRONECTIN,C/S SEMI QNS	$51.53	$51.53	$51.53	$51.53	N	
82735			ASSAY BLOOD FLUROIDE	$14.83	$14.83	$14.83	$14.83	N	
82746			ASSAY OF FOLIC ACID SERUM	$11.76	$11.76	$11.76	$11.76	N	
82747			FOLIC ACID: RBC	$14.12	$14.12	$14.12	$14.12	N	
82757			ASSAY SEMEN FRUCTOSE	$13.87	$13.87	$13.87	$13.87	N	
82759			RBC GALACTOKINASE ASSAY	$17.18	$17.18	$17.18	$17.18	N	
82760			ASSAY BLOOD GALACTOSE	$8.96	$8.96	$8.96	$8.96	N	
82775			ASSAY GALACTOSE TRANSFERASE	$16.86	$16.86	$16.86	$16.86	N	
82776			GALACTOSE TRANSFERASE TEST	$9.39	$9.39	$9.39	$9.39	N	
82777			GALECTIN-3	$35.40	$35.40	$35.40	$35.40	N	
82784			GAMMAGLOB.A,D,G,M NEPHELOMETRI	$7.44	$7.44	$7.44	$7.44	N	
82785			RIA ASSAY GAMMAGLOBULIN E	$13.17	$13.17	$13.17	$13.17	N	
82787			GAMM.IMMUNOGLOBULIN SUBCLASSES	$6.42	$6.42	$6.42	$6.42	N	
82800			BLOOD PH	$8.80	$8.80	$8.80	$8.80	N	
82803			BLOOD GASES: PH, PO2 & PCO2	$20.86	$20.86	$20.86	$20.86	N	
82805			GASES BL.COMBO OF PH, PC02 P02	$63.02	$63.02	$63.02	$63.02	N	
82810			GASES BLD 02 SAT.ONLY BY DIR M	$7.82	$7.82	$7.82	$7.82	N	
82820			HEMOGLOBIN-OXYGEN AFFINITY	$10.67	$10.67	$10.67	$10.67	N	
82930			GASTRIC ANALY W/PH EA SPEC	$5.37	$5.37	$5.37	$5.37	N	
82938			GASTRIN (SERUM) AFTER SECRETIN	$14.15	$14.15	$14.15	$14.15	N	
82941			RIA ASSAY OF GASTRIN	$14.10	$14.10	$14.10	$14.10	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
82943			RIA ASSAY OF GLUCAGON	$11.43	$11.43	$11.43	$11.43	N	
82945			GLUCOSE BODY FLUID OTHER BLOOD	$3.14	$3.14	$3.14	$3.14	N	
82946			GLUCAGON TOLERANCE TEST	$14.22	$14.22	$14.22	$14.22	N	
82947			ASSAY BODY FLUID, GLUCOSE	$3.14	$3.14	$3.14	$3.14	N	
82947	FP		ASSAY BODY FLUID GLUCOSE	$7.07	$7.07	$7.07	$7.07	N	
82947	QW		ASSAY BODY FLUID, GLUCOSE	$3.14	$3.14	$3.14	$3.14	N	
82947	UD		ASSAY BODY FLUID, GLUCOSE	$7.07	$7.07	$7.07	$7.07	N	
82947	52		GLUCOSE,SERUM (SEPARATE TUBE)	$2.00	$2.00	$2.00	$2.00	N	
82948			STICK ASSAY OF BLOOD GLUCOSE	$4.03	$4.03	$4.03	$4.03	N	
82948	FP		STICK ASSAY OF BLOOD GLUCOSE	$9.07	$9.07	$9.07	$9.07	N	
82948	QW		STICK ASSAY OF BLOOD GLUCOSE	$4.03	$4.03	$4.03	$4.03	N	
82950			GLUCOSE TEST	$3.80	$3.80	$3.80	$3.80	N	
82950	QW		GLUCOSE TEST	$3.80	$3.80	$3.80	$3.80	N	
82951			GLUCOSE TOLERANCE TEST (GTT)	$10.30	$10.30	$10.30	$10.30	N	
82951	QW		GLUCOSE TOLERANCE TEST (GTT)	$10.30	$10.30	$10.30	$10.30	N	
82952			GTT-ADDED SAMPLES	$3.14	$3.14	$3.14	$3.14	N	
82952	QW		GTT-ADDED SAMPLES	$3.14	$3.14	$3.14	$3.14	N	
82955			ASSAY G6PD ENZYME	$7.76	$7.76	$7.76	$7.76	N	
82960			TEST FOR G6PD ENZYME	$4.84	$4.84	$4.84	$4.84	N	
82962			GLUCOSE BLOOD MON.DEV. HOME	$2.62	$2.62	$2.62	$2.62	N	
82963			GLUCOSIDASE,BETA	$17.18	$17.18	$17.18	$17.18	N	
82965			ASSAY BLOOD GDH ENZYME	$10.52	$10.52	$10.52	$10.52	N	
82977			ASSAY OF GGT ENZYME	$5.76	$5.76	$5.76	$5.76	N	
82978			GLUTATHIONE ASSAY	$12.36	$12.36	$12.36	$12.36	N	
82979			ASSAY RBC GLUTATHIONE ENZYME	$7.55	$7.55	$7.55	$7.55	N	
82985			ASSAY OF GLYCATED PROTEIN	$13.41	$13.41	$13.41	$13.41	N	
82985	QW		GLYCOPROTEIN ELECTROPHORESIS	$13.41	$13.41	$13.41	$13.41	N	
83001			ASSAY OF GONADOTROPIN (FSH)	$14.86	$14.86	$14.86	$14.86	N	
83001	QW		PITUITARY GONADOTROPIN RIA	$14.86	$14.86	$14.86	$14.86	N	
83002			ASSAY OF GONADOTROPIN (LH)	$14.82	$14.82	$14.82	$14.82	N	
83002	QW		PITUITARY GONADOTROPINS RIA	$14.82	$14.82	$14.82	$14.82	N	
83003			RIA ASSAY GROWTH HORMONE	$13.34	$13.34	$13.34	$13.34	N	
83004			HGH,RIA/AFTER GLUCOSE TOLERANC	$16.00	$16.00	$16.00	$16.00	N	
83006			GROWTH STIMULATION GENE 2	$60.48	$60.48	$60.48	$60.48	N	
83009			H PYLORI (C-13), BLOOD	$53.89	$53.89	$53.89	$53.89	N	
83010			CHEM ASSAY HAPTOGLOBIN	$10.06	$10.06	$10.06	$10.06	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
83012			ELP ASSAY HAPTOGLOBINS	$21.51	$21.51	$21.51	$21.51	N	
83013			HELICOBACTER PYLORI,BREATH TES	$53.89	$53.89	$53.89	$53.89	N	
83014			HELICOBACTER PYLORI,B/T ANA	$6.29	$6.29	$6.29	$6.29	N	
83015			HEAVY METAL QUAL ANY ANAL	$16.75	$16.75	$16.75	$16.75	N	
83018			HEAVY METAL QUANT EACH NES	$17.57	$17.57	$17.57	$17.57	N	
83020			ASSAY HEMOGLOBIN	$10.30	$10.30	$10.30	$10.30	N	
83021			HGB FRACT/QUANT CHROM/EG/AZ/SC	$14.45	$14.45	$14.45	$14.45	N	
83026			HEMOGLOBIN COPPER SULF METHOD	$3.21	$3.21	$3.21	$3.21	N	
83030			HEMOGLOBIN F FETAL CHEMICAL	$8.59	$8.59	$8.59	$8.59	N	
83033			HEMOGLOBIN FTL F ASSAY QUAL	$6.40	$6.40	$6.40	$6.40	N	
83036			HEMOGLOBIN GLYCOSYLATED A1C	$7.77	$7.77	$7.77	$7.77	N	
83036	QW		GLYCOSYLATED HEMOGLOBIN ASSAY	$7.77	$7.77	$7.77	$7.77	N	
83037			HB GLYCOSYLATED A1C HOME DEV	$7.77	$7.77	$7.77	$7.77	N	
83037	QW		HEMOGLOBIN:GLYCOSYLATED(AIC)	$7.77	$7.77	$7.77	$7.77	N	
83045			HGB METHEMOGLOBIN QUAL	$5.19	$5.19	$5.19	$5.19	N	
83050			HGB METHEMOGLOBIN QUAN	$6.56	$6.56	$6.56	$6.56	N	
83051			HEMOGLOBIN PLASMA	$5.85	$5.85	$5.85	$5.85	N	
83060			HGB SULFHEMOGLOBIN QUAN	$7.04	$7.04	$7.04	$7.04	N	
83065			HEMOGLOBIN THERMOLABILE	$7.20	$7.20	$7.20	$7.20	N	
83068			HEMOGLOBIN UNSTABLE SCREEN	$7.58	$7.58	$7.58	$7.58	N	
83069			HEMOGLOBIN URINE	$3.16	$3.16	$3.16	$3.16	N	
83070			ASSAY URINE HEMOSIDERIN	$3.80	$3.80	$3.80	$3.80	N	
83080			ASSAY OF B HEXOSAMINIDASE EA	$13.50	$13.50	$13.50	$13.50	N	
83088			ASSAY HISTAMINE	$23.62	$23.62	$23.62	$23.62	N	
83090			ASSAY OF HOMOCYSTEINE	$14.34	$14.34	$14.34	$14.34	N	
83150			ASSAY OF HOMOVANILLIC ACID	$17.93	$17.93	$17.93	$17.93	N	
83491			ASY HYDROXYCORTICOSTEROIDS17	$14.32	$14.32	$14.32	$14.32	N	
83497			ASSAY URINE 5-HIAA	$10.32	$10.32	$10.32	$10.32	N	
83498			ASY HYDROXYPROGESTERONE 17-D	$21.74	$21.74	$21.74	$21.74	N	
83500			ASSAY URINE HYDROXYPROLINE	$18.12	$18.12	$18.12	$18.12	N	
83505			ASSAY URINE HYDROXYPROLINE	$19.44	$19.44	$19.44	$19.44	N	
83516			IMMUNOASSAY FOR ANALYTE QUAL	$9.22	$9.22	$9.22	$9.22	N	
83518			IMM.ANALYTE ANTIBODY QUAL.SEMI	$7.71	$7.71	$7.71	$7.71	N	
83518	QW		IMM.ANALYTE ANTIBODY QUAL.SEMI	$7.71	$7.71	$7.71	$7.71	N	
83519			IMMUNO.ANALYTE BY RIA	$14.72	$14.72	$14.72	$14.72	N	
83520			IMM.ANALYTE:NOT OTHERWISE SPEC	$13.82	$13.82	$13.82	$13.82	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
83521			IG LIGHT CHAINS FREE EACH	$13.82	$13.82	$13.82	$13.82	N	
83525			RIA ASSAY OF INSULIN	$9.14	$9.14	$9.14	$9.14	N	
83526			1NSULIN TOLERANCE TEST	$10.00	$10.00	$10.00	$10.00	N	
83527			INSULIN:FREE	$10.36	$10.36	$10.36	$10.36	N	
83528			INTRINSIC FACTOR LEVEL	$15.86	$15.86	$15.86	$15.86	N	
83529			ASAY OF INTERLEUKIN-6 (IL-6)	$13.82	$13.82	$13.82	$13.82	N	
83540			ASSAY SERUM IRON	$5.18	$5.18	$5.18	$5.18	N	
83550			SERUM IRON BINDING TEST	$6.99	$6.99	$6.99	$6.99	N	
83570			UV-ASSAY BLOOD IDH ENZYME	$7.08	$7.08	$7.08	$7.08	N	
83582			ASSAY URINE 17-KGS	$12.38	$12.38	$12.38	$12.38	N	
83586			ASSAY BLOOD 17-KETOSTEROIDS	$10.24	$10.24	$10.24	$10.24	N	
83593			CHROMATOGRAPH KETOSTEROIDS	$22.80	$22.80	$22.80	$22.80	N	
83605			LACTIC ACID ASSAY	$9.26	$9.26	$9.26	$9.26	N	
83605	QW		LACTIC ACID ASSAY	$9.26	$9.26	$9.26	$9.26	N	
83615			UV-ASSAY BLOOD LDH ENZYME	$4.83	$4.83	$4.83	$4.83	N	
83625			ASSAY BLOOD LDH ENZYMES	$10.23	$10.23	$10.23	$10.23	N	
83630			LACTOFERRIN, FECAL (QUAL)	$15.76	$15.76	$15.76	$15.76	N	
83631			LACTOFERRIN, FECAL:QUANTITATIV	$15.70	$15.70	$15.70	$15.70	N	
83632			RIA PLACENTAL LACTOGEN	$16.18	$16.18	$16.18	$16.18	N	
83633			TEST URINE FOR LACTOSE	$9.00	$9.00	$9.00	$9.00	N	
83655			ASSAY BLOOD FOR LEAD	$9.69	$9.69	$9.69	$9.69	N	
83655	QW		ASSAY BLOOD FOR LEAD	$9.69	$9.69	$9.69	$9.69	N	
83655	52		PEDIATRIC LEAD SCREEN	$8.00	$8.00	$8.00	$8.00	N	
83661			ASSAY AMNIOTIC L/S RATIO	$17.59	$17.59	$17.59	$17.59	N	
83662			L/S RATIO:FOAM STABILITY TEST	$15.13	$15.13	$15.13	$15.13	N	
83663			FETAL LUNG FLUORES:POLARIZAT	$15.13	$15.13	$15.13	$15.13	N	
83664			FETAL LUNG: FOAM STABILITYTEST	$15.46	$15.46	$15.46	$15.46	N	
83670			UV-ASSAY BLOOD LAP ENZYME	$7.85	$7.85	$7.85	$7.85	N	
83690			ASSAY BLOOD LIPASE	$5.51	$5.51	$5.51	$5.51	N	
83695			ASSAY OF LIPOPROTEIN(A)	$11.46	$11.46	$11.46	$11.46	N	
83698			ASSAY LIPOPROTEIN PLA2	$37.05	$37.05	$37.05	$37.05	N	
83700			LIPOPROTEIN, BLOOD	$9.01	$9.01	$9.01	$9.01	N	
83701			LIPOPROTEIN BLD, HR FRACTION	$27.09	$27.09	$27.09	$27.09	N	
83704			LIPOPROTEIN, BLD, BY NMR	$27.35	$27.35	$27.35	$27.35	N	
83718			BLOOD LIPOPROTEIN ASSAY	$6.55	$6.55	$6.55	$6.55	N	
83718	QW		BLOOD LIPOPROTEIN ASSAY	$6.55	$6.55	$6.55	$6.55	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
83719			LIPOPROTEIN,VLDL CHOLESTEROL	$10.20	$10.20	$10.20	$10.20	N	
83721			LIPOPROTEIN,DIRECT MEAS. LDL	$8.40	$8.40	$8.40	$8.40	N	
83721	QW		LIPOPROTEIN,DIRECT MEAS LDL	$8.40	$8.40	$8.40	$8.40	N	
83722			LIPOPRTN DIR MEAS SD LDL CHL	$27.35	$27.35	$27.35	$27.35	N	
83727			LUTEINIZING RELEASING FACTOR,	$13.75	$13.75	$13.75	$13.75	N	
83735			ASSAY BLOOD MAGNESIUM	$5.36	$5.36	$5.36	$5.36	N	
83775			ASSAY MALATE DEHYDROGENASE	$5.90	$5.90	$5.90	$5.90	N	
83785			ASSAY OF MANGANESE	$21.32	$21.32	$21.32	$21.32	N	
83789			MASS SPECTROMETRY QUAL/QUAN	$19.29	$19.29	$19.29	$19.29	N	
83825			ASSAY BLOOD MERCURY	$13.01	$13.01	$13.01	$13.01	N	
83835			ASSAY URINE METANEPHRINES	$13.55	$13.55	$13.55	$13.55	N	
83857			ASSAY METHEMALBUMIN	$8.59	$8.59	$8.59	$8.59	N	
83861			MICROFLUIDIC ANALYSIS	$17.98	$17.98	$17.98	$17.98	N	
83864			BLOOD MUCOPOLYSACCHARIDES	$22.80	$22.80	$22.80	$22.80	N	
83872			ASSAY SYNOVIAL FLUID MUCIN	$4.69	$4.69	$4.69	$4.69	N	
83873			MYELIN BASIC PROTEIN,CSF,RIA	$13.76	$13.76	$13.76	$13.76	N	
83874			MYOGLOBIN ELECTROPHORESIS	$10.34	$10.34	$10.34	$10.34	N	
83876			MYELOPEROXIDASE (MPO)	$40.69	$40.69	$40.69	$40.69	N	
83880			ASSAY OF NATRIURETIC PEPTIDE	$31.41	$31.41	$31.41	$31.41	N	
83880	QW		NATRIURETIC PEPTIDE	$31.41	$31.41	$31.41	$31.41	N	
83883			NEPHELOMETRY,EACH ANALYTE NOT	$10.88	$10.88	$10.88	$10.88	N	
83885			ASSAY URINE FOR NICKEL	$19.61	$19.61	$19.61	$19.61	N	
83915			ASSAY NUCLEOTIDASE	$8.92	$8.92	$8.92	$8.92	N	
83916			OLIGOCLONAL IMMUNE GLOBULIN,CS	$21.91	$21.91	$21.91	$21.91	N	
83918			ASSAY ORGANIC ACIDS	$18.88	$18.88	$18.88	$18.88	N	
83919			ORGANIC ACID:QUAL, EACH SPEC	$13.16	$13.16	$13.16	$13.16	N	
83921			ORGANIC ACID,SINGLE,QUANT.	$16.97	$16.97	$16.97	$16.97	N	
83930			ASSAY BLOOD OSMOLALITY	$5.29	$5.29	$5.29	$5.29	N	
83935			ASSAY URINE OSMOLALITY	$5.46	$5.46	$5.46	$5.46	N	
83937			OSTEOCALCIN	$23.88	$23.88	$23.88	$23.88	N	
83945			ASSAY URINE OXALATE	$11.56	$11.56	$11.56	$11.56	N	
83950			ONCOPROTEIN HER-2/NEU	$51.53	$51.53	$51.53	$51.53	N	
83951			ONCOPROTEIN: DES-GAMMA-CARBOXY	$51.53	$51.53	$51.53	$51.53	N	
83970			RIA ASSAY OF PARATHORMONE	$33.02	$33.02	$33.02	$33.02	N	
83986			ASSAY BODY FLUID ACIDITY	$2.86	$2.86	$2.86	$2.86	N	
83986	QW		ASSAY BODY FLUID ACIDITY	$2.86	$2.86	$2.86	$2.86	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
83987			PH: EXHALED BREATH CONDENSATE	$2.86	$2.86	$2.86	$2.86	N	
83992			ASSAY FOR PHENCYCLIDINE	$18.00	$18.00	$18.00	$18.00	N	
83993			CALPROTECTIN, FECAL	$15.70	$15.70	$15.70	$15.70	N	
84030			ASSAY BLOOD PKU	$4.40	$4.40	$4.40	$4.40	N	
84035			ASSAY BLOOD PHENYLKETONES	$3.18	$3.18	$3.18	$3.18	N	
84060			ASSAY BLOOD ACID PHOSPHATASE	$6.11	$6.11	$6.11	$6.11	N	
84066			ASSAY PROSTATE PHOSPHATASE, RI	$7.73	$7.73	$7.73	$7.73	N	
84075			ASSAY ALKALINE PHOSPHATASE	$4.14	$4.14	$4.14	$4.14	N	
84078			ASSAY ALKALINE PHOSPHATASE	$6.61	$6.61	$6.61	$6.61	N	
84080			ASSAY ALKALINE PHOSPHATASES	$11.82	$11.82	$11.82	$11.82	N	
84081			ASSAY PHOSPHATIDYLGLYCEROL	$13.22	$13.22	$13.22	$13.22	N	
84085			ASSAY RBC PG6D ENZYME	$7.55	$7.55	$7.55	$7.55	N	
84087			ASSAY PHOSPHOHEXOSE ENZYMES	$8.58	$8.58	$8.58	$8.58	N	
84100			ASSAY BLOOD PHOSPHORUS	$3.79	$3.79	$3.79	$3.79	N	
84105			ASSAY URINE PHOSPHORUS	$4.62	$4.62	$4.62	$4.62	N	
84106			TEST FOR PORPHOBILINOGEN	$4.66	$4.66	$4.66	$4.66	N	
84110			ASSAY PORPHOBILINOGEN	$6.75	$6.75	$6.75	$6.75	N	
84112			PLACENTA ALPHA MICRO IG C/V	$78.49	$78.49	$78.49	$78.49	N	
84119			TEST URINE FOR PORPHYRINS	$10.69	$10.69	$10.69	$10.69	N	
84120			ASSAY URINE PORPHYRINS	$11.77	$11.77	$11.77	$11.77	N	
84126			ASSAY FECES PORPHYRINS	$31.29	$31.29	$31.29	$31.29	N	
84132			ASSAY BLOOD POTASSIUM	$3.81	$3.81	$3.81	$3.81	N	
84133			ASSAY URINE POTASSIUM	$3.78	$3.78	$3.78	$3.78	N	
84134			PREALBUMIN	$11.67	$11.67	$11.67	$11.67	N	
84135			PREGNANEDIOL: RIA	$17.02	$17.02	$17.02	$17.02	N	
84138			PREGNANETRIOL:RIA	$16.84	$16.84	$16.84	$16.84	N	
84140			PREGNENOLONE	$16.54	$16.54	$16.54	$16.54	N	
84143			17-HYDROXYPREGNENCLONE	$18.25	$18.25	$18.25	$18.25	N	
84144			ASSAY PROGESTERONE	$16.69	$16.69	$16.69	$16.69	N	
84145			PROCALCITONIN (PCT)	$21.78	$21.78	$21.78	$21.78	N	
84146			RIA ASSAY FOR PROLACTIN	$15.50	$15.50	$15.50	$15.50	N	
84150			RIA ASSAY OF PROSTAGLANDIN	$33.42	$33.42	$33.42	$33.42	N	
84152			PROSTATE SPECIFIC ANTIGEN(PSA)	$14.71	$14.71	$14.71	$14.71	N	
84153			PROSTATE SPECIFIC ANTIGEN(PSA)	$14.71	$14.71	$14.71	$14.71	N	
84154			PROSTATE SPECIFIC ANTIGEN(PSAF	$14.71	$14.71	$14.71	$14.71	N	
84155			ASSAY SERUM PROTEIN	$2.94	$2.94	$2.94	$2.94	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
84156			PROTEIN:TOTAL,EXCEPT REF URINE	$2.94	$2.94	$2.94	$2.94	N	
84157			PROTEIN TOTAL OTHER SYNOLIAL C	$3.20	$3.20	$3.20	$3.20	N	
84160			ASSAY SERUM PROTEIN	$4.49	$4.49	$4.49	$4.49	N	
84163			PAPPA, SERUM	$12.04	$12.04	$12.04	$12.04	N	
84165			ASSAY SERUM PROTEINS	$8.59	$8.59	$8.59	$8.59	N	
84166			PROTEIN E-PHORESIS/URINE/CSF	$14.26	$14.26	$14.26	$14.26	N	
84166	26		PROTEIN E PHORESIS/URINE/CSF	$13.82	$13.82	$16.74	$16.74	N	
84181			PROTEIN:WEST.BLOT INT.&REP.	$13.62	$13.62	$13.62	$13.62	N	
84181	26		PROTEIN:WEST.BLOT INT. &REP.	$13.82	$13.82	$16.74	$16.74	N	
84182			PROTEIN:WEST.BLOT IMM.PROBE	$23.37	$23.37	$23.37	$23.37	N	
84182	26		PROTEIN:WEST.BLOT IMM.PROBE	$13.82	$13.82	$17.72	$17.72	N	
84202			ASSAY RBC PROTOPORPHYRIN	$11.48	$11.48	$11.48	$11.48	N	
84203			TEST RBC PROTOPORPHYRIN	$7.79	$7.79	$7.79	$7.79	N	
84206			RIA ASSAY OF PROINSULIN	$21.35	$21.35	$21.35	$21.35	N	
84207			ASSAY VITAMIN B-6	$22.48	$22.48	$22.48	$22.48	N	
84210			ASSAY BLOOD PYRUVATE	$11.58	$11.58	$11.58	$11.58	N	
84220			ASSAY RBC PYRUVIC KINASE	$7.55	$7.55	$7.55	$7.55	N	
84228			ASSAY QUININE	$9.30	$9.30	$9.30	$9.30	N	
84233			RECEPTOR ASSAY: ESTROGEN(ESTRA	$70.30	$70.30	$70.30	$70.30	N	
84234			RECEPTOR ASSAY: PROGESTERONE	$51.90	$51.90	$51.90	$51.90	N	
84235			RECEPTOR ASSAY:ENDOCRINE:OTHER	$56.98	$56.98	$56.98	$56.98	N	
84238			RECEPTOR ASSAY:	$29.26	$29.26	$29.26	$29.26	N	
84244			RIA ASSAY OF RENIN	$17.59	$17.59	$17.59	$17.59	N	
84252			ASSAY VITAMIN B-2	$16.19	$16.19	$16.19	$16.19	N	
84255			ASSAY SELENIUM	$20.42	$20.42	$20.42	$20.42	N	
84260			ASSAY BLOOD SEROTONIN	$24.78	$24.78	$24.78	$24.78	N	
84270			SEX HORMONE BINDING GLOBULIN	$17.38	$17.38	$17.38	$17.38	N	
84275			ASSAY BLOOD SIALIC ACID	$10.75	$10.75	$10.75	$10.75	N	
84285			ASSAY SILICA	$20.17	$20.17	$20.17	$20.17	N	
84295			ASSAY BLOOD SODIUM	$3.85	$3.85	$3.85	$3.85	N	
84300			ASSAY URINE SODIUM	$4.05	$4.05	$4.05	$4.05	N	
84302			SODIUM:OTHER SOURCE	$3.89	$3.89	$3.89	$3.89	N	
84305			SOMATOMEDIN	$17.01	$17.01	$17.01	$17.01	N	
84307			SOMATOSTATIN	$14.62	$14.62	$14.62	$14.62	N	
84311			SPECTR.ANALYTE NOT ELSEW.SPEC.	$6.48	$6.48	$6.48	$6.48	N	
84315			BODY FLUID SPECIFIC GRAVITY	$2.62	$2.62	$2.62	$2.62	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
84375			CHROMATOGRAM ASSAY, SUGARS	$31.20	$31.20	$31.20	$31.20	N	
84376			SUGARS(MON-DI)OLI/:SINGLE QUAL	$4.40	$4.40	$4.40	$4.40	N	
84377			SUGAR/MON-DI-OLIGOSACC MU QUAL	$4.40	$4.40	$4.40	$4.40	N	
84378			SUGARS/OLIGOSACC:SIN/QUANT EA	$9.22	$9.22	$9.22	$9.22	N	
84379			SUGAR/OLIGOSACCHARIDES M/QUANT	$9.22	$9.22	$9.22	$9.22	N	
84392			SULFATE, URINE	$4.39	$4.39	$4.39	$4.39	N	
84402			ASSAY OF FREE TESTOSTERONE	$20.38	$20.38	$20.38	$20.38	N	
84403			RIA ASSAY BLOOD TESTOSTERONE	$20.65	$20.65	$20.65	$20.65	N	
84410			TESTOSTERONE	$41.02	$41.02	$41.02	$41.02	N	
84425			ASSAY VITAMIN B-1	$16.98	$16.98	$16.98	$16.98	N	
84430			ASSAY BLOOD THIOCYANATE	$9.30	$9.30	$9.30	$9.30	N	
84431			THROMBOXANE METABOLITE(S), INC	$28.09	$28.09	$28.09	$28.09	N	
84432			THYROGLOBULIN	$12.85	$12.85	$12.85	$12.85	N	
84433			ASY THIOPURIN S-MTHYLTRNSFRS	$17.74	$17.74	$17.74	$17.74	N	
84436			THYROXINE, TRUE, RIA	$5.50	$5.50	$5.50	$5.50	N	
84437			THYROXINE, NEONATAL	$5.18	$5.18	$5.18	$5.18	N	
84439			THYROID PANEL	$7.22	$7.22	$7.22	$7.22	N	
84442			THYROID ACTIVITY (TBG) ASSAY	$11.82	$11.82	$11.82	$11.82	N	
84443			RIA ASSAY OF TS HORMONE	$13.44	$13.44	$13.44	$13.44	N	
84445			ASSAY OF TSI GLOBULIN	$40.69	$40.69	$40.69	$40.69	N	
84446			ASSAY VITAMIN E	$11.34	$11.34	$11.34	$11.34	N	
84449			TRANSCORTIN	$14.40	$14.40	$14.40	$14.40	N	
84450			UV-ASSAY TRANSAMINASE (SGOT)	$4.14	$4.14	$4.14	$4.14	N	
84450	QW		UV-ASSAY-TRANSAMINASE (SGOY)	$4.14	$4.14	$4.14	$4.14	N	
84460			UV-ASSAY TRANSAMINASE (SGPT)	$4.24	$4.24	$4.24	$4.24	N	
84460	QW		UV-ASSAY TRANSAMINASE (SGPT)	$4.24	$4.24	$4.24	$4.24	N	
84466			TRANSFERRIN	$10.21	$10.21	$10.21	$10.21	N	
84478			ASSAY BLOOD TRIGLYCERIDES	$4.59	$4.59	$4.59	$4.59	N	
84478	QW		ASSAY BLOOD TRIGLYCERIDES	$4.59	$4.59	$4.59	$4.59	N	
84479			TRIIODOTHYRONINE, RESIN UPTAKE	$5.18	$5.18	$5.18	$5.18	N	
84480			RIA ASSAY, T-3	$11.34	$11.34	$11.34	$11.34	N	
84481			TRIIODOTHYRONINE, FREE RIA	$13.55	$13.55	$13.55	$13.55	N	
84482			TRIDOTHYRONINE(T-3):REVERSE	$12.61	$12.61	$12.61	$12.61	N	
84484			TROPONIN	$9.98	$9.98	$9.98	$9.98	N	
84485			ASSAY DUODENAL FLUID TRYPSIN	$5.76	$5.76	$5.76	$5.76	N	
84488			TEST FECES FOR TRYPSIN	$5.84	$5.84	$5.84	$5.84	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
84490			ASSAY FECES FOR TRYPSIN	$7.94	$7.94	$7.94	$7.94	N	
84510			ASSAY BLOOD TYROSINE	$8.50	$8.50	$8.50	$8.50	N	
84512			TROPNIN QUAL.	$8.07	$8.07	$8.07	$8.07	N	
84520			ASSAY BUN	$3.16	$3.16	$3.16	$3.16	N	
84525			STICK-ASSAY BUN	$4.10	$4.10	$4.10	$4.10	N	
84540			ASSAY URINE UREA-N	$4.45	$4.45	$4.45	$4.45	N	
84545			UREA-N CLEARANCE TEST	$5.76	$5.76	$5.76	$5.76	N	
84550			ASSAY BLOOD URIC ACID	$3.62	$3.62	$3.62	$3.62	N	
84560			ASSAY URINE URIC ACID	$4.06	$4.06	$4.06	$4.06	N	
84577			ASSAY FECES UROBILINOGEN	$13.44	$13.44	$13.44	$13.44	N	
84578			TEST URINE UROBILINOGEN	$0.45	$0.45	$0.45	$0.45	N	
84580			ASSAY URINE UROBILINOGEN	$7.64	$7.64	$7.64	$7.64	N	
84583			ASSAY URINE UROBILINOGEN	$4.84	$4.84	$4.84	$4.84	N	
84585			ASSAY URINE VMA	$12.40	$12.40	$12.40	$12.40	N	
84586			VASOACTIVE INTEST.PEPTIDE(VIP)	$28.26	$28.26	$28.26	$28.26	N	
84588			RIA ASSAY VASOPRESSIN	$27.15	$27.15	$27.15	$27.15	N	
84590			ASSAY BLOOD VITAMIN-A	$9.29	$9.29	$9.29	$9.29	N	
84591			VITAMIN,NOT OTHERWISE SPEC.	$13.65	$13.65	$13.65	$13.65	N	
84597			ASSAY VITAMIN-K	$10.98	$10.98	$10.98	$10.98	N	
84600			ASSAY FOR VOLATILES	$13.69	$13.69	$13.69	$13.69	N	
84620			XYLOSE TOLERANCE TEST, BLOOD	$10.33	$10.33	$10.33	$10.33	N	
84630			ASSAY BLOOD ZINC	$9.11	$9.11	$9.11	$9.11	N	
84681			C-PEPTIDE, ANY METHOD	$16.65	$16.65	$16.65	$16.65	N	
84702			GONADOTROPIN,CHORIONIC:QUANTIT	$12.04	$12.04	$12.04	$12.04	N	
84702	UD		GONADOTROPIN,CHORIONIC:QUANTIT	$27.09	$27.09	$27.09	$27.09	N	
84703			GONADOTROPIN,CHORIONIC:QUALITA	$6.02	$6.02	$6.02	$6.02	N	
84703	QW		GONADOTROPIN,CHORIONIC:QUALITA	$6.02	$6.02	$6.02	$6.02	N	
84703	UD		GONADOTROPIN,CHORIONIC:QUALITA	$13.54	$13.54	$13.54	$13.54	N	
84704			GONADOTROPIN, CHORIONIC (HCG):	$12.23	$12.23	$12.23	$12.23	N	
84830			OVUL.TESTS,VISUAL COLOR COMP.	$10.16	$10.16	$10.16	$10.16	N	
84999			UNLISTED CHEMISTRY PROCEDURE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
85002			BLEEDING TIME TEST	$3.86	$3.86	$3.86	$3.86	N	
85004			BLOOD COUNT:AUTOMATED DIFF WBC	$5.18	$5.18	$5.18	$5.18	N	
85007			DIFFERENTIAL WBC COUNT	$3.04	$3.04	$3.04	$3.04	N	
85008			BLOOD COUNT:MAN.SMEAR EX.WITHO	$2.74	$2.74	$2.74	$2.74	N	
85009			DIFFERENTIAL WBC COUNT	$4.06	$4.06	$4.06	$4.06	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
85013			BLOOD COUNT:SPUN MICROHEMATOCR	$5.60	$5.60	$5.60	$5.60	N	
85013	FP		BLOOD COUNT SPUN MICROHEMATOCR	$12.60	$12.60	$12.60	$12.60	N	
85014			HEMATOCRIT	$1.90	$1.90	$1.90	$1.90	N	
85014	QW		HEMATOCRIT	$1.90	$1.90	$1.90	$1.90	N	
85014	UD		HEMATOCRIT	$4.27	$4.27	$4.27	$4.27	N	
85018			HEMOGLOBIN, COLORIMETRIC	$1.90	$1.90	$1.90	$1.90	N	
85018	FP	QW	HEMOGLOBIN, COLORIMETRIC	$4.27	$4.27	$4.27	$4.27	N	
85018	QW		HEMOGLOBIN, COLORIMETRIC	$1.90	$1.90	$1.90	$1.90	N	
85025			BLOOD COUNT:HEMO.PLAT.COUNT,AU	$6.22	$6.22	$6.22	$6.22	N	
85025	UD		BLOOD COUNT:HEMO.PLAT.COUNT,AU	$13.99	$13.99	$13.99	$13.99	N	
85027			HEMOGRAM,AUTOMATED W/PLATELET	$5.18	$5.18	$5.18	$5.18	N	
85032			BLOOD COUNT:MANUAL CELL EACH	$3.45	$3.45	$3.45	$3.45	N	
85041			RED BLOOD CELL (RBC) COUNT	$2.42	$2.42	$2.42	$2.42	N	
85044			RETICULOCYTE COUNT	$3.45	$3.45	$3.45	$3.45	N	
85045			BLOOD RETIC COUNT FLOW CYTOMET	$3.19	$3.19	$3.19	$3.19	N	
85046			BL/CT:RETIC,HGB CONCENTRATION	$4.46	$4.46	$4.46	$4.46	N	
85048			WHITE BLOOD CELL (WBC) COUNT	$2.03	$2.03	$2.03	$2.03	N	
85049			BLOOD COUNT:PLATELETT:AUTO	$3.58	$3.58	$3.58	$3.58	N	
85055			RETICULATED PLATELET ASSAY	$28.59	$28.59	$28.59	$28.59	N	
85060			BLOOD SMEAR, PERIPHERAL, INTER	$18.30	$18.30	$20.93	$20.93	N	
85097			BONE MARROW SMEAR INTERPRET	$55.04	$55.04	$77.62	$77.62	N	
85097	26		BONE MARROW SMEAR INTERPR.ONLY	$36.55	$36.55	$44.82	$44.82	N	
85130			CHROMOGENIC SUBSTRATE ASSAY	$9.51	$9.51	$9.51	$9.51	N	
85170			BLOOD CLOT RETRACTION SCREEN	$13.04	$13.04	$13.04	$13.04	N	
85175			BLOOD CLOT LYSIS TIME	$16.30	$16.30	$16.30	$16.30	N	
85210			CLOT FACTOR II PROTHROM SPEC	$10.38	$10.38	$10.38	$10.38	N	
85220			BLOOC CLOT FACTOR V TEST	$14.12	$14.12	$14.12	$14.12	N	
85230			CLOT FACTOR VII PROCONVERTIN	$14.32	$14.32	$14.32	$14.32	N	
85240			CLOT FACTOR VIII AHG 1 STAGE	$14.32	$14.32	$14.32	$14.32	N	
85244			CLOT FACTOR VIII RELTD ANTGN	$16.34	$16.34	$16.34	$16.34	N	
85245			CLOT FACTOR VIII VW RISTOCTN	$18.35	$18.35	$18.35	$18.35	N	
85246			CLOT FACTOR VIII VW ANTIGEN	$18.35	$18.35	$18.35	$18.35	N	
85247			CLOT FACTOR VIII MULTIMETRIC	$18.35	$18.35	$18.35	$18.35	N	
85250			CLOT FACTOR IX PTC/CHRSTMAS	$15.23	$15.23	$15.23	$15.23	N	
85260			CLOT FACTOR X STUART-POWER	$14.32	$14.32	$14.32	$14.32	N	
85270			CLOT FACTOR XI PTA	$14.32	$14.32	$14.32	$14.32	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
85280			CLOT FACTOR XII HAGEMAN	$15.48	$15.48	$15.48	$15.48	N	
85290			CLOT FACTOR XIII FIBRIN STAB	$13.07	$13.07	$13.07	$13.07	N	
85291			CLOT FACTOR XIII FIBRIN SCRN	$7.29	$7.29	$7.29	$7.29	N	
85292			CLOT FACTOR FLETCHER FACT	$15.14	$15.14	$15.14	$15.14	N	
85293			CLOT FACTOR WGHT KININOGEN	$15.14	$15.14	$15.14	$15.14	N	
85300			ANTITHROMBIN III ACTIVITY	$9.48	$9.48	$9.48	$9.48	N	
85301			ANTITHROMBIN III ANTIGEN	$8.65	$8.65	$8.65	$8.65	N	
85302			CLOT INHIBIT PROT C ANTIGEN	$9.61	$9.61	$9.61	$9.61	N	
85303			CLOT INHIBIT PROT C ACTIVITY	$11.07	$11.07	$11.07	$11.07	N	
85305			CLOT INHIBIT PROT S TOTAL	$9.29	$9.29	$9.29	$9.29	N	
85306			CLOT INHIBIT PROT S FREE	$12.26	$12.26	$12.26	$12.26	N	
85307			ACTIVATED PROTEIN C (APC)	$12.26	$12.26	$12.26	$12.26	N	
85335			FACTOR INHIBITOR TEST	$10.30	$10.30	$10.30	$10.30	N	
85337			THROMBOMODULIN	$13.82	$13.82	$13.82	$13.82	N	
85345			COAGULATION TIME LEE & WHITE	$3.75	$3.75	$3.75	$3.75	N	
85347			COAGULATION TIME ACTIVATED	$3.42	$3.42	$3.42	$3.42	N	
85348			COAGULATION TIME OTR METHOD	$3.59	$3.59	$3.59	$3.59	N	
85360			EUGLOBULIN LYSIS	$6.73	$6.73	$6.73	$6.73	N	
85362			FIBRIN DEGRADATION PRODUCTS	$5.51	$5.51	$5.51	$5.51	N	
85366			FDP FSP: PARACOAGULATION	$64.37	$64.37	$64.37	$64.37	N	
85370			FDP FSP: QUANTITATIVE	$9.94	$9.94	$9.94	$9.94	N	
85378			FIBRIN DEGR.PRODUCTS,D-DIMER	$7.78	$7.78	$7.78	$7.78	N	
85379			FIBRIN DEGR.PRODUCTS,D-DIMER	$8.14	$8.14	$8.14	$8.14	N	
85380			FIBRIN DEGRADJ D-DIMER	$8.14	$8.14	$8.14	$8.14	N	
85384			FIBRINOGEN ACTIVITY	$7.78	$7.78	$7.78	$7.78	N	
85385			FIBRINOGEN ANTIGEN	$11.57	$11.57	$11.57	$11.57	N	
85390			FIBRINOLYSINS SCREEN I&R	$12.38	$12.38	$12.38	$12.38	N	
85390	26		FIBRINOLYSINS SCREEN	$27.62	$27.62	$16.41	$16.41	N	
85396			COAGULATION FIBRNOLYSIS ASSAY	$14.90	$14.90	$18.31	$18.31	N	
85397			COAGULATION AND FIBRINOLYSIS	$24.69	$24.69	$24.69	$24.69	N	
85400			FIBRINOLYTIC PLASMIN	$6.17	$6.17	$6.17	$6.17	N	
85410			FIBRINOLYTIC ANTIPLASMIN	$6.17	$6.17	$6.17	$6.17	N	
85415			FIBR.FACTORS&INH.PLASMINOGEN	$13.75	$13.75	$13.75	$13.75	N	
85420			FIBRINOLYTIC PLASMINOGEN	$5.22	$5.22	$5.22	$5.22	N	
85421			FIBR0 MECH:PLASM.ANTIGENIC ASS	$8.14	$8.14	$8.14	$8.14	N	
85441			HEINZ BODIES: DIRECT	$3.36	$3.36	$3.36	$3.36	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
85445			HEINZ BODIES: INDUCED	$5.46	$5.46	$5.46	$5.46	N	
85460			HEMOGLOBIN, FETAL	$6.18	$6.18	$6.18	$6.18	N	
85461			HRB/RBC ROSETTE	$7.49	$7.49	$7.49	$7.49	N	
85475			HEMOLYSIN ACID	$7.10	$7.10	$7.10	$7.10	N	
85520			HEPARIN ASSAY	$10.47	$10.47	$10.47	$10.47	N	
85525			HEPARIN NEUTRALIZATION	$9.47	$9.47	$9.47	$9.47	N	
85530			HEPARIN-PROTAMINE TOLERANCE	$10.47	$10.47	$10.47	$10.47	N	
85536			IRON STAIN,PERIPHERAL BLOOD	$5.50	$5.50	$5.50	$5.50	N	
85540			WBC ALKALINE PHOSPHATASE	$6.88	$6.88	$6.88	$6.88	N	
85547			RBC MECHANICAL FRAGILITY	$6.88	$6.88	$6.88	$6.88	N	
85549			SERUM MURAMIDASE	$15.00	$15.00	$15.00	$15.00	N	
85555			RBC OSMOTIC FRAGILITY	$5.98	$5.98	$5.98	$5.98	N	
85557			RBC OSMOTIC FRAGILITY	$10.69	$10.69	$10.69	$10.69	N	
85576			PLATELET:AGGREGATION (IN VITRO	$19.93	$19.93	$19.93	$19.93	N	
85576	QW		PLATELET:AGGREGATION (IN VITRO	$19.93	$19.93	$19.93	$19.93	N	
85576	26		PLATELET:AGGREGATION (IN VITRO	$13.82	$13.82	$17.42	$17.42	N	
85597			PLATELET NEUTRALIZATION	$14.38	$14.38	$14.38	$14.38	N	
85598			HEXAGNAL PHOSPH PLTLT NEUTRL	$14.38	$14.38	$14.38	$14.38	N	
85610			PROTHROMBIN TIME	$3.43	$3.43	$3.43	$3.43	N	
85610	QW		PROTHROMBIN TIME	$3.43	$3.43	$3.43	$3.43	N	
85610	UD		PROTHROMBIN TIME	$7.72	$7.72	$7.72	$7.72	N	
85611			PROTHROMBIN TIME:SUBST.PLASMA	$3.15	$3.15	$3.15	$3.15	N	
85612			VIPER VENOM PROTHROMBIN TIME	$13.99	$13.99	$13.99	$13.99	N	
85613			RUSSELL VIPER VENOM TIME:DILUT	$7.66	$7.66	$7.66	$7.66	N	
85635			REPTILASE TEST	$7.88	$7.88	$7.88	$7.88	N	
85651			RBC SEDIMENTATION RATE	$3.42	$3.42	$3.42	$3.42	N	
85652			SED RATE AUTOMATED	$2.16	$2.16	$2.16	$2.16	N	
85660			RBC SICKLE CELL TEST	$4.41	$4.41	$4.41	$4.41	N	
85670			THROMBIN TIME: PLASMA	$4.62	$4.62	$4.62	$4.62	N	
85675			THROMBIN TIME: TITER	$5.48	$5.48	$5.48	$5.48	N	
85705			THROMBOPLASTIN INHIBITION:TISS	$7.70	$7.70	$7.70	$7.70	N	
85730			THROMBOPLASTIN TIME, PARTIAL	$4.81	$4.81	$4.81	$4.81	N	
85730	UD		THROMBOPLASTIN TIME, PARTIAL	$10.82	$10.82	$10.82	$10.82	N	
85732			THROMBOPLASTIN TIME, PARTIAL	$5.18	$5.18	$5.18	$5.18	N	
85810			BLOOD VISCOSITY EXAMINATION	$9.34	$9.34	$9.34	$9.34	N	
85999			UNLISTED HEMATOLOGY&COAGJ PX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
86000			AGGLUTININS FEBRILE ANTIGEN	$0.70	$0.70	$0.70	$0.70	N	
86001			ALLERGEN SPECIFIC IGG QUANT EA	$6.26	$6.26	$6.26	$6.26	N	
86003			MEASUREMENT OF ANTIBODY (IGE	$4.18	$4.18	$4.18	$4.18	N	
86005			ALLERGEN SPEC.IGE:QUAL.MULT SC	$6.38	$6.38	$6.38	$6.38	N	
86008			ALLG SPEC IGE RECOMB EA	$14.34	$14.34	$14.34	$14.34	N	
86015			ACTIN ANTIBODY EACH	$9.64	$9.64	$9.64	$9.64	N	
86021			WBC ANTIBODY IDENTIFICATION	$12.04	$12.04	$12.04	$12.04	N	
86022			PLATELET ANTIBODIES	$14.70	$14.70	$14.70	$14.70	N	
86023			ANTIBODY ID,PLAT.ASS. IMMUNOBL	$9.97	$9.97	$9.97	$9.97	N	
86036			ANCA SCREEN EACH ANTIBODY	$9.64	$9.64	$9.64	$9.64	N	
86037			ANCA TITER EACH ANTIBODY	$9.64	$9.64	$9.64	$9.64	N	
86038			ANTINUCLEAR ANTIBODIES (ANA),	$9.67	$9.67	$9.67	$9.67	N	
86039			ANTINUCLEAR ANTIBODIES:TITER	$8.93	$8.93	$8.93	$8.93	N	
86041			ACETYLCHOLN RCPTR BNDNG ANTB	$14.72	$14.72	$14.72	$14.72	N	
86042			ACETYLCHOLN RCPTR BLCKG ANTB	$14.72	$14.72	$14.72	$14.72	N	
86043			ACETYLCHOLN RCPTR MODLG ANTB	$9.64	$9.64	$9.64	$9.64	N	
86051			AQUAPORIN-4 ANTB ELISA	$9.22	$9.22	$9.22	$9.22	N	
86052			AQUAPORIN-4 ANTB CBA EACH	$9.64	$9.64	$9.64	$9.64	N	
86053			AQAPRN-4 ANTB FLO CYTMTRY EA	$30.18	$30.18	$30.18	$30.18	N	
86060			ANTISTREPTOLYSIN O TITER	$5.84	$5.84	$5.84	$5.84	N	
86063			ANTISTREPTOLYSIN O SCREEN	$4.62	$4.62	$4.62	$4.62	N	
86077			PHYS BLOOD BANK SERV XMATCH	$41.44	$41.44	$43.84	$43.84	N	
86078			PHYS BLOOD BANK SERV REACTJ	$41.44	$41.44	$46.22	$46.22	N	
86079			PHYS BLOOD BANK SERV AUTHRJ	$41.17	$41.17	$45.87	$45.87	N	
86140			C-REACTIVE PROTEIN	$4.14	$4.14	$4.14	$4.14	N	
86141			C-REACTIVE PROTEIN:HSCRP	$10.36	$10.36	$10.36	$10.36	N	
86146			BETA-2 GLYCOPROTEIN ANTIBODY	$20.36	$20.36	$20.36	$20.36	N	
86147			CARDIOLIPIN ANTIBODY EA IG	$20.36	$20.36	$20.36	$20.36	N	
86148			ANTI-PHOSPHOLIPID ANTIBODY	$12.86	$12.86	$12.86	$12.86	N	
86152			CELL ENUMERATION & ID	$200.62	$200.62	$200.62	$200.62	N	
86153			CELL ENUMERATION PHYS INTERP	$29.60	$29.60	$29.60	$29.60	N	
86155			CHEMOTAXIS ASSAY	$12.79	$12.79	$12.79	$12.79	N	
86156			COLD AGGLUTININ: SCREEN	$6.46	$6.46	$6.46	$6.46	N	
86157			COLD AGGLUNTININ: TITER	$6.45	$6.45	$6.45	$6.45	N	
86160			COMPLEMENT:ANTIGEN,EACH COMPON	$9.60	$9.60	$9.60	$9.60	N	
86161			COMPLEMENT:FUNCTIONAL ACT.EACH	$9.60	$9.60	$9.60	$9.60	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
86162			COMPLEMENT: TOTAL (CH 50)	$16.26	$16.26	$16.26	$16.26	N	
86171			COMPLEMENT FIXATION, EACH	$8.01	$8.01	$8.01	$8.01	N	
86200			CCP ANTIBODY	$10.36	$10.36	$10.36	$10.36	N	
86215			DEOXYRIBONUCLEASE, ANTIBODY	$10.60	$10.60	$10.60	$10.60	N	
86225			DNA ANTIBODY NATIVE	$10.99	$10.99	$10.99	$10.99	N	
86226			DNA ANTIBODY:SINGLE STRANDED	$9.69	$9.69	$9.69	$9.69	N	
86231			EMA EACH IG CLASS	$9.67	$9.67	$9.67	$9.67	N	
86235			ENA ANTIBODY	$14.34	$14.34	$14.34	$14.34	N	
86255			FLUORESCENT ANTIBODY: SCREEN	$9.64	$9.64	$9.64	$9.64	N	
86255	26		FLUORESCENT ANTIBODY: SCREEN	$13.82	$13.82	$17.08	$17.08	N	
86256			FLUORESCENT ANTIBODY: TITER	$9.64	$9.64	$9.64	$9.64	N	
86256	26		FLUORESCENT ANTIBODY: TITER	$13.82	$13.82	$17.08	$17.08	N	
86258			DGP ANTIBODY EACH IG CLASS	$9.64	$9.64	$9.64	$9.64	N	
86277			GROWTH HORMONE,HUMAN,ANTIBODY,	$12.59	$12.59	$12.59	$12.59	N	
86280			HEMAGGLUTINATION INHIBITION	$6.55	$6.55	$6.55	$6.55	N	
86294			IMMUNOASSAY FOR TUMOR ANTIGEN	$20.46	$20.46	$20.46	$20.46	N	
86294	QW		IMMUNOASSAY TUMOR ANTIGEN QUAL	$20.46	$20.46	$20.46	$20.46	N	
86300			IMMUNOASSAY FOR TUMOR ANTIGEN	$16.65	$16.65	$16.65	$16.65	N	
86301			CA19-9	$16.65	$16.65	$16.65	$16.65	N	
86304			CA125	$16.65	$16.65	$16.65	$16.65	N	
86305			HUMAN EPIDIDYMIS PROTEIN 4	$16.65	$16.65	$16.65	$16.65	N	
86308			HETEROPHILE ANTIBODY SCREEN	$4.14	$4.14	$4.14	$4.14	N	
86308	QW		HETEROPHILE ANTIBODIES:SCREEN.	$4.14	$4.14	$4.14	$4.14	N	
86309			HETEROPHILE ANTIBODY TITER	$5.18	$5.18	$5.18	$5.18	N	
86310			HETEROPHILE ANTIBODY ABSRBJ	$5.90	$5.90	$5.90	$5.90	N	
86316			IMMUNOASSAY FOR TUMOR ANTIGEN	$16.65	$16.65	$16.65	$16.65	N	
86317			IMMUNOASSAY/INFECTIOUS AGENT..	$11.99	$11.99	$11.99	$11.99	N	
86318			IA INFECTIOUS AGENT ANTIBODY	$14.47	$14.47	$14.47	$14.47	N	
86318	QW		IMMUNOASSAY FOR CHEMICAL CONST	$14.47	$14.47	$14.47	$14.47	N	
86320			SERUM IMMUNOELECTROPHORESIS	$23.94	$23.94	$23.94	$23.94	N	
86320	26		SERUM IMMUNOELECTROPHORESIS	$13.82	$13.82	$17.08	$17.08	N	
86325			OTHER IMMUNOELECTROPHORESIS	$18.50	$18.50	$18.50	$18.50	N	
86325	26		OTHER IMMUNOELECTROPHORESIS	$13.82	$13.82	$16.41	$16.41	N	
86328			IA NFCT AB SARSCOV2 COVID19	$36.22	$36.22	$36.22	$36.22	N	
86329			IMMUNODIFFUSION NES	$11.24	$11.24	$11.24	$11.24	N	
86331			IMMUNODIFFUSION OUCHTERLONY	$9.58	$9.58	$9.58	$9.58	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
86332			IMMUNE ASSAY:C1Q BINDING-CELL	$19.50	$19.50	$19.50	$19.50	N	
86334			IMMUNOFIXATION ELETROPHORESIS	$17.87	$17.87	$17.87	$17.87	N	
86334	26		IMMUNOFIXATION ELECTROPHORESIS	$13.82	$13.82	$17.08	$17.08	N	
86335			IMMUNOFIXATION ELECTROPHORESIS	$23.48	$23.48	$23.48	$23.48	N	
86335	26		IMMUNOFIXATION ELECTROPHORESIS	$13.82	$13.82	$16.74	$16.74	N	
86336			INHIBIN A	$12.47	$12.47	$12.47	$12.47	N	
86337			INSULIN ANTIBODIES, RIA	$17.13	$17.13	$17.13	$17.13	N	
86340			INTRINSIC FACTOR ANTIBODIES, R	$12.06	$12.06	$12.06	$12.06	N	
86341			ISLET CELL ANTIBODY	$18.86	$18.86	$18.86	$18.86	N	
86343			LEUKOCYTE HISTAMINE RELEASE	$9.97	$9.97	$9.97	$9.97	N	
86344			LEUKOCYTE PHAGOCYTOSIS	$8.31	$8.31	$8.31	$8.31	N	
86352			CELLULAR FUNCTION ASSAY INVOLV	$108.69	$108.69	$108.69	$108.69	N	
86353			LYMPHOCYTE TRANSFORMATION	$39.22	$39.22	$39.22	$39.22	N	
86355			B CELLS, TOTAL COUNT	$30.18	$30.18	$30.18	$30.18	N	
86356			MONONUCLEAR CELL ANTIGEN, QUAN	$21.42	$21.42	$21.42	$21.42	N	
86357			NATURAL KILLER CELLS, TOT CT	$30.18	$30.18	$30.18	$30.18	N	
86359			T CELLS:TOTAL COUNT	$30.18	$30.18	$30.18	$30.18	N	
86360			T CELLS:T4&T8, INCLUDING RATIO	$37.58	$37.58	$37.58	$37.58	N	
86361			T-CELLS:ABSOLUTE CD4 COUNT	$21.42	$21.42	$21.42	$21.42	N	
86362			MOG-IGG1 ANTB CBA EACH	$9.64	$9.64	$9.64	$9.64	N	
86363			MOG-IGG1 ANTB FLO CYTMTRY EA	$30.18	$30.18	$30.18	$30.18	N	
86364			TISS TRNSGLTMNASE EA IG CLAS	$9.22	$9.22	$9.22	$9.22	N	
86366			MUSCLE-SPECIFIC KINASE ANTB	$14.72	$14.72	$14.72	$14.72	N	
86367			STEM CELLS, TOTAL COUNT	$62.22	$62.22	$62.22	$62.22	N	
86376			MICROSOMAL ANTIBODY EACH	$11.64	$11.64	$11.64	$11.64	N	
86381			MITOCHONDRIAL ANTIBODY EACH	$20.36	$20.36	$20.36	$20.36	N	
86382			NEUTRALIZATION TEST, VIRAL	$13.53	$13.53	$13.53	$13.53	N	
86384			NITROBLUE TETRAZOLIUM DYE	$10.89	$10.89	$10.89	$10.89	N	
86386			NUCLEAR MATRIX PROTEIN 22,QUAL	$17.42	$17.42	$17.42	$17.42	N	
86403			PARTICLE AGGLUT ANTBDY SCRN	$9.23	$9.23	$9.23	$9.23	N	
86406			PARTICLE AGGLUT ANTBDY TITR	$8.51	$8.51	$8.51	$8.51	N	
86408			NEUTRLZG ANTB SARSCOV2 SCR	$33.70	$33.70	$33.70	$33.70	N	
86409			NEUTRLZG ANTB SARSCOV2 TITER	$63.69	$63.69	$63.69	$63.69	N	
86413			SARS-COV-2 ANTB QUANTITATIVE	$41.14	$41.14	$41.14	$41.14	N	
86430			RHEUMATOID FACTOR TEST QUAL	$4.91	$4.91	$4.91	$4.91	N	
86431			RHEUMATOID FACTOR:QUANTITATIVE	$4.54	$4.54	$4.54	$4.54	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
86480			TB TEST, CELL IMMUN MEASURE	$49.58	$49.58	$49.58	$49.58	N	
86481			TB AG RESPONSE T-CELL SUSP	$80.00	$80.00	$80.00	$80.00	N	
86485			SKIN TEST: CANDIDA	$4.00	$4.00	$4.00	$4.00	N	
86486			SKIN TEST UNLISTED ANTIGN EA	$5.16	$5.16	$5.16	$5.16	N	
86510			HISTOPLASMOSIS SKIN TEST	$6.25	$6.25	$6.82	$6.82	N	
86580			TB PATCH OR INTRADERMAL TEST	$8.14	$8.14	$8.14	$8.14	N	
86580	HA		TUBERCULOSIS TEST, INTRADERMAL	$10.00	$10.00	$10.00	$10.00	A	
86580	HU		TB PATCH OR INTRADERMAL TEST	$4.00	$4.00	$4.00	$4.00	N	
86580	U9		TB PATCH OR INTRADERMAL TEST	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
86590			STREPTOKINASE, ANTIBODY	$10.13	$10.13	$10.13	$10.13	N	
86592			SYPHILIS TEST(S),QUALITATIVE	$3.42	$3.42	$3.42	$3.42	N	
86592	FP		SYPHILIS TEST(S) ,QUALITATIVE	$7.69	$7.69	$7.69	$7.69	N	
86592	UD		SYPHILIS TEST(S),QUALITATIVE	$7.69	$7.69	$7.69	$7.69	N	
86593			SYPHILIS TEST, QUANTITATIVE	$3.52	$3.52	$3.52	$3.52	N	
86596			VOLTAGE-GTD CA CHNL ANTB EA	$9.64	$9.64	$9.64	$9.64	N	
86602			ANTIBODY: ACTINOMYCES	$8.14	$8.14	$8.14	$8.14	N	
86603			ANTIBODY: ADENOVIRUS	$10.30	$10.30	$10.30	$10.30	N	
86606			ANTIBODY: ASPIRGILLUS	$12.04	$12.04	$12.04	$12.04	N	
86609			ANTIBODY: BACTERIUM,NOT ELSE	$10.30	$10.30	$10.30	$10.30	N	
86611			BARTONELLA	$8.14	$8.14	$8.14	$8.14	N	
86612			ANTIBODY: BLASTOMYCES	$10.32	$10.32	$10.32	$10.32	N	
86615			ANTIBODY: BORDETELLA	$10.55	$10.55	$10.55	$10.55	N	
86617			BORRELIA BURGDORFERI CONFIRM	$12.39	$12.39	$12.39	$12.39	N	
86618			ANTIBODY:BORELLIA BUFGDORDERI	$13.62	$13.62	$13.62	$13.62	N	
86618	QW		ANTIBODY:BORELLIA BUFGDORDERI	$13.62	$13.62	$13.62	$13.62	N	
86619			ANTIBODY:BORRELIA (RELAPSING)	$10.70	$10.70	$10.70	$10.70	N	
86622			ANTIBODY: BRUCELLA	$7.14	$7.14	$7.14	$7.14	N	
86625			ANTIBODY: CAMPYLOBACTER	$10.50	$10.50	$10.50	$10.50	N	
86628			ANTIBODY: CANDIDA	$9.61	$9.61	$9.61	$9.61	N	
86631			ANTIBODY:CHLAMYDIA	$9.46	$9.46	$9.46	$9.46	N	
86632			ANTIBODY:CHLAMYDIA, 1GM	$10.14	$10.14	$10.14	$10.14	N	
86635			ANTIBODY:COCCIDIOIDES	$9.18	$9.18	$9.18	$9.18	N	
86638			ANTIBODY:COXIELLA BRUNETII Q	$9.70	$9.70	$9.70	$9.70	N	
86641			ANTIBODY:CRYPTOCCUS	$11.53	$11.53	$11.53	$11.53	N	
86644			ANTIBODY:CYTOMEGALOVIRUS (CMV)	$11.51	$11.51	$11.51	$11.51	N	
86645			ANTIBODY: (CMV) IGM	$13.48	$13.48	$13.48	$13.48	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
86648			ANTIBODY:DIPTHERIA	$12.17	$12.17	$12.17	$12.17	N	
86651			ENCEPHALITIS CALIFORN ANTBDY	$10.55	$10.55	$10.55	$10.55	N	
86652			ENCEPHALTIS EAST EQNE ANBDY	$10.55	$10.55	$10.55	$10.55	N	
86653			ENCEPHALTIS ST LOUIS ANTBODY	$10.55	$10.55	$10.55	$10.55	N	
86654			ENCEPHALTIS WEST EQNE ANTBDY	$10.55	$10.55	$10.55	$10.55	N	
86658			ANTIBODY:ENTEROVIRUS	$10.42	$10.42	$10.42	$10.42	N	
86663			ANTIBODY: EB VIRUS, EA	$10.50	$10.50	$10.50	$10.50	N	
86664			EPSTEIN-BARR NUCLEAR ANTIGEN	$12.23	$12.23	$12.23	$12.23	N	
86665			EPSTEIN-BARR CAPSID VCA	$14.51	$14.51	$14.51	$14.51	N	
86666			EHRLICHIA	$8.14	$8.14	$8.14	$8.14	N	
86668			ANTIBODY:FRANCISELLA TULARENSI	$11.33	$11.33	$11.33	$11.33	N	
86671			FUNGUS NES ANTIBODY	$9.80	$9.80	$9.80	$9.80	N	
86674			ANTIBODY:GIARDIA LAMBLIA	$11.78	$11.78	$11.78	$11.78	N	
86677			HELICOBACTER PYLORI ANTIBODY	$13.48	$13.48	$13.48	$13.48	N	
86682			ANTIBODY:HELMINTH,NOT ELSEWHER	$10.41	$10.41	$10.41	$10.41	N	
86684			HEMOPHILUS INFLUENZA ANTIBDY	$12.67	$12.67	$12.67	$12.67	N	
86687			HTLV I ANTI DECT IMMUNOASSAY	$7.27	$7.27	$7.27	$7.27	N	
86688			ANTIBODY:HTLV-II	$11.20	$11.20	$11.20	$11.20	N	
86689			HTLV/HIV CONFIRMJ ANTIBODY	$15.48	$15.48	$15.48	$15.48	N	
86692			HEPATITIS DELTA AGENT ANTBDY	$13.73	$13.73	$13.73	$13.73	N	
86694			HERPES SIMPLEX NES ANTBDY	$11.51	$11.51	$11.51	$11.51	N	
86695			HERPES SIMPLEX TYPE 1 TEST	$10.55	$10.55	$10.55	$10.55	N	
86695	FP		ANTIBODY:HERPES SIMPLEX,TYPEI	$23.74	$23.74	$23.74	$23.74	N	
86696			HERPES SIMPLEX TYPE 2 TEST	$15.48	$15.48	$15.48	$15.48	N	
86696	FP		HERPES SIMPLEX TYPE 2	$34.83	$34.83	$34.83	$34.83	N	
86698			HISTOPLASMA ANTIBODY	$11.03	$11.03	$11.03	$11.03	N	
86701			HIV-1ANTIBODY	$7.11	$7.11	$7.11	$7.11	N	
86701	FP		ANTIBODY:HIV 1	$16.00	$16.00	$16.00	$16.00	N	
86701	QW		ANTIBODY:HIV 1	$7.11	$7.11	$7.11	$7.11	N	
86701	UD		ANTIBODY: HIV-1	$16.00	$16.00	$16.00	$16.00	N	
86702			HIV-2 ANTIBODY	$10.82	$10.82	$10.82	$10.82	N	
86703			HIV-1/HIV-2 1 RESULT ANTBDY	$10.97	$10.97	$10.97	$10.97	N	
86703	FP		ANTIBODY:HIV-1&2,SINGLE ASSAY	$24.68	$24.68	$24.68	$24.68	N	
86703	FP	QW	ANTIBODY:HIV-1&2,SINGLE ASSAY	$24.68	$24.68	$24.68	$24.68	N	
86703	QW		ANTIBODY:HIV-1&2,SINGLE ASSAY	$10.97	$10.97	$10.97	$10.97	N	
86703	UD		ANTIBODY:HIV-1&2,SINGLE ASSAY	$24.68	$24.68	$24.68	$24.68	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
86704			HEPATITIS B CORE ANTIBODY	$9.64	$9.64	$9.64	$9.64	N	
86705			HEPATITIS BCORE ANTI. IGM ANTI	$9.42	$9.42	$9.42	$9.42	N	
86706			HEPATITIS B SURFACE ANTIBODY	$8.59	$8.59	$8.59	$8.59	N	
86707			HEPATITIS BE ANTIBODY	$9.26	$9.26	$9.26	$9.26	N	
86708			HEPATITIS A ANTIBODY	$9.91	$9.91	$9.91	$9.91	N	
86709			HEPATITIS A IGM ANTIBODY	$9.01	$9.01	$9.01	$9.01	N	
86710			ANTIBODY:INFLUENZA VIRUS	$10.84	$10.84	$10.84	$10.84	N	
86711			JOHN CUNNINGHAM ANTIBODY	$13.51	$13.51	$13.51	$13.51	N	
86713			ANTIBODY:LEGIONELLA	$12.24	$12.24	$12.24	$12.24	N	
86717			ANTIBODY:LEISHMANIA	$9.80	$9.80	$9.80	$9.80	N	
86720			ANTIBODY:LEPTOSPIRA	$12.96	$12.96	$12.96	$12.96	N	
86723			LISTERIA MONOCYTOGENES	$10.55	$10.55	$10.55	$10.55	N	
86727			ANTIBODY:LYMPHOCYTIC CHORIOMEN	$10.30	$10.30	$10.30	$10.30	N	
86732			ANTIBODY, MUCORMYCOSIS	$12.00	$12.00	$12.00	$12.00	N	
86735			ANTIBODY:MUMPS	$10.44	$10.44	$10.44	$10.44	N	
86738			ANTIBODY: MYCOPLASMA	$10.59	$10.59	$10.59	$10.59	N	
86741			ANTIBODY:NEISSERIA MENINGITIDI	$10.55	$10.55	$10.55	$10.55	N	
86744			ANTIBODY:NOCARDIA	$12.79	$12.79	$12.79	$12.79	N	
86747			ANTIBODY:PARVOVIRUS	$12.02	$12.02	$12.02	$12.02	N	
86750			ANTIBODY:PLASMODIUM (MALARIA)	$10.55	$10.55	$10.55	$10.55	N	
86753			ANTIBODY:PROTOZOA,NOT ELSEWHER	$9.91	$9.91	$9.91	$9.91	N	
86756			ANTIBODY:RESPIRATORY SYNCYTIAL	$12.71	$12.71	$12.71	$12.71	N	
86757			RICKETTSIA	$15.48	$15.48	$15.48	$15.48	N	
86759			ANTIBODY:ROTAVIRUS	$14.58	$14.58	$14.58	$14.58	N	
86762			ANTIBODY:RUBELLA	$11.51	$11.51	$11.51	$11.51	N	
86762	FP		ANTIBODY:RUBELLA	$25.90	$25.90	$25.90	$25.90	N	
86762	UD		ANTIBODY:RUBELLA	$25.90	$25.90	$25.90	$25.90	N	
86765			ANTIBODY:RUBEOLA	$10.30	$10.30	$10.30	$10.30	N	
86768			ANTIBODY:SALMONELLA	$10.55	$10.55	$10.55	$10.55	N	
86769			SARS-COV-2 COVID-19 ANTIBODY	$33.70	$33.70	$33.70	$33.70	N	
86771			ANTIBODY:SHIGELLA	$19.58	$19.58	$19.58	$19.58	N	
86774			ANTIBODY: TETANUS	$11.84	$11.84	$11.84	$11.84	N	
86777			ANTIBODY, TOXOPLASMA	$11.51	$11.51	$11.51	$11.51	N	
86778			ANTIBODY:TOXOPLASMA, IGM	$11.53	$11.53	$11.53	$11.53	N	
86780			ANTIBODY: TREPONEMA PALLIDUM	$10.59	$10.59	$10.59	$10.59	N	
86784			ANITBODY:TRICHINELLA	$10.05	$10.05	$10.05	$10.05	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
86787			ANTIBODY:VARICELLA-ZOSTER	$10.30	$10.30	$10.30	$10.30	N	
86788			WEST NILE VIRUS AB, IGM	$13.48	$13.48	$13.48	$13.48	N	
86789			WEST NILE VIRUS ANTIBODY	$11.51	$11.51	$11.51	$11.51	N	
86790			ANITBODY:VIRUS,NOT ELSEWHERE	$10.30	$10.30	$10.30	$10.30	N	
86793			ANTIBODY:YERSINIA	$10.55	$10.55	$10.55	$10.55	N	
86794			ZIKA VIRUS IGM ANTIBODY	$13.48	$13.48	$13.48	$13.48	N	
86800			THYROGLOBULIN ANTIBODY, RIA	$12.73	$12.73	$12.73	$12.73	N	
86803			HEPATITIS C ANTIBODY	$11.42	$11.42	$11.42	$11.42	N	
86804			HEPATITIS C ANTI: CONFIRM	$12.39	$12.39	$12.39	$12.39	N	
86805			LYMPHOCYTOTOXICITY ASSAY CROSS	$151.61	$151.61	$151.61	$151.61	N	
86806			LYMPHOCYTOTOXICITY ASSAY CTITR	$38.07	$38.07	$38.07	$38.07	N	
86807			SERUM SC CYTOTOXIC % REACT PRA	$62.92	$62.92	$62.92	$62.92	N	
86808			QUICK METHOD CYTOTOXIC % ANTI	$23.74	$23.74	$23.74	$23.74	N	
86809			HEP A ANTI (HAAB) IGM	$12.60	$12.60	$12.60	$12.60	N	
86812			TISSUE TYPING:	$20.65	$20.65	$20.65	$20.65	N	
86813			TISSUE TYPING:	$46.40	$46.40	$46.40	$46.40	N	
86816			TISSUE TYPING:	$24.14	$24.14	$24.14	$24.14	N	
86817			TISSUE TYPING:	$84.91	$84.91	$84.91	$84.91	N	
86821			TISSUE TYPING:	$29.25	$29.25	$29.25	$29.25	N	
86825			HUMAN LEUKOCYTE ANTIGEN (HLA)	$87.59	$87.59	$87.59	$87.59	N	
86826			HUMAN LEUKOCYTE ANTIGEN (HLA)	$29.22	$29.22	$29.22	$29.22	N	
86828			HLA CLASS I&II ANTIBODY QUAL	$51.35	$51.35	$51.35	$51.35	N	
86829			HLA CLASS I/II ANTIBODY QUAL	$51.35	$51.35	$51.35	$51.35	N	
86830			HLA CLASS I PHENOTYPE QUAL	$76.42	$76.42	$76.42	$76.42	N	
86831			HLA CLASS II PHENOTYPE QUAL	$65.50	$65.50	$65.50	$65.50	N	
86832			HLA CLASS I HIGH DEFIN QUAL	$259.00	$259.00	$259.00	$259.00	N	
86833			HLA CLASS II HIGH DEFIN QUAL	$260.64	$260.64	$260.64	$260.64	N	
86834			HLA CLASS I SEMIQUANT PANEL	$286.05	$286.05	$286.05	$286.05	N	
86835			HLA CLASS II SEMIQUANT PANEL	$258.37	$258.37	$258.37	$258.37	N	
86849			UNLISTED IMMUNOLOGY PROCEDURE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
86850			ANTIBODY SCREEN,RBC,EACH SERUM	$7.82	$7.82	$7.82	$7.82	N	
86850	UD		ANTIBODY SCREEN,RBC,EACH SERUM	$17.59	$17.59	$17.59	$17.59	N	
86860			ANTIBODY ELUTION (RBC), EACH	$4.20	$4.20	$4.20	$4.20	N	
86870			ANTIBODY IDENT.RBC ANT.EACH	$9.00	$9.00	$9.00	$9.00	N	
86880			ANTIHUMAN GLOBUKIN TEST:DIRECT	$4.31	$4.31	$4.31	$4.31	N	
86885			COOMBS TES,IND.QUAL.EACH ANTI	$4.58	$4.58	$4.58	$4.58	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
86886			ANTIHUMAN GLOBULIN TEST I DIRE	$4.14	$4.14	$4.14	$4.14	N	
86890			AUTOLOGOUS BLOOD OR COMPONENT	$75.00	$75.00	$75.00	$75.00	N	
86891			AUTOLOGOUS BLOOD:INTRA OR POST	$75.00	$75.00	$75.00	$75.00	N	
86900			BLOOD TYPING SEROLOGIC ABO	$2.39	$2.39	$2.39	$2.39	N	
86900	UD		BLOOD TYPING: ABO	$5.38	$5.38	$5.38	$5.38	N	
86901			BLOOD TYPING SEROLOGIC RH(D)	$2.39	$2.39	$2.39	$2.39	N	
86901	UD		BLOOD TYPING: RH (D)	$5.38	$5.38	$5.38	$5.38	N	
86902			BLOOD TYPE ANTIGEN DONOR EA	$5.08	$5.08	$5.08	$5.08	N	
86904			BLOOD TYPING:ANT.SCR.COMP.UNIT	$13.07	$13.07	$13.07	$13.07	N	
86905			BLOOD TYPING,RBC ANT.OTHER THA	$3.06	$3.06	$3.06	$3.06	N	
86906			BLD TYPING SEROLOGIC RH PHNT	$6.20	$6.20	$6.20	$6.20	N	
86910			BLOOD TYPING:PAT.TEST.ABO,RH	$12.60	$12.60	$12.60	$12.60	N	
86911			BLOOD TYPING PATERNITY(EACH AD	$5.00	$5.00	$5.00	$5.00	N	
86920			COMP.TEST EACH:IMM.SPIN TECHN.	$12.00	$12.00	$12.00	$12.00	N	
86921			COMP.TEST EACH:INCUBATION TECH	$12.00	$12.00	$12.00	$12.00	N	
86922			COMP.TEST EACH:ANTIGLOBULIN	$12.00	$12.00	$12.00	$12.00	N	
86923			COMPATIBILITY TEST, ELECTRIC	$12.00	$12.00	$12.00	$12.00	N	
86940			HEMOLYSINS& AGGLUTININS,AUTO	$7.02	$7.02	$7.02	$7.02	N	
86941			HEM.&AGGL.AUTO,SCREEN,EACH:INC	$9.69	$9.69	$9.69	$9.69	N	
86945			IRRADIATION BLOOD PRODUCT,EACH	$8.00	$8.00	$8.00	$8.00	N	
86950			LEUKOCYTE TRANSFUSION	$32.00	$32.00	$32.00	$32.00	N	
86960			VOL REDUCTION OF BLOOD/PROD	$25.00	$25.00	$25.00	$25.00	N	
86965			POOLING PLATELETS OR OTHER BLO	$25.00	$25.00	$25.00	$25.00	N	
86970			RBC PRETX INCUBATJ W/CHEMICL	$15.00	$15.00	$15.00	$15.00	N	
86971			RBC PRETX INCUBATJ W/ENZYMES	$15.00	$15.00	$15.00	$15.00	N	
86972			RBC PRETX INCUBATJ W/DENSITY	$15.00	$15.00	$15.00	$15.00	N	
86975			RBC SERUM PRETX INCUBJ DRUGS	$25.00	$25.00	$25.00	$25.00	N	
86976			RBC SERUM PRETX ID DILUTION	$25.00	$25.00	$25.00	$25.00	N	
86977			RBC SERUM PRETX INCUBJ/INHIB	$25.00	$25.00	$25.00	$25.00	N	
86978			PRET.SERUM USE RBC:DIF.RED CEL	$35.00	$35.00	$35.00	$35.00	N	
86985			SPLITTING BLOOD OR BLOOD PROD.	$25.00	$25.00	$25.00	$25.00	N	
86999			UNLISTED TRANSFUSION MED PX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
87003			SMALL ANIMAL INOCULATION	$13.47	$13.47	$13.47	$13.47	N	
87015			SPECIMEN INFECT AGNT CONCNTJ	$5.34	$5.34	$5.34	$5.34	N	
87040			BLOOD CULTURE FOR BACTERIA	$8.26	$8.26	$8.26	$8.26	N	
87045			FECES CULTURE AEROBIC BACT	$7.55	$7.55	$7.55	$7.55	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
87046			STOOL CULTR AEROBIC BACT EA	$7.55	$7.55	$7.55	$7.55	N	
87070			CULTURE OTHR SPECIMN AEROBIC	$6.90	$6.90	$6.90	$6.90	N	
87071			CULTURE AEROBIC QUANT OTHER	$7.91	$7.91	$7.91	$7.91	N	
87073			QUANTITATIVE,ANEROBIC	$7.73	$7.73	$7.73	$7.73	N	
87075			CULTURE SPECIMEN, BACTERIA	$7.58	$7.58	$7.58	$7.58	N	
87076			BACTERIA IDENTIFICATION	$6.46	$6.46	$6.46	$6.46	N	
87077			AEROBIC ISOLATE CULTURE EACH	$6.46	$6.46	$6.46	$6.46	N	
87077	QW		AEROBIC ISOLATE,ADD METHOD EA	$6.46	$6.46	$6.46	$6.46	N	
87081			BACTERIA CULTURE SCREEN	$5.30	$5.30	$5.30	$5.30	N	
87084			PRESUM PATHOG CUL SCR:W/COLONY	$21.66	$21.66	$21.66	$21.66	N	
87084	U9		PRESUM PATHOG CUL SCR:W/COLONY	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
87086			URINE CULTURE, COLONY COUNT	$6.46	$6.46	$6.46	$6.46	N	
87086	FP		URINE CULTURE,COLONY COUNT	$14.53	$14.53	$14.53	$14.53	N	
87088			URINE BACTERIA CULTURE	$6.47	$6.47	$6.47	$6.47	N	
87101			SKIN FUNGUS CULTURE	$6.17	$6.17	$6.17	$6.17	N	
87102			FUNGUS ISOLATION CULTURE	$6.73	$6.73	$6.73	$6.73	N	
87103			CULTURE,FUNGI,ISOLATION BLOOD	$16.37	$16.37	$16.37	$16.37	N	
87106			FUNGUS IDENTIFICATION	$8.26	$8.26	$8.26	$8.26	N	
87107			CULTURE MOLD	$8.26	$8.26	$8.26	$8.26	N	
87109			MYCOPLASMA CULTURE	$12.31	$12.31	$12.31	$12.31	N	
87110			CULTURE,CHLAMYDIA	$15.68	$15.68	$15.68	$15.68	N	
87116			MYCOBACTERIA CULTURE	$8.64	$8.64	$8.64	$8.64	N	
87118			MYCOBACTERIA IDENTIFICATION	$11.69	$11.69	$11.69	$11.69	N	
87140			CULTURE TYPING, FLUORESCENT	$4.46	$4.46	$4.46	$4.46	N	
87143			CULTURE TYPING, GLC METHOD	$10.02	$10.02	$10.02	$10.02	N	
87147			CULTURE TYPING, SEROLOGIC	$4.14	$4.14	$4.14	$4.14	N	
87149			IDENTIFICATION BY NUCLEIC ACID	$16.04	$16.04	$16.04	$16.04	N	
87150			CULTURE, TYPING: IDENTIFICATIO	$28.07	$28.07	$28.07	$28.07	N	
87152			IDENTIFICATION BY PULSE GEL T	$6.19	$6.19	$6.19	$6.19	N	
87153			CULTURE, TYPING: IDENTIFICATIO	$92.29	$92.29	$92.29	$92.29	N	
87154			CUL TYP ID BLD PTHGN 6+ TRGT	$174.45	$174.45	$174.45	$174.45	N	
87158			CULTURE TYPING, ADDED METHOD	$6.19	$6.19	$6.19	$6.19	N	
87164			DARK FIELD EXAM SPEC COLLJ	$8.59	$8.59	$8.59	$8.59	N	
87164	26		DARK FIELD EXAMINATION	$14.64	$14.64	$16.06	$16.06	N	
87166			DARK FIELD EXAM W/O COLLJ	$9.04	$9.04	$9.04	$9.04	N	
87168			MACROSOPIC EXAM:ARTHROPOD	$3.42	$3.42	$3.42	$3.42	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
87169			MACROSOPIC EXAM:PARASITE	$3.45	$3.45	$3.45	$3.45	N	
87172			PINWORM EXAM(EG CELLOPHANE PRE	$3.42	$3.42	$3.42	$3.42	N	
87176			ENDOTOXIN, BACTERIAL	$4.70	$4.70	$4.70	$4.70	N	
87177			OVA AND PARASITES SMEARS	$7.12	$7.12	$7.12	$7.12	N	
87181			ANTIBIOTIC SENSITIVITY, EACH	$3.80	$3.80	$3.80	$3.80	N	
87184			ANTIBIOTIC SENSITIVITY, EACH	$5.98	$5.98	$5.98	$5.98	N	
87184	FP		ANTIBIOTIC SENSITIVITY,EACH	$13.46	$13.46	$13.46	$13.46	N	
87185			ENZYME DETECH (BETA LACTAMASE	$3.80	$3.80	$3.80	$3.80	N	
87186			ANTIBIOTIC SENSITIVITY, MIC	$6.92	$6.92	$6.92	$6.92	N	
87187			SUSCEPTIBILITY STUD MICRODILAT	$32.14	$32.14	$32.14	$32.14	N	
87188			ANTIBIOTIC SENSITIVITY, EACH	$5.31	$5.31	$5.31	$5.31	N	
87190			TB ANTIBIOTIC SENSITIVITY	$0.73	$0.73	$0.73	$0.73	N	
87197			SERUM BACTERICIDAL TITER	$12.02	$12.02	$12.02	$12.02	N	
87205			SMEAR, STAIN & INTERPRET, ROU	$3.42	$3.42	$3.42	$3.42	N	
87205	SA		SMEAR, STAIN & INTERP ROUTINE	$1.72	$1.72	$1.72	$1.72	N	
87206			SMEAR, STAIN & INTERPRET	$4.31	$4.31	$4.31	$4.31	N	
87207			SMEAR, STAIN & INTERPRET, SPEC	$4.79	$4.79	$4.79	$4.79	N	
87209			SMEAR, COMPLEX STAIN	$14.38	$14.38	$14.38	$14.38	N	
87210			SMEAR, STAIN & INTERPRET, WET	$4.66	$4.66	$4.66	$4.66	N	
87210	QW		SMEAR STAIN &INTERPERT WET M	$4.66	$4.66	$4.66	$4.66	N	
87220			TISSUE EXAMINATION FOR FUNGI	$3.42	$3.42	$3.42	$3.42	N	
87220	SA		TISSUE EXAMINATION FOR FUNGI	$1.72	$1.72	$1.72	$1.72	N	
87230			TOXIN/ANTITOXIN ASSAY,TISSUE C	$15.79	$15.79	$15.79	$15.79	N	
87250			VIRUS INOCULATION FOR TEST	$15.65	$15.65	$15.65	$15.65	N	
87252			VIRUS ID:TISSUE CULT.INOCULATI	$20.86	$20.86	$20.86	$20.86	N	
87253			VIRUS ID:TISS CULT,ADD STDY,@	$16.16	$16.16	$16.16	$16.16	N	
87254			VIRUS ISOLATION:SHELL VIAL EA	$15.65	$15.65	$15.65	$15.65	N	
87255			VIRUS ISOLATION:ID-NON IMMUNO	$27.09	$27.09	$27.09	$27.09	N	
87260			INFECTIOUS AGENT ANTIGEN:ADENO	$11.54	$11.54	$11.54	$11.54	N	
87265			BORDETELLA PERTUSIS-PARAPERTUS	$9.58	$9.58	$9.58	$9.58	N	
87267			INFECT:AG,ANTIGEN:ENTERO: DFA	$10.74	$10.74	$10.74	$10.74	N	
87269			GIARDIA/INF.AG ANTIGEN IMMON	$10.89	$10.89	$10.89	$10.89	N	
87270			CHAMYDIA TRACHOMATIS	$9.58	$9.58	$9.58	$9.58	N	
87270	FP		CHAMYDIA TRACHOMATIS	$21.56	$21.56	$21.56	$21.56	N	
87271			INFECT AG:ANTIGEN CYTO,DIRECT	$10.74	$10.74	$10.74	$10.74	N	
87272			CRYTOSPORIDUM GIARDIA	$9.58	$9.58	$9.58	$9.58	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
87273			HERPES SIMPLEX 2, AG, IF	$9.58	$9.58	$9.58	$9.58	N	
87274			HERPES SIMPLEX VIRUS	$9.58	$9.58	$9.58	$9.58	N	
87274	FP		HERPES SIMPLEX VIRUS	$21.56	$21.56	$21.56	$21.56	N	
87275			INFLUENZA B VIRUS	$9.80	$9.80	$9.80	$9.80	N	
87276			INFLUENZA A VIRUS	$12.86	$12.86	$12.86	$12.86	N	
87278			LEGIONELLA PNEUMOPHILA	$12.48	$12.48	$12.48	$12.48	N	
87279			IFECTIOUS, PARAINFLUENZA, AG	$13.14	$13.14	$13.14	$13.14	N	
87280			RESPIRATORY SYNCYTIAL VIRUS	$10.74	$10.74	$10.74	$10.74	N	
87281			PNEUMOCYSTIS CARINI	$9.58	$9.58	$9.58	$9.58	N	
87283			RUBEOLA	$48.64	$48.64	$48.64	$48.64	N	
87285			TREPONEMA PALLIDUM	$9.74	$9.74	$9.74	$9.74	N	
87290			VARICELLA ZOSTER VIRUS	$10.74	$10.74	$10.74	$10.74	N	
87299			INFECTIOUS AGENT ANTIGEN FLANT	$12.88	$12.88	$12.88	$12.88	N	
87300			AG DETECTION POLYVAL EACH	$9.58	$9.58	$9.58	$9.58	N	
87301			ADENOVIRUS AG IA	$9.58	$9.58	$9.58	$9.58	N	
87305			ASPERGILLUS AG IA	$9.58	$9.58	$9.58	$9.58	N	
87320			CHYLMD TRACH AG IA	$12.00	$12.00	$12.00	$12.00	N	
87320	FP		INFECTIOUS AGENT CHLAMYDIA TRA	$27.00	$27.00	$27.00	$27.00	N	
87324			CLOSTRIDIUM AG IA	$9.58	$9.58	$9.58	$9.58	N	
87327			CRYPTOCOCCUS NEOFORM AG IA	$10.74	$10.74	$10.74	$10.74	N	
87328			CRYPTOSPORIDIUM AG IA	$11.06	$11.06	$11.06	$11.06	N	
87329			GIARDIA AG IA	$9.58	$9.58	$9.58	$9.58	N	
87332			CYTOMEGALOVIRUS AG IA	$9.58	$9.58	$9.58	$9.58	N	
87335			E COLI 0157 AG IA	$10.13	$10.13	$10.13	$10.13	N	
87336			ENTAMOEB HIST DISPR AG IA	$12.80	$12.80	$12.80	$12.80	N	
87337			ENTAMOEB HIST GROUP AG IA	$9.58	$9.58	$9.58	$9.58	N	
87338			IFECT AGENT ANTIGEN:HELICO PY	$11.50	$11.50	$11.50	$11.50	N	
87339			H PYLORI AG IA	$12.80	$12.80	$12.80	$12.80	N	
87339	QW		HELICOBACTER PYLORI	$12.80	$12.80	$12.80	$12.80	N	
87340			HEPATITIS B SURFACE AG IA	$8.26	$8.26	$8.26	$8.26	N	
87340	UD		IFECT. AGENT ANTIGEN HBSAG	$18.59	$18.59	$18.59	$18.59	N	
87341			HEP B SURFACE AG NEUTRLZJ IA	$8.26	$8.26	$8.26	$8.26	N	
87350			HEPATITIS BE AG IA	$9.22	$9.22	$9.22	$9.22	N	
87380			HEPATITIS DELTA AGENT AG IA	$14.69	$14.69	$14.69	$14.69	N	
87385			HISTOPLASMA CAPSUL AG IA	$10.60	$10.60	$10.60	$10.60	N	
87389			HIV-1 AG W/HIV-1&2 AB AG IA	$19.26	$19.26	$19.26	$19.26	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
87390			HIV-1 AG IA	$19.25	$19.25	$19.25	$19.25	N	
87391			HIV-2 AG IA	$17.52	$17.52	$17.52	$17.52	N	
87400			INFLUENZA A/B EACH AG IA	$11.30	$11.30	$11.30	$11.30	N	
87420			RESP SYNCYTIAL VIRUS AG IA	$11.13	$11.13	$11.13	$11.13	N	
87425			ROTAVIRUS AG IA	$9.58	$9.58	$9.58	$9.58	N	
87426			SARSCOV CORONAVIRUS AG IA	$28.26	$28.26	$28.26	$28.26	N	
87427			SHIGA-LIKE TOXIN AG IA	$9.58	$9.58	$9.58	$9.58	N	
87428			SARSCOV AND INF VIR A&B AG IA	$56.23	$56.23	$56.23	$56.23	N	
87430			STREP A AG IA	$13.45	$13.45	$13.45	$13.45	N	
87449			NOS EACH ORGANISM AG IA	$9.58	$9.58	$9.58	$9.58	N	
87449	QW		INFECT AGENT ANTIGEN NOT SPEC.	$9.58	$9.58	$9.58	$9.58	N	
87451			POLYVALENT MULT ORG EA AG IA	$8.41	$8.41	$8.41	$8.41	N	
87467			HEPATITIS B SURFACE AG QUAN	$20.26	$20.26	$20.26	$20.26	N	
87468			ANAPLSMA PHGCYTOPHLM AMP PRB	$28.07	$28.07	$28.07	$28.07	N	
87469			BABESIA MICROTI AMP PRB	$28.07	$28.07	$28.07	$28.07	N	
87471			DNA OR RNA NUCLEIC PROBE	$28.07	$28.07	$28.07	$28.07	N	
87472			INFECT AGENT NUCLEIC DNA-RNA	$34.27	$34.27	$34.27	$34.27	N	
87475			BORRELIA BURGDORFERI N ACID P	$16.04	$16.04	$16.04	$16.04	N	
87476			BORRELIA BURGORFERI AMP. PROBE	$28.07	$28.07	$28.07	$28.07	N	
87478			BORRELIA MIYAMOTOI AMP PRB	$28.07	$28.07	$28.07	$28.07	N	
87480			INFECT NUCLEIC ACID CANDID SPE	$16.04	$16.04	$16.04	$16.04	N	
87481			INFECT- CANDIDA-AMPL. PROBE	$28.07	$28.07	$28.07	$28.07	N	
87482			INFECT-AG-NUCLEIC CANDIDA QUAN	$44.59	$44.59	$44.59	$44.59	N	
87483			CNS DNA AMP PROBE TYPE 12-25	$333.42	$333.42	$333.42	$333.42	N	
87484			EHRLICHA CHAFFEENSIS AMP PRB	$28.07	$28.07	$28.07	$28.07	N	
87485			CHLMYD PNEUM DNA DIR PROBE	$16.04	$16.04	$16.04	$16.04	N	
87486			CHLMYD PNEUM DNA AMP PROBE	$28.07	$28.07	$28.07	$28.07	N	
87487			CHLMYD PNEUM DNA QUANT	$34.27	$34.27	$34.27	$34.27	N	
87490			CHLMYD TRACH DNA DIR PROBE	$18.20	$18.20	$18.20	$18.20	N	
87490	FP		INFECT-AG-NUCLEIC-CHAMYDIA TRA	$40.95	$40.95	$40.95	$40.95	N	
87491			CHLMYD TRACH DNA AMP PROBE	$28.07	$28.07	$28.07	$28.07	N	
87491	FP		INFECT AG DECT DNA CHLAMYDIA	$63.16	$63.16	$63.16	$63.16	N	
87492			CHLMYD TRACH DNA QUANT	$42.78	$42.78	$42.78	$42.78	N	
87493			INFECTIOUS AGENT DETECTION BY	$29.82	$29.82	$29.82	$29.82	N	
87495			INFECT AG DECT DNAPROBE CYTOME	$24.02	$24.02	$24.02	$24.02	N	
87496			INFECT AG CYTOMEGALOVIRUS AMP	$28.07	$28.07	$28.07	$28.07	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
87497			INFECT AG DECT DNA:CYTOMEGALO	$34.27	$34.27	$34.27	$34.27	N	
87498			ENTEROVIRUS, DNA, AMP PROBE	$28.07	$28.07	$28.07	$28.07	N	
87500			INFECTIOUS AGENT DETECTION BY	$28.07	$28.07	$28.07	$28.07	N	
87501			INFLUENZA DNA AMP PROB 1+	$41.05	$41.05	$41.05	$41.05	N	
87502			INFLUENZA DNA AMP PROBE	$76.64	$76.64	$76.64	$76.64	N	
87503			INFLUENZA DNA AMP PROB ADDL	$23.38	$23.38	$23.38	$23.38	N	
87505			NFCT AGENT DETECTION GI	$102.63	$102.63	$102.63	$102.63	N	
87506			IADNA-DNA/RNA PROBE TQ 6-11	$210.39	$210.39	$210.39	$210.39	N	
87507			IADNA-DNA/RNA PROBE TQ 12-25	$333.42	$333.42	$333.42	$333.42	N	
87510			INFECT AG D DNA GARDNERELLA V	$16.04	$16.04	$16.04	$16.04	N	
87511			GARDNERELLA VAG AMPL PROBE	$28.07	$28.07	$28.07	$28.07	N	
87512			INFECT AG DECT BY DNA GARD VAG	$33.41	$33.41	$33.41	$33.41	N	
87516			INFECT AG DECT DNA HEP.B VIRUS	$28.07	$28.07	$28.07	$28.07	N	
87517			INFECT AG DECT DNA HEP-B-VIRUS	$34.27	$34.27	$34.27	$34.27	N	
87520			INFECT AG DECT DNA HEP-C DIREC	$24.98	$24.98	$24.98	$24.98	N	
87521			INFECT AG DECT DNA HEP-C AMPL.	$28.07	$28.07	$28.07	$28.07	N	
87522			INFECT AG DECT DNA HEP-C-QUANT	$34.27	$34.27	$34.27	$34.27	N	
87523			HEPATITIS D QUANTIFICATION	$34.27	$34.27	$34.27	$34.27	N	
87525			INFECT AG DECT DNA HEP G DIR	$23.84	$23.84	$23.84	$23.84	N	
87526			INFECT AG DECT HEP G DIRECT PR	$31.41	$31.41	$31.41	$31.41	N	
87527			INFECT AG DECT DNA HEP G QUAN	$33.41	$33.41	$33.41	$33.41	N	
87528			INFECT AG D-DNA-HERPES S-VIR	$16.04	$16.04	$16.04	$16.04	N	
87529			INFECT AG D- DNA-HERPES S VIRU	$28.07	$28.07	$28.07	$28.07	N	
87530			INFECT AG D DNA HERPES-SIMP V	$34.27	$34.27	$34.27	$34.27	N	
87531			INFECT-AG-D-DNA-HERPES V-B DI	$46.40	$46.40	$46.40	$46.40	N	
87532			INFECT AG DET DNA HERPES SIMPL	$28.07	$28.07	$28.07	$28.07	N	
87533			INFECT-AG-DECT DNA HERPES V-6	$33.41	$33.41	$33.41	$33.41	N	
87534			INFECT-AG-DNA:HIV-1 DIR PROBE	$17.54	$17.54	$17.54	$17.54	N	
87535			INFECT AG-D-DNA-AMPL-PROBE	$28.07	$28.07	$28.07	$28.07	N	
87536			INFECTIOUS AG-NUCLEIC HIV-1	$68.08	$68.08	$68.08	$68.08	N	
87537			INFECT-AG-D-DNA:HIV-1 DIR PRO	$17.54	$17.54	$17.54	$17.54	N	
87538			INFECT AG-D-DNA:HIV-2-AMP PRO	$28.07	$28.07	$28.07	$28.07	N	
87539			INFECT AG DET DNA HIV-2 QUANT	$46.90	$46.90	$46.90	$46.90	N	
87540			INFECT AG D DNA LEGIONELLA DIR	$16.04	$16.04	$16.04	$16.04	N	
87541			INFECT AG DET DNA LEGI-AMPL PR	$28.07	$28.07	$28.07	$28.07	N	
87542			INFECT AG-D-DNA LEGION QUAT	$33.41	$33.41	$33.41	$33.41	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
87550			MYCOBACTERIA DIRECT PROBE	$16.04	$16.04	$16.04	$16.04	N	
87551			INFECT AG DNA MYCOBACTERIA	$38.59	$38.59	$38.59	$38.59	N	
87552			MYCOBACTERIA SP-QUANTIFICATION	$34.27	$34.27	$34.27	$34.27	N	
87555			MYCOBACTERIA TUBERCULOSISDIRCT	$21.50	$21.50	$21.50	$21.50	N	
87556			MYCOBACTERIA TUBERCULOSIS AMP	$33.34	$33.34	$33.34	$33.34	N	
87557			MYCOBACTERIA TUBERCULOSIS QUAN	$34.27	$34.27	$34.27	$34.27	N	
87560			MYCOBACTERIA AVIUM-INTRA	$21.83	$21.83	$21.83	$21.83	N	
87561			MYCOBACTERIA AVIUM-INTRA AMPL	$28.07	$28.07	$28.07	$28.07	N	
87562			MYCOBACTERIA AVIUM INTRA QUANT	$34.27	$34.27	$34.27	$34.27	N	
87563			M. GENITALIUM AMP PROBE	$28.07	$28.07	$28.07	$28.07	N	
87580			MYCOPLASMA PNEUMONIAE DIR	$16.04	$16.04	$16.04	$16.04	N	
87581			MYCOPLASMA PNEUMONIAE AMPL	$28.07	$28.07	$28.07	$28.07	N	
87582			MYCOPLASMA PNEUMONIAE QUANT	$242.10	$242.10	$242.10	$242.10	N	
87590			NEISSERIA GONORRHOEAE D-PROBE	$21.50	$21.50	$21.50	$21.50	N	
87590	FP		NEISSERIA GONORRHOEAE D-PROBE	$48.38	$48.38	$48.38	$48.38	N	
87591			NEISSERIA GONORRHOEAE AMPL	$28.07	$28.07	$28.07	$28.07	N	
87591	FP		NEISSERIA GONORRHOEAE AMPL	$63.16	$63.16	$63.16	$63.16	N	
87592			NEISSERIA-GONORRHOEAE QUANT	$34.27	$34.27	$34.27	$34.27	N	
87593			ORTHOPOXVIRUS AMP PRB EACH	$41.05	$41.05	$41.05	$41.05	N	
87623			HPV LOW-RISK TYPES	$28.07	$28.07	$28.07	$28.07	N	
87624			HPV HI-RISK TYP POOLED RSLT	$28.07	$28.07	$28.07	$28.07	N	
87625			HPV TYPES 16 & 18 ONLY	$32.44	$32.44	$32.44	$32.44	N	
87631			RESP VIRUS 3-5 TARGETS	$114.10	$114.10	$114.10	$114.10	N	
87632			RESP VIRUS 6-11 TARGETS	$174.45	$174.45	$174.45	$174.45	N	
87633			RESP VIRUS 12-25 TARGETS	$333.42	$333.42	$333.42	$333.42	N	
87634			RSV DNA/MA AMP PROBE	$56.16	$56.16	$56.16	$56.16	N	
87635			SARS-COV-2 COVID-19 AMP PRB	$41.05	$41.05	$41.05	$41.05	N	
87636			SARSCOV2 & INF A&B AMP PRB	$114.10	$114.10	$114.10	$114.10	N	
87637			SARSCOV2&INF A&B&RSV AMP PRB	$114.10	$114.10	$114.10	$114.10	N	
87640			STAPH A, DNA, AMP PROBE	$28.07	$28.07	$28.07	$28.07	N	
87641			MR-STAPH, DNA, AMP PROBE	$28.07	$28.07	$28.07	$28.07	N	
87650			STREPTOCOCCUS GROUP-A DIR PROB	$16.04	$16.04	$16.04	$16.04	N	
87651			STREPT GROUP A-AMPL TECH	$28.07	$28.07	$28.07	$28.07	N	
87652			STREP A QUANT	$33.41	$33.41	$33.41	$33.41	N	
87653			STREP B, DNA, AMP PROBE	$28.07	$28.07	$28.07	$28.07	N	
87660			TRICHMONAS/VAG/DIRECT PROBE TC	$16.04	$16.04	$16.04	$16.04	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
87661			TRICHOMONAS VAGINALIS AMPLIF	$28.07	$28.07	$28.07	$28.07	N	
87662			ZIKA VIRUS DNA/MA AMP PROBE	$41.05	$41.05	$41.05	$41.05	N	
87797			INFECT.AG DECT-DNA OTHERWISE S	$24.02	$24.02	$24.02	$24.02	N	
87798			NOT-OTHERWISE-SP-AMPL-PROBE	$28.07	$28.07	$28.07	$28.07	N	
87799			NOT-OTHERWISE SP-QUANT	$34.27	$34.27	$34.27	$34.27	N	
87800			DETECT AGNT MULT,DNA/RNA DI	$34.94	$34.94	$34.94	$34.94	N	
87801			DETECT AGNT MULT,DNA,AMPLI	$56.16	$56.16	$56.16	$56.16	N	
87802			INFECTIOUS AG ANTIGEN STREP B	$10.18	$10.18	$10.18	$10.18	N	
87803			INFECTIOUS AGENT ANTIGEN CLOST	$12.80	$12.80	$12.80	$12.80	N	
87804			INFECTIOUS AG ANTIGEN INFLUENZ	$13.24	$13.24	$13.24	$13.24	N	
87804	QW		INFECTIOUS AG ANTIGEN INFLUENZ	$13.24	$13.24	$13.24	$13.24	N	
87806			HIV W/HIV1&2 ANTB W/OPTIC	$58.99	$58.99	$58.99	$58.99	N	
87807			RSV ASSAY W/OPTIC	$10.48	$10.48	$10.48	$10.48	N	
87807	QW		INFECTIOUS AG ANTIGEN RSV	$10.48	$10.48	$10.48	$10.48	N	
87808			TRICHOMONAS ASSAY W/OPTIC	$12.23	$12.23	$12.23	$12.23	N	
87809			INFECTIOUS AGENT ANTIGEN DETEC	$17.41	$17.41	$17.41	$17.41	N	
87810			INFECT BY IMMUN-DIR-OP-CHLAMYD	$28.23	$28.23	$28.23	$28.23	N	
87811			SARS-COV-2 COVID 19 W/OPTIC	$33.10	$33.10	$33.10	$33.10	N	
87850			NEISSERIA GONORRHOEAE	$19.65	$19.65	$19.65	$19.65	N	
87880			STREP-GROUP-A	$13.22	$13.22	$13.22	$13.22	N	
87880	QW		STREP-GROUP A	$13.22	$13.22	$13.22	$13.22	N	
87880	QW	U9	STREP GROUP A	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
87899			NOT-OTHERWISE-SP	$12.86	$12.86	$12.86	$12.86	N	
87899	QW		NOT-OTHERWISE-SP	$12.86	$12.86	$12.86	$12.86	N	
87900			PHENOTYPE, INFECT AGENT DRUG	$104.28	$104.28	$104.28	$104.28	N	
87901			NFCT AGT GNTYP ALYS HIV1 REV	$205.96	$205.96	$205.96	$205.96	N	
87902			NFCT AGT GNTYP ALYS HEP C	$205.96	$205.96	$205.96	$205.96	N	
87903			PHENOTYPE(FIRST TEN DRUGS	$390.93	$390.93	$390.93	$390.93	N	
87904			PHENOTYPE EACH ADDITIONAL DRUG	$20.86	$20.86	$20.86	$20.86	N	
87905			INFECTIOUS AGENT ENZYMATIC ACT	$9.78	$9.78	$9.78	$9.78	N	
87906			NFCT AGT GNTYP ALYS HIV1	$102.98	$102.98	$102.98	$102.98	N	
87910			NFCT AGT GNTYP ALYS CMV	$205.96	$205.96	$205.96	$205.96	N	
87912			NFCT AGT GNTYP ALYS HEP B	$205.96	$205.96	$205.96	$205.96	N	
87913			NFCT AGT GNTYP ALYS SARSCOV2	$205.96	$205.96	$205.96	$205.96	N	
87999			UNLISTED MICROBIOLOGY PX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
88104			CYTOPATHOLOGY	$64.35	$64.35	$47.73	$47.73	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
88104	TC		CYTOPATHOLOGY	$43.22	$43.22	$21.29	$21.29	N	
88104	26		CYTOPATHOLOGY FLUIDS WASHINGS	$21.14	$21.14	$26.44	$26.44	N	
88106			CYTOPATHOLOGY	$57.30	$57.30	$64.69	$64.69	N	
88106	TC		CYTOPATHOLOGY	$5.37	$5.37	$38.25	$38.25	N	
88106	26		CYTOPATH FLUIDS WASH-BRUS FILT	$14.37	$14.37	$19.73	$19.73	N	
88108			CYTOPATHOLOGY, FLUIDS, WASHING	$56.38	$56.38	$59.94	$59.94	N	
88108	TC		CYTOPATHOLOGY, FLUIDS, WASHING	$4.93	$4.93	$33.50	$33.50	N	
88108	26		CYTOPATH FL CONC TECH SM-INTER	$16.97	$16.97	$22.55	$22.55	N	
88112			CYTOPATH/LIQURD BASE SL EXCEP	$54.30	$54.30	$70.87	$70.87	N	
88112	TC		CYTOPATH/LIQUID BASE SL EXCEP	$33.43	$33.43	$40.67	$40.67	N	
88112	26		CYTOPATH/LIQUID BASE SL EXCEP	$20.86	$20.86	$29.18	$29.18	N	
88120			CYTP URNE 3-5 PROBES EA SPEC	$454.03	$454.03	$454.03	$454.03	N	
88121			CYTP URINE 3-5 PROBES CMPTR	$329.01	$329.01	$329.01	$329.01	N	
88125			FORENSIC CYTOPATHOLOGY	$23.22	$23.22	$17.97	$17.97	N	
88125	TC		FORENSIC CYTOPATHOLOGY	$12.77	$12.77	$5.72	$5.72	N	
88125	26		FORENSIC CYTOPATHOLOGY	$10.46	$10.46	$12.25	$12.25	N	
88130			SEX CHROMATIN IDENTIFICATION	$14.38	$14.38	$14.38	$14.38	N	
88130	26		SEX CHROMATIN ID BARR BODIES	$7.00	$7.00	$7.00	$7.00	N	
88140			SEX CHROMATIN IDENTIFICATION	$6.39	$6.39	$6.39	$6.39	N	
88140	26		SEX CHROMATIN ID BL SMEAR DRUM	$3.00	$3.00	$3.00	$3.00	N	
88141			CYTOPATH CER-VAG ANY REP	$19.98	$19.98	$44.95	$44.95	N	
88141	FP		CYTOPATH CER-VAG ANY REP	$44.95	$44.95	$44.95	$44.95	N	
88142			CYTOPATH -AUTOMATED THIN PREP	$16.21	$16.21	$16.21	$16.21	N	
88142	FP		CYTOPATH -AUTOMATED THIN PREP	$36.47	$36.47	$36.47	$36.47	N	
88143			CYTOPATH C/VAG T/LAYER MAN RE	$18.43	$18.43	$18.43	$18.43	N	
88143	FP		CYTOPATH C/VAG T/LAYER MAN RE	$41.47	$41.47	$41.47	$41.47	N	
88147			CYTO/PATH C/VAG AUTOMATED P/S	$40.45	$40.45	$40.45	$40.45	N	
88147	FP		CYTO/PATH C/VAG AUTOMATED P/S	$91.01	$91.01	$91.01	$91.01	N	
88148			CYTO/PATH C/VAG AUTO RESC	$14.55	$14.55	$14.55	$14.55	N	
88148	FP		CYTO/PATH C/VAG AUTO RESC	$32.74	$32.74	$32.74	$32.74	N	
88150			CYTOPATHOLOGY, PAP SMEAR	$14.55	$14.55	$14.55	$14.55	N	
88150	FP		CYTOPATHOLOGY, PAP SMEAR	$32.74	$32.74	$32.74	$32.74	N	
88152			CYTOPATH, W/MANUEL CYTO SCREEN	$22.11	$22.11	$22.11	$22.11	N	
88152	FP		CYTOPATH, W/MANUEL CYTO SCREEN	$49.75	$49.75	$49.75	$49.75	N	
88153			CYTO/PATH C/VAG REDO	$19.22	$19.22	$19.22	$19.22	N	
88153	FP		CYTO/PATH C/VAG REDO	$43.25	$43.25	$43.25	$43.25	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
88155			CYTOPATH,(PAP):W/ DEF.HORMONAL	$11.72	$0.00	$11.72	$0.00	N	
88160			CYTOPATHOLOGY	$8.40	$8.40	$45.15	$45.15	N	
88160	TC		CYTOPATHOLOGY	$5.95	$5.95	$21.62	$21.62	N	
88160	26		CYTOPATHOLOGY	$19.59	$19.59	$23.53	$23.53	N	
88161			CYTOPATH PREP,SCREEN,INTER	$67.70	$67.70	$48.88	$48.88	N	
88161	TC		CYTOPATH PREP,SCREEN,INTER	$48.38	$48.38	$25.35	$25.35	N	
88161	26		CYTOPATH ANY SOURCE PREP SC IN	$19.33	$19.33	$23.53	$23.53	N	
88162			CYTOPATH..:EXT.STUDY,+5 SLIDES	$106.44	$106.44	$60.11	$60.11	N	
88162	TC		CYTOPATH..:EXT.STUDY,+5 SLIDES	$76.65	$76.65	$76.65	$76.65	N	
88162	26		CYTOPATH..:EXT.STUDY,+5 SLIDES	$29.79	$29.79	$36.11	$36.11	N	
88164			CYTOPATH SLIDES C/VAG MANUAL	$14.55	$14.55	$14.55	$14.55	N	
88164	FP		CYTOPATH SLIDES C/VAG MANUAL	$32.74	$32.74	$32.74	$32.74	N	
88165			CYTOPATH TBS C/VAG REDO	$33.78	$33.78	$33.78	$33.78	N	
88165	FP		CYTOPATH TBS C/VAG REDO	$76.00	$76.00	$76.00	$76.00	N	
88166			CYTOPATH TBS SYS C/VAG AUTO	$14.55	$14.55	$14.55	$14.55	N	
88166	FP		CYTOPATH TBS SYS C/VAG AUTO	$32.74	$32.74	$32.74	$32.74	N	
88167			CYTOPATH TBS/SYS C/VAG SELECT	$14.55	$14.55	$14.55	$14.55	N	
88167	FP		CYTOPATH TBS/SYS C/VAG SELECT	$32.74	$32.74	$32.74	$32.74	N	
88172			IMMEDIATE EVAL/ASPIRATE,SPEC A	$44.85	$44.85	$44.92	$44.92	N	
88172	TC		IMMEDIATE EVAL/ASPIRATE,SPEC A	$17.94	$17.94	$16.54	$16.54	N	
88172	26		IMMIDIATE EVAL/ASPIRATE,SPEC A	$26.91	$26.91	$28.38	$28.38	N	
88173			FINE NEEDLE ASPIRATE..:INTERP/	$137.51	$137.51	$118.62	$118.62	N	
88173	TC		FINE NEEDLE ASPIRATE..:INTERP/	$10.60	$10.60	$53.18	$53.18	N	
88173	26		FINE NEEDLE ASPIRATE..:INTERP/	$52.71	$52.71	$65.45	$65.45	N	
88174			CYTOPATH: ANY REP:THIN LAYER	$20.30	$20.30	$20.30	$20.30	N	
88175			CYTO W/SCR BYAUTO, THIN LAY PH	$21.29	$21.29	$21.29	$21.29	N	
88175	FP		CYTO W/SCR BY AUTO, THIN LAYER	$47.90	$47.90	$47.90	$47.90	N	
88177			CYTP C/V AUTO THIN LYR ADDL	$23.54	$23.54	$23.54	$23.54	N	
88182			FLOW CYTOMETRY EACH CELL SURFA	$129.52	$129.52	$93.58	$93.58	N	
88182	TC		FLOW CYTOMETRY EACH CELL SURFA	$100.84	$100.84	$57.16	$57.16	N	
88182	26		FLOW CYTOMETRY EACH CELL SURFA	$28.69	$28.69	$35.49	$35.49	N	
88184			FLOWCYTOMETRY/ TC, 1 MARKET	$63.60	$63.60	$63.60	$63.60	N	
88185			FLOWCYTOMETRY/TC, ADD-ON	$18.49	$18.49	$18.49	$18.49	N	
88187			FLOWCYTOMETRY/READ, 2-8	$27.62	$27.62	$38.83	$38.83	N	
88188			FLOWCYTOMETRY/READ, 9-15	$47.01	$47.01	$65.91	$65.91	N	
88189			FLOWCYTOMETRY/READ, 16 & >	$63.88	$63.88	$87.93	$87.93	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
88199			UNLISTED CYTOPATHOLOGY PX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
88230			TISSUE CULTURE/CHROMOSOME ANAL	$93.19	$93.19	$93.19	$93.19	N	
88233			TISSUE CULTURE...:SKIN/OTHER T	$112.58	$112.58	$112.58	$112.58	N	
88235			TISSUE CULTURE...:AMNIOTIC FLU	$120.24	$120.24	$120.24	$120.24	N	
88237			CHROMOSOME ANALYSIS-TISSUE CUL	$115.00	$115.00	$115.00	$115.00	N	
88239			TISSUE CULTURE...:OTHER TISSUE	$118.02	$118.02	$118.02	$118.02	N	
88240			CRYOPRESERVATION F STORAGE CEL	$10.46	$10.46	$10.46	$10.46	N	
88241			THAW AND EXPANSION FRO CELLS E	$9.67	$9.67	$9.67	$9.67	N	
88245			CHROM ANAL/BREAKAGE SYND:25 CE	$138.54	$138.54	$138.54	$138.54	N	
88248			CHROM ANAL/BREAKAGE SYND:100 C	$138.54	$138.54	$138.54	$138.54	N	
88249			CHROMOSOME ANALYSIS 100 CELLS	$138.54	$138.54	$138.54	$138.54	N	
88262			CHROMOSOME COUNT: 1-20 CELLS	$100.39	$100.39	$100.39	$100.39	N	
88263			CHROM ANAL:45 CELL-MOSAICISM,.	$120.23	$120.23	$120.23	$120.23	N	
88264			CHROMOSOME ANALYSIS:ANALYZE 20	$115.69	$115.69	$115.69	$115.69	N	
88267			CHROMOSOME COUNT: AMNIOTIC	$150.86	$150.86	$150.86	$150.86	N	
88271			CYTOGENETICS DNA PROBE FISH	$17.14	$17.14	$17.14	$17.14	N	
88273			CYTOGENETICS 10-30	$27.85	$27.85	$27.85	$27.85	N	
88274			CYTOGENETICS 25-99	$33.90	$33.90	$33.90	$33.90	N	
88275			CYTOGENETICS 100-300	$40.95	$40.95	$40.95	$40.95	N	
88280			CHROMOSOME COUNT: ADDITIONAL	$26.78	$26.78	$26.78	$26.78	N	
88283			CHROM ANAL:ADD SPEC BANDING TE	$54.88	$54.88	$54.88	$54.88	N	
88285			CHROMOSOME COUNT: ADDITIONAL	$21.53	$21.53	$21.53	$21.53	N	
88289			CHROM ANAL:ADD HI RESOLUTION S	$27.54	$27.54	$27.54	$27.54	N	
88291			CYTO/MOLECULAR REPORT	$26.90	$26.90	$22.80	$22.80	N	
88299			UNLISTED CYTOGENETIC STUDY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
88300			SURGICAL PATHOLOGY, GROSS	$13.46	$13.46	$13.46	$13.46	N	
88300	TC		SURGICAL PATHOLOGY, GROSS	$10.05	$10.05	$10.05	$10.05	N	
88300	UD		SURGICAL PATHOLOGY, GROSS	$30.28	$30.28	$30.28	$30.28	N	
88300	UD	26	SURGICAL PATHOLOGY, GROSS	$7.65	$7.65	$7.65	$7.65	N	
88300	26		SURG PATH GROSS EXAM ONLY	$3.40	$3.40	$3.40	$3.40	N	
88302			SURGICAL PATHOLOGY, COMPLETE	$26.97	$26.97	$32.88	$32.88	N	
88302	TC		SURGICAL PATHOLOGY, COMPLETE	$21.74	$21.74	$21.74	$21.74	N	
88302	26		SURG PATH GR MICRO EXAM NORM T	$5.22	$5.22	$6.44	$6.44	N	
88304			SURGICAL PATHOLOGY, COMPLETE	$34.43	$34.43	$42.96	$42.96	N	
88304	TC		SURGICAL PATHOLOGY, COMPLETE	$25.82	$25.82	$25.82	$25.82	N	
88304	TC	UD	SURGICAL PATHOLOGY COMPLETE	$58.09	$58.09	$58.09	$58.09	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
88304	UD		SURGICAL PATHOLOGY,INDUCED AB	$77.47	$77.47	$77.47	$77.47	N	
88304	UD	26	SURG PATH GR MICRO,IND AB	$19.39	$19.39	$19.39	$19.39	N	
88304	26		SURG PATH GR MICRO EX ABNORM T	$8.62	$8.62	$8.62	$8.62	N	
88305			SURGICAL PATHOLOGY, COMPLETE	$57.26	$57.26	$128.83	$128.83	N	
88305	FP		COLPOSCOPY PATHOLOGY	$128.83	$128.83	$128.83	$128.83	N	
88305	TC		SURGICAL PATHOLOGY, COMPLETE	$29.09	$29.09	$32.61	$32.61	N	
88305	26		SURG PATH WITHOUT COMPLEX DISS	$28.18	$28.18	$35.80	$35.80	N	
88307			SURGICAL PATHOLOGY, COMPLETE	$231.26	$231.26	$161.02	$161.02	N	
88307	TC		SURGICAL PATHOLOGY, COMPLETE	$21.17	$21.17	$85.90	$85.90	N	
88307	26		SURG PATH REQ COMPLEX DISSECT	$61.91	$61.91	$75.12	$75.12	N	
88309			SURGICAL PATHOLOGY, COMPLETE	$344.63	$344.63	$225.50	$225.50	N	
88309	TC		SURGICAL PATHOLOGY, COMPLETE	$29.43	$29.43	$118.14	$118.14	N	
88309	26		SURG PATH COMP PROB W WO EXT D	$109.22	$109.22	$107.37	$107.37	N	
88311			SURGICAL PATHOLOGY: DECALCIFIC	$16.19	$16.19	$15.98	$15.98	N	
88311	TC		SURGICAL PATHOLOGY: DECALCIFIC	$6.78	$6.78	$4.70	$4.70	N	
88311	26		SURGICAL PATHOLOGY: DECALCIFIC	$9.40	$9.40	$11.28	$11.28	N	
88312			SPECIAL STAINS	$90.21	$90.21	$69.53	$69.53	N	
88312	TC		SPECIAL STAINS	$8.77	$8.77	$44.06	$44.06	N	
88312	26		SPECIAL STAIN GR 1 FOR MICRO E	$20.08	$20.08	$25.47	$25.47	N	
88313			SPECIAL STAINS	$66.50	$66.50	$50.58	$50.58	N	
88313	TC		SPECIAL STAINS	$7.17	$7.17	$39.31	$39.31	N	
88313	26		SPECIAL STAIN GR 2 FOR MICRO E	$9.13	$9.13	$11.28	$11.28	N	
88314			GROSS & MICROSCOPIC EXAM 3 SPE	$69.14	$69.14	$82.54	$82.54	N	
88314	TC		GROSS & MICROSCOPIC EXAM 3 SPE	$6.76	$6.76	$58.39	$58.39	N	
88314	26		GROSS MICRO HISTOCHEM STAIN SE	$15.06	$15.06	$21.26	$21.26	N	
88319			DETERMINATIVE HISTOCHEMISTRY T	$13.69	$13.69	$97.95	$97.95	N	
88319	TC		DETERMINATIVE HISTOCHEMISTRY T	$11.14	$11.14	$68.05	$68.05	N	
88319	26		DETERMINATIVE HISTOCHEMISTRY T	$20.37	$20.37	$24.82	$24.82	N	
88321			CONSLTJ&REPRT SLD PREP ELSWR	$76.22	$76.22	$69.38	$69.38	N	
88323			CONSLTJ&REPRT MATRL PREP SLD	$91.71	$91.71	$105.14	$105.14	N	
88323	TC		MICROSLIDE CONSULTATION	$24.46	$24.46	$28.78	$28.78	N	
88323	26		MICROSLIDE CONSULTATION	$67.26	$67.26	$63.50	$63.50	N	
88325			CONSLTJ COMPRE RVW REC REPRT	$123.19	$123.19	$172.01	$172.01	N	
88329			PATH CONSLTJ DRG SURG	$43.23	$43.23	$43.83	$43.83	N	
88331			PATH CONSLTJ SURG 1 BLK 1SPC	$80.21	$80.21	$77.31	$77.31	N	
88331	TC		CONSULTATION DURING SURGERY	$33.16	$33.16	$21.20	$21.20	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
88331	26		CONSULT DURING SURG W FROZ 1	$47.05	$47.05	$35.43	$35.43	N	
88332			PATH CONSLTJ SURG EA ADD BLK	$43.65	$43.65	$35.44	$35.44	N	
88332	TC		CONSULTATION DURING SURGERY	$20.38	$20.38	$7.71	$7.71	N	
88332	26		CONSULTATION DURING SURGERY	$23.26	$23.26	$27.73	$27.73	N	
88333			PATH CONSLTJ SURG CYTO XM 1	$72.31	$72.31	$76.94	$76.94	N	
88333	TC		INTRAOP CYTO PATH CONSULT	$25.55	$25.55	$25.55	$25.55	N	
88333	26		INTRAOP CYTO PATH CONSULT,	$46.76	$46.76	$57.10	$57.10	N	
88334			PATH CONSLTJ SURG CYTO XM EA	$44.25	$44.25	$44.25	$44.25	N	
88334	TC		INTRAOP CYTO PATH CONSULT	$15.77	$15.77	$15.77	$15.77	N	
88334	26		INTRAOP CYTO PATH CONSULT	$28.48	$28.48	$28.48	$28.48	N	
88341			IMHCHEM/IMCYTCHM EA ADD ANTB	$77.69	$77.69	$77.69	$77.69	N	
88341	TC		IMMUNOHISTO ANTIBODY SLIDE	$56.28	$56.28	$56.28	$56.28	N	
88341	26		IMMUNOHISTO ANTIBODY SLIDE	$21.40	$21.40	$21.40	$21.40	N	
88342			IMHCHEM/IMCYTCHM 1ST ANTB	$11.31	$11.31	$77.89	$77.89	N	
88342	TC		IMMUNOCYTOCHEMISTRY (INCLUDING	$8.02	$8.02	$37.91	$37.91	N	
88342	26		IMMUNOCYTOCHEM EACH ANTIBODY	$26.35	$26.35	$37.11	$37.11	N	
88344			IMHCHEM/IMCYTCHM EA MLT ANTB	$139.34	$139.34	$139.34	$139.34	N	
88344	TC		IMMUNOHISTO ANTIBODY SLIDE	$110.11	$110.11	$110.11	$110.11	N	
88344	26		IMMUNOHISTO ANTIBODY SLIDE	$29.23	$29.23	$29.23	$29.23	N	
88346			IMFLUOR 1ST 1ANTB STAIN PX	$116.54	$116.54	$81.94	$81.94	N	
88346	TC		IMMUNOFLUORESCENT ST EA DIRECT	$89.44	$89.44	$41.64	$41.64	N	
88346	26		IMMUNOFLUORESCENT ST EA DIRECT	$27.10	$27.10	$37.73	$37.73	N	
88348			ELECTRON MICROSCOPY DX	$398.82	$398.82	$398.82	$398.82	N	
88348	TC		ELECTRON MICROSCOPY	$340.05	$340.05	$340.05	$340.05	N	
88348	26		ELECTRON MICRO DIAGNOSTIC	$58.77	$58.77	$71.23	$71.23	N	
88349	26		ELECTRON MICRO SCANNING	NA	NA	$36.11	$36.11	N	
88350			IMFLUOR EA ADDL 1ANTB STN PX	$89.05	$89.05	$89.05	$89.05	N	
88355			M/PHMTRC ALYS SKELETAL MUSC	$112.89	$112.89	$136.87	$136.87	N	
88355	TC		MORPHOMETRIC ANALYSIS:SKELETAL	$50.55	$50.55	$52.99	$52.99	N	
88355	26		MORPHOMETRIC ANAYL SKELETAL MU	$62.34	$62.34	$84.79	$84.79	N	
88356			SKELETAL MUSCLE NERVE:MORPHOME	$188.04	$188.04	$221.52	$221.52	N	
88356	TC		SKELETAL MUSCLE NERVE:MORPHOME	$96.47	$96.47	$93.81	$93.81	N	
88356	26		MORPHOMETRIC ANALYSIS NERVE	$91.57	$91.57	$127.41	$127.41	N	
88358			MORPHOMETRIC ANALYSIS TUMOR	$108.32	$108.32	$63.55	$63.55	N	
88358	TC		MORPHOMETRIC ANALYSIS TUMOR	$70.95	$70.95	$70.95	$70.95	N	
88358	26		MORPHOMETRIC ANALYSIS TUMOR	$37.37	$37.37	$43.66	$43.66	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
88360			TUMOR IMMUNOHISTOCHEM/MANUAL	$95.70	$95.70	$95.83	$95.83	N	
88360	TC		TUMOR IMMUNOHISTOCHEM/MANUAL	$64.43	$64.43	$64.43	$64.43	N	
88360	26		TUMOR IMMUNOHISTOCHEM/MANUAL	$31.28	$31.28	$44.28	$44.28	N	
88361			TUMOR HER-2/NEU	$92.83	$92.83	$139.62	$139.62	N	
88362			NERVE TEASING PREPARATIONS	$184.39	$184.39	$219.69	$219.69	N	
88362	TC		NERVE TEASING PREPARATIONS	$100.30	$100.30	$103.68	$103.68	N	
88362	26		NERVE TEASING PREPARATIONS	$84.09	$84.09	$102.49	$102.49	N	
88363			XM ARCHIVE TISSUE MOLEC ANAL	$18.43	$18.43	$18.43	$18.43	N	
88364			INSITU HYBRIDIZATION (FISH)	$104.10	$104.10	$104.10	$104.10	N	
88364	TC		INSITU HYBRIDIZATION(FISH)	$78.57	$78.57	$78.57	$78.57	N	
88364	26		INSITU HYBRIDIZATION (FISH)	$25.54	$25.54	$25.54	$25.54	N	
88365			TISSUE IN SITU HYBRIDIZATION	$140.52	$140.52	$111.68	$111.68	N	
88365	TC		TISSUE IN SITU HYBRIDIZATION	$108.19	$108.19	$55.55	$55.55	N	
88365	26		TISSUE IN SIT HYBRIDIZATION	$32.32	$32.32	$45.72	$45.72	N	
88366			INSITU HYBRIDIZATION (FISH)	$216.61	$216.61	$216.61	$216.61	N	
88366	TC		INSITU HYBRIDIZATION (FISH)	$169.90	$169.90	$169.90	$169.90	N	
88366	26		INSITU HYBRIDIZATION (FISH)	$46.70	$46.70	$46.70	$46.70	N	
88367			INSITU HYBRIDIZATION, AUTO	$87.74	$87.74	$115.82	$115.82	N	
88367	TC		INSITU HYBRIDIZATION AUTO	$62.79	$62.79	$62.79	$62.79	N	
88367	26		INSITU HYBRIDIAZTION, AUTO	$24.94	$24.94	$35.91	$35.91	N	
88368			INSITU HYBRIDIZATION, MANUAL	$120.13	$120.13	$120.13	$120.13	N	
88368	TC		INSITU HYBRIDIZATION, MANUAL	$88.08	$88.08	$88.08	$88.08	N	
88368	26		INSITU HYBRIDIZATION, MANUAL	$32.05	$32.05	$43.15	$43.15	N	
88369			M/PHMTRC ALYSISHQUANT/SEMIQ	$105.46	$105.46	$105.46	$105.46	N	
88369	TC		M/PHMTRC ALYSISHQUANT/SEMIQ	$79.66	$79.66	$79.66	$79.66	N	
88369	26		M/PHMTRC ALYSISHQUANT/SEMIQ	$25.81	$25.81	$25.81	$25.81	N	
88371			PROTEIN ANAL.TISSUE,INTERP.REP	$17.78	$17.78	$17.78	$17.78	N	
88371	26		PROTEIN ANAL.TISSUE,INTERP.REP	$14.64	$14.64	$16.41	$16.41	N	
88372			PROTEIN ANAL.TISSUE:IMM.PROBE	$20.98	$20.98	$20.98	$20.98	N	
88372	26		PROTEIN ANAL.TISSUE:IMM.PROBE	$13.82	$13.82	$16.99	$16.99	N	
88373			M/PHMTRC ALYS ISHQUANT/SEMIQ	$52.64	$52.64	$52.64	$52.64	N	
88373	TC		M/PHYMTRC ALYS ISHQUANT/SEMIQ	$33.70	$33.70	$33.70	$33.70	N	
88373	26		M/PHMTRC ALYS ISHQUANT/SEMIQ	$18.94	$18.94	$18.94	$18.94	N	
88374			M/PHMTRC ALYS ISHQUANT/SEMIQ	$220.64	$220.64	$220.64	$220.64	N	
88374	TC		M/PHMTRC ALYS ISHQUANT/SEMIQ	$189.22	$189.22	$189.22	$189.22	N	
88374	26		M/PHMTRC ALYS ISHQUANT/SEMIQ	$31.42	$31.42	$31.42	$31.42	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
88377			M/PHMTRC ALYS ISHQUANT/SEMIQ	$313.97	$313.97	$313.97	$313.97	N	
88377	TC		M/PHMTRC ALYS ISHQUANT/SEMIQ	$265.34	$265.34	$265.34	$265.34	N	
88377	26		M/PHMTRC ALYS ISHQUANT/SEMIQ	$48.63	$48.63	$48.63	$48.63	N	
88380			MICRODISSECTION	$100.94	$100.94	$100.94	$100.94	N	
88381			MICRODISSECTION (IE, SAMPLE PR	$157.63	$157.63	$157.63	$157.63	N	
88381	TC		MICRODISSECTION LASER CAPTURE	$139.98	$139.98	$139.98	$139.98	N	
88381	26		MICRODISSECTION LASER CAPTURE	$17.65	$17.65	$17.65	$17.65	N	
88385	26		EVAL MOLECUL PROBES, 51-250	NA	NA	$64.67	$64.67	N	
88387			MACROSCOPIC XM DSJ&PREP TISS	$26.20	$26.20	$26.20	$26.20	N	
88399			UNLISTED SURGICAL PATH PX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
88720			BILIRUBIN TOTAL TRANSCUTANE	$4.02	$4.02	$4.02	$4.02	N	
88738			HEMOGLOBIN (HGB), QUANTITATIVE	$4.02	$4.02	$4.02	$4.02	N	
88740			HEMOGLOBIN QUANTITATIVE TRA	$7.50	$7.50	$7.50	$7.50	N	
88741			HEMOGLOBIN QUANTITATIVE TRA	$7.50	$7.50	$7.50	$7.50	N	
88749			UNLISTED IN VIVO LAB SERVICE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
89049			CHCT FOR MAL HYPERTHERMIA	$234.18	$234.18	$166.82	$166.82	N	
89050			BODY FLUID CELL COUNT	$3.78	$3.78	$3.78	$3.78	N	
89051			BODY FLUID CELL COUNT	$4.48	$4.48	$4.48	$4.48	N	
89055			LEUKOCYTE COUNT, FECAL	$3.42	$3.42	$3.42	$3.42	N	
89060			CRYSTAL IDENTIFICATION BY COMP	$5.86	$5.86	$5.86	$5.86	N	
89125			SPECIMEN FAT STAIN	$4.70	$4.70	$4.70	$4.70	N	
89160			EXAM FECES FOR MEAT FIBERS	$3.88	$3.88	$3.88	$3.88	N	
89190			NASAL SMEAR FOR EOSINOPHILS	$4.63	$4.63	$4.63	$4.63	N	
89205			OCCULT BLOOD TEST	$1.20	$1.20	$1.20	$1.20	N	
89220			SPUTUM OBTAINING SPEC/AEROSOL	$15.49	$15.49	$15.18	$15.18	N	
89230			SWEAT COLLECTION/ IONTOPHORES	$2.44	$2.44	$2.44	$2.44	N	
89310			SEMEN ANALYSIS	$6.89	$6.89	$6.89	$6.89	N	
89320			COMPLETE SEMEN ANALYSIS	$9.85	$9.85	$9.85	$9.85	N	
89321			SEMEN ANALYSIS	$9.64	$9.64	$9.64	$9.64	N	
89321	QW		SEMEN ANALYSIS	$9.64	$9.64	$9.64	$9.64	N	
89322			SEMEN ANALYSIS: VOLUME, COUNT,	$12.40	$12.40	$12.40	$12.40	N	
89325			SPERM ANTOBODIES	$8.54	$8.54	$8.54	$8.54	N	
89331			SPERM EVALUATION, FOR RETROGRA	$15.67	$15.67	$15.67	$15.67	N	
89398			UNLISTED REPRODUCTIVE MEDICINE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90284			IMMUNE GLOBULIN (SCIG), HUMAN,	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90287			BOTULINUM ANTITOXIN, EQUINE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
90296			DIPTHERIA ANTITOXIN EQUINE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90371			HEPATITIS B IMMUNE GLOBULIN	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90375			RABIES IMMUNE GLOBULIN HUMAN	$673.68	$673.68	$673.68	$673.68	N	
90376			RABIES IMMUNE GLOB HEAT-TREAT	$448.03	$448.03	$448.03	$448.03	N	
90377			RABIES IG HT&SOL HUMAN IM/SC	$369.08	$369.08	$369.08	$369.08	N	
90378			RESP SYNC VIRUS IMMUNE GLOB IM	NA	NA	$1,802.45	$1,802.45	N	
90380			RSV MONO ANTB SEASN .5ML IM	NA	NA	$550.57	$550.57	N	
90381			RSV MONO ANTB SEASN. 1 ML IM	NA	NA	$550.57	$550.57	N	
90393			VACCINIA IMMUNE GLOB HUMAN	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90396			VARICELLA-ZOSTER IMM GLOB HUM	$2,193.15	$2,193.15	$2,193.15	$2,193.15	N	
90399			UNLISTED IMMUNE GLOBULIN	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90460			IM ADMIN 1ST/ONLY COMPONENT	NA	NA	$19.57	$19.57	N	
90465	HU		IMMUNE ADMIN 1 INJ, < 8 YRS	NA	NA	$16.18	$16.18	N	
90467	HU		IMMUNE ADMIN O OR N, < 8 YRS	NA	NA	$11.44	$11.44	N	
90468	HU		IMMUNE ADMIN O/N, ADDL < 8 Y	NA	NA	$8.77	$8.77	N	
90471			IMMUNIZ ADMIN SING/COMB VACC	$16.01	$16.01	$17.66	$17.66	N	
90471	FP		IMMUNIZ ADMIN SING/COMB VACC	NA	NA	$37.31	$37.31	N	
90471	HB		IMMUNIZATION ADMIN MONKEY POX	$16.18	$16.18	NA	NA	N	
90471	HU		IMMUNIZ ADMIN SING/COMB VACCIN	$16.18	$16.18	$16.18	$16.18	N	
90471	U9		IMMUNIZ ADMIN SING/COMB VACC	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90472			IMMUN ADMIN 2 OR MORE SING/COM	$11.28	$11.28	$12.49	$12.49	N	
90472	HU		IMMUN ADMIN 2 OR MORE SONG/COM	NA	NA	$11.50	$11.50	N	
90472	U9		IMMUN ADMIN EACH ADDITIONAL VA	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90473			IMMUNIZ ADMIN INTRANASAL/ORAL	$12.82	$12.82	$12.82	$12.82	N	
90473	HU		IMMUNIZ ADMIN INTRANASAL/ORAL	NA	NA	$16.64	$16.64	N	
90474			IMMUNIZ ADMIN INTRANASAL/ORAL	$9.16	$9.16	$10.17	$10.17	N	
90474	HU		IMMUNIZ ADMIN INTRANASAL/ORAL	NA	NA	$8.43	$8.43	N	
90476			ADENOVIRUS VACC TYPE 4 LIVE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90477			ADENOVIRUS VACC TYPE 7 LIVE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90480			ADMN SARSCOV2 VACC 1 DOSE	$35.96	$35.96	$32.00	$32.00	N	
90581			ANTHRAX VACCINE SQ USE	$98.01	$98.01	$98.01	$98.01	N	
90584			DENGUE VACC QUAD 2 DOSE SUBQ	NA	NA	$98.01	$98.01	N	
90585			BACILLUS CALMETTE-GUERIN VACC	$168.18	$168.18	$168.18	$168.18	N	
90586			BACILLUS CALMETTE-GUERIN VACC	$161.72	$161.72	$161.72	$161.72	N	
90587			DENGUE VQCC QUAD 3 DOSE SUBG	$65.34	$65.34	$65.34	$65.34	N	
90589			CHIKUNGUNYA VACCINE LIVE IM	$272.25	$272.25	$272.25	$272.25	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
90611			SMALLPOX&MONKEYPOX VAC 0.5ML	$267.30	$267.30	$267.30	$267.30	N	
90619			MENACWY-TT VACCINE IM	$169.51	$169.51	$169.51	$169.51	N	
90620			MENB PR W/OMV VACCINE IM	$234.02	$234.02	$234.02	$234.02	N	
90621			TRUMENBA MENINGOCOCCAL	$204.50	$204.50	$204.50	$204.50	N	
90622			VACCINIA VRS VAC. 0.3ML PERQ	$0.01	$0.01	$0.01	$0.01	N	
90623			MENACWY-TT MENB-FHBP VACC IM	$227.70	$227.70	$227.70	$227.70	N	
90624			MENB-4C&MENACWY VACC IM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90625			CHOLERA VACCINE LIVE ORAL	$272.25	$272.25	$272.25	$272.25	N	
90626			TIC-BRN ENCEPH VAC 0.25ML IM	$300.86	$300.86	$300.86	$300.86	N	
90627			TIC-BRN ENCEPH VAC 0.5ML IM	$300.86	$300.86	$300.86	$300.86	N	
90632			HEPA VACCINE ADULT IM	$81.79	$81.79	$81.79	$81.79	N	
90633			HEPA VACC PED/ADOL 2 DOSE IM	NA	NA	$37.81	$37.81	N	
90633	U9		HEPATITIS A VACC PED/ADOL DOS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90634			HEPA VACC PED/ADOL 3 DOSE	NA	NA	$36.63	$36.63	N	
90636			HEP A&B VACC ADULT DOSAGE	$129.62	$129.62	$129.62	$129.62	N	
90637			VACC QIRV MRNA 30MCG/.5ML IM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90638			VACC QIRV MRNA 60MCG/.5ML IM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90644			HIB-MENCY VACCINE 4 DOSE IM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90647			HIB PRP-OMP VACC 3 DOSE IM	$29.53	$29.53	$29.53	$29.53	N	
90647	U9		HEMOPHILUS INFLUENZA B VACCINE	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90648			HIB PRP-T VACCINE 4 DOSE IM	$12.45	$12.45	$12.45	$12.45	N	
90648	U9		HEMOPHILUS INFLUENZA B VACCINE	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90649			4VHPV VACCINE 3 DOSE IM	$165.49	$165.49	$165.49	$165.49	N	
90649	FP		H PAPILLOMA VACC 3 DOSE IM	$524.27	$524.27	$524.27	$524.27	N	
90649	U9		HUM PAPILLOMA VACC 3 DOSE IM	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90650			2VHPV VACCINE 3 DOSE IM	$156.10	$156.10	$156.10	$156.10	N	
90651			VACCINE FOR HUMAN PAPILLOMA	$303.79	$303.79	$303.79	$303.79	N	
90653			IIV ADJUVANT VACCINE IM	$71.88	$71.88	$71.88	$71.88	N	
90655			IIV3 VACC NO PRSV 6-35 MO IM	NA	NA	$19.33	$19.33	N	
90656			IIV3 VACC NO PRSV 3 YRS+ IM	$19.40	$19.40	$19.40	$19.40	N	
90656	U9		FLU VACCINE NO PRESERV 3 & >	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90657			IIV3 VACCINE 6-35 MONTHS IM	NA	NA	$9.32	$9.32	N	
90658			IIV3 VACCINE 3 YRS+ IM	$18.69	$18.69	$18.69	$18.69	N	
90658	U9		INFLUENZA VIRUS VACC SPLIT VIR	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90660			LAIV3 VACCINE INTRANASAL	$24.25	$24.25	$24.25	$24.25	N	
90660	U9		INFLUENZA VIRUS VACC INTRANAS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
90661			CCIIV3 VAC IM CULT PRSV FREE	$31.38	$31.38	$31.38	$31.38	N	
90662			IIV NO PRSV INCREASED AG IM	$71.88	$71.88	$71.88	$71.88	N	
90664			LAIV VACC PANDEMIC INTRANASL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90666			FLU VAC PANDEM PRSRV FREE IM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90667			IIV VACC PANDEMIC ADJUVT IM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90668			IIV VACCINE PANDEMIC IM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90669	U9		PNEUMOCCOCAL CONJ VACC POLYVAL	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90670			PCV13 VACCINE IM	$226.93	$226.93	$226.93	$226.93	N	
90671			PCV15 VACCINE IM	$226.46	$226.46	$226.46	$226.46	N	
90672			LAIV4 VACCINE INTRANASAL	$23.51	$23.51	$23.51	$23.51	N	
90673			RIV3 VACCINE NO PRESERV IM	$71.88	$71.88	$71.88	$71.88	N	
90674			QUAD VACC	$29.06	$29.06	$29.06	$29.06	N	
90675			RABIES VACCINE IM USE	$428.63	$428.63	$428.63	$428.63	N	
90676			RABIES VACCINE INTRADERMAL USE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90677			PCV20 VACCINE IM	$275.37	$275.37	$275.37	$275.37	N	
90678			RSV VACC PREF BIVALENT IM	$303.73	$303.73	$303.73	$303.73	N	
90679			RSV VACC PREF RECOMB ADJT IM	$291.06	$291.06	NA	NA	N	
90680			RV5 VACC 3 DOSE LIVE ORAL	NA	NA	$97.07	$97.07	N	
90681			RV1 VACC 2 DOSE LIVE ORAL	NA	NA	$144.81	$144.81	N	
90682			RIV4 VACC RECOMBINANT DNA IM	$63.12	$63.12	$63.12	$63.12	N	
90683			RSV VACC MRNA LIPID NANO IM	$287.10	$287.10	$287.10	$287.10	N	
90684			PCV21 VACCINE IM	$284.13	$284.13	$284.13	$284.13	N	
90685			IIV4 VACC NO PRSV 6-35 M IM	NA	NA	$22.05	$22.05	N	
90686			IIV4 VACC NO PRSV 6 MONTHS IM	$18.79	$18.79	$18.79	$18.79	N	
90687			IIV4 VACCINE 6-35 MONTHS IM	NA	NA	$8.88	$8.88	N	
90688			IIV4 VACCINE 3 YRS PLUS IM	$19.84	$19.84	$19.84	$19.84	N	
90689			VACC IIV4 NO PRSRV 0.25ML IM	NA	NA	$18.18	$18.18	N	
90690			TYPHOID VACCINE LIVE ORAL	$26.40	$26.40	$26.40	$26.40	N	
90691			TYPHOID VACCINE VI CAPS IM USE	$182.10	$182.10	$182.10	$182.10	N	
90694			VACC AIIV4 NO PRSRV 0.5ML IM	$66.56	$66.56	$66.56	$66.56	N	
90696			DTAP-IPV VACCINE 4-6 YRS IM	NA	NA	$60.38	$60.38	N	
90697			DTP-IPV-HIB-HEPB VACCINE IM	NA	NA	$150.69	$150.69	N	
90698			DTAP-IPV/HIB VACCINE IM	NA	NA	$115.15	$115.15	N	
90700			DTAP VACCINE < 7 YRS IM	NA	NA	$27.46	$27.46	N	
90700	U9		IMMUN DIPTH TETANUS ACCES PER	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90702			DT VACCINE UNDER 7 YRS IM	NA	NA	$31.56	$31.56	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
90702	U9		IMMUNIZATION DT	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90703	U9		TETANUS TOXOID FOR TRAUMA	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90704	U9		IMMUNIZATION - MUMPS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90705	U9		IMMUNIZATION MEASLES	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90706	U9		IMMUNIZATION RUBELLA	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90707			IMMUN MEASLES-MUMPS-RUBELLA	$92.02	$92.02	$92.02	$92.02	N	
90707	U9		IMMUN MEASLES-MUMPS-RUBELLA	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90710			MMRV VACCINE, LIVE SUBCU USE	NA	NA	$272.41	$272.41	N	
90710	U9		MMRV VACCINE, LIVE SUBCU USE	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90713			IMMUNIZATION POLIO,INJECTION	$43.54	$43.54	$43.54	$43.54	N	
90713	U9		IMMUNIZATION POLIO, INJECTION	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90714			TD VACC NO PRESV 7 YRS+ IM	$34.85	$34.85	$34.85	$34.85	N	
90714	U9		TETANUS/DIPT TOX 7 & OLDER	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90715			TDAP VACCINE 7 YRS/> IM	$45.03	$45.03	$45.03	$45.03	N	
90715	U9		TET/DIPTH TOX/ACELL PERT VACC	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90716			VAR VACCINE LIVE SUBQ	$180.43	$180.43	$180.43	$180.43	N	
90716	U9		IMMUN VARICELLA/CHICKENPOX VAC	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90717			YELLOW FEVER VACCINE SUBQ	$159.32	$159.32	$159.32	$159.32	N	
90718	U9		IMMUNIZATION, TD ABSORBED 7&UP	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90723			DTP, HEP B, POLIOVIRUS VACC	NA	NA	$98.87	$98.87	N	
90723	U9		DTP, HEP B, POLIOVIRUS VACC	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90732			PPSV23 VACC 2 YRS+ SUBQ/IM	$115.90	$115.90	$115.90	$115.90	N	
90732	U9		IMMUNIZ,PNEUMOCOCCAL VACC,POLY	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90733			MPSV4 VACCINE SUBQ	$127.85	$127.85	$127.85	$127.85	N	
90733	U9		IMM,MENINGOCOCCAL POLYSACCHARI	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90734			MENACWYD/MENACWYCRM VACC IM	$164.34	$164.34	$164.34	$164.34	N	
90734	U9		MENING CONJU VACC SEROGR ACY	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90736			HZV VACCINE LIVE SUBQ	$188.66	$188.66	NA	NA	N	
90738			JAPANESE ENCEPHALITIS VIRUS VA	$292.13	$292.13	$292.13	$292.13	N	
90739			HEPB VACC 2/4 DOSE ADULT IM	$154.19	$154.19	$154.19	$154.19	N	
90740			HEPB VACC 3 DOSE IMMUNSUP IM	$184.18	$184.18	$184.18	$184.18	N	
90743			HEPB VACC 2 DOSE ADOLESC IM	NA	NA	$67.38	$67.38	N	
90743	U9		HEP B VACCINE ADOLESCENT	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90744			HEPB VACC 3 DOSE PED/ADOL IM	NA	NA	$27.33	$27.33	N	
90744	U9		HEPATITIS B VACCINE,PED/ADOLES	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90746			HEPB VACCINE 3 DOSE ADULT IM	$69.64	$69.64	$69.64	$69.64	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
90746	FP		HEPATITIS B VACCINE >19	$126.68	$126.68	$126.68	$126.68	N	
90747			HEPB VACC 4 DOSE IMMUNSUP IM	$108.58	$108.58	$108.58	$108.58	N	
90748			HIB-HEPB VACCINE IM	$56.20	$56.20	$56.20	$56.20	N	
90748	U9		HEP B/HIB VACCINE	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
90749			UNLISTED VACCINE/TOXOID	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90750			HZV VACC RECOMBINANT IM	$213.35	$213.35	$213.35	$213.35	N	
90756			VACCINE FOR INFLUENZA FOR IN	$27.50	$27.50	$27.50	$27.50	N	
90758			ZAIRE EBOLAVIRUS VAC LIVE IM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90759			HEP B VAC 3AG 10MCG 3 DOS IM	$66.60	$66.60	$66.60	$66.60	N	
90772	FP		THER/PROPH/DIAG INJ, SC/IM	NA	NA	$51.26	$51.26	N	
90774	SB		THERAPEUTIC INJ, IV PUSH	NA	NA	$35.68	$35.68	N	
90775	SB		THER/PROPH/DIAG INJ ADD-ON	NA	NA	$16.58	$16.58	N	
90785			PSYTX COMPLEX INTERACTIVE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90785	HH		ALCOHOL AND/OR DRUG SERVICES	$0.00	$0.00	$0.00	$0.00	N	
90791			PSYCH DIAGNOSTIC EVALUATION	$205.44	$205.44	$191.05	$191.05	S	
90791	AJ		PSYCHIATRIC DIAG EVAL(LICENSED	$121.62	$121.62	$121.62	$121.62	A	
90791	AJ	HE	PSYCH DIAG EVAL LCSW MH	$166.31	$166.31	$166.31	$166.31	S	
90791	AJ	HF	PSYCH DIAG EVAL LCSW SUD	$166.31	$166.31	$166.31	$166.31	S	
90791	AJ	52	PSYCHATRIC DIAG EVAL(NON-LICEN	$91.49	$91.49	$91.49	$91.49	A	
90791	HA		PSYCHIATRIC DIAG EVALUATION	$26.00	$26.00	$26.00	$26.00	A	
90791	HE	HH	PSYCH DIAG EVAL LOC.LMFT MH	$166.31	$166.31	$166.31	$166.31	S	
90791	HF		COMP ASSESS IN SA TX FACILITY	$191.05	$191.05	$191.05	$191.05	S	
90791	HF	HH	PSYCH DIAG EVAL LPC/LMFT SUD	$166.31	$166.31	$166.31	$166.31	S	
90791	HG		COMP ASSESS IN OTP 1 HOUR	$49.00	$49.00	$49.00	$49.00	N	
90791	HH		PSYCH DIAGNOSTIC EVALUATION	$0.00	$0.00	$0.00	$0.00	N	
90791	HU		PSYCHIATRIC DIAGNOSTIC EVAL	$335.00	$335.00	$335.00	$335.00	N	
90791	SA		PSYCH DIAGNOSTIC EVALUATION	$166.94	$166.94	$191.05	$191.05	S	
90791	SA	UC	PSYCH DIAGNOSTIC EVALUATION	$180.75	$180.75	$180.75	$180.75	S	
90791	SA	26	PSYCH DIAGNOSTIC EVALUATION	$166.94	$166.94	$191.05	$191.05	S	
90791	TR		PSYCHIATRIC DIAGNOSTIC EVAL	$20.00	$20.00	$20.00	$20.00	N	
90791	UC		PSYCH DIAGNOSTIC EVALUATION	$200.60	$200.60	$191.05	$191.05	S	
90791	U9		PSYCHIATRIC DIAGNOSTIC EVAL	$20.00	$20.00	$20.00	$20.00	N	
90791	26		PSYCH DIAGNOSTIC EVALUATION	$195.66	$195.66	$191.05	$191.05	S	
90792			PSYCH DIAG EVAL W/MED SRVCS	$510.62	$510.62	$486.30	$486.30	S	
90792	HA		PSYCHIATRIC EVALUATION	$33.82	$33.82	$33.82	$33.82	A	
90792	HF		COMP ASSESS IN SA FAC W/MED SE	$486.30	$486.30	$486.30	$486.30	S	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
90792	HF	SA	PSYCH APN DX EVAL W/MED SRV	$463.15	$463.15	$463.15	$463.15	N	
90792	HG		COMP ASSESS IN OTP W/MED SERVQ	$51.79	$51.79	$51.79	$51.79	N	
90792	HH		PSYCH DIAG EVAL W/MED SRVCS	$0.00	$0.00	$0.00	$0.00	N	
90792	SA		PSYCH DIAG EVAL W/MED SRVCS	$463.15	$463.15	$486.30	$486.30	S	
90792	SA	UC	PSYCH DIAG EVAL W/MED SRVCS	$486.30	$486.30	$486.30	$486.30	S	
90792	SA	26	PSYCH DIAG EVAL W/MED SRVCS	$463.15	$463.15	$486.30	$486.30	S	
90792	UC		PSYCH DIAG EVAL W/MED SRVCS	$510.62	$510.62	$486.30	$486.30	S	
90792	26		PSYCH DIAG EVAL W/MED SRVCS	$463.15	$463.15	$486.30	$486.30	S	
90802			INTERACT PSYCH DIAG INTERVIEW	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90806	UD		INDIV PSYCHOTHERAPY	NA	NA	$120.59	$102.50	N	
90832			PSYTX PT&/FAMILY 30 MINUTES	$88.66	$88.66	$79.31	$79.31	S	
90832	AJ	HE	PSYTX PT/FAM 30M LCSW MH	$71.77	$71.77	$71.77	$71.77	S	
90832	AJ	HF	PSYTX PT&/FAM 30 MIN LCSW/SUD	$71.77	$71.77	$71.77	$71.77	N	
90832	HA		INDIVIDUAL PSYCHOTHERAPY	$24.50	$24.50	$24.50	$24.50	A	
90832	HA	22	PSYCHOTHERAPY 30 MIN	$24.50	$24.50	$24.50	$24.50	A	
90832	HE	HH	PSY PT/FAM 30M LPC/LMFT MH	$71.77	$71.77	$71.77	$71.77	S	
90832	HF		PSYTX PT&/FAMILY 30 MINUTES	$79.31	$79.31	$79.31	$79.31	S	
90832	HF	HH	PSY PT/FAM 30M LPC/LMFT SUD	$71.77	$71.77	$71.77	$71.77	S	
90832	HF	SA	PSYTX PT&/FAMILY 30 MINS AP	$60.59	$60.59	$60.59	$60.59	N	
90832	HG		INDIVIDUAL THERAPY(20-30 MIN)	$24.50	$24.50	$24.50	$24.50	N	
90832	HH		PSYTX PT&/FAMILY 30 MINUTES	$0.00	$0.00	$0.00	$0.00	N	
90832	HV		PSYTX PT&/FAMILY 30 MINUTES	$79.31	$79.31	$79.31	$79.31	A	
90832	SA		PSYTX PT&/FAMILY 30 MINUTES	$72.10	$72.10	$79.31	$79.31	S	
90832	SA	UC	PSYTX PT&/FAMILY 30 MINUTES	$75.03	$75.03	$75.03	$75.03	S	
90832	SA	26	PSYTX PT&/FAMILY 30 MINUTES	$27.60	$27.60	$32.66	$32.66	S	
90832	TR		PSYCHOTHERAPY, 30 MINUTES	$20.00	$20.00	$20.00	$20.00	N	
90832	UC		PSYTX PT&/FAMILY 30 MINUTES	$83.28	$83.28	$79.31	$79.31	S	
90832	U9		PSYCHOTHERAPY, 30 MINUTES	$20.00	$20.00	$20.00	$20.00	N	
90832	26		PSYTX PT&/FAMILY 30 MINUTES	$84.44	$84.44	$79.31	$79.31	S	
90833			PSYTX PT&/FAM W/E&M 30 MIN	$81.62	$81.62	$81.78	$81.78	S	
90833	HF		INDIVIDUAL THERAPY(20-30 MIN)	$81.78	$81.78	$81.78	$81.78	S	
90833	HF	SA	IND THERAPY(20-30 MIN) BY APN	$62.48	$62.48	$62.48	$62.48	N	
90833	HG		INDIVIDUAL THERAPY(20-30 MIN)	$24.50	$24.50	$24.50	$24.50	N	
90833	HH		PSYTX PT&/FAM W/E&M 30 MIN	$0.00	$0.00	$0.00	$0.00	N	
90833	SA		PSYTX PT&/FAM W/E&M 30 MINUTES	$74.34	$74.34	$81.78	$81.78	S	
90833	SA	26	PSYTX PT&/FAM W/E&M 30 MINUTES	$25.59	$25.59	$27.61	$27.61	S	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
90833	UC		PSYTX PT&/FAM W/E&M 30 MINUTES	$74.34	$74.34	$81.78	$81.78	S	
90833	26		PSYTX PT&/FAM W/E&M 30 MINUTES	$32.17	$27.34	$34.19	$29.06	S	
90834			PSYTX PT&/FAMILY 45 MINUTES	$100.17	$100.17	$104.95	$104.95	S	
90834	AJ	HE	PSYTX PT/FAM 45M LCSW MH	$81.09	$81.09	$81.09	$81.09	S	
90834	AJ	HF	PSYTX PT/FAM 45M LCSW/SUD	$81.09	$81.09	$81.09	$81.09	N	
90834	HE	HH	PSY PT/FAM 45M LPC/LMFT MH	$71.77	$71.77	$71.77	$71.77	S	
90834	HF		PSYTX PT&/FAMILY 45 MINUTES	$104.95	$104.95	$104.95	$104.95	S	
90834	HF	HH	PSY PT/FM 45M LPC/LMFT SUD	$81.09	$81.09	$81.09	$81.09	S	
90834	HF	SA	PSYTX PT&/FAMILY 45 MIN APN	$80.18	$80.18	$80.18	$80.18	N	
90834	HG		INDIVIDUAL THERAPY(45-50 MIN)	$49.00	$49.00	$49.00	$49.00	N	
90834	HH		PSYTX PT&/FAMILT 45 MINUTES	$0.00	$0.00	$0.00	$0.00	N	
90834	HV		PSYTX PT&/FAMILY 45 MINUTES	$104.95	$104.95	$104.95	$104.95	A	
90834	SA		PSYTX PT&/FAMILY 45 MINUTES	$95.40	$95.40	$104.95	$104.95	S	
90834	SA	UC	PSYTX PT&/FAMILY 45 MINUTES	$99.29	$99.29	$99.29	$99.29	S	
90834	SA	26	PSYTX PT&/FAMILY 45 MINUTES	$36.52	$36.52	$48.97	$48.97	S	
90834	UC		PSYTX PT&/FAMILY 45 MINUTES	$104.95	$104.95	$104.95	$104.95	N	
90834	UD		PSYTX PT&/FAMILY 45 MINUTES	$188.21	$159.98	$188.21	$159.98	N	
90834	26		PSYTX PT&/FAMILY 45 MINUTES	$95.40	$95.40	$104.95	$104.95	S	
90836			PSYTX PT&/FAM W/E&M 45 MIN	$98.58	$98.58	$104.95	$104.95	S	
90836	HF		INDIVIDUAL THERAPY (45-50 MIN)	$104.95	$104.95	$104.95	$104.95	S	
90836	HF	SA	IND THERAPY (45-50 MIN) BY APN	$80.18	$80.18	$80.18	$80.18	N	
90836	HG		INDIVIDUAL THERAPY(45-50 MIN)	$49.00	$49.00	$49.00	$49.00	N	
90836	HH		PSYTX PT&/FAM W/ E&M 45 MIN	$0.00	$0.00	$0.00	$0.00	N	
90836	SA		PSYTX PT&/FAM WE&M 45 MIN	$94.12	$94.12	$104.95	$104.95	S	
90836	UC		PSYTX PT&/FAM W/E&M 45 MIN	$94.12	$94.12	$104.95	$104.95	S	
90837			PSYTX PT&/FAMILY 60 MINUTES	$77.45	$77.45	$77.45	$77.45	N	
90837	AJ	HE	PSYTX PT/FAM 60M LCSW MH	$76.72	$76.72	$76.72	$76.72	N	
90837	AJ	HF	PSYTX PT&/FAM 60M LCSW/SUD	$76.72	$76.72	$76.72	$76.72	N	
90837	HA	22	PSYCHOTHERAPY 60 MINUTES	$49.00	$49.00	$49.00	$49.00	A	
90837	HE	HH	PSY PT/FAM 60M LPC/LMFT MH	$76.72	$76.72	$76.72	$76.72	N	
90837	HF		PSYTX PT&/FAMILY 60 MIN SUD	$43.21	$43.21	$43.21	$43.21	N	
90837	HF	HH	PSY PT/FAM 60M LPC/LMFT SUD	$76.72	$76.72	$76.72	$76.72	N	
90837	HF	SA	PSYTX PT&/FAM 60 MIN SUD APN	$34.89	$34.89	$34.89	$34.89	N	
90837	HH		PSYTX PT&/FAMILY 60 MINUTES	$0.00	$0.00	$0.00	$0.00	N	
90837	UC		PSYTX PT&/FAMILY 60 MIN	$43.21	$43.21	$43.21	$43.21	N	
90838			PSYTX PT&/FAM W/E&M 60 MIN	$94.12	$94.12	$94.12	$94.12	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
90838	HF		PSYTX PT&/FAM W/E&M 60 MIN	$43.21	$43.21	$43.21	$43.21	N	
90838	HF	SA	PSYTX PT&/FAM W/E&M 60 MIN	$34.89	$34.89	$34.89	$34.89	N	
90838	HH		PSYTX PT&/FAM W2/E&M 60 MIN	$0.00	$0.00	$0.00	$0.00	N	
90838	UC		PSYTX PT&/FAM W/E&M 60 MIN	$43.21	$43.21	$43.21	$43.21	N	
90839			PSYTX CRISIS INITIAL 60 MIN	$74.57	$74.57	$74.57	$74.57	N	
90839	HH		PSYTX CRISIS INITIAL 60 MIN	$0.00	$0.00	$0.00	$0.00	N	
90840			PSYTX CRISIS EA ADDL 30 MIN	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90840	HH		PSYTX CRISIS EA ADDL 30 MIN	$0.00	$0.00	$0.00	$0.00	N	
90846			FAMILY MEDICAL PSYCHOTH--1 HR.	$49.21	$49.21	$49.21	$49.21	N	
90846	AJ	HE	FAM MED PSYC 1HR LCSW MH	$96.85	$96.85	$96.85	$96.85	N	
90846	AJ	HF	FAM MED PSY-1HR LCSW/SUD	$96.85	$96.85	$96.85	$96.85	N	
90846	HA	22	FAMILY PSYCHOTHERAPY W/O PT	$24.50	$24.50	$24.50	$24.50	A	
90846	HE	HH	FM MED PSYC 1HR LPC/LMFT MH	$96.85	$96.85	$96.85	$96.85	N	
90846	HF		FAMILY MEDICAL PSYCHOTH 1HR SU	$113.94	$113.94	$113.94	$113.94	N	
90846	HF	HH	FM MED PSYC 1HR LPC/LMFT SUD	$96.85	$96.85	$96.85	$96.85	N	
90846	HH		FAMILY MEDICAL PSYCHOTH 1 HR	$0.00	$0.00	$0.00	$0.00	N	
90846	UC		FAMILY MEDICAL PSYCHOTH 1HR	$113.94	$113.94	$113.94	$113.94	N	
90847			SPECIAL FAMILY THERAPY	$126.45	$126.45	$126.46	$126.46	S	
90847	AJ	HE	SPEC FAM THER LCSW MH	$102.37	$102.37	$102.37	$102.37	S	
90847	AJ	HF	SPC FAM THER LCSW/SUD	$102.37	$102.37	$102.37	$102.37	N	
90847	HA	22	FAMILY THERAPY	$24.50	$24.50	$24.50	$24.50	A	
90847	HF		OP FAM COUNSEL/ED IN SA FACILI	$126.46	$126.46	$126.46	$126.46	S	
90847	HG		OP FAMILY COUNSELING IN SA CTR	$49.00	$49.00	$49.00	$49.00	N	
90847	HH		SPECIAL FAMILY THERAPY	$0.00	$0.00	$0.00	$0.00	N	
90847	SA		SPECIAL FAMILY THERAPY	$26.11	$26.11	$126.46	$126.46	S	
90847	SA	UC	SPECIAL FAMILY THERAPY	$119.64	$119.64	$119.64	$119.64	S	
90847	SA	22	SPECIAL FAMILY THERAPY	$30.40	$30.40	$100.11	$100.11	S	
90847	TR		TBI-COUNSELING (INDIV'L FAMILY	$20.00	$20.00	$20.00	$20.00	N	
90847	UC		SPECIAL FAMILY THERAPY	$132.78	$132.78	$126.46	$126.46	S	
90847	UC	22	SPECIAL FAMILY THERAPY	$49.00	$32.00	$123.97	$123.97	S	
90847	U9		TBI-COUNSELING (INDIV'L FAMILY	$20.00	$20.00	$20.00	$20.00	N	
90847	22		SPECIAL FAMILY THERAPY	$46.00	$32.00	$123.97	$105.37	S	
90849			MULTI-FAMILY PSYCHOTHERAPY....	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90849	HF		MULTI-FAMILY PSYCHOTHERAPY SUD	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90849	HH		MULTI-FAMILY PSYCHOTHERAPY	$0.00	$0.00	$0.00	$0.00	N	
90849	UC		MULTI-FAMILY PSYCHOTHERAPY SUD	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
90853			GROUP MEDICAL PSYCHOTHERAPY...	$30.52	$30.52	$30.53	$30.53	S	
90853	AJ	HE	GP MED PSYTHERAPY LCSW MH	$24.71	$24.71	$24.71	$24.71	S	
90853	AJ	HF	GRP MED PSYTHER LCSW SUD	$24.71	$24.71	$24.71	$24.71	S	
90853	HA		GROUP PSYCHOTHERAPY(CO-OCCURR)	$23.00	$23.00	$23.00	$23.00	A	
90853	HE	HH	GP MED PSY LPC/LMFT MH	$24.71	$24.71	$24.71	$24.71	S	
90853	HF		GROUP PSYCHOTERAPY	$30.53	$30.53	$30.53	$30.53	S	
90853	HF	HH	GP MFD PSY LPC/LMFT SUD	$24.71	$24.71	$24.71	$24.71	S	
90853	HG		GROUP THERAPY (90 MINUTES)	$23.00	$23.00	$23.00	$23.00	N	
90853	HH		GROUP MEDICAL PSYCHOTHERAPY	$0.00	$0.00	$0.00	$0.00	N	
90853	SA		PSYCHOTHERAPY, GROUP	$29.07	$29.07	$30.53	$30.53	S	
90853	SA	UC	GROUP MEDICAL PSYCHOTHERAPY	$28.88	$28.88	$28.88	$28.88	S	
90853	UC		GROUP MEDICAL PSYCHOTHERAPY	$30.53	$30.53	$30.53	$30.53	S	
90863			PHARMACOLOGIC MGMT W/PSYTX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90863	HA		PHARMOCOLOGIC MANAGEMENT	$42.00	$42.00	$42.00	$42.00	A	
90867			TCRANIAL MAGN STIM TX PLAN	$110.77	$94.15	$110.77	$94.15	N	
90868			TCRANIAL MAGN STIM TX DELI	$102.58	$87.19	$102.58	$87.19	N	
90869			TCRAN MAGN STIM REDETEMINE	$100.04	$81.75	$100.04	$81.75	N	
90870			ELECTROCONVULSIVE THERAPY	$86.56	$73.58	$126.45	$107.48	S	
90870	AA		ELECTROCONVULSIVE THERAPY	$9.30	$8.10	$9.30	$8.10	N	3
90882	HH		ENVIRON INTERVEN FOR MED MGMT	$0.00	$0.00	$0.00	$0.00	N	
90885			PSCH EVAL HOSP REC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90887			CONSULTATION WITH FAMILY	$30.83	$30.83	$30.83	$30.83	S	
90887	AJ	HE	LCSW CONSULTATION W FAM	$26.20	$26.20	$26.20	$26.20	S	
90887	AJ	HF	LCSW CONSULTATION W FAM	$26.20	$26.20	$26.20	$26.20	S	
90887	HA		CLINICAL CONSULTATION	$26.43	$26.43	$26.43	$26.43	A	
90887	HE	HH	LPC/LMFT FAM CONFER (25 MIN)	$26.20	$26.20	$26.20	$26.20	S	
90887	HF		FAMILY CONFERENCE (25 MINUTES)	$30.83	$30.83	$30.83	$30.83	S	
90887	HF	HH	LPC/LMFT FAM CONFER (25 MIN)	$26.20	$26.20	$26.20	$26.20	S	
90887	HG		FAMILY CONFERENCE (25 MINUTES)	$13.74	$13.74	$13.74	$13.74	N	
90887	HH		CONSULTATION WITH FAMILY	$0.00	$0.00	$0.00	$0.00	N	
90887	SA		CONSULTATION WITH FAMILY	$24.22	$24.22	$24.89	$24.89	S	
90887	SA	UC	CONSULTATION WITH FAMILY	$30.83	$30.83	$30.83	$30.83	S	
90887	UC		CONSULTATION WITH FAMILY	$32.37	$32.37	$73.82	$73.82	S	
90889			PREP OF REPORT..PSTCH STATUS	$0.00	$0.00	$0.00	$0.00	N	
90899			UNLISTED PSYC SVC/THERAPY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90901			BIOFEEDBACK TRAINING	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
90912			BFB TRAINING 1ST 15 MIN	$39.88	$33.89	$39.88	$33.89	N	
90912	26		BFB TRAINING 1ST 15 MIN	$20.51	$17.43	$20.51	$17.43	N	
90913			BFB TRAINING EA ADDL 15 MIN	$15.98	$13.58	$15.98	$13.58	N	
90913	26		BFB TRAINING EA ADDL 15 MIN	$11.56	$9.82	$11.56	$9.82	N	
90935			HEMODIALYSIS PROC W SINGLE EVA	$34.19	$29.06	$62.49	$53.11	N	
90937			HEMODIALYSIS PROC REQ EVALS	$49.51	$42.08	$101.70	$86.44	N	
90940			HEMODIALYSIS ACCESS FLOW STUDY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
90945			DIALYSIS PROC OTHER THAN HEMO.	$42.09	$35.77	$65.06	$55.30	N	
90947			DIALYSIS PROCEDURE OTHER THAN	$59.11	$50.24	$103.95	$88.36	N	
90951			ESRD RELATED SERV 4 OR MORE VS	NA	NA	$705.66	$599.81	N	
90952			ESDR RELATED SERV W/2-3 VS/MON	NA	NA	$468.23	$398.00	N	
90953			ESRD RELAT SERV W/1 VS/MONTH	NA	NA	$334.93	$284.69	N	
90954			ESRD RELAT SERV W/4 VS/MONTH	NA	NA	$478.18	$406.45	N	
90955			ESRD RELAT SERV W/2-3 VS/MONTH	NA	NA	$398.34	$338.59	N	
90956			ESRD RELAT SERV W/1 VS/MONTH	NA	NA	$318.58	$270.80	N	
90957			ESRD RELAT SERV W/4 VS/MONTH	NA	NA	$420.08	$357.07	N	
90958			ESRD RELAT SERV W/2-3 VS/MONTH	NA	NA	$349.82	$297.35	N	
90959			END-STAGE RENAL DISEASE (ESRD)	NA	NA	$279.65	$237.70	N	
90960			END-STAGE RENAL DISEASE (ESRD)	$173.24	$147.25	$263.34	$223.84	N	
90961			END-STAGE RENAL DISEASE (ESRD)	$143.92	$122.33	$219.29	$186.39	N	
90962			END-STAGE RENAL DISEASE (ESRD)	$99.69	$84.74	$175.24	$148.95	N	
90963			ESRD HOME PT SERV P MO <2YRS	NA	NA	$552.87	$469.94	N	
90964			END-STAGE RENAL DISEASE (ESRD)	NA	NA	$398.34	$338.59	N	
90965			END-STAGE RENAL DISEASE (ESRD)	NA	NA	$349.82	$297.35	N	
90966			ESRD RELAT SERV HOME DIALYSIS	$143.92	$122.33	$219.29	$186.39	N	
90967			ESRD RELAT SERV HOME DIALYSIS	NA	NA	$18.28	$15.54	N	
90968			ESRD RELAT SERV HOME DIALYSIS	NA	NA	$11.64	$9.89	N	
90969			ESRD RELAT SERV HOME DIALYSIS	NA	NA	$13.24	$11.25	N	
90970			END-STAGE RENAL DISEASE (ESRD)	$4.75	$4.03	$7.44	$6.32	N	
90989			DIALYSIS TRAINING	$400.00	$400.00	$400.00	$400.00	N	
90993			DIALYSIS TRAINING	$39.00	$39.00	$39.00	$39.00	N	
90997			HEMOPERFUSION	$42.65	$36.25	$42.65	$36.25	N	
90999			UNLISTED DIALYSIS PROCEDURE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
91010			ESOPHAGEAL MOTILITY STUDY	$108.65	$92.35	$188.28	$160.04	N	
91010	TC		ESOPHAGEAL MOTILITY STUDY	$77.82	$77.82	$123.24	$123.24	N	
91010	26		ESOPHAGEAL MOTILITY STUDY	$30.83	$26.21	$56.22	$47.79	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
91013			ESOPHGL MOTIL W/STIM/PERFUS	$12.57	$10.68	$12.57	$10.68	N	
91013	TC		ESOPHGL MOTIL W/STIM/PERFUS	$8.16	$8.16	$8.16	$8.16	N	
91013	26		ESOPHGL MOTIL W/STIM/PERFUS	$4.41	$3.74	$4.41	$3.74	N	
91020			ESOPHAGOGASTRIC MANOMETRIC STU	$135.68	$115.33	$203.06	$193.42	N	
91020	TC		ESOPHAGOGASTRIC MANOMETRIC STU	$101.10	$101.10	$138.83	$138.83	N	
91020	26		ESOPHAGOGASTRIC MANOMETRIC STU	$34.59	$29.40	$64.22	$54.59	N	
91022			DUODENAL MOTILITY STUDY	$86.07	$73.16	$178.78	$151.96	N	
91022	TC		DUODENAL MOTILITY STUDY	$51.48	$51.48	$102.14	$102.14	N	
91022	26		DUODENAL MOTILITY STUDY	$34.59	$29.40	$64.90	$55.17	N	
91030			ACID PERFUSION FOR ESOPHAGITIS	$72.15	$61.33	$113.33	$107.20	N	
91030	TC		ACID PERFUSION FOR ESOPHAGITIS	$10.02	$10.02	$72.51	$72.51	N	
91030	26		ACID PERFUSION FOR ESOPHAGITIS	$22.03	$18.73	$40.81	$34.69	N	
91034			GASTROESOPHAGEAL REFLUX TEST	$94.17	$80.04	$201.69	$171.44	N	
91034	TC		GASTROESOPHAGEAL REFLUX TEST	$70.51	$70.51	$151.42	$151.42	N	
91034	26		GASTROESOPHAGEAL REFLUX TEST	$23.66	$20.11	$43.98	$37.38	N	
91035			G-ESOPH REFLEXTST W/ELECTROD	$221.13	$187.96	$421.23	$410.58	N	
91035	TC		G-ESOPH REFLEXTST W/ELECTROD	$181.99	$181.99	$350.19	$350.19	N	
91035	26		G-ESOPH REFLEXTST W/ELECTOD	$39.15	$33.27	$71.05	$60.39	N	
91037			ESOPH IMPED FUNCTION TEST	$83.13	$70.66	$133.95	$127.36	N	
91037	TC		ESOPH IMPED FUNCTION TEST	$59.64	$59.64	$89.98	$89.98	N	
91037	26		ESOPH IMPED FUNCTION TEST	$23.50	$19.97	$43.98	$37.38	N	
91038			ESOPH IMPED FUNCT TEST > 1HR	$195.84	$166.46	$113.98	$106.51	N	
91038	TC		ESOPH IMPED FUNCT TEST >1 HR	$169.25	$169.25	$64.19	$64.19	N	
91038	26		ESOPH IMPED FUNCT TEST >1 HR	$26.60	$22.61	$49.78	$42.32	N	
91040			ESOPH BALLOON DISTENSION TST	$250.51	$212.93	$356.69	$303.19	N	
91040	TC		ESOPH BALLOON DISTENSION TEST	$227.03	$227.03	$306.20	$306.20	N	
91040	26		ESOPH BALLOON DISTENSION TEST	$23.49	$19.96	$43.98	$37.38	N	
91110			GI TRC IMG INTRAL ESOPH-ILE	$352.75	$299.83	$874.34	$850.16	N	
91110	TC		GI TRACT IMAGING INTRALUMINAL	$298.91	$298.91	$713.15	$713.15	N	
91110	26		GI TRACT IMAGING INTRALUMINAL	$53.84	$45.76	$132.35	$112.50	N	
91111			GI TRC IMG INTRAL ESOPHAGUS	$421.37	$358.16	$663.76	$657.01	N	
91111	TC		ESOPHAGEAL CAPSULE ENDOSCOPY	$399.67	$399.67	$618.79	$618.79	N	
91111	26		ESOPHAGEAL CAPSULE ENDOSCOPY	$21.70	$18.45	$44.97	$38.22	N	
91112			GI WIRELESS CAPSULE MEASURE	$774.31	$658.16	$774.31	$658.16	N	
91112	TC		GI WIRELESS CAPSULE MEASURE	$723.73	$723.73	$723.73	$723.73	N	
91112	26		GI WIRELESS CAPSULE MEASURE	$50.58	$42.99	$50.58	$42.99	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
91113			GI TRC IMG INTRAL COLON I&R	$431.59	$366.85	$431.59	$366.85	N	
91113	TC		GI TRC IMG INTRAL COLON I&R	$373.50	$373.50	$373.50	$373.50	N	
91113	26		GI TRC IMG INRAL COLON I&R	$58.09	$49.38	$58.09	$49.38	N	
91117			COLON MOTILITY 6 HR STUDY	$65.98	$56.08	$65.98	$56.08	N	
91117	26		COLON MOTILITY 6 HR STUDY	$80.19	$68.16	$80.19	$68.16	N	
91120			RECTAL SENSATION TEST	$242.36	$206.01	$407.44	$400.80	N	
91120	TC		RECTAL SENSATION TEST	$219.21	$219.21	$363.17	$363.17	N	
91120	26		RECTAL SENSATION TEST	$23.15	$19.68	$44.27	$37.63	N	
91122			ANORECTAL MANOMETRY	$137.04	$116.48	$235.53	$223.51	N	
91122	TC		ANORECTAL MANOMETRY	$94.98	$94.98	$154.64	$154.64	N	
91122	26		ANORECTAL MANOMETRY	$42.06	$35.75	$80.16	$68.14	N	
91132			ELECTROGASTROG DX TRANSCUTAN	$42.41	$36.05	$42.41	$36.05	N	
91133			ELECTROGAS DX TRANSCU W/PROVOC	$44.49	$37.82	$44.49	$37.82	N	
91200			LIVER ELASTOGRAPHY	$15.25	$12.96	$15.25	$12.96	N	
91200	TC		LIVER ELASTOGRAPHY	$10.19	$10.19	$10.19	$10.19	N	
91200	26		LIVER ELASTOGRAPHY	$5.06	$4.30	$5.06	$4.30	N	
91299			UNLISTED DX GI PROCEDURE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
91304			SARSCOV2 VAC 5MCG/0.5ML	$129.23	$129.23	$129.23	$129.23	N	
91318			SARSCOV2 VAC 3MCG TRS-SUC IM	NA	NA	$56.93	$56.93	N	
91319			SARSCV2 VAC 10MCG TRS-SUC IM	NA	NA	$76.23	$76.23	N	
91320			SARSCV2 VAC 30MCG TRS-SUC IM	$124.72	$124.72	$124.72	$124.72	N	
91321			SARSCOV2 VAC 25 MCG/.25ML IM	NA	NA	$117.65	$117.65	N	
91322			SARSCOV2 VAC 50 MCG/0.5ML IM	$129.32	$129.32	$129.32	$129.32	N	
92002			INTRM OPH EXAM NEW PATIENT	$41.78	$35.51	$61.33	$61.33	N	
92004			COMPRE OPH EXAM NEW PT 1/>	$73.30	$62.30	$111.66	$111.66	N	
92004	22		EYE EXAM: COMPREHENSIVE: NEW P	$26.00	$26.00	$139.58	$139.58	N	
92012			INTRM OPH EXAM EST PATIENT	$43.94	$37.35	$56.72	$56.72	N	
92014			COMPRE OPH EXAM EST PT 1/>	$62.14	$52.81	$83.50	$83.50	N	
92014	22		EYE EXAM: COMPREHENSIVE: ESTAB	$26.00	$26.00	$104.38	$104.38	N	
92015			DETERMINE REFRACTIVE STATE	$4.40	$4.40	$38.50	$38.50	N	
92018			COMPL OPH EXAM GENERAL ANES	$68.51	$58.23	$117.42	$99.80	N	
92018	AA		EYE EXAM W/ANESTHESIA-COMPLETE	$9.30	$8.10	$9.30	$8.10	N	4
92019			LMTD OPH EXAM GENERAL ANES	$35.56	$30.23	$61.30	$52.11	N	
92019	AA		EYE EXAM W/ANESTHESIA LIMITED	$9.30	$8.10	$9.30	$8.10	N	4
92020			GONIOSCOPY	$13.40	$11.39	$23.53	$20.00	N	
92025			CPTRIZED CORNEAL TOPOGRAPHY	$18.17	$15.44	$25.34	$23.21	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
92025	AA		CORNEAL TOPOGRAPHY	$9.30	$8.10	$9.30	$8.10	N	4
92025	TC		CORNEAL TOPOGRAPHY	$8.83	$8.83	$11.17	$11.17	N	
92025	26		CORNEAL TOPOGRAPHY	$9.34	$7.94	$14.17	$12.04	N	
92060			SENSORIMOTOR EXAMINATION	$31.77	$27.00	$47.47	$42.63	N	
92060	TC		SENSORIMOTOR EXAM...	$13.93	$13.93	$15.22	$15.22	N	
92060	26		SENSORIMOTOR EXAM...	$17.84	$15.16	$32.25	$27.41	N	
92065			ORTHOPTIC/PLEOPTIC TRAINING	$19.52	$16.59	$30.27	$25.73	A	
92065	22		VISION TRAINING WORKUP AND WRI	$70.00	$60.00	$70.00	$60.00	A	
92066			ORTHOP TRAING SUPVJ PHYS/QHP	$13.59	$11.55	$13.59	$11.55	N	
92071			CONTACT LENS FITTING FOR TX	$17.74	$15.08	$17.74	$15.08	N	
92072			FITG C-LENS KERATOCONUS 1ST	$60.93	$51.79	$60.93	$51.79	N	
92081			LIMITED VISUAL FIELD XM	$16.69	$14.18	$35.77	$30.40	N	
92082			INTERMEDIATE VISUAL FIELD XM	$23.39	$19.88	$50.43	$42.87	N	
92083			EXTENDED VISUAL FIELD XM	$31.62	$26.87	$64.91	$55.18	N	
92100			SERIAL TONOMETRY	$42.55	$36.17	$75.48	$64.16	N	
92132			CPTRZD OPH DX IMG ANT SGM	$14.83	$12.61	$14.83	$12.61	N	
92132	TC		CMPTR OPHTH DX IMG ANT SEGMT	$7.30	$7.30	$7.30	$7.30	N	
92132	26		CMPTR OPHTH DX IMG ANT SEGMT	$7.53	$6.40	$7.53	$6.40	N	
92133			CPTRZD OPH DX IMG PST SGM ON	$15.32	$13.02	$15.32	$13.02	N	
92133	TC		CMPTR OPHTH IMG OPTIC NERVE	$7.30	$7.30	$7.30	$7.30	N	
92133	26		CMPTR OPHTH IMG OPTIC NERVE	$8.02	$6.82	$8.02	$6.82	N	
92134			CPTRZ OPH DX IMG PST SGM RTA	$16.16	$13.74	$16.16	$13.74	N	
92134	TC		CPTR OPHTH DX IMG POST SEGMT	$7.47	$7.47	$7.47	$7.47	N	
92134	26		CPTR OPHTH DX IMG POST SEGMT	$8.69	$7.39	$8.69	$7.39	N	
92136			OPHTHALMIC BIOMETRY	$23.42	$19.91	$74.17	$63.04	N	
92136	TC		OPHTHALMIC BIOMETRY	$8.83	$8.83	$41.85	$49.90	N	
92136	26		OPHTHALMIC BIOMETRY	$14.59	$12.40	$25.51	$21.69	N	
92145			CORNEAL HYSTERESIS DETER	$6.52	$5.54	$6.52	$5.54	N	
92145	TC		CORNEAL HYSTERESIS DETER	$3.91	$3.91	$3.91	$3.91	N	
92145	26		CORNEAL HYSTERESIS DETER	$2.62	$2.22	$2.62	$2.22	N	
92201			OPSCPY EXTND RTA DRAW UNI/BI	$12.17	$10.34	$12.17	$10.34	N	
92201	26		OPSCPY EXTND RTA DRAW UNI/BI	$10.98	$9.33	$10.98	$9.33	N	
92202			OPSCPY EXTND ON/MAC DRAW	$7.56	$6.42	$7.56	$6.42	N	
92202	26		OPSCPY EXTND ON/MAC DRAW	$7.05	$5.99	$7.05	$5.99	N	
92227			REMOTE DX RETINAL IMAGING	$9.00	$7.65	$9.00	$7.65	N	
92228			REMOTE RETINAL IMAGING MGMT	$14.80	$12.58	$14.80	$12.58	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
92228	TC		REMOTE RETINAL IMAGING MGNT	$6.80	$6.80	$6.80	$6.80	N	
92228	26		REMOTE RETINAL IMAGING MNGT	$8.01	$6.81	$8.01	$6.81	N	
92229			IMG RTA DETC/MNTR DS POC ALY	$22.94	$19.49	$22.94	$19.49	N	
92235			FLUORESCEIN ANGRPH MLTIFRAME	$79.46	$67.54	$91.05	$77.39	N	
92235	AA		OPHTHALMOSCOPY W/ANGIOGRAPHY	$9.30	$8.10	$9.30	$8.10	N	5
92235	TC		OPHTHALMOSCOPY W/ANGIOGRAPHY	$58.96	$58.96	$47.96	$47.96	N	
92235	26		OPHTHALMOSCOPY W/ANGIOGRAPHY	$20.50	$17.42	$38.76	$32.95	N	
92240			ICG ANGIOGRAPHY I&R UNI/BI	$119.48	$101.56	$221.07	$187.91	N	
92240	AA		INDOCYANINE-GREEN ANGIOGRAPHY	$9.30	$8.10	$9.30	$8.10	N	5
92240	TC		INDOCYANINE-GREEN ANGIOGRAPHY	$19.34	$19.34	$159.79	$159.79	N	
92240	26		INDOCYANINE-GREEN ANGIOGRAPHY	$22.80	$19.38	$48.24	$41.00	N	
92242			FLUORESCEIN&ICG ANGIOGRAPHY	$164.22	$139.58	$164.22	$139.58	N	
92242	TC		FLUIORESCEIN ICG ANGIOGRAPHY	$137.98	$137.98	$137.98	$137.98	N	
92242	26		FLUORESCEIN ICG ANGIOGRAPHY	$26.24	$22.30	$26.24	$22.30	N	
92250			FUNDUS PHOTOGRAPHY W/I&R	$18.29	$15.55	$53.49	$45.47	N	
92250	AA		OPHTHALMOSCOPY W/FUNDUS PHOTO	$9.30	$8.10	$9.30	$8.10	N	4
92250	TC		OPHTHALMOSCOPY W/FUNDUS PHOTO	$1.66	$1.66	$31.08	$31.08	N	
92250	26		OPHTHALMOSCOPY W/FUNDUS PHOTO	$9.97	$8.47	$20.66	$17.56	N	
92260			OPHTHALMODYNAMOMETRY	$9.49	$8.06	$15.44	$15.00	N	
92260	AA		OPHTHALMOSCOPY W/DYNAMOMETRY	$9.30	$8.10	$9.30	$8.10	N	5
92265			NDL OCULOELECTROMYOGRAPHY 1+	$43.55	$37.01	$77.94	$72.49	N	
92265	AA		OCULOELECTROMYOGRAPHY	$9.30	$8.10	$9.30	$8.10	N	5
92265	TC		OCULOELECTROMYOGRAPHY	$21.41	$21.41	$40.67	$40.67	N	
92265	26		OCULOELECTROMYOGRAPHY	$22.14	$18.82	$36.30	$30.85	N	
92270			ELECTRO-OCULOGRAPHY W/I&R	$60.37	$51.31	$78.99	$73.34	N	
92270	AA		ELECTRO-OCULOGRAPHY	$9.30	$8.10	$9.30	$8.10	N	5
92270	TC		ELECTRO-OCULOGRAPHY	$40.10	$40.10	$41.30	$41.30	N	
92270	26		ELECTRO-OCULOGRAPHY	$20.27	$17.23	$37.70	$32.04	N	
92273			FULL FIELD ERG W/I&R	$62.18	$52.85	$62.18	$52.85	N	
92273	TC		FULL FIELD ERG W/I&R	$45.02	$45.02	$45.02	$45.02	N	
92273	26		FULL FIELD ERG W/I&R	$17.16	$14.58	$17.16	$14.58	N	
92274			MULTIFOCAL ERG W/I&R	$44.93	$38.19	$44.93	$38.19	N	
92274	TC		MULTIFOCAL ERG W/I&R	$28.89	$28.89	$28.89	$28.89	N	
92274	26		MULTIFOCAL ERG W/I&R	$16.05	$13.64	$16.05	$13.64	N	
92286			ANT SGM IMG I&R SPECLR MIC	$19.31	$16.41	$40.38	$34.32	N	
92286	TC		SPECULAR ENDOTHELIAL MICROSCOP	$9.00	$9.00	$18.01	$18.01	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
92286	26		SPECULAR ENDOTHELIAL MICROSCOP	$10.31	$8.76	$22.78	$19.36	N	
92310			CONTACT LENS FITTING OU	$78.00	$78.00	$78.00	$78.00	N	
92326			REPLACEMENT OF CONTACT LENS	$19.54	$16.60	$39.86	$33.88	A	
92499			UNLISTED OPH SVC/PROCEDURE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
92502			OTOLARYNGOLOGIC EXAM UNDER ANE	$47.06	$40.00	$86.88	$73.85	N	
92502	AA		OTOLARYNGEAL EXAM/WITH ANES	$9.30	$8.10	$9.30	$8.10	N	5
92504			BINOCULAR MICROSCOPY	$14.43	$12.27	$22.95	$19.51	N	
92504	AA		BINOCULAR MICROSCOPY	$9.30	$8.10	$9.30	$8.10	N	5
92507			TX SP LANG VOICE COMM INDIV	$7.62	$6.47	$54.69	$46.48	N	
92507	HI		SPEECH & LANGUAGE INDIVIDUAL	$26.97	$26.97	$26.97	$26.97	A	
92507	HI	UN	SPEECH & LANGUAGE GRP BLENDED	$7.71	$7.71	$7.71	$7.71	A	
92507	HI	UP	SPEECH & LANGUAGE 3 SERVED	$8.67	$8.67	$8.67	$8.67	A	
92507	HI	UQ	SPEECH & LANGUAGE 4 SERVED	$6.50	$6.50	$6.50	$6.50	A	
92507	HI	UR	SPEECH & LANGUAGE 5 SERVED	$5.20	$5.20	$5.20	$5.20	A	
92507	TR		TREATMENT OF SPEECH, LANGUAGE	$20.00	$20.00	$20.00	$20.00	N	
92507	U9		TREATMENT OF SPEECH, LANGUAGE	$20.00	$20.00	$20.00	$20.00	N	
92508			TX SP LANG VOICE COMM GROUP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
92508	TR		SPEECH,LANGUAGE/HEARING THERAP	$20.00	$20.00	$20.00	$20.00	N	
92508	U9		SPEECH,LANGUAGE/HEARING THERAP	$20.00	$20.00	$20.00	$20.00	N	
92511			NASOPHARYNGOSCOPY	$58.18	$49.45	$116.36	$98.91	N	
92511	AA		NASOPHARYNGOSCOPY	$9.30	$8.10	$9.30	$8.10	N	3
92512			NASAL FUNCTION STUDIES	$32.24	$27.40	$56.66	$48.16	N	
92516			FACIAL NERVE FUNCTION TEST	$36.61	$31.11	$54.60	$46.41	N	
92517			VEMP TEST I&R CERVICAL	$37.77	$32.10	$37.77	$32.10	N	
92517	26		VEMP TEST I&R CERVICAL	$20.44	$17.37	$20.44	$17.37	N	
92518			VEMP TEST I&R OCULAR	$37.94	$32.24	$37.94	$32.24	N	
92518	26		VEMP TEST I&R OCULAR	$20.77	$17.65	$20.77	$17.65	N	
92519			VEMP TST I&R CERVICAL&OCULAR	$61.00	$51.85	$61.00	$51.85	N	
92519	26		VEMP TST I&R CERVICAL&OCULAR	$30.92	$26.28	$30.92	$26.28	N	
92520			LARYNGEAL FUNCTION STUDIES	$45.30	$38.50	$41.90	$35.62	N	
92521			EVALUATION OF SPEECH FLUENCY	$66.42	$56.46	$66.42	$56.46	N	
92521	TR		EVALUATION OF SPEECH CONTINUIT	$20.00	$20.00	$20.00	$20.00	N	
92521	U9		EVALUATION OF SPEECH CONTINUIT	$20.00	$20.00	$20.00	$20.00	N	
92522			EVALUATE SPEECH PRODUCTION	$55.18	$46.90	$55.18	$46.90	N	
92522	TR		EVALUATION OF SPEECH SOUND PRO	$20.00	$20.00	$20.00	$20.00	N	
92522	U9		EVALUATION OF SPEECH SOUND PRO	$20.00	$20.00	$20.00	$20.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
92523			SPEECH SOUND LANG COMPREHEN	$113.59	$96.55	$113.59	$96.55	N	
92523	TR		EVALUATION OF SPEECH SOUND PRO	$20.00	$20.00	$20.00	$20.00	N	
92523	U9		EVALUATION OF SPEECH SOUND PRO	$20.00	$20.00	$20.00	$20.00	N	
92524			BEHAVRAL QUALIT ANALYS VOICE	$54.16	$46.04	$54.16	$46.04	N	
92524	TR		ANALYSIS OF VOICE AND RESONANC	$20.00	$20.00	$20.00	$20.00	N	
92524	U9		ANALYSIS OF VOICE AND RESONANC	$20.00	$20.00	$20.00	$20.00	N	
92526			ORAL FUNCTION THERAPY	$42.17	$35.84	$73.62	$62.58	N	
92526	TR		ORAL FUNCTION THERAPY	$20.00	$20.00	$20.00	$20.00	N	
92526	U9		ORAL FUNCTION THERAPY	$20.00	$20.00	$20.00	$20.00	N	
92533			CALORIC VESTIBULAR TEST: EACH	$4.00	$4.00	$4.00	$4.00	N	
92537			CALORIC VSTBLR TEST W/REC	$19.28	$16.39	$19.28	$16.39	N	
92537	TC		CALORIC VSTBLR TEST W/REC	$4.42	$4.42	$4.42	$4.42	N	
92537	26		CLORIC VSTBLR TEST W/REC	$14.87	$12.64	$14.87	$12.64	N	
92538			CALORIC VSTBLR TEST W/REC	$10.91	$9.27	$10.91	$9.27	N	
92538	TC		CALORIC VSTBLR TEST W/REC	$3.23	$3.23	$3.23	$3.23	N	
92538	26		CALORIC VSTBLR TEST W/REC	$7.69	$6.53	$7.69	$6.53	N	
92540			BASIC VESTIBULAR EVALUATION, I	$51.87	$44.09	$51.87	$44.09	N	
92541			SPONTANEOUS NYSTAGMUS W/RECORD	$12.34	$10.49	$23.92	$20.33	N	
92541	TC		SPONTANEOUS NYSTAGMUS W/RECORD	$2.21	$2.21	$1.60	$1.60	N	
92541	26		SPONTANEOUS NYSTAGMUS W/RECORD	$10.14	$8.61	$19.69	$16.73	N	
92542			POSITIONAL NYSTAGMUS W/RECORDI	$14.13	$12.01	$28.06	$23.85	N	
92542	TC		POSITIONAL NYSTAGMUS W/RECORDI	$2.04	$2.04	$1.60	$1.60	N	
92542	26		POSITIONAL NYSTAGMUS W/RECORDI	$12.10	$10.29	$16.16	$13.74	N	
92543	26		CALORIC VESTIBULAR TEST W/RECO	$5.15	$4.15	$5.15	$4.15	N	
92544			OPTOKINETIC NYSTAGMUS W/RECORD	$8.90	$7.57	$16.73	$14.22	N	
92544	TC		OPTOKINETIC NYSTAGMUS W/RECORD	$1.86	$1.86	$1.60	$1.60	N	
92544	26		OPTOKINETIC NYSTAGMUS W/RECORD	$7.04	$5.98	$12.58	$10.70	N	
92545			OSCILLATING TRACKING W/RECORDI	$8.41	$7.15	$16.31	$13.86	N	
92545	TC		OSCILLATING TRACKING W/RECORDI	$1.86	$1.86	$1.60	$1.60	N	
92545	26		OSCILLATING TRACKING W/RECORDI	$6.55	$5.56	$11.30	$9.60	N	
92546			TORSION SWING TEST,W RECORDING	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
92547			ADDED USE OF VERTICAL ELECTROD	$5.27	$4.48	$4.49	$3.81	N	
92548			COMPUTERIZED DYNAMIC POSTUROG	$23.12	$19.65	$96.91	$93.13	N	
92548	AA		COMPUTERIZED DYNAMIC POSTUROG	$9.30	$8.10	$9.30	$8.10	N	7
92548	TC		COMPUTERIZED DYNAMIC POSTUROG	$6.97	$6.97	$71.69	$71.69	N	
92548	26		COMPUTERIZED DYNAMIC POSTUROG	$16.16	$13.73	$25.22	$21.44	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
92549			CDP-SOT 6 COND W/I&R MCT&ADT	$32.10	$27.29	$32.10	$27.29	N	
92549	TC		CDP-SOT 6 COND W/I&R MCT&ADT	$10.37	$10.37	$10.37	$10.37	N	
92549	26		CDP-SOT 6 COND W/I&R MCT&ADT	$21.74	$18.48	$21.74	$18.48	N	
92550			TYMPANOMETRY AND REFLEX THRESH	$10.70	$9.09	$10.70	$9.09	N	
92551			PURE TONE HEARING TEST, AIR	$16.10	$13.69	$16.10	$13.69	N	
92552			PURE TONE AUDIOMETRY: AIR ONLY	$20.39	$17.33	$16.10	$13.69	N	
92552	SA		PURE TONE AUDIOMETRY: AIR ONLY	$17.33	$17.33	$13.00	$13.00	N	
92552	TR		TEST FOR HEARING VARIOUS PITCH	$20.00	$20.00	$20.00	$20.00	N	
92552	U9		TEST FOR HEARING VARIOUS PITCH	$20.00	$20.00	$20.00	$20.00	N	
92553			PURE TONE AUDIOMETRY: AIR AND	$24.64	$20.94	$24.16	$20.54	N	
92553	SA		PURE TONE AUDIOMETRY: AIR AND	$20.94	$20.94	$19.51	$19.51	N	
92555			SPEECH AUDIOMETRY,THRESHOLD ON	$15.46	$13.14	$14.07	$11.96	N	
92556			SPEECH AUDIOMETRY,THRESHOLD/DI	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
92557			BASIC COMPREHENSIVE AUDIOMETRY	$17.92	$15.23	$38.87	$33.04	N	
92558			EVOKED AUDITORY TEST QUAL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
92562			LOUDNESS BALANCE TEST	$5.06	$4.30	$15.09	$12.82	N	
92563			TONE DECAY HEARING TEST	$3.64	$3.09	$14.07	$11.96	N	
92565			STENGER TEST, PURE TONE	$11.21	$9.53	$14.75	$12.54	N	
92567			TYMPANOMETRY	$7.96	$6.76	$15.01	$12.76	N	
92567	AA		TYMPANOMETRY	$9.30	$8.10	$9.30	$8.10	N	5
92567	SA		TYMPANOMETRY	$6.76	$6.76	$13.02	$13.02	N	
92568			ACOUSTIC REFLEX TESTING	$7.36	$6.26	$14.07	$11.96	N	
92568	SA		ACOUSTIC REFLEX TESTING	$6.26	$6.26	$11.36	$11.36	N	
92568	TR		TEST TO ASSESS MIDDLE EAR MUSC	$20.00	$20.00	$20.00	$20.00	N	
92568	U9		TEST TO ASSESS MIDDLE EAR MUSC	$20.00	$20.00	$20.00	$20.00	N	
92569			ACOUSTIC REFLEX DECAY TEST	NA	NA	$15.09	$12.82	N	
92570			ACOUSTIC IMMITTANCE TESTING, I	$15.76	$13.40	$15.76	$13.40	N	
92570	TR		COMPREHENSIVE HEARING TEST	$20.00	$20.00	$20.00	$20.00	N	
92570	U9		COMPREHENSIVE HEARING TEST	$20.00	$20.00	$20.00	$20.00	N	
92570	26		ACOUSTIC IMMITANCE TESTING,INC	$14.06	$11.95	$14.06	$11.95	N	
92572			STAGGERED SPONDAIC WORD TEST	$29.05	$24.69	$29.05	$24.69	N	
92576			SYNTHETIC SENTENCE ID TEST	$23.11	$19.64	$23.11	$19.64	N	
92577			STENGER TEST, SPEECH	$11.72	$9.96	$14.93	$12.69	N	
92579			VISUAL AUDIOMETRY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
92582			CONDITIONING PLAY AUDIOMETRY	$45.54	$38.71	$26.54	$22.56	N	
92582	AA		CONDITIONING PLAY AUDIOMETRY	$9.30	$8.10	$9.30	$8.10	N	5

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
92583			SELECT PICTURE AUDIOMETRY	$6.05	$5.14	$32.55	$27.67	N	
92587			EVOKED OTOACOUS EMISSIONS/LIMI	$10.69	$9.09	$22.12	$18.80	N	
92587	TC		EVOKED OTOACOUS EMISSIONS/LIMI	$1.86	$1.86	$3.21	$3.21	N	
92587	26		EVOKED OTOACOUS EMISSIONS/LIMI	$8.83	$7.50	$6.44	$5.47	N	
92588			EVOK OTOAC EMISS/COMP OR DIAGN	$16.44	$13.97	$33.73	$28.67	N	
92588	TC		EVOK OROAC EMISS/COMP OR DIAGN	$2.54	$2.54	$4.40	$4.40	N	
92588	26		EOVK OTOAC EMISS/COMP OR DIAGN	$13.90	$11.82	$17.10	$14.54	N	
92590			HEARING AID XM&SLCTN MONAURL	$40.00	$34.00	$40.00	$34.00	N	
92591			HEARING AID XM&SLCTN BINAURL	$40.00	$34.00	$40.00	$34.00	N	
92597			ORAL SPEECH DEVICE EVALUATION	$36.13	$30.71	$73.64	$62.59	N	
92601			COCHLEAR IMPLT F/UP EXAM <7	NA	NA	$121.14	$102.97	N	
92602			ANALYSIS AND REPROGRAMMING O	NA	NA	$83.14	$70.67	N	
92603			COCHLEAR IMPLT F/UP EXAM 7/>	$73.04	$62.08	$75.01	$63.76	N	
92604			REPROGRAM COCHLEAR IMPLT 7/>	$44.13	$37.51	$47.86	$40.68	N	
92605			EVAL PRESC NON-SP-GEN AUG COMM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
92606			THER SERV NON-SP-GEN DEVICE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
92607			EVAL RX SP-GEN AUG/ALT COMMUN	$61.71	$52.45	$106.30	$90.36	N	
92607	TR		EVALUATION WITH PRESCRIPTION	$20.00	$20.00	$20.00	$20.00	N	
92607	U9		EVALUATION WITH PRESCRIPTION	$20.00	$20.00	$20.00	$20.00	N	
92608			EVAL RX SP-GEN AUG/ALT COM DEV	$24.28	$20.64	$20.14	$17.12	N	
92608	TR		EVALUATION WITH PRESCRIPTION	$20.00	$20.00	$20.00	$20.00	N	
92608	U9		EVALUATION WITH PRESCRIPTION	$20.00	$20.00	$20.00	$20.00	N	
92609			THER SERV SP-GENERAT DEVICE	$51.53	$43.80	$55.12	$46.85	N	
92609	TR		THERAPY SERVICE FOR USE OF SPE	$20.00	$20.00	$20.00	$20.00	N	
92609	U9		THERAPY SERVICE FOR USE OF SPE	$20.00	$20.00	$20.00	$20.00	N	
92610			EVAL ORAL/PHARYN SWALLOW FUNCT	$42.54	$36.16	$88.55	$75.27	N	
92610	TR		EVAL ORAL/PHARYNGEAL SWALLOWIN	$20.00	$20.00	$20.00	$20.00	N	
92610	U9		EVAL ORAL/PHARYNGEAL SWALLOWIN	$20.00	$20.00	$20.00	$20.00	N	
92611			MOT FLUOROS EVAL SWALLOW FUNCT	$45.39	$38.58	$90.20	$76.67	N	
92612			ENDOSCOPY SWALLOW (FEES) VID	$100.35	$85.29	$134.63	$114.44	N	
92612	26		FLEX FIBER ENDO EVAL SWALLOW	$32.37	$27.51	$63.73	$54.17	N	
92614			LARYNGOSCOPIC SENSORY VID	$75.36	$64.06	$126.50	$107.52	N	
92614	26		FLEX FIBER ENDO EVAL LARYN SEN	$31.86	$27.08	$63.73	$54.17	N	
92616			FLEX FIBER ENDO EVAL SWALL/LA	$116.03	$98.63	$176.57	$150.08	N	
92616	26		FLEX FIBER ENDO EVAL SWALL/LA	$48.57	$41.28	$94.81	$80.59	N	
92618			EX FOR NONSPEECH DEV RX ADD	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
92620			AUDITORY FUNCTION, 60 MIN	$43.89	$37.31	$40.45	$34.38	N	
92620	TR		AUDITORY FUNCTION, 60 MIN	$20.00	$20.00	$20.00	$20.00	N	
92620	U9		AUDITORY FUNCTION, 60 MIN	$20.00	$20.00	$20.00	$20.00	N	
92621			AUDITORY FUNCTION, + 15 MIN	$10.70	$9.09	$10.25	$8.71	N	
92621	TR		AUDITORY FUNCTION, 15 MIN	$20.00	$20.00	$20.00	$20.00	N	
92621	U9		AUDITORY FUNCTION, + 15 MIN	$20.00	$20.00	$20.00	$20.00	N	
92622			DX ALY AUD OI SND PRCSR 1ST	$39.03	$33.17	$39.03	$33.17	N	
92623			DX ALY AUD OI SND PRCSR EACH	$10.04	$8.53	$10.04	$8.53	N	
92623	26		DX ALY AUD OI SND PRCSR EACH	$8.51	$7.23	$8.51	$7.23	N	
92625			TINNITUS ASSESSMENT	$33.01	$28.05	$39.77	$33.80	N	
92626			EVAL AUD REHAB STATUS	$42.44	$36.07	$76.41	$64.95	N	
92627			EVAL AUD STATUS REHAB ADD-ON	$10.04	$8.53	$19.25	$16.36	N	
92630			AUD REHAB PRE-LING HEAR LOSS	$25.19	$21.41	$25.19	$21.41	N	
92630	TR		THERAPY SERVICE FOR HEARING LO	$20.00	$20.00	$20.00	$20.00	N	
92630	U9		THERAPY SERVICE FOR HEARING LO	$20.00	$20.00	$20.00	$20.00	N	
92633			AUD REHAB POSTLING HEAR LOSS	$25.19	$21.41	$25.19	$21.41	N	
92633	TR		THERAPY SERVICE FOR HEARING LO	$20.00	$20.00	$20.00	$20.00	N	
92633	U9		THERAPY SERVICE FOR HEARING LO	$20.00	$20.00	$20.00	$20.00	N	
92640			AUD BRAINSTEM IMPLT PROGRAMG	$53.31	$45.31	$47.87	$40.69	N	
92650			AEP SCR AUDITORY POTENTIAL	$19.35	$19.35	$19.35	$19.35	N	
92650	SB		AEP SCR AUDITORY POTENTIAL	$19.35	$19.35	$19.35	$19.35	N	
92651			AEP HEARING STATUS DETER I&R	$39.27	$33.38	$39.27	$33.38	N	
92651	SB		AEP HEARING STATUS DETER I&R	$39.27	$39.27	$39.27	$39.27	N	
92652			AEP THRSHLD EST MLT FREQ I&R	$53.72	$45.66	$53.72	$45.66	N	
92652	AA		AEP THRSHLD EST MLT FREQ I&R	$9.30	$8.10	$9.30	$8.10	N	5
92653			AEP NEURODIAGNOSTIC I&R	$40.24	$34.20	$40.24	$34.20	N	
92653	AA		AEP NEURODIAGNOSTIC I&R	$9.30	$8.10	$9.30	$8.10	N	5
92700			UNLISTED ORL SERVICE/PX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
92920			PRQ CARDIAC ANGIOPLAST 1 ART	$252.28	$214.43	$252.28	$214.43	N	
92921			PRQ CARDIAC ANGIO ADDL ART	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
92924			PRQ CARD ANGIO/ATHRECT 1 ART	$300.48	$255.41	$300.48	$255.41	N	
92925			PRQ CARD ANGIO/ATHRECT ADDL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
92928			PRQ CARD STENT W/ANGIO 1 VSL	$280.29	$238.24	$280.29	$238.24	N	
92929			PRQ CARD STENT W/ANGIO ADDL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
92933			PRQ CARD STENT/ATH/ANGIO	$314.65	$267.45	$314.65	$267.45	N	
92934			PRQ CARD STENT/ATH/ANGIO	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
92937			PRQ REVASC BYP GRAFT 1 VSL	$280.12	$238.10	$280.12	$238.10	N	
92938			PRQ REVASC BYP GRAFT ADDL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
92941			PRQ CARD REVASC MI 1 VSL	$314.98	$267.73	$314.98	$267.73	N	
92943			PRQ CARD REVASC CHRONIC 1VSL	$314.97	$267.72	$314.97	$267.72	N	
92944			PRQ CARD REVASC CHRONIC ADDL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
92950			CARDIOPULMONARY RESUSCITATION	$158.81	$134.98	$270.94	$230.30	N	
92950	SA		CARDIOPULMONARY RESUSCITATION	$134.98	$134.98	$218.78	$218.78	N	
92953			TEMPORARY TRANSCUTANEOUS PACIN	$0.50	$0.43	$0.50	$0.43	N	
92953	AA		TEMPORARY TRANSCUTANEOUS PACIN	$9.30	$8.10	$9.30	$8.10	N	4
92960			ELECTRICAL CARDIOVERSION	$75.77	$64.40	$165.74	$140.88	N	
92960	AA		CARDIOVERSION	$9.30	$8.10	$9.30	$8.10	N	4
92961			CARDIOVERSION ELECT INTERNAL	$116.87	$99.34	$224.60	$190.91	N	
92970			CARDIOASSIST-METHOD CIRC. ASSI	$90.06	$76.55	$151.67	$128.92	N	
92970	AA		CARDIOASSIST-METHOD CIRC. ASSI	$9.30	$8.10	$9.30	$8.10	N	7
92971			CARDIOASSIST-METHOD..EXTERNAL	$48.00	$40.80	$86.58	$73.59	N	
92971	AA		CARDIOASSIST-METHOD..EXTERNAL	$9.30	$8.10	$9.30	$8.10	N	7
92972			PERQ TRLUML CORONRY LITHOTRP	$70.16	$59.64	$70.16	$59.64	N	
92973			PERC TRANSLUM COR THROMBECTOMY	$83.88	$71.29	$154.27	$131.13	N	
92974			TRANSCATH PLACE RAD DELIV DEVI	$76.72	$65.21	$141.10	$119.93	N	
92975			THROMBOLYSIS, CORONARY:	$179.14	$152.27	$339.36	$288.46	N	
92975	AA		THROMBOLYSIS, CORONARY:	$9.30	$8.10	$9.30	$8.10	N	7
92977			THROMBOLYSIS, CORONARY:	$28.46	$24.19	$59.35	$50.45	N	
92977	AA		THROMBOLYSIS,CORONARY:	$9.30	$8.10	$9.30	$8.10	N	7
92977	26		ALYS CPLX CN NPGT PRGRMG	$27.30	$23.20	$27.30	$23.20	N	
92978			ENDOLUMINL IVUS OCT C 1ST	$116.00	$110.00	$244.90	$232.48	N	
92978	AA		INTRAVASC ULTRA COR VESS	$9.30	$8.10	$9.30	$8.10	N	7
92978	TC		INTRAVASC ULTRA COR VESS	$75.00	$75.00	$162.12	$162.12	N	
92978	26		INTRAVASC ULTRA COR VESS	$45.11	$38.34	$82.78	$70.36	N	
92979			ENDOLUMINL IVUS OCT C EA	$71.00	$66.00	$148.17	$138.22	N	
92979	AA		INTRAVASC ULTRA COR VESS	$9.30	$8.10	$9.30	$8.10	N	7
92979	TC		INTRAVASC ULTRA COR VESS	$37.00	$37.00	$81.86	$81.86	N	
92979	26		INTRAVASC ULTRA COR VESS	$35.99	$30.59	$66.30	$56.36	N	
92986			PERCU.BALLOON VALVULOPLASTY: A	$639.14	$543.27	$1135.31	$965.02	N	
92986	AA		PERCU. BALLOON VALVUPLASTY	$9.30	$8.10	$9.30	$8.10	N	7
92987			REVISION OF MITRAL VALVE	$658.86	$560.03	$1179.36	$1002.46	N	
92987	AA		REVISION OF MITRAL VALVE	$9.30	$8.10	$9.30	$8.10	N	15

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
92990			PERCU.BALLOON VALVULOPLASTY: P	$528.21	$448.97	$915.92	$778.53	N	
92990	AA		PERCU.BALLON VALVULOPLASTY	$9.30	$8.10	$9.30	$8.10	N	6
92997			PTPA-SINGLE VESSEL	$302.15	$256.83	$554.49	$471.31	N	
92997	AA		PTPA-SINGLE VESSEL	$9.30	$8.10	$9.30	$8.10	N	7
92998			PTPA-EACH ADDIT VESSEL	$151.93	$129.14	$272.65	$231.75	N	
92998	AA		PTPA-EACH ADDIT VESSEL	$9.30	$8.10	$9.30	$8.10	N	
93000			ROUTINE ECG W/AT LEAST 12 LEAD	$7.13	$6.06	$17.74	$15.08	N	
93000	TC		ECG...TRACING ONLY,WO I&R	$11.00	$11.00	$11.00	$11.00	N	
93000	26		ECG: INTERPRETATION AND REPORT	$5.00	$5.00	$5.00	$5.00	N	
93005			ECG...TRACING ONLY,WO I&R	$3.23	$2.74	$9.16	$7.79	N	
93010			ECG: INTERPRETATION AND REPORT	$3.91	$3.32	$7.70	$6.55	N	
93015			CARDIOVASCULAR STRESS TEST	$36.46	$30.99	$74.49	$63.32	N	
93016			CARDIAC STRESS TEST PHY SUPONL	$10.09	$8.58	$20.58	$17.50	N	
93017			CARDIOVASCULAR STRESS TEST: TR	$19.53	$16.60	$36.85	$31.32	N	
93018			CARDIOVASCULAR STRESS: INTERPR	$6.84	$5.81	$6.84	$5.81	N	
93024			ERGONOVINE PROVOCATION TEST	$56.42	$47.96	$93.80	$85.78	N	
93024	TC		ERGONOVINE PROVOCATION TEST	$30.07	$30.07	$40.36	$40.36	N	
93024	26		ERGONOVINE PROVOCATION TEST	$26.36	$22.41	$53.44	$45.42	N	
93025			MICROVOLT T-WAVE ALTERNANS	$64.33	$54.68	$159.84	$135.86	N	
93040			RHYTHM ECG:1-3 LEADS W/INTERPR	$6.64	$5.64	$12.43	$10.57	N	
93041			RHYTHM ECG..TRACING ONLY WO I&	$3.39	$2.88	$3.39	$2.88	N	
93042			RHYTHM ECG: INTERPRET+REPORT O	$3.25	$2.76	$7.05	$5.99	N	
93050			ART PRESSURE WAVEFORM ANALYS	$8.15	$6.92	$8.15	$6.92	N	
93050	TC		ART PRESSURE WAVEFORM ANALYS	$4.24	$4.24	$4.24	$4.24	N	
93050	26		ART PRESSURE WAVEFORM ANALYS	$3.91	$3.32	$3.91	$3.32	N	
93150			THERAPY ACTIVATION IPNSS	$50.63	$43.03	$50.63	$43.03	N	
93150	26		THERAPY ACTIVATION IPNSS	$20.21	$17.17	$20.21	$17.17	N	
93151			INTERROG&PRGRMG IPNSS	$44.22	$37.59	$44.22	$37.59	N	
93151	26		INTERRORG&PRGRMG IPNSS	$19.07	$16.21	$19.07	$16.21	N	
93152			INTERROG&PRGRMG IPNSS POLYSM	$69.85	$59.37	$69.85	$59.37	N	
93152	26		INTERROG&PRGRMG IPNSS POLYSM	$42.49	$36.12	$42.49	$36.12	N	
93153			INTERROG W/O PRGRMG IPNSS	$26.41	$22.45	$26.41	$22.45	N	
93153	26		INTERROG W/O PRGRMG IPNSS	$10.44	$8.87	$10.44	$8.87	N	
93224			XTRNL ECG REC UP TO 48 HRS	$35.46	$30.14	$94.49	$80.32	N	
93225			XTRNL ECG REC<48 HRS REC	$9.17	$7.79	$28.01	$23.81	N	
93226			XTRNL ECG REC<48 HR SCAN A/R	$17.50	$14.88	$39.54	$33.61	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
93227			XTRNL ECG REC<48 HR R&I	$8.79	$7.47	$8.79	$7.47	N	
93228			WEARABLE MOBILE CARDIOVASCULAR	$12.24	$10.40	$12.24	$10.40	N	
93229			WEARABLE MOBILE CARDIOVASCULAR	$391.14	$332.47	$391.14	$332.47	N	
93235	SA		ECG 24HR. RPT, CNP REV&INTERP	NA	NA	$91.73	$91.73	N	
93241			EXT ECG>48HR<7D REC SCAN A/R	$135.94	$115.55	$135.94	$115.55	N	
93242			EXT ECG>48HR<7D RECORDING	$5.94	$5.05	$5.94	$5.05	N	
93243			EXT ECG>48HR<7D SCAN A/R	$118.95	$101.10	$118.95	$101.10	N	
93244			EXT ECG>48HR<7D REV&INTERPJ	$11.06	$9.40	$11.06	$9.40	N	
93245			EXT ECG>7D<15D REC SCAN A/R	$141.50	$120.28	$141.50	$120.28	N	
93246			EXT ECG>7D<15D RECORDING	$5.94	$5.05	$5.94	$5.05	N	
93247			EXT ECG>7D<15D SCAN A/R	$123.37	$104.86	$123.37	$104.86	N	
93248			EXT ECG>7D<15D REV&INTERPJ	$12.20	$10.37	$12.20	$10.37	N	
93260			PRGRMG DEV EVAL IMPLTBL SYS	$37.55	$31.91	$37.55	$31.91	N	
93260	TC		PRGRMG DEV EVAL IMPLTBL SYS	$17.67	$17.67	$17.67	$17.67	N	
93260	26		PRGRMG DEV EVAL IMPLTBL SYS	$19.88	$16.90	$19.88	$16.90	N	
93261			INTERROGATE SUBQ DEFIB	$34.60	$29.41	$34.60	$29.41	N	
93261	TC		INTERROGATE SUBQ DEFIB	$17.50	$17.50	$17.50	$17.50	N	
93261	26		INTERROGATE SUBQ DEFIB	$17.11	$14.54	$17.11	$14.54	N	
93264			REM MNTR WRLS P-ART PRS SNR	$25.61	$21.77	$25.61	$21.77	N	
93264	26		REM MNTR WRIS P-ART PRS SNR	$17.12	$14.55	$17.12	$14.55	N	
93268			ECG,PT DEMAND:PRE-SYMPTOM MEM	$85.28	$72.49	$217.14	$184.57	N	
93268	TC		ECG,PT DEMAND:PRE-SYMPTOM MEM	$19.00	$19.00	$19.00	$19.00	N	
93268	26		ECG,PT DEMAND:PRE-SYMPTOM MEM	$13.00	$11.00	$13.00	$11.00	N	
93270			PT DEMAND RECORDING	$4.07	$3.46	$9.92	$8.43	N	
93271			PT DEMAND MONITORING	$69.67	$59.22	$181.41	$154.20	N	
93272			PT DEMAND INTERPRETATION ONLY	$11.55	$9.81	$23.48	$19.96	N	
93278			SIGNAL-AVGD ECG,W/WO ECG	$15.89	$13.50	$32.48	$27.61	N	
93278	TC		SIGNAL-AVGD ECG,W/WO ECG	$9.85	$9.85	$19.54	$19.54	N	
93278	26		SIGNAL-AVGD ECG,W/WO ECG	$6.04	$5.13	$6.04	$5.13	N	
93279			PROGRAMMING DEVICE EVALUATION	$33.16	$28.19	$33.16	$28.19	N	
93279	TC		PROGRAMMING DEVICE EVALUATION	$18.18	$18.18	$18.18	$18.18	N	
93279	26		PROGRAMMING DEVICE EVALUATION	$14.98	$12.73	$14.98	$12.73	N	
93280			PROG DEVICE EVAL:DUAL LEAD PAC	$38.65	$32.85	$38.65	$32.85	N	
93280	TC		PROG DEVICE EVAL:DUAL LEAD PAC	$21.07	$21.07	$21.07	$21.07	N	
93280	26		PROG DEVICE EVAL:DUAL LEAD PAC	$17.59	$14.95	$17.59	$14.95	N	
93281			PROGRAMMING DEVICE EVALUATION	$41.12	$34.95	$41.12	$34.95	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
93281	TC		PROGRAMMING DEVICE EVALUATION	$21.41	$21.41	$21.41	$21.41	N	
93281	26		PROGRAMMING DEVICE EVALUATION	$19.71	$16.75	$19.71	$16.75	N	
93282			PROGRAMMING DEVICE EVALUATION	$39.08	$33.21	$39.08	$33.21	N	
93282	TC		PROGRAMMING DEVICE EVALUATION	$19.37	$19.37	$19.37	$19.37	N	
93282	26		PROGRAMMING DEVICE EVALUATION	$19.71	$16.75	$19.71	$16.75	N	
93283			PROGRAMMING DEVICE EVALUATION	$47.95	$40.76	$47.95	$40.76	N	
93283	TC		PROGRAMMING DEVICE EVALUATION	$21.24	$21.24	$21.24	$21.24	N	
93283	26		PROGRAMMING DEVICE EVALUATION	$26.72	$22.71	$26.72	$22.71	N	
93284			PROGRAMMING DEVICE EVALUATION	$51.76	$44.00	$51.76	$44.00	N	
93284	TC		PROGRAMMING DEVICE EVALUATION	$22.77	$22.77	$22.77	$22.77	N	
93284	26		PROGRAMMING DEVICE EVALUATION	$29.00	$24.65	$29.00	$24.65	N	
93285			PROGRAMMING DEVICE EVALUATION	$29.38	$24.97	$29.38	$24.97	N	
93285	TC		PROGRAMMING DEVICE EVALUATION	$17.33	$17.33	$17.33	$17.33	N	
93285	26		PROGRAMMING DEVICE EVALUATION	$12.05	$10.24	$12.05	$10.24	N	
93286			PERI-PROCEDURAL DEVICE EVALUAT	$22.30	$18.95	$22.30	$18.95	N	
93286	TC		PERI-PROCEDURAL DEVICE EVALUAT	$15.29	$15.29	$15.29	$15.29	N	
93286	26		PERI-PROCEDURAL DEVICE EVALUAT	$7.01	$5.95	$7.01	$5.95	N	
93287			PERI-PROCEDURAL DEVICE EVALUAT	$25.72	$21.86	$25.72	$21.86	N	
93287	TC		PERI-PROCEDURAL DEVICE EVALUAT	$15.29	$15.29	$15.29	$15.29	N	
93287	26		PERI-PROCEDURAL DEVICE EVALUAT	$10.43	$8.86	$10.43	$8.86	N	
93288			INTERROGATION DEVICE EVALUATIO	$27.78	$23.61	$27.78	$23.61	N	
93288	TC		INTERROGATION DEVICE EVALUATIO	$18.01	$18.01	$18.01	$18.01	N	
93288	26		INTERROGATION DEVICE EVALUATIO	$9.77	$8.30	$9.77	$8.30	N	
93289			INTERROGATION DEVICE EVALUATIO	$35.27	$29.98	$35.27	$29.98	N	
93289	TC		INTERROGATION DEVICE EVALUATIO	$18.01	$18.01	$18.01	$18.01	N	
93289	26		INTERROGATION DEVICE EVALUATIO	$17.26	$14.67	$17.26	$14.67	N	
93290			INTERROGATION DEVICE EVALUATIO	$26.07	$22.16	$26.07	$22.16	N	
93290	TC		INTERROGATION DEVICE EVALUATIO	$16.14	$16.14	$16.14	$16.14	N	
93290	26		INTERROGATION DEVICE EVALUATIO	$9.93	$8.44	$9.93	$8.44	N	
93291			INTERROGATION DEVICE EVALUATIO	$24.10	$20.48	$24.10	$20.48	N	
93291	TC		INTERROGATION DEVICE EVALUATIO	$15.63	$15.63	$15.63	$15.63	N	
93291	26		INTERROGATION DEVICE EVALUATIO	$8.47	$7.20	$8.47	$7.20	N	
93292			INTERROGATION DEVICE EVALUATIO	$25.22	$21.44	$25.22	$21.44	N	
93292	TC		INTERROGATION DEVICE EVALUATIO	$15.29	$15.29	$15.29	$15.29	N	
93292	26		INTERROGATION DEVICE EVALUATIO	$9.93	$8.44	$9.93	$8.44	N	
93293			TRANSTELEPHONIC RHYTHM STRIP P	$20.76	$17.65	$20.76	$17.65	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
93293	TC		TRANSTELEPHONIC RHYTHM STRIP	$14.10	$14.10	$14.10	$14.10	N	
93293	26		TRANSTELEPHONIC RHYTHM STRIP	$6.66	$5.66	$6.66	$5.66	N	
93294			INTERROGATION DEVICE EVALUATIO	$14.17	$12.04	$14.17	$12.04	N	
93295			INTERROGATION DEVICE EVALUATIO	$17.44	$14.82	$17.44	$14.82	N	
93296			INTERROGATION DEVICE EVALUATIO	$10.19	$8.66	$10.19	$8.66	N	
93297			INTERROGATION DEVICE EVALUATIO	$30.06	$25.55	$30.06	$25.55	N	
93298			INTERROGATION DEVICE EVALUATIO	$50.79	$43.17	$50.79	$43.17	N	
93303			TRANSTHOR ECHOCARD COMPLETE	$108.29	$92.05	$196.65	$187.87	N	
93303	AA		TRANSTHOR ECHOCARD COMPLETE	$9.30	$8.10	$9.30	$8.10	N	7
93303	TC		TRANSTHOR ECHOCARD COMPLETE	$79.00	$79.00	$138.08	$138.08	N	
93303	26		TRANSTHOR ECHOCARD COMPLETE	$29.29	$24.90	$58.58	$49.79	N	
93304			TRANSTHOR ECHOCARD FU/LIM STY	$76.39	$64.93	$103.79	$98.73	N	
93304	AA		TRANSTHOR ECHOCARD FU/LIM STY	$9.30	$8.10	$9.30	$8.10	N	7
93304	TC		TRANSTHOR ECHOCARD FU/LIM STY	$59.47	$59.47	$69.99	$69.99	N	
93304	26		TRANSTHOR ECHOCARD FU/LIM STY	$16.93	$14.39	$33.81	$28.74	N	
93306			ECHOCARDIOGRAPHY TRANSTHORAC	$97.26	$82.67	$97.26	$82.67	N	
93306	TC		ECHOCARDIOGRAPHY TRANSTHORACIC	$64.39	$64.39	$64.39	$64.39	N	
93306	26		ECHOCARDIOGRAPHY TRANSTHORACIC	$32.87	$27.94	$32.87	$27.94	N	
93307			ECHOCARDIOGRAPHY: REAL-TIME SC	$67.89	$57.71	$144.07	$122.46	N	
93307	AA		ECHOCARDIOGRAPHY: REAL-TIME SC	$9.30	$8.10	$9.30	$8.10	N	7
93307	TC		ECHOCARDIOGRAPHY: REAL-TIME SC	$47.06	$47.06	$95.85	$97.32	N	
93307	TC	22	ECHOCARDIOGRAPHY: 2 D&M MODE	$44.00	$44.00	$172.60	$172.60	N	
93307	22		ECHOCARDIOGRAPHY: 2 D&M MODE	$90.00	$83.00	$224.91	$217.06	N	
93307	22	26	ECHOCARDIOGRAPHY: 2 D&M MODE	$46.00	$39.00	$52.31	$44.46	N	
93307	26		ECHOCARDIOGRAPHY: REAL-TIME SC	$20.83	$17.71	$41.85	$35.57	N	
93308			ECHOCARDIOGRAPHY: REAL-TIME SC	$49.08	$41.71	$94.13	$90.51	N	
93308	AA		ECHOCARDIOGRAPHY: REAL-TIME SC	$9.30	$8.10	$9.30	$8.10	N	7
93308	TC		ECHOCARDIOGRAPHY: REAL-TIME SC	$37.20	$37.20	$69.99	$69.99	N	
93308	26		ECHOCARDIOGRAPHY: REAL-TIME SC	$11.87	$10.09	$24.14	$20.52	N	
93312			ECHOCARDIOGRAPHY REAL TIME WIT	$116.13	$98.71	$235.86	$221.06	N	
93312	AA		ECHOCARDIOGRAPHY REAL TIME	$9.30	$8.10	$9.30	$8.10	N	7
93312	TC		ECHOCARDIOGRAPHY REAL TIME WIT	$65.41	$65.41	$137.14	$137.14	N	
93312	26		ECHOCARDIOGRAPHY: REAL-TIME SC	$50.72	$43.11	$98.73	$83.92	N	
93313			ECHOCARD/PLACE TRANSESOPH PRB	$5.34	$4.54	$11.67	$9.92	N	
93313	AA		ECHOCARD/PLACE TRANSESOPH PRB	$9.30	$8.10	$9.30	$8.10	N	7
93314			ECHOCARD/IMAGE ACQUISITION	$111.42	$94.70	$193.78	$185.30	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
93314	AA		ECHOCARD/IMAGE ACQUISITION	$9.30	$8.10	$9.30	$8.10	N	7
93314	TC		ECHOCARD/IMAGE ACQUISITION	$68.81	$68.81	$137.14	$137.14	N	
93314	26		ECHOCARD/IMAGE ACQUISITION	$42.61	$36.22	$56.66	$48.16	N	
93315			TRANSESOPH ECHOCARDIOGRAPHY	$122.00	$113.00	$253.77	$233.18	N	
93315	AA		TRANSESOPH ECHOCARDIOGRAPHY	$9.30	$8.10	$9.30	$8.10	N	7
93315	TC		TRANSESOPH ECHOCARDIOGRAPHY	$62.00	$62.00	$127.07	$127.07	N	
93315	26		TRANSESOPH ECHOCARDIOGRAPHY	$59.85	$50.87	$124.83	$106.11	N	
93316			PLACE PROBE/ESOPH ECHOCARDIO	$12.13	$10.31	$27.61	$23.47	N	
93316	AA		PLACE PROBE/ESOPH ECHOCARDIO	$9.30	$8.10	$9.30	$8.10	N	7
93317			TRANSESOPH ECHOCARD INT/REP	$98.00	$93.00	$209.96	$197.59	N	
93317	TC		TRANSESOPH ECHOCARD INT/REP	$62.00	$62.00	$127.07	$127.07	N	
93317	26		TRANSESOPH ECHOCARD INT/REP	$42.14	$35.81	$82.96	$70.52	N	
93318			TRANSESOPH ECHOCARD MONITORING	$60.00	$51.00	$89.98	$76.49	N	
93318	26		TRANSESOPH ECHOCARD MONITORING	$48.79	$41.47	$89.98	$76.49	N	
93319			3D ECHO IMG CGEN CAR ANOMAL	$26.85	$22.82	$26.85	$22.82	N	
93319	26		3D ECHO IMG CGEN CAR ANOMAL	$11.21	$9.53	$11.21	$9.53	N	
93320			DOPPLER ECHO COMPLETE	$25.11	$21.34	$56.71	$48.20	N	
93320	AA		DOPPLER ECHOCARDIOGRAPHY	$9.30	$8.10	$9.30	$8.10	N	7
93320	TC		DOPPLER ECHOCARDIOGRAPY	$16.65	$16.65	$38.07	$33.30	N	
93320	26		DOPPLER ECHOCARDIOGRAPHY	$8.46	$7.19	$17.40	$14.79	N	
93321			DOPPLER ECHO F-UP/LMTD STD	$12.42	$10.56	$28.65	$24.35	N	
93321	AA		DOPPLER ECG...FU/LIMIT STUDY	$9.30	$8.10	$9.30	$8.10	N	7
93321	TC		*CPPLER ECG FU/LIMIT STUDY	$9.01	$9.01	$21.15	$21.15	N	
93321	26		FU/LIMIT STUDY	$3.42	$2.90	$7.07	$6.01	N	
93325			DOPPLER ECHO COLOR FLOW MAPG	$11.49	$9.76	$27.07	$23.01	N	
93325	AA		DOPPLER COLOR FLOW VELOC MAPPI	$9.30	$8.10	$9.30	$8.10	N	7
93325	TC		DOPPLER COLOR FLOW VELOC MAPPI	$10.03	$10.03	$23.84	$23.84	N	
93325	26		DOPPLER COLOR FLOW VELOC MAPPI	$1.46	$1.24	$3.22	$2.74	N	
93350			2D ECHO W/WO M MODE INTER&RPT	$91.49	$77.76	$131.50	$121.35	N	
93350	AA		2D ECHO W/WO M MODE INTER&RPT	$9.30	$8.10	$9.30	$8.10	N	7
93350	TC		2D ECHO W/WO M MODE, TRACING	$58.62	$58.62	$63.88	$63.88	N	
93350	26		2D ECHO W/WO M MODE,INTERP/RPT	$32.87	$27.94	$67.62	$57.47	N	
93351			ECHOCARDIOGRAPHY TRANSTHORAC	$115.14	$97.87	$115.14	$97.87	N	
93352			USE OF ECHOCARDIOGRAPHIC CONTR	$17.65	$15.00	$17.65	$15.00	N	
93355			ECHO TRANSESOPHAGEAL (TEE)	$107.39	$91.28	$107.39	$91.28	N	
93356			MYOCRD STRAIN IMG SPCKL TRCK	$18.28	$15.53	$18.28	$15.53	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
93356	26		MYOCRD STRAIN IMG SPCKL TRCK	$5.70	$4.85	$5.70	$4.85	N	
93451			RIGHT HEART CATH	$413.64	$351.59	$413.64	$351.59	N	
93451	TC		RIGHT HEART CATH	$351.23	$351.23	$351.23	$351.23	N	
93451	26		RIGHT HEART CATH	$62.41	$53.04	$62.41	$53.04	N	
93452			LEFT HRT CATH W/VENTRCLGRPHY	$431.13	$366.46	$431.13	$366.46	N	
93452	TC		LEFT HRT CATH W/VENTRCLGRPHY	$318.94	$318.94	$318.94	$318.94	N	
93452	26		LEFT HRT CATH W/VENTRCLGRPHY	$112.19	$95.36	$112.19	$95.36	N	
93453			R&L HRT CATH W/VENTRICLGRPHY	$549.98	$467.48	$549.98	$467.48	N	
93453	TC		R&L HRT CATH W/VENTRICLGRPHY	$400.00	$400.00	$400.00	$400.00	N	
93453	26		R&L HRT CATH W/VENTRICLGRPHY	$149.98	$127.48	$149.98	$127.48	N	
93454			CORONARY ARTERY ANGIO S&I	$434.14	$369.02	$434.14	$369.02	N	
93454	TC		CORONARY ARTERY ANGIO S&I	$320.81	$320.81	$320.81	$320.81	N	
93454	26		CORONARY ARTERY ANGIO S&I	$113.33	$96.33	$113.33	$96.33	N	
93455			CORONARY ART/GRFT ANGIO S&I	$484.46	$411.79	$484.46	$411.79	N	
93455	TC		CORONARY ART/GRFT ANGIO S&I	$352.08	$352.08	$352.08	$352.08	N	
93455	26		CORONARY ART/GRFT ANGIO S&I	$132.39	$112.53	$132.39	$112.53	N	
93456			R HRT CORONARY ARTERY ANGIO	$540.22	$459.19	$540.22	$459.19	N	
93456	TC		R HRT CORONARY ARTERY ANGIO	$392.35	$392.35	$392.35	$392.35	N	
93456	26		R HRT CORONARY ARTERY ANGIO	$147.87	$125.69	$147.87	$125.69	N	
93457			R HRT ART/GRFT ANGIO	$589.37	$500.96	$589.37	$500.96	N	
93457	TC		R HRT ART/GRFT ANGIO	$423.10	$423.10	$423.10	$423.10	N	
93457	26		R HRT ART/GRFT ANGIO	$166.26	$141.32	$166.26	$141.32	N	
93458			L HRT ARTERY/VENTRICLE ANGIO	$499.76	$424.80	$499.76	$424.80	N	
93458	TC		L HRT ARTERY/VENTRICLE ANGIO	$360.06	$360.06	$360.06	$360.06	N	
93458	26		L HRT ARTERY/VENTRICLE ANGIO	$139.70	$118.75	$139.70	$118.75	N	
93459			L HRT ART/GRFT ANGIO	$537.69	$457.04	$537.69	$457.04	N	
93459	TC		L HRT ART/GRFT ANGIO	$379.26	$379.26	$379.26	$379.26	N	
93459	26		L HRT ART/GRFT ANGIO	$158.43	$134.67	$158.43	$134.67	N	
93460			R&L HRT ART/VENTRICLE ANGIO	$596.51	$507.03	$596.51	$507.03	N	
93460	TC		R&L HRT ART/VENTRICLE ANGIO	$418.86	$418.86	$418.86	$418.86	N	
93460	26		R&L HRT ART/VENTRICLE ANGIO	$177.66	$151.01	$177.66	$151.01	N	
93461			R&L HRT ART/VENTRICLE ANGIO	$658.06	$559.35	$658.06	$559.35	N	
93461	TC		R&L HRT ART/VENTRICLE ANGIO	$461.85	$461.85	$461.85	$461.85	N	
93461	26		R&L HRT ART/VENTRICLE ANGIO	$196.22	$166.78	$196.22	$166.78	N	
93462			L HRT CATH TRNSPTL PUNCTURE	$98.84	$84.01	$98.84	$84.01	N	
93463			DRUG ADMIN & HEMODYNMIC MEAS	$46.71	$39.70	$46.71	$39.70	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
93464			EXERCISE W/HEMODYNAMIC MEAS	$107.41	$91.30	$107.41	$91.30	N	
93464	TC		EXERCISE W/HEMODYNAMIC MEAS	$64.74	$64.74	$64.74	$64.74	N	
93464	26		EXERCISE W/HEMODYNAMIC MEAS	$42.68	$36.28	$42.68	$36.28	N	
93503			HEART CATHETER PLACEMENT	$41.78	$35.51	$41.78	$35.51	N	
93503	AA		HEART CATHETER PLACEMENT	$9.30	$8.10	$9.30	$8.10	N	7
93505			ENDOMYOCARDIAL BIOPSY	$310.73	$264.12	$310.73	$264.12	N	
93505	AA		ENDOCARDIAL BIOPSY 000	$9.30	$8.10	$9.30	$8.10	N	7
93505	TC		ENDOCARDIAL BIOPSY 000	$202.21	$202.21	$202.21	$202.21	N	
93505	26		ENDOCARDIAL BIOPSY 000	$108.52	$92.24	$108.52	$92.24	N	
93524	26		TRANSSEPTAL & RETROGRADE LT CA	$153.00	$130.00	$341.50	$290.27	N	
93563			NJX CGEN CAR CTH SLCTV C ANG	$24.59	$20.90	$24.59	$20.90	N	
93564			NJX CGEN CAR CATH SLCTV OPAC	$26.39	$22.43	$26.39	$22.43	N	
93565			NJX CAR CTH SLCTV LV/LA ANG	$13.03	$11.07	$13.03	$11.07	N	
93566			NJX CAR CTH SLCTV RV/RA ANG	$12.38	$10.52	$12.38	$10.52	N	
93566	26		INJECT R VENTR/ATRIAL ANGIO	$23.00	$19.55	$23.00	$19.55	N	
93567			NJX CAR CTH SPRVLV AORTGRPHY	$17.91	$15.22	$17.91	$15.22	N	
93567	26		INJECT SUPRVLV AORTOGRAPHY	$26.44	$22.47	$26.44	$22.47	N	
93568			INJECT PULM ART HRT CATH	$22.31	$18.96	$22.31	$18.96	N	
93568	26		INJECT PULM ART HRT CATH	$24.20	$20.57	$24.20	$20.57	N	
93569			NJX CTH SLCT P-ART ANGRP UNI	$17.90	$15.22	$17.90	$15.22	N	
93571			INTRAVASC DOPPLER VELOCITY	$146.00	$138.00	$243.88	$231.62	N	
93571	TC		INTRAVAS DOPPLER VELOCITY	$92.00	$92.00	$162.12	$162.12	N	
93571	26		INTRAVASC DOPPLER VELOCITY	$34.36	$29.20	$79.73	$67.77	N	
93572			INTRAVASCULAR DOPPLER VELOCITY	$43.00	$37.00	$63.68	$54.13	N	
93572	26		INTRAVASCULAR DOPPLER VELOCITY	$24.92	$21.18	$63.68	$54.13	N	
93573			NJX CATH SLCT P-ART ANGRP BI	$29.78	$25.31	$29.78	$25.31	N	
93574			NJX CATH SLCT PULM VN ANGRPH	$33.20	$28.22	$33.20	$28.22	N	
93575			NJX CATH SLCT P ANGRPH MAPCA	$44.09	$37.48	$44.09	$37.48	N	
93580			PERC TRANSCATH CLOS CONGEN INT	$465.22	$395.44	$856.17	$727.74	N	
93580	AA		PERC TRANSCATH CLOS CONGEN INT	$9.30	$8.10	$9.30	$8.10	N	10
93581			PERC TRANSCATH CLOS CONG VSD	$632.00	$537.20	$1141.28	$970.09	N	
93581	AA		PERC TRANSCATH CLOS CONG VSD	$9.30	$8.10	$9.30	$8.10	N	10
93582			PERQ TRANSCATH CLOSURE PDA	$315.29	$268.00	$315.29	$268.00	N	
93583			PERQ TRANSCATH SEPTAL REDUXN	$353.64	$300.59	$353.64	$300.59	N	
93584			VNGRPH CHD ANOM/PERSIST SVC	$28.17	$23.94	$28.17	$23.94	N	
93585			VNGRPH CHD AZYGS/HEMIAZYGS	$26.53	$22.55	$26.53	$22.55	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
93586			VNGRPH CHD CORONARY SINUS	$33.70	$28.64	$33.70	$28.64	N	
93587			VNGRPH CHD VNVN CLTRL AT/ABV	$49.32	$41.92	$49.32	$41.92	N	
93588			VNGRPH CHD VNVN CLTRL BELOW	$49.98	$42.48	$49.98	$42.48	N	
93590			PERQ TRANSCATH CLS MITRAL	$510.25	$433.71	$510.25	$433.71	N	
93591			PERQ TRANSCATH CLS AORTIC	$422.96	$359.52	$422.96	$359.52	N	
93592			PERQ TRANSCATH CLOSURE EACH	$183.85	$156.27	$183.85	$156.27	N	
93593			R HRT CATH CHD NML NT CNJ	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
93593	AA		R HRT CATH CHD NML NT CNJ	$9.30	$8.10	$9.30	$8.10	N	7
93593	26		R HRT CATH NML NT CNJ	$90.13	$76.61	$90.13	$76.61	N	
93594			R HRT CATH CHD ABNL NT CNJ	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
93594	AA		R HRT CHD ABNL INT CNJ	$9.30	$8.10	$9.30	$8.10	N	7
93594	26		R HRT CATH CHD ABNL NT CNJ	$138.49	$117.72	$138.49	$117.72	N	
93595			L HRT CATH CHD NM/ABN NT CNJ	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
93595	26		L HRT CATH CHD NM/ABN NT CNJ	$123.48	$104.96	$123.48	$104.96	N	
93596			R&L HRT CATH CHD NML NT CNJ	$0.00	$0.00	$0.00	$0.00	N	
93596	AA		R&L HRT CHD NML NT CNJ	$9.30	$8.10	$9.30	$8.10	N	7
93596	26		R&L HRT CATH CHD NML NT CNJ	$153.74	$130.68	$153.74	$130.68	N	
93597			R&L HRT CATH CHD ABNL NT CNJ	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
93597	AA		R&L HRT CATH CHD ABDNL NT CNJ	$9.30	$8.10	$9.30	$8.10	N	7
93597	26		R&L HRT CATH CHD ABNL NT CNJ	$199.79	$169.82	$199.79	$169.82	N	
93598			CAR OUTP MEAS DRG CATH CHD	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
93598	26		CAROULP MEAS DRG CATH CHD	$31.36	$26.66	$31.36	$26.66	N	
93600			BUNDLE OF HIS RECORDING	$121.00	$103.00	$170.25	$144.71	N	
93600	AA		BUNDLE OF HIS RECORDING	$9.30	$8.10	$9.30	$8.10	N	7
93602			INTRA-ATRIAL RECORDING	$121.00	$103.00	$120.11	$102.09	N	
93602	AA		INTRA-ATRIAL RECORDING	$9.30	$8.10	$9.30	$8.10	N	7
93603			RIGHT VENTRICULAR RECORDING:	$121.00	$103.00	$120.50	$102.43	N	
93603	AA		RIGHT VENTRICULAR RECORDING:	$9.30	$8.10	$9.30	$8.10	N	7
93609			INTRA-VNTR MAPG TCHYCAR SITE	$184.00	$156.00	$288.06	$244.85	N	
93609	AA		INTRAVENT.ATRIAL MAP TACHYCARD	$9.30	$8.10	$9.30	$8.10	N	7
93610			INTRA-ATRIAL PACING	$141.09	$119.92	$176.36	$149.91	N	
93610	AA		INTRA-ATRIAL PACING	$9.30	$8.10	$9.30	$8.10	N	7
93612			INTRAVENTRICULAR PACING	$140.48	$119.41	$167.69	$142.54	N	
93612	AA		INTRAVENTRICULAR PACING	$9.30	$8.10	$9.30	$8.10	N	7
93613			INTRACARDIAC EPHYS 3D MAPG	$138.81	$117.98	$306.42	$260.46	N	
93615			ESOPHAGEAL RECORDING.....	$25.30	$21.50	$39.21	$33.33	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
93615	AA		ESOPHAGEAL RECORDING.....	$9.30	$8.10	$9.30	$8.10	N	7
93616			ESOPHAGEAL RECORDING W/PACG	$55.50	$47.00	$55.50	$47.00	N	
93616	AA		ESOPHAGEAL RECORDING...W PACIN	$9.30	$8.10	$9.30	$8.10	N	7
93618			INDCTJ ARRHYTHMIA ELEC PACG	$253.00	$215.00	$341.66	$290.41	N	
93618	AA		INDUCTION ARRHYTHMIA/ELECT.PAC	$9.30	$8.10	$9.30	$8.10	N	7
93619			COMPREHENSIVE EP EVALUATION	$275.78	$234.41	$630.19	$535.66	N	
93619	AA		ELECTROPHYSIO EVAL W RA/RV/HIS	$9.30	$8.10	$9.30	$8.10	N	7
93619	26		ELECTROPHYSIO EVAL W RA/RV/HIS	$182.31	$154.96	$354.42	$301.26	N	
93620			COMP EP EVL R AT VEN PAC&REC	$495.00	$421.00	$495.00	$421.00	N	
93620	AA		COMP ELECTROPHYSIOLOGIC EVAL..	$9.30	$8.10	$9.30	$8.10	N	7
93621			COMP EP EVL L PAC&REC C SINS	$98.65	$83.85	$98.65	$83.85	N	
93621	AA		COMP ELECTROPHYSIOLOGIC EVAL..	$9.30	$8.10	$9.30	$8.10	N	7
93621	26		COMP ELECTROPHYSIOLOGIC EVAL	$38.98	$33.13	$38.98	$33.13	N	
93622			COMP EP EVAL L VENTR PAC&REC	$145.57	$123.73	$145.57	$123.73	N	
93622	AA		COMP ELECTROPHYSIOLOGIC EVAL..	$9.30	$8.10	$9.30	$8.10	N	7
93623			PRGRMD STIMJ&PACG IV RX NFS	$15.60	$13.25	$133.68	$113.63	N	
93623	AA		PROGRAM STIM&PACING W IV INFUS	$9.30	$8.10	$9.30	$8.10	N	7
93623	26		PROGRAM STIM&PACING W IV INFUS	$27.17	$23.09	$133.68	$113.63	N	
93624			EP F-UP STUDY PACG&REC	$176.50	$150.00	$307.50	$261.38	N	
93624	AA		EPA FOLLOW-UP STUDY,RECORD	$9.30	$8.10	$9.30	$8.10	N	7
93631			NTRAOP EPICAR&ENDCAR PAC&MAP	$367.45	$312.00	$367.45	$312.00	N	
93631	AA		INTRA-OPERATIVE CARD PAC&MAPP	$9.30	$8.10	$9.30	$8.10	N	7
93640			EP EVAL 1/2CHMBR PACG CVDFB	$117.15	$100.00	$321.87	$273.59	N	
93640	AA		ELECTROPHYSIO EVAL CARD DEFIB	$9.30	$8.10	$9.30	$8.10	N	7
93641			EP EVL 1/2CHMB PAC CVDFB TST	$232.00	$197.00	$494.33	$420.18	N	
93641	AA		EPS TEST CARDIOV-DEFIB GENERTR	$9.30	$8.10	$9.30	$8.10	N	7
93641	TC		EPS TEST CARDIOV-DEFIB GENERTR	$126.00	$126.00	$171.63	$145.89	N	
93641	26		EPS TEST CARDIOV-DEFIB GENERTR	$145.92	$124.03	$278.00	$236.30	N	
93642			EP EVL 1/2CHMB TRNSVNS CVDFB	$161.30	$137.11	$354.26	$301.12	N	
93642	AA		EPS EVAL OF COR-DEFIB IND ARR	$9.30	$8.10	$9.30	$8.10	N	7
93642	TC		EPS EVAL OF COR-DEFIB IND ARR	$41.62	$41.62	$89.72	$76.94	N	
93642	26		EPS EVAL OF COR-DEFIB IND ARR	$119.68	$101.73	$234.06	$198.95	N	
93644			EP EVAL SUBQ IMPL DFB	$93.15	$79.17	$93.15	$79.17	N	
93644	TC		ELECTROPHYSIOLOGY EVALUATION	$25.32	$25.32	$25.32	$25.32	N	
93644	26		ELECTROPHYSIOLOGY EVALUATION	$67.83	$57.65	$67.83	$57.65	N	
93650			ICAR CATH ABLTJ AV NODE FUNC	$278.35	$236.60	$278.35	$236.60	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
93650	AA		INTRACARDIAC CATH.ABLATION ARR	$9.30	$8.10	$9.30	$8.10	N	7
93653			EP & ABLATE SUPRAVENT ARRHYT	$398.98	$339.13	$398.98	$339.13	N	
93654			EP & ABLATE VENTRIC TACHY	$480.84	$408.71	$480.84	$408.71	N	
93655			ICAR CATH ABLTJ DSCRT ARRHYT	$146.48	$124.51	$146.48	$124.51	N	
93656			TX ATRIAL FIB PULM VEIN ISOL	$452.17	$384.34	$452.17	$384.34	N	
93657			TX L/R ATRIAL FIB ADDL	$146.65	$124.65	$146.65	$124.65	N	
93660			AUTONOMIC NERVOUS SYS.EVAL....	$81.71	$69.45	$144.22	$122.59	N	
93660	AA		AUTONOMIC NERVOUS SYS.EVAL	$9.30	$8.10	$9.30	$8.10	N	3
93662			INTRACARD ECHOCARDIOGRAPHY	$109.00	$93.00	$128.86	$109.53	N	
93662	AA		INTRACARD ECHOCARDIOGRAPHY	$9.30	$8.10	$9.30	$8.10	N	10
93662	26		INTRACARD ECHOCARDIOGRAPHY	$33.57	$28.53	$128.86	$109.53	N	
93701			BIOIMPEDANCE, THORACIC, ELECT	$13.42	$11.41	$26.44	$22.47	N	
93701	TC		BIOIMPEDANCE, THORACIC, ELECT	$23.00	$23.00	$21.05	$21.05	N	
93701	26		BIOIMPEDANCE, THORACIC, ELECT	$8.00	$7.00	$8.05	$7.00	N	
93702			BIS XTRACELL FLUID ANALYSIS	$60.32	$51.27	$60.32	$51.27	N	
93724			ELEC ALYS ANTITCHYCAR PM SYS	$136.32	$115.87	$279.16	$237.29	N	
93724	AA		ELECTRONIC ANALYSIS PACEMAKER	$9.30	$8.10	$9.30	$8.10	N	3
93724	TC		ELECTRONIC ANALYSIS PACEMAKER	$23.62	$23.62	$31.81	$31.81	N	
93724	26		ELECTRONIC ANAYSIS PACEMAKER	$112.71	$95.80	$223.88	$190.30	N	
93731	26		ELEC ANAL DUAL CHAMBER INT PAC	NA	NA	$20.30	$17.25	N	
93732	TC		REPROGRAM/ANAL DUAL-CHAMBER PA	NA	NA	$18.48	$18.48	N	
93732	26		REPROGRAM/ANAL DUAL-CHAMBER PA	NA	NA	$41.85	$35.57	N	
93733	TC		TELEPHONIC ANAL. DUAL-CHAM PAC	NA	NA	$26.54	$26.54	N	
93734	26		ELEC ANAL SINGLE-CHAMBER PACEM	NA	NA	$17.40	$14.79	N	
93735	TC		REPROGRAM/ANAL SING-CHAMB. PAC	NA	NA	$16.10	$16.10	N	
93735	26		REPROGRAM/ANAL SING-CHAMB. PAC	NA	NA	$33.49	$28.46	N	
93736	TC		TELEPHONIC ANAL.SING CHAM PACE	NA	NA	$23.14	$23.14	N	
93740			TEMPERATURE GRADIENT STUDIES	$20.00	$18.00	$20.00	$18.00	N	
93740	AA		TEMPERATURE GRADIENT STUDIES	$9.30	$8.10	$9.30	$8.10	N	3
93740	TC		TEMPERATURE GRADIENT STUDIES	$5.00	$5.00	$5.00	$5.00	N	
93740	26		TEMPERATURE GRADIENT STUDIES	$15.00	$13.00	$15.00	$13.00	N	
93741	TC		ELECT ANAL CARDIO-DEFIB WO/REP	NA	NA	$23.91	$23.91	N	
93741	26		ELECT ANAL CARDIO-DEFIB WO/REP	NA	NA	$36.70	$31.19	N	
93743	TC		ELECT ANAL CARDIO DEFIB DUAL C	NA	NA	$25.94	$25.94	N	
93743	26		ELECT ANAL CARDIO DEFIB DUAL C	NA	NA	$47.02	$39.97	N	
93745			SET-UP CARDIOVERT-DEFIBRILL	$45.34	$38.54	$65.46	$59.22	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
93745	TC		SET-UP CARDIOVERT DEFIBRILL	$35.28	$35.28	$23.83	$23.83	N	
93745	26		SET-UP CARDIOVERT DEFIBRILL	$11.77	$10.00	$22.63	$19.24	N	
93750			INTERROGATION OF VENTRICULAR A	$25.36	$21.56	$25.36	$21.56	N	
93750	26		INTERROGATION OF VENTRICULAR A	$19.58	$16.64	$19.58	$16.64	N	
93770			DETERMINATION VENOUS PRESS	$6.00	$6.00	$6.00	$6.00	N	
93770	AA		DETERMINATION OF VENOUS PRESSU	$9.30	$8.10	$9.30	$8.10	N	3
93770	TC		DETERMINATION OF VENOUS PRESSU	$1.00	$1.00	$1.00	$1.00	N	
93770	26		DETERMINATION OF VENOUS PRESSU	$5.00	$5.00	$5.00	$5.00	N	
93784			AMBULATORY B/P MONITORING..I&R	$23.06	$19.60	$23.06	$19.60	N	
93786			AMBULATORY B/P MONITORING..REC	$16.10	$13.69	$16.10	$13.69	N	
93788			AMBULATORY B/P MONITORING.....	$2.85	$2.42	$2.85	$2.42	N	
93790			AMBULATORY B/P MONITORING...	$8.63	$7.33	$8.63	$7.33	N	
93792			PT/CAREGIVER TRAING HOME INR	$34.99	$29.74	$34.99	$29.74	N	
93793			ANTICOAG MGMT PT WARFARIN	$5.60	$4.76	$5.60	$4.76	N	
93797			PHYS/QHP OP CAR RHAB WO ECG	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
93798			PHYS/QHP OP CAR RHAB W/ECG	$12.63	$10.74	$24.75	$21.04	N	
93799			UNLISTED CV SVC/PROCEDURE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
93880			EXTRACRANIAL BILAT STUDY	$94.67	$80.47	$166.92	$141.88	N	
93880	AA		DUPLEX SCAN OF EXTRACRANIAL AR	$9.30	$8.10	$9.30	$8.10	N	3
93880	TC		DUPLEX SCAN OF EXTRACRANIAL AR	$76.45	$76.45	$126.29	$107.35	N	
93880	26		DUPLEX SCAN OF EXTRACRANIAL AR	$18.21	$15.48	$26.94	$22.90	N	
93882			EXTRACRANIAL UNI/LTD STUDY	$62.00	$52.70	$137.75	$117.09	N	
93882	AA		DUPLEX SCAN EXTRACRAN.ART:7/U	$9.30	$8.10	$9.30	$8.10	N	3
93882	TC		DUPLEX SCAN EXTRACRAN.ART:7/U	$50.80	$50.80	$112.59	$97.89	N	
93882	26		DUPLEX SCAN EXTRACRAN.ART:7/U	$11.21	$9.52	$18.58	$15.79	N	
93886			INTRACRANIAL COMPLETE STUDY	$129.59	$110.15	$174.68	$148.48	N	
93886	AA		TRANSCRANIAL DOPPLER...COMPLET	$9.30	$8.10	$9.30	$8.10	N	3
93886	TC		TRANSCRANIAL DOPPLER...COMPLET	$107.72	$107.72	$126.67	$107.67	N	
93886	26		TRANSCRANIAL DOPPLER...COMPLET	$21.87	$18.59	$44.05	$37.44	N	
93888			INTRACRANIAL LIMITED STUDY	$73.17	$62.19	$103.45	$87.93	N	
93888	AA		TRANSCRAN.DOPPLER STUDY...7/U	$9.30	$8.10	$9.30	$8.10	N	3
93888	TC		TRANSCRAN.DOPPLER STUDY...7/U	$55.90	$55.90	$70.90	$70.90	N	
93888	26		TRANSCRAN.DOPPLER STUDY...7/U	$17.27	$14.68	$26.41	$22.45	N	
93892			TCD, EMBOLI DETECT W/O INJ	$84.14	$71.51	$167.84	$142.66	N	
93892	TC		TCD, EMBOLI DETYECT W/O INJ	$55.90	$55.90	$103.51	$103.51	N	
93892	26		TCD, EMBOLI DETECT W/O INJ	$28.24	$24.00	$53.74	$45.68	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
93893			TCD, EMBOLI DETECT W/OINJ	$84.47	$71.80	$167.76	$142.60	N	
93893	TC		TCD, EMBOLI DETECT W/O INJ	$55.91	$55.91	$103.51	$103.51	N	
93893	26		TCD, EMBOLI DETECT W/O INJ	$28.57	$24.28	$53.74	$45.68	N	
93922			PHYSIO STUDY U&L EXTREM ARTERS	$41.36	$35.16	$92.71	$78.80	N	
93922	AA		PHYSIO STUDY U&L EXTREM ARTERS	$9.30	$8.10	$9.30	$8.10	N	3
93922	TC		PHYSIO STUDY U&L EXTREM ARTERS	$35.68	$35.68	$79.90	$79.90	N	
93922	26		PHYSIO STUDY U&L EXTREM ARTERS	$5.69	$4.83	$11.21	$9.53	N	
93923			PHYSIO STUDY U/L EXT ARTS MULT	$65.62	$55.77	$143.36	$121.86	N	
93923	AA		PHYSIO STUDY U/L EXT ARTS MULT	$9.30	$8.10	$9.30	$8.10	N	3
93923	TC		PHYSIO STUDY U/L EXT ARTS MULT	$55.38	$55.38	$120.98	$120.98	N	
93923	26		PHYSIO STUDY U/L EXT ARTS MULT	$10.24	$8.70	$20.50	$17.42	N	
93924			PHYSIO STUDY L EXT ARTERIES	$80.52	$68.44	$177.41	$150.80	N	
93924	AA		PHYSIO STUDY L EXT ARTERIES	$9.30	$8.10	$9.30	$8.10	N	3
93924	TC		PHYSIO STUDY L EXT ARTERIES	$69.15	$69.15	$152.51	$152.51	N	
93924	26		PHYSIO STUDY L EXT ARTERIES	$11.38	$9.67	$11.38	$9.67	N	
93925			DUPLEX SCAN LOWER EXTREM.ART..	$119.47	$101.55	$200.89	$170.76	N	
93925	AA		DUPLEX SCAN LOWER EXTREM.ART..	$9.30	$8.10	$9.30	$8.10	N	3
93925	TC		DUPLEX SCAN LOWER EXTREM.ART..	$101.60	$101.60	$171.26	$171.26	N	
93925	26		DUPLEX SCAN LOWER EXTREM.ART..	$17.87	$15.19	$26.30	$22.36	N	
93926			DUPLEX SCAN...7/U OR LIMITED	$66.76	$56.75	$128.75	$109.44	N	
93926	AA		DUPLEX SCAN...7/U OR LIMITED	$9.30	$8.10	$9.30	$8.10	N	3
93926	TC		DUPLEX SCAN...7/U OR LIMITED	$11.18	$11.18	$108.44	$108.44	N	
93926	26		DUPLEX SCAN...7/U OR LIMITED	$10.88	$9.24	$17.92	$15.23	N	
93930			DUPLEX SCAN UPPER EXT:COMP BIL	$99.42	$84.50	$166.86	$141.83	N	
93930	AA		DUPLEX SCAN UPPER EXT:COMP BIL	$9.30	$8.10	$9.30	$8.10	N	3
93930	TC		DUPLEX SCAN UPPER EXT:COMP BIL	$81.21	$81.21	$126.29	$107.35	N	
93930	26		DUPLEX SCAN UPPER EXT:COMP BIL	$18.21	$15.47	$21.15	$17.98	N	
93931			DUPLEX SCAN UPPER EXT..7/U LIM	$61.67	$52.42	$124.49	$105.82	N	
93931	AA		DUPLEX SCAN UPPER EXT..7/U LIM	$9.30	$8.10	$9.30	$8.10	N	3
93931	TC		DUPLEX SCAN UPPER EXT..7/U LIM	$50.63	$50.63	$108.44	$108.44	N	
93931	26		DUPLEX SCAN UPPER EXT..7/U LIM	$11.04	$9.38	$14.08	$11.97	N	
93970			DUPLEX SCAN EXT.VEINS...COMP B	$93.24	$79.25	$206.61	$175.62	N	
93970	AA		DUPLEX SCAN EXT.VEINS...COMP B	$9.30	$8.10	$9.30	$8.10	N	3
93970	TC		DUPLEX SCAN EXT.VEINS...COMP B	$77.65	$77.65	$171.29	$171.29	N	
93970	26		DUPLEX SCAN EXT.VEINS...COMP B	$15.60	$13.26	$31.07	$26.41	N	
93971			DUPLEX SCAN EXT.VEINS..7/U LIM	$59.69	$50.73	$127.31	$108.21	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
93971	AA		DUPLEX SCAN EXT.VEINS..7/U LIM	$9.30	$8.10	$9.30	$8.10	N	3
93971	TC		DUPLEX SCAN EXT.VEINS..7/U LIM	$49.61	$49.61	$106.83	$91.35	N	
93971	26		DUPLEX SCAN EXT.VEINS..7/U LIM	$10.08	$8.56	$20.20	$17.17	N	
93975			DUPLEX SCAN ARTERIAL INFLOW...	$131.51	$111.78	$234.17	$199.04	N	
93975	AA		DUPLEX SCAN ARTERIAL INFLOW...	$9.30	$8.10	$9.30	$8.10	N	3
93975	TC		DUPLEX SCAN ARTERIAL INFLOW...	$105.17	$105.17	$171.26	$171.26	N	
93975	26		DUPLEX SCAN ARTERIAL INFLOW...	$26.35	$22.39	$58.49	$49.72	N	
93976			DUPLEX SCAN...PELVIC...7/U LIM	$74.12	$63.00	$160.31	$136.26	N	
93976	AA		DUPLEX SCAN...PELVIC...7/U LIM	$9.30	$8.10	$9.30	$8.10	N	3
93976	TC		DUPLEX SCAN...PELVIC...7/U LIM	$55.89	$55.89	$119.90	$142.52	N	
93976	26		DUPLEX SCAN...PELVIC...7/U LIM	$18.22	$15.49	$40.38	$34.32	N	
93978			DUPLEX SCAN AORTA COMP.STUD	$90.56	$76.97	$166.73	$141.72	N	
93978	AA		DUPLEX SCAN AORTA COMP.STUD	$9.30	$8.10	$9.30	$8.10	N	3
93978	TC		DUPLEX SCAN AORTA COMP.STUD	$72.04	$72.04	$126.62	$107.63	N	
93978	26		DUPLEX SCAN AORTA COMP.STUD	$18.52	$15.74	$29.78	$25.32	N	
93979			DUPLEX SCAN AORTA...7/U..LIMIT	$58.78	$49.96	$128.58	$109.29	N	
93979	AA		DUPLEX SCAN AORTA...7/U..LIMIT	$9.30	$8.10	$9.30	$8.10	N	3
93979	TC		DUPLEX SCAN AORTA...7/U..LIMIT	$47.57	$47.57	$103.75	$89.72	N	
93979	26		DUPLEX SCAN AORTA...7/U..LIMIT	$11.21	$9.52	$19.89	$16.90	N	
93980			DUPLEX SCAN FOR PENILE VESSELS	$58.22	$49.49	$131.11	$111.44	N	
93980	AA		DUPLEX SCAN FOR PENILE VESSELS	$9.30	$8.10	$9.30	$8.10	N	3
93980	TC		DUPLEX SCAN FOR PENILE VESSELS	$29.57	$29.57	$66.85	$66.85	N	
93980	26		DUPLEX SCAN FOR PENILE VESSELS	$28.66	$24.36	$55.80	$47.43	N	
93981			PENILE DUPLEX SCAN FOLLOW UP	$35.40	$30.09	$79.75	$67.79	N	
93981	AA		PENILE DUPLEX SCAN FOLLOW UP	$9.30	$8.10	$9.30	$8.10	N	3
93981	TC		PENILE DUPLEX SCAN FOLLOW UP	$25.15	$25.15	$57.18	$57.18	N	
93981	26		PENILE DUPLEX SCAN FOLLOW UP	$10.26	$8.72	$19.26	$16.37	N	
93985			DUP-SCAN HEMO COMPL BI STD	$124.53	$105.85	$124.53	$105.85	N	
93985	TC		DUP-SCAN HEMO COMPL BI STD	$106.19	$106.19	$106.19	$106.19	N	
93985	26		DUP-SCAN HEMO COMPL BI STD	$18.34	$15.59	$18.34	$15.59	N	
93986			DUP-SCAN HEMO COMPL UNI STD	$66.92	$56.88	$66.92	$56.88	N	
93986	TC		DUP-SCAN HEMO COMPL UNI STD	$55.89	$55.89	$55.89	$55.89	N	
93986	26		DUP-SCAN HEMO COMPL UNI STD	$11.03	$9.38	$11.03	$9.38	N	
93990			DUPLEX SCAN HEMODIALYSIS ACCES	$66.92	$56.88	$121.26	$103.07	N	
93990	AA		DUPLEX SCAN HEMODIALYSIS ACCES	$9.30	$8.10	$9.30	$8.10	N	3
93990	TC		DUPLEX SCAN HEMODIALYSIS ACCES	$55.89	$55.89	$103.10	$108.08	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
93990	26		DUPLEX SCAN HEMODIALYSIS ACCES	$11.03	$9.37	$11.84	$10.06	N	
93998			UNLISTD NONINVAS VASC DX STD	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
94002			VENT MGMT INPAT, INIT DAY	$44.18	$37.55	$44.18	$37.55	N	
94003			VENT MGMT INPAT, SUBQ DAY	$31.04	$26.38	$31.04	$26.38	N	
94004			VENT MGMT NF PER DAY	$22.77	$19.35	$22.77	$19.35	N	
94010			SPIROMETRY WITH GRAPH, VITAL C	$13.76	$11.69	$28.99	$28.99	N	
94010	TC		SPIROMETRY WITH GRAPH, VITAL C	$9.85	$9.85	$21.62	$21.62	N	
94010	26		SPIROMETRY WITH GRAPH, VITAL C	$3.91	$3.32	$3.91	$3.32	N	
94011			MEASUREMENT OF SPIROMETRIC FOR	NA	NA	$41.37	$35.16	N	
94012			MEASUREMENT OF SPIROMETRIC FOR	NA	NA	$67.58	$57.44	N	
94013			MEASUREMENT OF LUNG VOLUMES (I	NA	NA	$9.04	$7.68	N	
94014			PT INIT SPIROM REC X 30 DAYS	$28.02	$23.82	$43.11	$36.65	N	
94015			PT INIT SPIROMETRIC REC 30 DAY	$16.31	$16.31	$20.31	$20.31	N	
94016			PT INIT SPIROM REC 30 DAYS	$11.72	$9.96	$22.80	$19.38	N	
94060			BRONCHOSPASM EVALUATION	$19.66	$16.71	$48.17	$47.02	N	
94060	SA		BRONCHOSPASM EVALUATION	$16.71	$16.71	$46.02	$46.02	N	
94060	SA	TC	BRONCHOSPASM EVALUATION	$12.56	$12.56	$35.02	$35.02	N	
94060	SA	26	BRONCHOSPASM EVALUATION	$4.15	$4.15	$4.15	$4.15	N	
94060	TC		BRONCHOSPASM EVALUATION	$14.78	$14.78	$35.02	$35.02	N	
94060	26		BROCHOSPASM EVALUATION	$4.88	$4.15	$4.88	$4.15	N	
94070			BRONCHOSPASM EVALUATION: PROLO	$31.68	$26.92	$31.68	$26.92	N	
94070	TC		BRONCHOSPASM EVALUATION: PROLO	$18.51	$18.51	$18.51	$18.51	N	
94070	26		BRONCHOSPASM EVALUATION: PROLO	$13.16	$11.19	$25.97	$22.07	N	
94150			VITAL CAPACITY,TOTAL	$3.67	$3.67	$3.67	$3.67	N	
94150	TC		VITAL CAPACITY, TOTAL	$2.17	$2.17	$2.17	$2.17	N	
94150	26		VITAL CAPACITY, TOTAL	$1.50	$1.50	$1.50	$1.50	N	
94200			MAXIMUM BREATHING CAPACITY	$7.59	$6.45	$19.29	$18.57	N	
94200	TC		MAXIMUM BREATHING CAPACITY	$6.28	$6.28	$14.50	$14.50	N	
94200	26		MAXIMUM BREATHING CAPACITY	$1.32	$1.12	$4.79	$4.07	N	
94375			RESPIRATORY FLOW VOLUME LOOP	$19.57	$16.63	$31.04	$29.08	N	
94375	TC		RESPIRATORY FLOW VOLUME LOOP	$12.74	$12.74	$17.90	$17.90	N	
94375	26		RESPIRATORY FLOW VOLUME LOOP	$6.83	$5.80	$13.15	$11.18	N	
94452			HAST W/REPORT	$25.51	$21.68	$45.58	$43.57	N	
94452	TC		HAST W/REPORT	$18.69	$18.69	$32.14	$32.14	N	
94452	26		HAST W/REPORT	$6.83	$5.80	$13.45	$11.43	N	
94453			HAST W/OXYGEN TITRATE	$33.74	$28.68	$65.06	$62.46	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
94453	TC		HAST W/OXYGEN TITRATE	$24.97	$24.97	$47.74	$47.74	N	
94453	26		HAST W/OXYGEN TITRATE	$8.78	$7.46	$17.31	$14.72	N	
94610			SURFACTANT ADMIN THRU TUBE	$26.86	$22.83	$52.34	$44.49	N	
94617			EXERCISE TST BMCSPSM	$44.83	$38.11	$44.83	$38.11	N	
94617	TC		EXERCISE TST BMCSPSM	$29.72	$33.55	$29.72	$33.55	N	
94617	26		EXERCISE TST BMCSPSM	$15.11	$12.84	$15.11	$12.84	N	
94618			PULMONARY STRESS TESTING	$17.02	$17.02	$17.02	$17.02	N	
94618	TC		PULMONARY STRESS TESTING	$6.45	$5.93	$6.45	$5.93	N	
94618	26		PULMONARY STRESS TESTING	$10.57	$8.98	$10.57	$8.98	N	
94619			EXERCISE TST BRNCSPSM WO ECG	$32.81	$27.89	$32.81	$27.89	N	
94619	TC		EXERCISE TST BRNCSPSM WO ECG	$22.59	$0.00	$22.59	$0.00	N	
94619	26		EXERCISE TST BRNCSPSM WO ECG	$10.22	$8.68	$10.22	$8.68	N	
94621			PULM STRESS TESTING COMPLEX	$77.73	$66.07	$124.60	$115.36	N	
94621	TC		PULM STRESS TESTING COMPLEX	$45.19	$45.19	$63.00	$63.00	N	
94621	26		PULM STRESS TESTING COMPLEX	$32.55	$27.66	$61.60	$52.36	N	
94625			PHY/QHP OP PULM RHB W/O MNTR	$39.05	$33.19	$39.05	$33.19	N	
94625	26		PHY/QHP OP PULM RHB W/O MNTR	$8.63	$7.34	$8.63	$7.34	N	
94626			PHY/QHP OP PULM RHB W/MNTR	$42.25	$35.91	$42.25	$35.91	N	
94626	26		PHY/QHP OP PULM RHB W/MNTR	$12.51	$10.63	$12.51	$10.63	N	
94640			NONPRESSURED INHALATION TX..	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
94642			AEROSOL TX PNEUMONIA	$30.00	$26.00	$30.00	$26.00	N	
94644			CBT, 1ST HOUR	$29.39	$24.98	$31.85	$27.07	N	
94645			CBT, EACH ADDL HOUR	$8.66	$7.36	$12.14	$10.32	N	
94660			CPAP.INITATION/MANAGEMENT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
94664			AEROSOL/VAPOR INHALATIONS...	$9.17	$7.79	$11.70	$9.94	N	
94664	U9		AEROSOL/VAPOR INHALATION	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
94667			MANIPULATION CHEST WALL..INIT	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	N	
94669			MECHANICAL CHEST WALL OSCILL	$10.69	$9.09	$10.69	$9.09	N	
94680			OXYGEN UPTAKE: DIRECT: SIMPLE	$26.57	$22.58	$59.36	$50.46	N	
94680	TC		OXYGEN UPTAKE: DIRECT: SIMPLE	$20.55	$20.55	$46.46	$46.46	N	
94680	26		OXYGEN UPTAKE: DIRECT: SIMPLE	$6.02	$5.12	$11.23	$9.55	N	
94681			O2 UPTK EXP GAS ALYS W/CO2	$24.26	$20.62	$48.38	$41.12	N	
94681	TC		OXYGEN UPTAKE W/CO2 OUTPUT	$19.71	$19.71	$10.41	$50.18	N	
94681	26		OXYGEN UPTAKE W/CO2 OUTPUT	$4.56	$3.87	$4.56	$3.87	N	
94690			O2 UPTK EXP GAS ALYS REST	$24.56	$20.88	$54.96	$46.72	N	
94690	TC		OXYGEN UPTAKE: REST: INDIRECT	$22.77	$22.77	$51.94	$51.94	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
94690	26		OXYGEN UPTAKE: REST: INDIRECT	$1.80	$1.53	$3.18	$2.71	N	
94726			PULM FUNCT TST PLETHYSMOGRAP	$28.63	$24.33	$28.63	$24.33	N	
94726	TC		PULM FUNCT TST PLETHYSMOGRAP	$22.93	$22.93	$22.93	$22.93	N	
94726	26		PULM FUNCT TST PLETHYSMOGRAPHY	$5.69	$4.83	$5.69	$4.83	N	
94727			PULM FUNCTION TEST BY GAS	$22.67	$19.27	$22.67	$19.27	N	
94727	TC		PULM FUNCTION TEST BY GAS	$16.99	$16.99	$16.99	$16.99	N	
94727	26		PULM FUNCTION TEST BY GAS	$5.69	$4.83	$5.69	$4.83	N	
94728			AIRWY RESIST BY OSCILLOMETRY	$22.34	$18.98	$22.34	$18.98	N	
94728	TC		PULM FUNCT TEST OSCILLOMETRY	$16.48	$16.48	$16.48	$16.48	N	
94728	26		PULM FUNCT TEST OSCILLOMETRY	$5.86	$4.98	$5.86	$4.98	N	
94729			CO/MEMBANE DIFFUSE CAPACITY	$28.36	$24.10	$28.36	$24.10	N	
94729	TC		CO2/MEMBRANE DIFFUSE CAPACITY	$24.13	$24.13	$24.13	$24.13	N	
94729	26		CO2/MEMBRANE DIFFUSE CAPACITY	$4.23	$3.60	$4.23	$3.60	N	
94760			NONINVASIVE OXIMETRY-02:SINGLE	$1.86	$1.58	$1.86	$1.58	N	
94761			SEE 94760:MULTIPLE DETERMINATI	$2.04	$1.73	$2.04	$1.73	N	
94761	U9		NONINVAS EAR/PULSE OXIMETRY	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
94762			SEE 94760:CONT.OVERNIGHT MONIT	$12.57	$10.68	$17.22	$14.64	N	
94772			CIRCADIAN RESP PATTERN..INFANT	NA	NA	$234.49	$221.13	N	
94772	TC		CIRCADIAN RESP PATTERN INFANT	NA	NA	$145.41	$145.41	N	
94772	26		CIRCADIAN RESP PATTERN INFANT	NA	NA	$89.08	$75.72	N	
94774			PED HOME APNEA REC, COMPL	NA	NA	$120.00	$115.00	N	
94775			PED HOME APNEA REC, HK-UP	NA	NA	$85.00	$85.00	N	
94777			PED HOME APNEA REC, REPORT	NA	NA	$35.00	$30.00	N	
94780			CAR SEAT/BED TEST 60 MIN	NA	NA	$27.03	$22.98	N	
94781			CAR SEAT/BED TEST + 30 MIN	NA	NA	$10.84	$9.21	N	
94799			UNLISTED PULMONARY SVC/PX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
94927	TC		PULM FUNCTION TEST BY GAS	$12.22	$12.22	$12.22	$12.22	N	
94927	26		PULM FUNCTION TEST BY GAS	$4.66	$3.96	$4.66	$3.96	N	
95004			PERQ TESTS W/ALRGNC XTRCS	$1.86	$1.86	$1.86	$1.86	N	
95012			NITRIC OXIDE EXP GAS DETER	$9.51	$8.08	$16.60	$14.11	N	
95017			ALL TSTG PERQ&IQ W/VENOMS	$4.18	$3.55	$4.18	$3.55	N	
95017	26		ALLERGY TESTING W/VENOMS	$1.80	$1.53	$1.80	$1.53	N	
95018			ALL TSTG PERQ&IQ DRUGS/BIOL	$9.89	$8.40	$9.89	$8.40	N	
95018	26		ALLERGY TESTING W/DRUGS INTO	$3.43	$2.91	$3.43	$2.91	N	
95024			IQ TESTS W/ALLERGENIC XTRCS	$3.90	$3.90	$3.90	$3.90	N	
95027			IQ TSTS SEQL&INCRL AIRBORNE	$2.37	$2.37	$2.37	$2.37	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
95028			IQ TSTS ALLERGY DELAYED RXN	$6.28	$6.28	$6.28	$6.28	N	
95044			PATCH/APPLICATION TESTS	$2.54	$2.16	$6.03	$5.13	N	
95060			OPH MUCOUS MEMBRANE TESTS	$4.04	$3.44	$12.46	$10.59	N	
95065			DIR NSL MUCOUS MEMBRANE TEST	$2.99	$2.54	$7.08	$6.02	N	
95070			INHLJ BRNCL CHALLENGE TSTG	$18.00	$15.30	$33.06	$28.10	N	
95076			INGEST CHALLENGE INI 120 MIN	$62.05	$52.74	$62.05	$52.74	N	
95076	26		INGEST CHALLENGE INI 120 MIN	$35.71	$30.35	$35.71	$30.35	N	
95079			INGEST CHALLENGE ADDL 60 MIN	$42.46	$36.09	$42.46	$36.09	N	
95079	26		INGEST CHALLENGE ADDL 60 MIN	$32.94	$28.00	$32.94	$28.00	N	
95115			ALLER.INJ.W/OUT EXTRACT PROV O	$5.44	$5.44	$9.54	$9.54	N	
95117			ALLER.INJ.W/OUT EXTRACT PROV-+	$6.28	$5.34	$11.08	$9.42	N	
95130			IMMUNOTHERAPY(RX MD)1 INSECT V	$20.00	$20.00	$20.00	$20.00	N	
95131			IMMUNOTHERAPY(RX MD),2 INSECT	$20.00	$20.00	$20.00	$20.00	N	
95132			IMMUNOTHERAPY:3 INSECT VENOMS	$20.00	$20.00	$20.00	$20.00	N	
95133			IMMUNOTHERAPY: 4 INSCT VENOMS	$20.00	$20.00	$20.00	$20.00	N	
95134			IMMUNOTHERAPY: 5 INSECT VENOMS	$20.00	$20.00	$20.00	$20.00	N	
95144			IMMUNO TX, SUP & PROVISION AG	$8.26	$8.26	$8.64	$8.64	N	
95145			PROF SERV SUPERV&PROV ANTIGENS	$17.78	$17.78	$17.78	$17.78	N	
95146			PROF SERV SUPER&PROV ANTIGENS.	$32.73	$32.73	$32.73	$32.73	N	
95147			PROF SERV SUPER&PROV ANTIGENS.	$31.55	$31.55	$31.55	$31.55	N	
95148			PROF SERV SUPER&PROV ANTIGENS.	$46.84	$46.84	$46.84	$46.84	N	
95149			PROF SERV SUPER&PROV ANTIGENS.	$62.30	$62.30	$62.30	$62.30	N	
95165			PROF.SUP.&PROV.OF AGNS FOR IMM	$7.25	$6.16	$8.64	$7.34	N	
95170			MD SUPER/PROV:WHOLE BODY EXTRA	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
95180			RAPID DESENSITIZATION PROC,EAC	$69.19	$58.81	$133.95	$113.86	N	
95199			UNLISTED ALL/IMMLG SVC/PX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
95249			CONT GLUE MNTR PD PROV EQP	$33.63	$28.58	$33.63	$28.58	N	
95250			AMBULATORY CONTINUOUS GLUCOS	$73.22	$62.23	$139.73	$118.77	N	
95251			AMBULATORY CONTINUOUS GLUCOS	$16.79	$14.27	$23.48	$19.96	N	
95700			EEG CONT REC W/VID EEG TECH	$123.20	$104.72	$123.20	$104.72	N	
95705			EEG W/O VID 2-12 HR UNMNTR	$49.28	$41.89	$49.28	$41.89	N	
95706			EEG WO VID 2-12HR INTMT MNTR	$205.01	$174.26	$205.01	$174.26	N	
95707			EEG W/O VID 2-12HR CONT MNTR	$256.26	$217.83	$256.26	$217.83	N	
95707	26		MOTOR&/SENS 1-2 NRV CNDJ TST	$27.29	$23.20	$27.29	$23.20	N	
95708			EEG WO VID EA 12-26HR UNMNTR	$73.92	$62.84	$73.92	$62.84	N	
95709			EEG W/O VID EA 12-26HR INTMT	$409.52	$348.10	$409.52	$348.10	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
95710			EEG W/O VID EA 12-26HR CONT	$512.03	$435.23	$512.03	$435.23	N	
95711			VEEG 2-12 HR UNMONITORED	$61.60	$52.36	$61.60	$52.36	N	
95712			VEEG 2-12 HR INTMT MNTR	$246.40	$209.44	$246.40	$209.44	N	
95713			VEEG 2-12 HR CONT MNTR	$308.01	$261.81	$308.01	$261.81	N	
95714			VEEG EA 12-26 HR UNMNTR	$98.56	$83.78	$98.56	$83.78	N	
95715			VEEG EA 12-26HR INTMT MNTR	$492.82	$418.89	$492.82	$418.89	N	
95716			VEEG EA 12-26HR CONT MNTR	$616.02	$523.62	$616.02	$523.62	N	
95717			EEG PHYS/QHP 2-12 HR W/O VID	$52.49	$44.62	$52.49	$44.62	N	
95717	26		EEG PHYS/QHP 2/12 HR W/O VID	$51.54	$43.81	$51.54	$43.81	N	
95718			EEG PHYS/QHP 2-12 HR W/VEEG	$66.08	$56.16	$66.08	$56.16	N	
95718	26		EEG PHYS/QHP 2-12 HR W/VEEG	$64.89	$55.15	$64.89	$55.15	N	
95719			EEG PHYS/QHP EA INCR W/O VID	$79.00	$67.15	$79.00	$67.15	N	
95719	26		EEG PHYS/QHP EA INCR W/O VID	$77.63	$65.99	$77.63	$65.99	N	
95720			EEG PHY/QHP EA INCR W/VEEG	$101.40	$86.19	$101.40	$86.19	N	
95720	26		EEG PHY/QHP EA INCR W/VEEG	$99.70	$84.74	$99.70	$84.74	N	
95721			EEG PHY/QHP>36<60 HR W/O VID	$101.40	$86.19	$101.40	$86.19	N	
95721	26		EEG PHY/QHP>36<60 HR W/O VID	$99.36	$84.46	$99.36	$84.46	N	
95722			EEG PHY/QHP>36<60 HR W/VEEG	$123.12	$104.65	$123.12	$104.65	N	
95723			EEG PHY/QHP>60<84 HR W/O VID	$124.60	$105.91	$124.60	$105.91	N	
95723	26		EEG PHY/QHP>60<84 HR W/O VID	$122.05	$103.74	$122.05	$103.74	N	
95724			EEG PHY/QHP>60<84 HR W/VEEG	$156.12	$132.70	$156.12	$132.70	N	
95724	26		EEG PHY/QHP>60<84 HR W/EEG	$153.39	$130.38	$153.39	$130.38	N	
95725			EEG PHY/QHP>84 HR W/O VID	$143.13	$121.66	$143.13	$121.66	N	
95725	26		EEG PHY/QHP>84 HR W/OVID	$139.90	$118.92	$139.90	$118.92	N	
95726			EEG PHY/QHP>84 HR W/VEEG	$198.85	$169.02	$198.85	$169.02	N	
95726	26		EEG PHY/QHP>84 HR W/VEEG	$194.94	$165.69	$194.94	$165.69	N	
95782			POLYSOM <6 YRS 4/> PARAMTRS	NA	NA	$502.62	$427.22	N	
95782	TC		POLYSOM <6 YRS 4/> PARAMETERS	NA	NA	$424.39	$424.39	N	
95782	26		POLYSOM <6 YRS 4/> PARAMETERS	NA	NA	$59.81	$50.84	N	
95783			POLYSOM <6 YRS CPAP/BILVL	NA	NA	$532.81	$452.89	N	
95783	TC		POLYSOM <6 YRS CPAP/BILVL	NA	NA	$449.52	$449.52	N	
95783	26		POLYSOM <6 YRS CPAP/BILVL	NA	NA	$65.25	$55.46	N	
95800			SLP STDY UNATTENDED	$64.56	$54.88	$64.56	$54.88	N	
95800	TC		SLP STUDY UNATTENDED	$45.87	$45.87	$45.87	$45.87	N	
95800	26		SLP STUDY UNATTENDED	$18.69	$15.89	$18.69	$15.89	N	
95801			SLP STDY UNATND W/ANAL	$48.76	$41.44	$48.76	$41.44	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
95801	TC		SLP STUDY UNATND W/ANAL	$29.22	$29.22	$29.22	$29.22	N	
95801	26		SLP STUDY UNATND W/ANAL	$19.54	$16.60	$19.54	$16.60	N	
95803			ACTIGRAPHY TESTING RECORDING	$65.54	$55.71	$65.54	$55.71	N	
95803	TC		ACTIGRAPHY TESTING RECORDING	$45.54	$45.54	$45.54	$45.54	N	
95803	26		ACTIGRAPHY TESTING PROF COMP	$20.01	$17.00	$20.01	$17.00	N	
95805			SLEEP LATENCY TESTING	$222.35	$189.00	$451.55	$383.82	N	
95805	TC		SLEEP LATENCY TESTING	$39.00	$39.00	$391.34	$403.47	N	
95805	26		SLEEP LATENCY TESTING	$27.35	$23.24	$60.14	$51.12	N	
95806			SLEEP STUDY UNATTEND BY TECH	$48.00	$40.80	$48.00	$40.80	N	
95806	TC		SLEEP STUDY UNATTEND BY TECH	$27.01	$27.01	$27.01	$27.01	N	
95806	26		SLEEP STUDY UNATTEND BY TECH	$20.99	$17.84	$20.99	$17.84	N	
95807			SLEEP STUDY 3 OR MORE BY TECHN	$209.71	$178.25	$161.99	$392.69	N	
95807	TC		SLEEP STUDY 3 OR MORE BY TECHN	$181.59	$181.59	$397.45	$397.45	N	
95807	26		SLEEP STUDY 3 OR MORE BY TECHN	$28.12	$23.90	$28.12	$23.90	N	
95808			POLYSOMNOGRAPHY 1-3 PARAMETERS	$248.31	$211.06	$548.86	$531.04	N	
95808	TC		POLYSOMNOGRAPHY 1-3 PARAMETERS	$209.10	$209.10	$430.02	$430.02	N	
95808	26		POLYSOMNOGRAPHY 1-3 PARAMETERS	$39.21	$33.32	$89.72	$76.26	N	
95810			POLYSOMNOGRAPHY 4+ PARAMETERS	$317.05	$269.49	$657.33	$558.73	N	
95810	TC		POLYSOMNOGRAPHY 4+ PARAMETERS	$260.59	$260.59	$533.86	$533.86	N	
95810	26		POLYSOMNOGRAPHY 4+ PARAMETERS	$56.47	$48.00	$123.48	$104.96	N	
95811			POLYSOMNOGRAPHY 4 OR MORE PARA	$332.07	$282.26	$689.23	$585.85	N	
95811	TC		POLYSOMNOGRAPHY 4 OR MORE PARA	$273.16	$273.16	$561.10	$561.10	N	
95811	26		POLYSOMNOGRAPHY 4 OR MORE PARA	$58.90	$50.07	$128.14	$108.92	N	
95812			EEG EXTENDED MO UP TO 1 HOUR	$175.97	$149.57	$176.22	$168.55	N	
95812	AA		EEG EXTENDED MO UP TO 1 HOUR	$9.30	$8.10	$9.30	$8.10	N	3
95812	TC		EEF EXTENDED MON UP TO 1 HOUR	$29.77	$29.77	$125.04	$125.04	N	
95812	26		EEG EXTENDED MON UP TO 1 HOUR	$27.13	$23.06	$51.19	$43.51	N	
95813			EEG EXTENDED MONITORING >1 HR	$224.18	$190.55	$231.26	$219.09	N	
95813	AA		EEG EXTENDED MONITORING >1 HR	$9.30	$8.10	$9.30	$8.10	N	3
95813	TC		EEG EXTENDED MONITORING >1 HR	$36.63	$36.63	$150.14	$150.14	N	
95813	26		EEG EXTENDED MONITORING >1 HR	$41.02	$34.86	$81.11	$68.95	N	
95816			ELECTROENCEPHALOGRAM	$39.27	$33.38	$165.07	$157.35	N	
95816	TC		ELECTROENCEPHALOGRAM	$33.85	$33.85	$113.55	$113.55	N	
95816	26		ELECTROENCEPHALOGRAM	$27.13	$23.06	$51.53	$43.80	N	
95819			EEG-STD/PORT: SAME FACILITY	$45.76	$38.90	$140.31	$132.58	N	
95819	AA		EEG STD/PORT: SAME FACILITY	$9.30	$8.10	$9.30	$8.10	N	3

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
95819	TC		EEG-STD/PORT: SAME FACILITY	$40.34	$40.34	$88.78	$88.78	N	
95819	26		EEG-STD/PORT: SAME FACILITY	$27.13	$23.06	$51.53	$43.80	N	
95822			EEG: SLEEP ONLY	$42.30	$35.95	$196.15	$188.42	N	
95822	TC		EEG: SLEEP ONLY	$36.87	$36.87	$144.62	$144.62	N	
95822	26		EEG: SLEEP ONLY	$27.13	$23.06	$51.53	$43.80	N	
95824			EEG: CEREBRAL DEATH RECORDING	$16.00	$15.00	$35.10	$29.83	N	
95824	TC		EEG: CEREBRAL DEATH RECORDING	$9.00	$9.00	$9.00	$9.00	N	
95824	26		EEG: CEREBRAL DEATH RECORDING	$18.46	$15.69	$35.10	$29.83	N	
95829			ELECTROCORTICOGRAM AT SURGERY	$176.00	$149.60	$1265.56	$1075.73	N	
95830			MD INSERT SPHENOIDAL ELECTRODE	$334.37	$284.21	$168.96	$143.62	N	
95836			ECOG IMPLTD BRN NPGT <30 D	$51.49	$43.77	$51.49	$43.77	N	
95851			RANGE OF MOTION:@ EXTREMITY,NO	$12.24	$10.40	$17.57	$14.93	N	
95851	TR		MEASUREMENT OF RANGE OF MOTION	$20.00	$20.00	$20.00	$20.00	N	
95851	U9		MEASUREMENT OF RANGE OF MOTION	$20.00	$20.00	$20.00	$20.00	N	
95852			RANGE OF MOTION: HAND	$10.42	$8.86	$12.59	$10.70	N	
95857			TENSILON TEST FOR MYASTHENIA G	$31.75	$26.98	$37.70	$33.93	N	
95857	TC		TENSILON TEST FOR MYASTHENIA G	$2.50	$2.50	$12.55	$12.55	N	
95857	26		TENSILON TEST FOR MYASTHENIA G	$13.73	$11.67	$25.15	$21.38	N	
95860			NEEDLE EMG 1 EXTREMITY	$55.28	$46.98	$80.60	$73.68	N	
95860	TC		ELECTROMYOGRAPH:1 EXTREMITY&PA	$6.19	$6.19	$34.51	$34.51	N	
95860	26		ELECTROMYOGRAPH:1 EXTREMITY&PA	$24.36	$20.70	$46.08	$39.17	N	
95861			NEEDLE EMG 2 EXTREMITIES	$76.96	$65.41	$100.37	$89.29	N	
95861	AA		ELECTROMYOGRAPH:2 EXTREMITIES&	$9.30	$8.10	$9.30	$8.10	N	3
95861	TC		ELECTROMYOGRAPH:2 EXTREMITIES&	$38.23	$38.23	$26.54	$26.54	N	
95861	26		ELECTROMYOGRAPH:2 EXTREMITIES&	$38.73	$32.92	$73.83	$62.76	N	
95863			NEEDLE EMG 3 EXTREMITIES	$104.84	$89.11	$122.59	$109.25	N	
95863	TC		ELECTROMYOGRAPH:3 EXTREMITIES&	$57.43	$57.43	$33.66	$33.66	N	
95863	26		ELECTROMYOGRAPH:3 EXTREMITIES&	$47.40	$40.29	$88.93	$75.59	N	
95864			NEEDLE EMG 4 EXTREMITIES	$110.83	$94.20	$159.37	$145.10	N	
95864	AA		ELECTROMYOGRAPH:4 EXTREMITIES&	$9.30	$8.10	$9.30	$8.10	N	3
95864	TC		ELECTROMYOGRAPH:4 EXTREMITIES&	$60.49	$60.49	$64.26	$64.26	N	
95864	26		ELECTROMYOGRAPH:4 EXTREMITIES&	$50.34	$42.78	$95.10	$80.83	N	
95865			NEEDLE EMG LARYNX	$72.52	$61.64	$102.08	$90.36	N	
95865	TC		MUSCLE TEST, LARYNX	$33.13	$33.13	$23.95	$23.95	N	
95865	26		MUSCLE TEST, LARYNX	$39.38	$33.47	$78.13	$66.41	N	
95866			NEEDLE EMG HEMIDIAPHRAGM	$64.85	$55.12	$68.26	$59.68	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
95866	TC		MUSCLE TEST, HEMIDIAPHRAGM	$33.30	$33.30	$33.30	$33.30	N	
95866	26		MUSCLE TEST, HEMIDIAPHRAGM	$31.55	$26.81	$60.59	$51.50	N	
95867			NDL EMG CRANIAL NRV MUSC UNI	$52.05	$44.24	$58.60	$52.94	N	
95867	AA		MYOGRAPHY: CRANIAL NERVE: UNIL	$9.30	$8.10	$9.30	$8.10	N	3
95867	TC		MYOGRAPHY: CRANIAL NERVE: UNIL	$6.39	$6.39	$20.86	$20.86	N	
95867	26		MYOGRAPHY: CRANIAL NERVE: UNIL	$20.10	$17.09	$37.74	$32.08	N	
95868			NDL EMG CRANIAL NRV MUSC BI	$62.54	$53.15	$81.31	$72.90	N	
95868	TC		MYOGRAPHY: CRANIAL NERVE:BILAT	$32.96	$32.96	$25.22	$25.22	N	
95868	26		MYOGRAPHY: CRANIAL NERVE: BILA	$29.58	$25.14	$56.09	$47.67	N	
95869			NDL EMG THRC PARASPINAL MUSC	$45.84	$38.96	$45.84	$38.96	N	
95869	TC		ELECTROMYOGRAPHY: SPECIFIC MUS	$36.36	$36.36	$36.36	$36.36	N	
95869	26		ELECTROMYOGRAPHY: SPECIFIC MUS	$9.48	$8.06	$17.72	$15.06	N	
95870			NDL EMG LMTD STD MUSC 1 XTR	$40.41	$34.34	$40.41	$34.34	N	
95870	AA		EMG ABDOMEN THORAX	$9.30	$8.10	$9.30	$8.10	N	3
95870	TC		EMG ABDOMEN THORAX	$30.93	$30.93	$30.93	$30.93	N	
95870	26		EMG ABDOMEN THORAX	$9.48	$8.06	$17.72	$15.06	N	
95872			NDL EMG SINGLE FIBER ELTRD	$90.20	$76.67	$93.00	$82.32	N	
95872	TC		ELECTROMYOGRAPHY,SING.FIBER,AN	$19.20	$19.20	$21.83	$21.83	N	
95872	26		ELECTROMYOGRAPHY,SING.FIBER,AN	$71.00	$60.35	$71.17	$60.49	N	
95873			GUIDE NERV DESTR, ELEC STIM	$34.30	$29.15	$25.10	$22.67	N	
95873	TC		GUIDE NERV DESTR, ELEC STIM	$24.98	$24.98	$24.98	$24.98	N	
95873	26		GUIDE NERV DESTR, ELEC STIM	$9.32	$7.92	$17.72	$15.06	N	
95874			GUIDE NERV DESTR, NEEDLE EMG	$37.02	$31.46	$25.43	$22.96	N	
95874	TC		GUIDE NERVDESTR, NEEDLE EMG	$27.70	$27.70	$27.70	$27.70	N	
95874	26		GUIDE NERV DESTR, NEEDLE EMG	$9.32	$7.92	$18.06	$15.35	N	
95875			ISCHEMIC LIMB EXERCISE,EMG,...	$60.07	$51.06	$87.22	$79.39	N	
95875	TC		ISCHEMIC LIMB EXERCISE,EMG,...	$31.95	$31.95	$35.02	$35.02	N	
95875	26		ISCHEMIC LIMB EXERCISE,EMG,...	$29.25	$24.86	$52.20	$44.37	N	
95885			MUSC TST DONE W/NERV TST LIM	$30.07	$25.56	$30.07	$25.56	N	
95885	TC		MUSC TST DONE W/NERV TST LIM	$21.24	$21.24	$21.24	$21.24	N	
95885	26		MUSC TST DONE W/NERV TST LIM	$8.83	$7.50	$8.83	$7.50	N	
95886			MUSC TEST DONE W/N TEST COMP	$46.72	$39.71	$46.72	$39.71	N	
95886	TC		MUSC TEST DONE W/N TEST COMP	$24.98	$24.98	$24.98	$24.98	N	
95886	26		MUSC TEST DONE W/N TEST COMP	$21.74	$18.47	$21.74	$18.47	N	
95887			MUSC TST DONE W/N TST NONEXT	$40.75	$34.64	$40.75	$34.64	N	
95887	TC		MUSC TST DONE W/N TST NONEXT	$22.95	$22.95	$22.95	$22.95	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
95887	26		MUSC TST DONE W/N TST NONEXT	$17.81	$15.14	$17.81	$15.14	N	
95905			MOTOR &/ SENS NRVE CNDJ TEST	$16.59	$14.10	$16.59	$14.10	N	
95907			NVR CNDJ TST 1-2 STUDIES	$44.02	$37.42	$44.02	$37.42	N	
95907	TC		MOTOR&/SENS 1-2 NRV CNDJ TST	$18.69	$18.69	$18.69	$18.69	N	
95908			NRV CNDJ TST 3-4 STUDIES	$54.82	$46.60	$54.82	$46.60	N	
95908	TC		MOTOR&/SENS 3-4 NRV CNDJ TEST	$23.28	$23.28	$23.28	$23.28	N	
95908	26		MOTOR&/SENS 3-4 NRV CNDJ TEST	$31.55	$26.81	$31.55	$26.81	N	
95909			NRV CNDJ TST 5-6 STUDIES	$65.96	$56.06	$65.96	$56.06	N	
95909	TC		MOTOR&/SENS 5-6 NRV CNDJ TEST	$28.04	$28.04	$28.04	$28.04	N	
95909	26		MOTOR&/SENS 5-6 NRV CNDJ TEST	$37.92	$32.23	$37.92	$32.23	N	
95910			NRV CNDJ TEST 7-8 STUDIES	$86.19	$73.26	$86.19	$73.26	N	
95910	TC		MOTOR&SENS 7-8 NRV CNDJ TEST	$35.68	$35.68	$35.68	$35.68	N	
95910	26		MOTOR&SENS 7-8 NRV CNDJ TEST	$50.50	$42.93	$50.50	$42.93	N	
95911			NRV CNDJ TEST 9-10 STUDIES	$103.35	$87.84	$103.35	$87.84	N	
95911	TC		MOTOR&SENS 9-10 NRV CNDJ TEST	$40.27	$40.27	$40.27	$40.27	N	
95911	26		MOTOR&SENS 9-10 NRV CNDJ TEST	$63.08	$53.62	$63.08	$53.62	N	
95912			NRV CNDJ TEST 11-12 STUDIES	$120.34	$102.28	$120.34	$102.28	N	
95912	TC		MOTOR&SENS 11-12 NRV CNDJ TEST	$44.85	$44.85	$44.85	$44.85	N	
95912	26		MOTOR&SENS 11-12 NRV CNDJ TEST	$75.49	$64.16	$75.49	$64.16	N	
95913			NRV CNDJ TEST 13/> STUDIES	$140.85	$119.72	$140.85	$119.72	N	
95913	TC		MOTOR&SENS 13/> NRV CND TEST	$51.31	$51.31	$51.31	$51.31	N	
95913	26		MOTOR&SENS 13/> NRV CND TEST	$89.54	$76.11	$89.54	$76.11	N	
95919			QUAN PUPLMTRY PHY/QHP UNI/BI	$7.97	$6.77	$7.97	$6.77	N	
95919	TC		QUAN PULMTRY PHY/QHP UNI/BI	$3.23	$3.23	$3.23	$3.23	N	
95919	26		QUAN PUPLMTRY PHY/QHP UNI/BI	$4.75	$4.03	$4.75	$4.03	N	
95921			AUTONOMIC NRV PARASYM INERVJ	$43.11	$36.64	$54.32	$48.19	N	
95921	TC		TEST ANS FUNCTION	$21.92	$21.92	$13.48	$13.48	N	
95921	26		TEST ANS FUNCTION	$21.19	$18.01	$40.83	$34.71	N	
95922			AUTONOMIC NRV ADRENRG INERVJ	$44.23	$37.59	$58.88	$52.07	N	
95922	TC		TEST ANS FUNCTION	$22.42	$22.42	$13.48	$13.48	N	
95922	26		TEST ANS FUNCTION	$21.81	$18.53	$45.40	$38.59	N	
95923			AUTONOMIC NRV SYST FUNJ TEST	$11.81	$10.04	$96.34	$89.91	N	
95923	TC		TEST ANS FUNCTION	$7.54	$7.54	$53.51	$53.51	N	
95923	26		TEST ANS FUNCTION	$21.35	$18.15	$42.82	$36.40	N	
95924			ANS PARASYMP & SYMP W/TILT	$73.19	$62.21	$73.19	$62.21	N	
95924	TC		ANS PARASYMP & SYMP W/TILT	$31.94	$31.94	$31.94	$31.94	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
95924	26		ANS PARASYMP & SYMP W/TILT	$41.25	$35.06	$41.25	$35.06	N	
95925			SOMATOSENSORY TESTING,ONE > NE	$77.61	$65.96	$58.72	$54.86	N	
95925	TC		SOMATOSENSORY TESTING,ONE >NER	$64.39	$64.39	$64.39	$64.39	N	
95925	26		SOMATOSENSORY TESTING,ONE > NE	$13.22	$11.23	$25.72	$21.86	N	
95926			SOMATOSENSORY TESTING	$70.99	$60.34	$64.76	$60.90	N	
95926	TC		SOMATOSENSORY TESTING	$58.27	$58.27	$58.27	$58.27	N	
95926	26		SOMATOSENSORY TESTING	$12.71	$10.80	$25.76	$21.90	N	
95927			SOMATOSENSORY TESTING	$89.33	$75.93	$65.74	$61.73	N	
95927	TC		SOMATOSENSORY TESTING	$76.28	$76.28	$76.28	$76.28	N	
95927	26		SOMATOSENSORY TESTING	$13.06	$11.10	$26.74	$22.73	N	
95928			C MOTOR EVOKED, UPPR LIMBS	$118.80	$100.98	$152.89	$142.20	N	
95928	TC		C MOTOR EVOKED UPPR LIMBS	$81.05	$81.05	$81.63	$81.63	N	
95928	26		C MOTOR EVOKED UPPR LIMBS	$37.75	$32.08	$71.26	$60.57	N	
95929			C MOTOR EVOKED, LWR LIMBS	$118.97	$101.12	$159.33	$148.64	N	
95929	TC		C MOTOR EVOKED LWR LIMBS	$81.56	$81.56	$88.07	$88.07	N	
95929	26		C MOTOR EVOKED LWR LIMBS	$37.41	$31.80	$71.26	$60.57	N	
95930			MEASUREMENT AND RECORDING OF	$33.30	$28.30	$73.27	$62.28	N	
95930	TC		VISUAL EVOKED POTENTIAL TEST	$4.89	$4.89	$53.76	$46.95	N	
95930	26		VISUAL EVOKED POTENTIAL TEST	$8.83	$7.50	$16.74	$14.23	N	
95933			BLINK REFLEX,ELETRODIAGNOSTIC	$40.18	$34.15	$56.21	$52.01	N	
95933	TC		BLINK REFLEX,ELETRODIAGNOSTIC	$25.15	$25.15	$28.23	$28.23	N	
95933	26		BLINK REFLEX,ELETRODIAGNOSTIC	$15.04	$12.78	$27.98	$23.78	N	
95937			NEUROMUSCULAR JUNC.TEST.:@ NER	$51.00	$43.35	$44.20	$39.39	N	
95937	TC		NEUROMUSCULAR JUNC. TEST:@NERV	$34.49	$34.49	$12.13	$12.13	N	
95937	26		NEUROMUSCULAR JUNC.TEST@NERV	$16.51	$14.03	$32.07	$27.26	N	
95938			SOMATOSENSORY TESTING	$188.92	$160.58	$188.92	$160.58	N	
95938	TC		SOMATOSENSORY TESTING	$167.19	$167.19	$167.19	$167.19	N	
95938	26		SOMATOSENSORY TESTING	$21.73	$18.47	$21.73	$18.47	N	
95939			C MOTOR EVOKED UPR&LWR LIMBS	$278.77	$236.95	$278.77	$236.95	N	
95939	TC		C MOTOR EVOKED UPR&LWR LIMBS	$221.90	$221.90	$221.90	$221.90	N	
95939	26		C MOTOR EVOKED UPR&LWR LIMBS	$56.87	$48.34	$56.87	$48.34	N	
95940			IONM IN OPERATNG ROOM 15 MIN	$15.70	$13.35	$15.70	$13.35	N	
95941			IONM REMOTE/>1 PT OR PER HR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
95954			PHARM/PHYS ACTIV DURING EEG RE	$193.08	$164.11	$226.58	$209.10	N	
95954	TC		PHARM/PHYS ACTIV DURING EEG RE	$27.96	$27.96	$109.99	$109.99	N	
95954	26		PHARM/PHYS ACTIV DURING EEG RE	$53.26	$45.27	$116.59	$99.10	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
95955			EEG DURING NONINTRACRANIAL SUR	$91.43	$77.71	$117.47	$99.85	N	
95957			DIGITAL ANALYSIS OF EEG	$146.00	$124.10	$155.90	$141.71	N	
95957	TC		DIGITAL ANALYSIS OF EEG	$97.35	$97.35	$61.22	$61.22	N	
95957	26		DIGITAL ANALYSIS OF EEG	$48.66	$41.36	$94.70	$80.49	N	
95958			WADA ACTIVATION TEST FOR HEMIS	$357.30	$303.71	$262.85	$232.90	N	
95958	TC		WADA ACTIVATION TEST FOR HEMIS	$249.76	$249.76	$63.21	$63.21	N	
95958	26		WADA ACTIVATION TEST FOR HEMIS	$107.55	$91.41	$199.64	$169.69	N	
95961			FUNCTIONAL CORTICAL MAPPING	$163.95	$139.35	$199.37	$176.43	N	
95961	AA		FUNCTIONAL CORTICAL MAPPING	$9.30	$8.10	$9.30	$8.10	N	11
95961	TC		FUNCTIONAL CORTICAL MAPPING	$86.49	$86.49	$46.50	$46.50	N	
95961	26		FUNCTIONAL CORTICAL MAPPING	$77.47	$65.85	$152.86	$129.93	N	
95962			FUNCTIONAL CORTICAL MAPPING	$140.10	$119.09	$204.61	$180.89	N	
95962	TC		FUNCTIONAL CORTICAL MAPPING	$56.75	$56.75	$46.50	$46.50	N	
95962	26		FUNCTIONAL CORTICAL MAPPING	$83.36	$70.86	$158.10	$134.39	N	
95965			MEG RECORDING AND ANALYSIS	$217.47	$184.85	$927.91	$788.72	N	
95965	26		MUSCLE TEST, LARYNX	$197.23	$167.64	$382.59	$325.20	N	
95966			MEG RECORDING AND ANALYSIS SIN	$120.00	$102.00	$220.00	$187.00	N	
95967			MEG RECORDING AND ANALYSIS EAC	$105.00	$89.00	$192.28	$163.44	N	
95970			ELECT ANAL IMPL NEUROSTIM PULS	$9.16	$7.78	$19.39	$16.48	N	
95971			ELECT ANAL IMPL NEUROSTIM PULS	$23.50	$19.98	$49.80	$42.33	N	
95972			ELECT ANAL IMPL NEUROSTIM PULS	$28.07	$23.86	$59.07	$50.21	N	
95976			ALYS SMPL CN NPGT PRGRMG	$18.46	$15.69	$18.46	$15.69	N	
95976	26		ALYS SMPL CN NPGT PRGMG	$18.12	$15.40	$18.12	$15.40	N	
95977			ALYS CPLX CN NPGT PRGRMG	$24.66	$20.96	$24.66	$20.96	N	
95977	26		ALYS CPLX CN NPGT PRGRMG	$24.32	$20.67	$24.32	$20.67	N	
95980			ELECTRONIC ANALYSIS OF IMPLANT	$21.89	$18.60	$33.00	$28.06	N	
95981			ELECTRONIC ANALYSIS OF IMPLANT	$19.90	$16.92	$23.97	$20.37	N	
95981	26		ELECTRONIC ANALYSIS OF IMPLANT	$8.69	$7.38	$13.00	$11.06	N	
95982			ELECTRONIC ANALYSIS OF IMPLANT	$29.88	$25.39	$35.78	$30.41	N	
95982	26		ELECTRONIC ANALYSIS OF IMPLANT	$17.98	$15.28	$25.84	$21.96	N	
95983			ALYS BRN NPGT PRGRMG 15 MIN	$24.21	$20.58	$24.21	$20.58	N	
95983	26		ALYS BRN NPGT PRGRMG 15 MIN	$23.70	$20.15	$23.70	$20.15	N	
95984			ALYS BRN NPGT PRGRMG ADDL 15	$21.10	$17.93	$21.10	$17.93	N	
95984	26		ALYS BRN NPGT PRGRMG ADDL 1	$20.93	$17.79	$20.93	$17.79	N	
95990			REFILL/MAINT IMPL PUMP DRUG DE	$44.33	$37.68	$52.66	$44.76	N	
95991			REFILL/MAINT IMPL PUMP BY MD	$54.77	$46.55	$75.65	$64.30	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
95992			CANALITH REPOSITIONING PROCEDU	$20.83	$17.71	$20.83	$17.71	N	
95992	26		CANALITH REPOSITIONING PROC	$17.26	$14.67	$17.26	$14.67	N	
95999			UNLISTED NEUROLOGICAL DX PX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
96000			COMP COMPUTER-BASED MOT ANALYS	$40.34	$34.28	$78.14	$66.42	N	
96001			COMP COMPUTER-BASED MOT ANALYS	$51.67	$43.92	$93.33	$79.33	N	
96002			DYNAMIC SURF ELECTROMYOGRAPHY	$10.46	$8.89	$18.64	$15.84	N	
96004			MD REVIEW AND INTERPRETATION	$51.68	$43.92	$102.81	$87.39	N	
96020			FUNCTIONAL BRAIN MAPPING	$186.50	$158.53	$186.50	$158.53	N	
96101	HH		PSYCHO TESTING BY PSYCH/PHYS	$0.00	$0.00	$0.00	$0.00	N	
96102	HH		PSYCHO TESTING BY TECHNICIAN	$0.00	$0.00	$0.00	$0.00	N	
96103	HH		PSYCHO TESTING ADMIN BY COMP	$0.00	$0.00	$0.00	$0.00	N	
96105			ASSESSMENT OF APHASIA	$47.53	$40.40	$65.36	$55.56	N	
96105	UC		ASSESSMENT OF APHASIA	$25.00	$25.00	$65.36	$65.36	N	
96110			DEVELOPMENTAL SCREEN W/SCORE	$7.28	$6.19	$7.28	$6.19	N	
96110	HH		DEVELOPMENTAL SCREEN W/SCORE	$0.00	$0.00	$0.00	$0.00	N	
96111	HH		DEVELOPMENT TEST, EXTENDED	$0.00	$0.00	$0.00	$0.00	N	
96112			DEVEL TST PHYS/QHP 1ST HR	$64.18	$54.55	$64.18	$54.55	N	
96112	SA		DEV TST APN 1ST HOUR	$54.55	$54.55	$54.55	$54.55	N	
96112	26		DEVEL TST PHYS/QHP 1ST HR	$58.91	$50.07	$58.91	$50.07	N	
96113			DEVEL TST PHYS/QHP EA ADDL	$26.88	$22.84	$26.88	$22.84	N	
96113	SA		DEV TST APN EA ADDL	$22.84	$22.84	$22.84	$22.84	N	
96113	26		DEVEL TST PHYS/QHP EA ADDL	$24.16	$20.54	$24.16	$20.54	N	
96116			NEUROBEHAVIORAL STATUS EXAM	$44.70	$37.99	$92.29	$78.44	N	
96116	HH		NEUROBEHAVIORAL STATUS EXAM	$0.00	$0.00	$0.00	$0.00	N	
96116	UC		NEUROBEHAVIORAL STATUS EXAM	$33.94	$33.94	$92.29	$92.29	N	
96118	HH		NEUROPSYCH TST BY PSYCH/PHYS	$0.00	$0.00	$0.00	$0.00	N	
96119	HH		NEUROPSYCH TST BY TECH	$0.00	$0.00	$0.00	$0.00	N	
96120	HH		NEUROPSYCH TST ADMIN W/COMP	$0.00	$0.00	$0.00	$0.00	N	
96121			NUBHVL XM PHY/QHP EA ADDL HR	$36.53	$31.05	$36.53	$31.05	N	
96121	26		NUBHVL XM PHY/QHPEA ADDL	$31.78	$27.01	$31.78	$27.01	N	
96125			STANDARDIZED COGNITIVE PERFORM	$50.64	$43.04	$78.72	$66.91	N	
96125	HH		STANDARDIZED COGNITIVE PERFORM	$0.00	$0.00	$0.00	$0.00	N	
96125	SA		STANDARIZED COGNITIVE PERFORM	$43.04	$43.04	$63.57	$63.57	N	
96125	SA	26	STANDARIZED COGNITIVE PERFORM	$33.48	$33.48	$33.48	$33.48	N	
96125	26		STANDARIZED COGNITIVE PERFORM	$41.46	$35.25	$65.36	$55.56	N	
96127			BRIEF EMOTIONAL/BEHAV ASSMT	$2.38	$2.02	$2.38	$2.02	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
96127	HD		DEPRESSION SCREENING USING STA	$2.11	$2.11	$2.11	$2.11	N	
96127	HH		BRIEF EMOTIONAL/BEHAV ASSMT	$0.00	$0.00	$0.00	$0.00	N	
96127	SB		BRIEF EMOTIONAL/BEHAV ASSMT	$2.38	$2.38	$2.38	$2.38	N	
96130			PSYCL TST EVAL PHYS/QHP 1ST	$59.10	$50.23	$59.10	$50.23	N	
96130	26		PSYCL TST PHYS/QHP 1ST	$53.15	$45.18	$53.15	$45.18	N	
96131			PSYCL TST EVAL PHYS/QHP EA	$41.56	$35.32	$41.56	$35.32	N	
96131	26		PSYCL TST EVAL PHYS/QHP EA	$36.12	$30.70	$36.12	$30.70	N	
96132			NRPSYC TST EVAL PHYS/QHP 1ST	$63.19	$53.71	$63.19	$53.71	N	
96132	26		NRPSYC TST EVAL PHYS/QHP 1S	$51.47	$43.75	$51.47	$43.75	N	
96133			NRPSYC TST EVAL PHYS/QHP EA	$47.16	$40.09	$47.16	$40.09	N	
96133	26		NRPSYC TST EVAL PHYS/QHP EA	$36.29	$30.84	$36.29	$30.84	N	
96136			PSYCL/NRPSYC TST PHY/QHP 1ST	$20.95	$17.80	$20.95	$17.80	N	
96136	26		PSYCL/PSYC TST PHY/QHP 1S	$11.31	$9.61	$11.31	$9.61	N	
96137			PSYCL/NRPSYC TST PHY/QHP EA	$18.98	$16.13	$18.98	$16.13	N	
96137	26		PSYCL/NRPSYC TST PHY/QHP EA	$8.66	$7.36	$8.66	$7.36	N	
96138			PSYCL/NRPSYC TECH 1ST	$17.72	$15.06	$17.72	$15.06	N	
96139			PSYCL/NRPSYC TST TECH EA	$18.23	$15.50	$18.23	$15.50	N	
96146			PSYCL/NRPSYC TST AUTO RESULT	$1.20	$1.02	$1.20	$1.02	N	
96156			HLTH BHV ASSMT/REASSESSMENT	$49.71	$42.25	$21.18	$18.00	N	
96156	EP		HEALTH BEHAV ASSESS/REASSESS	NA	NA	$200.00	$200.00	N	
96156	HH		HLTH BHV ASSMT/REASSESSMENT	$0.00	$0.00	$0.00	$0.00	N	
96156	SA		HLTH BHV ASSMT/REASSMENT	$42.25	$42.25	$13.68	$13.68	N	
96156	UC		HLTH BHV ASSMT/REA SSESSMENT	$14.00	$14.00	$21.18	$21.18	N	
96158			HLTH BHV IVNTJ INDIV 1ST 30	$34.10	$28.99	$38.82	$33.00	N	
96158	EP		HLTH BEHAV ITVN, INITIAL 30 M	NA	NA	$42.50	$42.50	N	
96158	EP	HM	BEH ITVN INIT 30M HS/ASSOC DE	$29.75	$29.75	$29.75	$29.75	N	
96158	EP	HN	BEH ITVN INIT 30M BACHELOR DE	$34.00	$34.00	$34.00	$34.00	N	
96158	EP	HO	BEH ITVN INIT 30M MASTERS DEG	NA	NA	$36.13	$36.13	N	
96158	EP	HP	BEH ITVN INIT 30M DOCTORATE	NA	NA	$38.25	$38.25	N	
96158	HA		HLTH BHV IVNTJ INDIV 1ST 30	$99.56	$99.56	$99.56	$99.56	A	
96158	HH		HLTH BHV IVNTJ INDIV 1ST 30	$0.00	$0.00	$0.00	$0.00	N	
96158	SA		HLTH BHV IVNTJ INDIV 1ST 30	$28.99	$28.99	$31.34	$31.34	N	
96158	UC		HLTH BHV IVNTJ INDIV 1ST 30	$26.00	$13.00	$38.82	$19.41	N	
96159			HLTH BHV IVNTJ INDIV EA ADDL	$11.69	$9.94	$19.41	$16.50	N	
96159	EP		HLTH BEHAV ITVN, EA ADD 15 MIN	NA	NA	$21.25	$21.25	N	
96159	EP	HM	BEH ITVN, EA ASS 15 MIN HS/ASS	NA	NA	$14.88	$14.88	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
96159	EP	HN	BEH ITVN, EA ADD 15 MIN BACHEL	NA	NA	$17.00	$17.00	N	
96159	EP	HP	BEH ITVN, EA ADD 15 MIN DOCTOR	NA	NA	$19.13	$19.13	N	
96159	HA		HLTH BHV IVNTJ INDIV EA ADDL	$49.78	$49.78	$49.78	$49.78	A	
96159	HH		HLTH BHV IVNTJ INDIV EA ADDL	$0.00	$0.00	$0.00	$0.00	N	
96159	SA		HLTH BHV IVNTJ INDIV EA ADDL	$9.94	$9.94	$15.67	$15.67	N	
96159	UC		HLTH BHV IVNTJ INDIV EA ADDL	$13.00	$13.00	$19.42	$19.41	N	
96160			PT-FOCUSED HLTH RISK ASSMT	$1.53	$1.30	$1.53	$1.30	N	
96160	HD		DEPRESSION SCREENING USING STA	$1.23	$1.23	$1.23	$1.23	N	
96160	SB		PT-FOCUSED HLTH RISK ASSMT	$1.53	$1.53	$1.53	$1.53	N	
96161			CAREGIVER HEALTH RISK ASSMT	$1.53	$1.53	$1.53	$1.53	N	
96164			HLTH BHV IVNTJ GRP 1ST 30	$5.21	$4.42	$5.21	$4.42	N	
96164	EP		HLTH BEHAV ITVN GP INITIAL 30M	NA	NA	$11.20	$11.20	N	
96164	EP	HM	BEH ITVN GP INIT 30M HS/ASSOC	NA	NA	$7.84	$7.84	N	
96164	EP	HN	BEH ITVN GP INT 30M BACHELOR	NA	NA	$8.96	$8.96	N	
96164	EP	HO	BEH ITVN GP INIT 30M MASTERS	NA	NA	$9.52	$9.52	N	
96164	EP	HP	BEH ITVN GP INIT 30M DOCTORAT	NA	NA	$10.08	$10.08	N	
96164	HH		HLTH BHV IVNTJ GRP 1ST 30	$0.00	$0.00	$0.00	$0.00	N	
96164	SA		HLTH BHV IVNTJ GRP 1ST 30	$4.42	$4.42	$7.78	$7.78	N	
96164	UC		HLTH BHV IVNTJ GRP 1ST 30	$10.00	$5.00	$10.00	$5.00	N	
96165			HLTH BHV IVNTJ GRP EA ADDL	$2.44	$2.07	$2.44	$2.07	N	
96165	EP		HLTH BEHAV ITVN GP EA ADD 15M	NA	NA	$5.60	$5.60	N	
96165	EP	HM	BEH ITVN GP EA ADD 15M HS/ASS	NA	NA	$3.92	$3.92	N	
96165	EP	HN	BEH ITVN GP EA ADD 15M BACHE	NA	NA	$4.48	$4.48	N	
96165	EP	HO	BEH ITVN GP EA ADD 15M MASTER	NA	NA	$4.76	$4.76	N	
96165	HH		HLTH BHV IVNTJ GRP EA ADDL	$0.00	$0.00	$0.00	$0.00	N	
96165	SA		HLTH BHV IVNTJ GRP EA ADDL	$2.07	$2.07	$3.89	$3.89	N	
96165	UC		HLTH BHV IVNTJ GRP EA ADDL	$5.00	$5.00	$5.00	$5.00	N	
96167			HLTH BHV IVNTJ FAM 1ST 30	$36.20	$30.77	$38.12	$32.40	N	
96167	EP		HLTH BEHAV ITVN FAM INIT 30MIN	NA	NA	$50.00	$50.00	N	
96167	EP	HM	BEH ITVN FAM IN 30MIN HS/ASSOC	NA	NA	$35.00	$35.00	N	
96167	EP	HN	BEH ITVN FAM IN 30MIN BACHELOR	NA	NA	$40.00	$40.00	N	
96167	EP	HO	BEH ITVN FAM IN 30MIN MASTERS	NA	NA	$42.50	$42.50	N	
96167	EP	HP	BEH ITVN FAM IN 30MIN DOCTORA	NA	NA	$45.00	$45.00	N	
96167	HH		HLTH BHV IVNTJ FAM 1ST 30	$0.00	$0.00	$0.00	$0.00	N	
96167	SA		HLTH BHV IVNTJ FAM 1ST 30	$30.77	$30.77	$30.78	$30.78	N	
96167	UC		HLTH BHV IVNTJ FAM 1ST 30	$26.00	$13.00	$38.12	$19.06	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
96168			HLTH BHV IVNTJ FAM EA ADDL	$12.99	$11.04	$19.06	$16.20	N	
96168	EP		HLTH BEHAV ITVN FAM EA ADD 15M	NA	NA	$25.00	$25.00	N	
96168	EP	HM	BEH ITVN FAM EA ADD 15M HS/ASS	NA	NA	$17.50	$17.50	N	
96168	EP	HN	BEH ITVN FAM EA ADD 15M BACHEL	NA	NA	$20.00	$20.00	N	
96168	EP	HO	BEH ITVN FAM EA ADD 15M MASTER	NA	NA	$21.25	$21.25	N	
96168	EP	HP	BEH ITVN FAM EA ADD 15M DOCTOR	NA	NA	$22.50	$22.50	N	
96168	HH		HLTH BHV IVNTJ FAM EA ADDL	$0.00	$0.00	$0.00	$0.00	N	
96168	SA		HLTH BHV IVNTJ FAM EA ADDL	$11.04	$11.04	$15.39	$15.39	N	
96168	UC		HLTH BHV IVNTJ FAM EA ADDL	$13.00	$13.00	$19.06	$19.06	N	
96170			HLTH BHV IVNTJ FAM WO PT 1ST	$24.00	$20.00	$6.92	$5.88	N	
96170	EP		HLTH BEH ITVN FAM W/O PATIENT	NA	NA	$50.00	$50.00	N	
96170	EP	HM	BEH ITVN FAM W/O PT HS/ASSOC	NA	NA	$35.00	$35.00	N	
96170	EP	HN	BEH ITVN FAM W/O PT BACHELOR	NA	NA	$40.00	$40.00	N	
96170	EP	HO	BEH ITVN FAM W/O PT MASTERS D	NA	NA	$42.50	$42.50	N	
96170	EP	HP	BEH ITVN FAM W/O PT DOCTORATE	NA	NA	$45.00	$45.00	N	
96170	SA		HLTH BHV IVNTJ FAM WO PT 1ST	$19.00	$19.00	$5.88	$5.88	N	
96170	UC		HLTH BHV IVNTJ FAM WO PT 1ST	$12.00	$12.00	$37.48	$18.74	N	
96171			HLTH BHV IVNTJ FAM W/O PT EA	$12.00	$10.00	$3.46	$2.94	N	
96171	EP		HLTH BEH INTV FAM W/O PAT 15MI	NA	NA	$25.00	$25.00	N	
96171	EP	HM	BEH INTV FAM W/O PT 15M HS/ASS	NA	NA	$17.50	$17.50	N	
96171	EP	HN	BEH INTV FAM W/O PT 15M BACHEL	NA	NA	$20.00	$20.00	N	
96171	EP	HO	BEH INTV FAM W/O PT 15M MASTER	NA	NA	$21.25	$21.25	N	
96171	EP	HP	BEH INTV FAM W/O PT 15M DOCTOR	NA	NA	$22.50	$22.50	N	
96171	SA		HLTH BHV INVNTJ FAM W/O PT EA	$9.50	$9.50	$2.94	$2.94	N	
96171	UC		HLTH BHV IVNTJ FAM W/O PT EA	$12.00	$12.00	$18.74	$18.74	N	
96360			INTRAVENOUS INFUSION HYDRATI	$15.63	$13.29	$40.44	$34.37	N	
96360	SA		INTRAVENOUS INFUSION HYDRATION	$13.29	$13.29	$32.66	$32.66	N	
96361			INTRAVENOUS INFUSION HYDRATI	$6.03	$5.12	$14.24	$12.10	N	
96361	SA		INTRAVENOUS INFUSION,HYDRATION	$5.12	$5.12	$11.50	$11.50	N	
96365			INTRAVENOUS INFUSION FOR THE	$30.19	$25.66	$68.42	$58.15	N	
96365	SA		INTRAVENOUS INFUSION FOR THERA	$25.66	$25.66	$55.25	$55.25	N	
96366			INTRAVENOUS INFUSION FOR THE	$10.02	$8.51	$20.29	$17.25	N	
96366	SA		INTRAVENOUS INFUSION FOR THERA	$8.51	$8.51	$18.15	$18.15	N	
96367			INTRAVENOUS INFUSION FOR THE	$13.74	$11.68	$33.06	$28.10	N	
96367	SA		INTRAVENOUS INFUSION FOR THERA	$11.68	$11.68	$26.70	$26.70	N	
96368			INTRAVENOUS INFUSION FOR THE	$9.52	$8.09	$20.83	$17.71	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
96368	SA		INTRAVENOUS INFUSION FOR THERA	$8.09	$8.09	$16.82	$16.82	N	
96369			SUBCUTANEOUS INFUSION FOR THER	$70.30	$59.76	$142.21	$120.88	N	
96369	SA		SUBCUTANEOUS INFUSION FOR THER	$59.76	$59.76	$114.84	$114.84	N	
96370			SUBCUTANEOUS INFUSION FOR THER	$8.15	$6.92	$13.89	$11.80	N	
96370	SA		SUBCUTANEOUS INFUSION FOR THER	$6.92	$6.92	$11.21	$11.21	N	
96371			SUBCUTANEOUS INFUSION FOR THER	$29.22	$24.84	$64.02	$54.41	N	
96371	SA		SUBCUTANEOUS INFUSION FOR THER	$24.84	$24.84	$51.69	$51.69	N	
96372			THERAPEUTIC PROPHYLACTIC OR	$7.42	$6.31	$16.18	$13.76	N	
96372	AG		HIV INJECTABLE DRUG ADMINISTRA	$7.43	$7.43	$7.43	$7.43	N	
96372	FP		THERAPEUTIC PROPHY/DIAG INJECT	$25.69	$21.83	$25.69	$21.83	N	
96372	SA		THER/PROPH/DIAG INJ, SC/IM	$6.06	$6.06	$13.07	$13.07	N	
96372	SB		THERAPEUTIC PROPHYLACTIC DIAGN	$7.14	$7.14	$7.14	$7.14	N	
96373			THERAPEUTIC PROPHYLACTIC OR	$9.52	$8.09	$16.48	$14.01	N	
96374			THERAPEUTIC PROPHYLACTIC OR	$17.66	$15.01	$41.55	$35.32	N	
96374	SA		THER/PROPH/DIAG INJ: IV PUSH	$15.01	$15.01	$33.55	$33.55	N	
96374	SB		IV PUSH THERAP/PROPHY/DIAGNOS	$17.66	$17.66	$17.66	$17.66	N	
96375			THERAPEUTIC PROPHYLACTIC OR	$7.37	$6.26	$17.67	$15.02	N	
96375	SA		THER/PROPH/DIAG:EACH ADD IV PU	$6.26	$6.26	$14.27	$14.27	N	
96375	SB		EACH ADDIT IV PUSH THER/PROPHY	$7.37	$7.37	$7.37	$7.37	N	
96376			THERAPEUTIC PROPHYLACTIC OR	$14.14	$12.01	$21.28	$18.09	N	
96376	SA		THER/PROPH/DIAG INJ:EACH ADDIT	$11.41	$11.41	$17.18	$17.18	N	
96377			APPLICATON ON-BODY INJECTOR	$9.00	$7.65	$9.00	$7.65	N	
96379			UNL THER/PROP/DIAG INJ/INF	$2.50	$2.50	$2.50	$2.50	N	
96379	SA		UNLISTED THER/PROPH/DIAG INJ	$2.50	$2.50	$2.50	$2.50	N	
96379	SB		UNLISTED THERAPEUTIC PROPHYLAC	$2.50	$2.50	$2.50	$2.50	N	
96380			ADMN RSV MONOC ANTB IM CNSL	NA	NA	$19.29	$19.29	N	
96381			ADMN RSV MONOC ANTB IM NJX	NA	NA	$16.80	$16.80	N	
96401			CHEMO, ANTI-NEOPL, SQ/IM	$34.61	$29.42	$46.63	$39.64	N	
96401	SA		CHEMO ADMIN SUBCU OR IM	$29.42	$29.42	$37.66	$37.66	N	
96402			CHEMO HORMON ANTINEOPL SQ/IM	$18.16	$15.43	$32.71	$27.80	N	
96402	SA		CHEMO ADM SUBCU/IM HORM ANTINE	$15.43	$15.43	$30.07	$30.07	N	
96405			CHEMO.INTRALESIONAL 1-7 LESION	$41.28	$35.08	$86.00	$73.10	N	
96406			CHEMO.INTRALESIONAL > 7 LESION	$63.26	$53.77	$124.83	$109.34	N	
96409			CHEMO, IV PUSH, SNGL DRUG	$48.34	$41.08	$108.76	$92.45	N	
96409	SA		CHEMO ADMIN IV PUSH SINGLE	$41.08	$41.08	$87.82	$87.82	N	
96411			CHEMO, IV PUSH, ADDL DRUG	$26.47	$22.50	$62.58	$53.19	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
96411	SA		CHEMO ADM IV PUSH EACH ADD SUB	$22.50	$22.50	$50.64	$50.64	N	
96413			CHEMO, IV INFUSION, 1 HR	$62.40	$53.04	$148.91	$126.57	N	
96413	SA		CHEMO ADM IV INFUS UP TO 1 HR	$53.04	$53.04	$50.53	$50.53	N	
96415			CHEMO, IV INFUSION, ADDL HR	$13.24	$11.25	$30.72	$26.11	N	
96415	SA		CHEMO ADM IV INFUS EACH ADD HR	$11.25	$11.25	$24.81	$24.81	N	
96416			CHEMO PROLONG INFUSE W/PUMP	$61.45	$52.23	$151.87	$129.09	N	
96416	SA		CHEMO ADM PROLONGED INFUSION	$52.23	$52.23	$122.64	$122.64	N	
96417			CHEMO IV INFUS EACH ADDL SEQ	$30.71	$26.10	$68.94	$58.60	N	
96417	SA		CHEMO ADM IV INFUS EACH ADDIT	$26.10	$26.10	$60.45	$60.45	N	
96420			CHEMOTHERAPY INTRA-ARTERIAL:PU	$49.43	$42.01	$98.32	$83.57	N	
96420	SA		CHEMOTHERAPY INTRA ARTERIAL PU	$42.01	$42.01	$79.39	$79.39	N	
96422			CHEMOTHERAPY, INFUS. UP TO 1HR	$75.58	$64.24	$171.94	$146.15	N	
96422	SA		CHEMOTHERAPY, INFUS UP TO 1 HR	$64.24	$64.24	$138.84	$138.84	N	
96423			CHEMOTHERAPY..1 TO 8HRS EA HR	$34.99	$29.74	$70.09	$59.57	N	
96423	SA		CHEMOTHERAPY 1 TO 8 HRS EA ADD	$29.74	$29.74	$56.60	$56.60	N	
96425			CHEMOTHERAPY INFU,>8HRS.PER HR	$16.27	$13.83	$159.72	$135.76	N	
96425	SA		CHEMOTHERAPY INFUS >8HRS PER H	$69.14	$69.14	$128.97	$128.97	N	
96440			CHMOTX ADMN PLRL CAV THRCNTS	$361.83	$307.55	$356.46	$302.99	N	
96446			CHEMOTX ADMN PERTL CAV IMPL	$76.91	$65.37	$76.91	$65.37	N	
96446	26		CHEMOTX ADMINPRTL CAVITY	$9.62	$8.18	$9.62	$8.18	N	
96450			CHEMOTHERAPY-CNS REQ.LUMB PUNC	$79.30	$67.40	$191.29	$162.60	N	
96450	AA		CHEMOTHERAPY CNS REQ. LUMB PUN	$9.30	$8.10	$9.30	$8.10	N	4
96521			REFILL/MAINT, PORTABLE PUMP	$59.75	$50.78	$136.31	$115.87	N	
96521	SA		PORT PUMP REFILLING/MAINTENANC	$50.78	$50.78	$110.07	$110.07	N	
96522			REFILL/MAINT PUMP/RESVR SYST	$56.69	$48.18	$98.31	$83.57	N	
96522	SA		REFILL/MAINT IMPLANT PUMP	$48.18	$48.18	$79.39	$79.39	N	
96523			IRRIG DRUG DELIVERY DEVICE	$12.19	$10.36	$24.97	$21.22	N	
96523	SA		IRRIG DRUG DELIVERY DEVICE	$10.36	$10.36	$20.16	$20.16	N	
96542			CHEMO,INTRAVENTR. 1+AGENTS(MD)	$63.81	$54.23	$130.66	$111.06	N	
96547			INTRAOP HIPEC PX 1ST 60 MIN	$177.13	$150.56	$177.13	$150.56	N	
96548			NTRAOP HIPEC PX EA ADD 30MIN	$81.14	$68.96	$81.14	$68.96	N	
96567			PHOTODYN THER BY EXTERN APPLIC	$67.12	$57.05	$67.67	$57.52	N	
96570			PHOTODYN THERAPY 1ST 30 MIN	$26.19	$22.26	$50.58	$43.00	N	
96571			PHOTODYN THER EA ADD 15 MIN	$12.02	$10.21	$24.72	$21.01	N	
96573			PDT DSTR PRMLG LES PHYS/QHP	$111.33	$94.63	$111.33	$94.63	N	
96574			DBRDMT PRMLG LES W/PDT	$136.46	$115.99	$136.46	$115.99	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
96900			ACTINOTHERAPY UV LIGHT	$12.74	$10.83	$15.52	$13.19	N	
96904			WHOLE BODY PHOTOGRAPHY	$33.81	$28.74	$33.81	$28.74	N	
96910			PHOTCHMTX TAR&UVB/PTRLTM&UVB	$59.64	$50.69	$34.77	$29.55	N	
96912			PHOTOCHEMOTHERAPY PUVA	$50.63	$43.04	$44.22	$37.59	N	
96913			PHOTOCHEMOTX SEV DERMATOSES	$76.80	$65.28	$59.94	$50.95	N	
96920			EXCIMER LSR PSRIASIS<250SQCM	$71.04	$60.38	$123.13	$104.66	N	
96920	26		LASER TX PSORIASIS <250 SQ CM	$24.99	$21.24	$55.95	$47.56	N	
96921			EXCIMER LSR PSRIASIS 250-500	$75.90	$64.52	$126.43	$107.47	N	
96921	26		LASER TX PSORIASIS 250-500 SQ	$28.49	$24.22	$57.22	$48.64	N	
96922			EXCIMER LSR PSRIASIS>500SQCM	$94.86	$80.63	$185.98	$158.09	N	
96922	26		LASER TX PSORIASIS >500 SQ CM	$46.09	$39.18	$88.62	$75.32	N	
96931			RCM CELULR SUBCELULR IMG SKN	$84.16	$71.53	$84.16	$71.53	N	
96932			RCM CELULR SUBCELULR IMG SKN	$63.04	$53.58	$63.04	$53.58	N	
96933			RCM CELULR SUBCELULR IMG SKN	$21.12	$17.95	$21.12	$17.95	N	
96934			RCM CELULR SUBCELULR IMG SKN	$59.23	$50.34	$59.23	$50.34	N	
96935			RCM CELULR SUBCELULR IMG SKN	$38.75	$32.93	$38.75	$32.93	N	
96936			RCM CELULR SUBCELULR IMG SKN	$20.48	$17.40	$20.48	$17.40	N	
96999			UNLISTED SPEC DERM SVC/PX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
97010			P.P.TX-1 AREA:HOT/COLD PACKS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
97012			P.T. TX-1 AREA:TRACTION,MECHAN	$7.81	$7.81	$7.81	$7.81	N	
97014			P.T. TX-1 AREA:ELECT.STIMULATI	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
97016			P.T.TX-1 AREA:VASOPNEUMATIC DE	$6.56	$6.56	$6.56	$6.56	N	
97018			P.T. TX-1 AREA:PARRAFIN BATH	$3.22	$3.22	$3.22	$3.22	N	
97022			P.T. TX-1 AREA:WHIRLPOOL	$9.73	$9.73	$9.73	$9.73	N	
97024			P.T. TX-1 AREA:DIATHERMY	$4.01	$4.01	$4.01	$4.01	N	
97026			P.T. TX-1 AREA: INFRARED	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
97028			PHY.MED.TX TO 1 AREA:ULTRAVIOL	$4.57	$4.57	$4.57	$4.57	N	
97032			APPL MODALITY 1+ESTIM EA 15	$8.01	$0.00	$8.01	$0.00	N	
97033			APP MDLTY 1+IONTPHRSIS EA 15	$10.95	$0.00	$10.95	$0.00	N	
97034			APP MDLTY 1+CNTRST BTH EA 15	$8.08	$0.00	$8.08	$0.00	N	
97035			APP MDLTY 1+ULTRASOUND EA 15	$7.89	$0.00	$7.89	$0.00	N	
97036			APP MDLTY 1+HUBBRD TNK EA 15	$19.41	$0.00	$19.41	$0.00	N	
97039			UNLISTED MODALITY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
97110			P.T. THER PROC,1 OR MORE AREAS	$14.68	$14.68	$14.68	$14.68	N	
97110	TR		THERAPY PROCEDURE USING EXERCI	$20.00	$20.00	$20.00	$20.00	N	
97110	U9		THERAPY PROCEDURE USING EXERCI	$20.00	$20.00	$20.00	$20.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
97112			P.T. TX-1 AREA:NEUROMUSCULAR E	$16.33	$16.33	$16.33	$16.33	N	
97112	TR		THERAPY PROCEDURE TO RE-EDUCAT	$20.00	$20.00	$20.00	$20.00	N	
97112	U9		THERAPY PROCEDURE TO RE-EDUCAT	$20.00	$20.00	$20.00	$20.00	N	
97113			AQUATIC THERAPY	$20.60	$0.00	$20.60	$0.00	N	
97116			P.T.TX-1 AREA:GAIT TRAINING	$16.31	$16.31	$16.31	$16.31	N	
97116	TR		THERAPY PROCEDURE FOR WALKING	$20.00	$20.00	$20.00	$20.00	N	
97116	U9		THERAPY PROCEDURE FOR WALKING	$20.00	$20.00	$20.00	$20.00	N	
97124			P.T. TX-1 AREA:MASSAGE	$16.71	$16.71	$16.71	$16.71	N	
97127			ONE-ON-ONE THERAPEUTIC INTER	$16.72	$0.00	$16.72	$0.00	N	
97127	HI		COGNITIVE REHAB THERAPY	$36.50	$36.50	$36.50	$36.50	A	
97129			THER IVNTJ 1ST 15 MIN	$10.89	$10.89	$10.89	$10.89	N	
97130			THER IVNTJ EA ADDL 15 MIN	$10.40	$10.40	$10.40	$10.40	N	
97139			UNLISTED THERAPEUTIC PX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
97139	TR		OTHER THERAPEUTIC PROCEDURE	$20.00	$20.00	$20.00	$20.00	N	
97139	U9		OTHER THERAPEUTIC PROCEDURE	$20.00	$20.00	$20.00	$20.00	N	
97140			MANUAL THERAPY 1/> REGIONS	$14.96	$14.96	$14.96	$14.96	N	
97150			GRP THERAPEUTIC PROCEDURE	$9.72	$0.00	$9.72	$0.00	N	
97150	TR		THERAPY PROCEDURE IN A GROUP	$20.00	$20.00	$20.00	$20.00	N	
97150	U9		THERAPY PROCEDURE IN A GROUP	$20.00	$20.00	$20.00	$20.00	N	
97151			BHV ID ASSMT BY PHYS/QHP	NA	NA	$25.00	$25.00	N	
97152			BHV ID SUPRT ASSMT BY 1 TECH	NA	NA	$11.20	$11.20	N	
97153			ADAPTIVE BEHAVIOR TX BY TECH	NA	NA	$15.00	$15.00	N	
97154			GRP ADAPT BHV TX BY TECH	NA	NA	$4.80	$4.80	N	
97155			ADAPT BEHAVIOR TX PHYS/QHP	NA	NA	$21.25	$21.25	N	
97156			FAM ADAPT BHV TX GDN PHY/QHP	NA	NA	$25.00	$25.00	N	
97157			MULT FAM ADAPT BHV TX GDN	NA	NA	$12.40	$12.40	N	
97158			GRP ADAPT BHV TX BY PHY/QHP	NA	NA	$5.60	$5.60	N	
97161			PT EVAL LOW COMPLEX 20 MIN	$49.95	$42.46	$49.95	$42.46	N	
97161	TR		EVALUATION FOR PHYSICAL THERAP	$20.00	$20.00	$20.00	$20.00	N	
97161	U9		EVALUATION FOR PHYSICAL THERAP	$20.00	$20.00	$20.00	$20.00	N	
97162			PT EVAL MOD COMPLEX 30 MIN	$49.95	$42.46	$49.95	$42.46	N	
97163			PT EVAL HIGH COMPLEX 45 MIN	$49.95	$42.46	$49.95	$42.46	N	
97164			PT RE-EVAL EST PLAN CARE	$34.56	$29.38	$34.56	$29.38	N	
97165			OT EVAL LOW COMPLEX 30 MIN	$51.32	$43.62	$51.32	$43.62	N	
97165	TR		EVALUATION FOR OCCUPATIONAL TH	$20.00	$20.00	$20.00	$20.00	N	
97165	U9		EVALUATION FOR OCCUPATIONAL TH	$20.00	$20.00	$20.00	$20.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
97166			OT EVAL MOD COMPLEX 45 MIN	$51.32	$43.62	$51.32	$43.62	N	
97167			OT EVAL HIGH COMPLEX 60 MIN	$51.32	$43.62	$51.32	$43.62	N	
97168			OT RE-EVAL EST PLAN CARE	$35.58	$30.24	$35.58	$30.24	N	
97169			ATHLETIC TRN EVAL LOW CMPLX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
97170			ATHLETIC TRN EVAL MOD CMPLX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
97171			ATHLETIC TRN EVAL HIGH CMPLX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
97172			ATHLETIC TRN RE-EVAL PLAN CR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
97530			THERAPEUTIC ACTIV EACH 15 MIN	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
97530	TR		THERAPY PROCEDURE USING FUNCTI	$20.00	$20.00	$20.00	$20.00	N	
97530	U9		THERAPY PROCEDURE USING FUNCTI	$20.00	$20.00	$20.00	$20.00	N	
97533			SENSORY INTEGRATIVE TECHNIQUES	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
97533	TR		THERAPY PROCEDURE USING SENSOR	$20.00	$20.00	$20.00	$20.00	N	
97533	U9		THERAPY PROCEDURE USING SENSOR	$20.00	$20.00	$20.00	$20.00	N	
97535			SELF CARE MANAGEMENT TRAINING	$16.38	$13.92	$25.72	$21.86	N	
97535	HI		OCCUPATIONAL THERAPIST INVALID	$27.61	$27.61	$27.61	$27.61	A	
97535	HI	UN	OCCUPATIONAL THERAPIST GRP BLD	$7.89	$7.89	$7.89	$7.89	A	
97535	HI	UP	OCCUPATIONAL THERAPY	$8.87	$8.87	$8.87	$8.87	A	
97535	HI	UQ	OCCUPATIONAL THERAPIST GRP4 SV	$6.65	$6.65	$6.65	$6.65	A	
97535	HI	UR	OCCUPATIONAL THERAPY GRP 5 SRV	$5.32	$5.32	$5.32	$5.32	A	
97535	ST		TBI-OCCUPATIONAL THERAPY VISIT	$73.00	$73.00	$73.00	$73.00	N	
97535	TR		TRAINING FOR SELF-CARE OR HOME	$20.00	$20.00	$20.00	$20.00	N	
97535	U9		TRAINING FOR SELF-CARE OR HOME	$20.00	$20.00	$20.00	$20.00	N	
97537			COMMUNITY/WORK REINTEGRATION	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
97537	TR		TRAINING FOR COMMUNITY OR WORK	$20.00	$20.00	$20.00	$20.00	N	
97537	U9		TRAINING FOR COMMUNITY OR WORK	$20.00	$20.00	$20.00	$20.00	N	
97542			WHEELCHAIR MANAGEMENT TRAINING	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
97545			WORK HARDENING/CONDITION INIT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
97546			WORK HARDENING/COND EA ADD HR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
97550			CAREGIVER TRAING 1ST 30 MIN	$26.36	$22.41	$26.36	$22.41	N	
97551			CAREGIVER TRAING EA ADDL 15	$12.89	$10.95	$12.89	$10.95	N	
97552			GROUP CAREGIVER TRAINING	$11.33	$9.63	$11.33	$9.63	N	
97597			DBRDMT OPN WND 1ST 20 CM/<	$50.02	$42.52	$42.21	$35.88	N	
97598			DBRDMT OPN WND ADDL 20CM/<	$22.25	$18.91	$26.92	$22.88	N	
97602			REMOVE REVIT TISS NON-SELECT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
97605			NEG PRS WND THER DME<=50SQCM	$21.55	$18.31	$29.52	$25.09	N	
97606			NEG PRS WND THER DME>50 SQCM	$25.75	$21.88	$31.74	$26.98	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
97607			NEG PRS WND THR NDME<=50SQCM	$169.34	$143.93	$169.34	$143.93	N	
97607	26		NEG PRESS WND TX </=50 SQ CM	$10.28	$8.73	$10.28	$8.73	N	
97608			NEG PRS WND THER NDME>50SQCM	$176.57	$150.08	$176.57	$150.08	N	
97608	26		NEG PRESS WOUND TX >50CM	$11.91	$10.12	$11.91	$10.12	N	
97610			LOW FREQUENCY NON-THERMAL US	$208.28	$177.04	$208.28	$177.04	N	
97750			PHYSICAL PERFORMANCE TEST	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
97755			ASSIST TECHNOLOGY ASSESSMENT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
97755	TR		EVALUATION FOR ASSISTIVE TECHN	$20.00	$20.00	$20.00	$20.00	N	
97755	U9		EVALUATION FOR ASSISTIVE TECHN	$20.00	$20.00	$20.00	$20.00	N	
97760			ORTHOTIC MGMT&TRAING 1ST ENC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
97761			PROSTHETIC TRAING 1ST ENC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
97763			ORTHC/PROSTC MGMT SBSQ ENC	$25.87	$21.99	$25.87	$21.99	N	
97799			UNLISTED PHYSCL MED/REHAB PX	$7.00	$7.00	$7.00	$7.00	N	
97802			NED NUTRIT THER INIT EA 15 MIN	$25.43	$25.43	$25.43	$25.43	N	
97803			MED NUTRIT THER RE-ASSESS	$22.21	$22.21	$22.21	$22.21	N	
97804			MEDICAL NUTRITION GROUP	$8.42	$8.42	$8.42	$8.42	N	
97810			ACUP 1/> WO ESTIM 1ST 15 MIN	$22.83	$19.41	$29.98	$25.48	N	
97811			ACUP 1/> W/O ESTIM EA ADD 15	$12.96	$11.01	$22.83	$19.41	N	
97813			ACUP 1/> W/ESTIM 1ST 15 MIN	$26.27	$22.33	$31.68	$26.93	N	
97814			ACUP 1/> W/ESTIM EA ADDL 15	$14.65	$12.45	$25.55	$21.72	N	
98925			OSTEOPATH MANJ 1-2 REGIONS	$15.51	$13.18	$25.68	$21.83	N	
98940			CHIROPRACT MANJ 1-2 REGIONS	$13.48	$13.48	$22.33	$18.98	N	
98941			CHIROPRACT MANJ 3-4 REGIONS	$19.52	$19.52	$31.02	$26.37	N	
98942			CHIROPRACTIC MANJ 5 REGIONS	$25.22	$25.22	$40.31	$34.27	N	
98960			EDU&TRN PT SELF-MGMT NQHP 1	$13.88	$11.79	$13.88	$11.79	N	
98960	SB		SELF-MGMT EDUC & TRAIN, 1 PT	$13.88	$13.88	$13.88	$13.88	N	
98961			EDU&TRN PT SLF-MGMT NQHP 2-4	$6.85	$5.82	$6.85	$5.82	N	
98961	SB		SELF-MGMT EDUC/TRAIN, 2-4 PT	$6.85	$6.85	$6.85	$6.85	N	
98962			EDU&TRN PT SLF-MGMT NQHP 5-8	$5.05	$4.29	$5.05	$4.29	N	
98962	SB		SELF-MGMT EDUC/TRAIN, 5-8 PT	$5.05	$5.05	$5.05	$5.05	N	
98966			TELEPHO LACTATION SUP 5-10 MIN	$6.55	$6.55	$6.55	$6.55	N	
98966	HH		TELEPHONE ASSESS & MGT 5-10 MI	$0.00	$0.00	$0.00	$0.00	N	
98967			TELEPHO LACTATION SUP 11-20 MI	$12.07	$12.07	$12.07	$12.07	N	
98967	HH		TELEPHONE ASSESS & MGMT 11-20M	$0.00	$0.00	$0.00	$0.00	N	
98968			TELEPHO LACTATION SUP 21-30MIN	$16.58	$16.58	$16.58	$16.58	N	
98968	HH		TELEPHONE ASSESS & MGMT 21-30M	$0.00	$0.00	$0.00	$0.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
98970			QNHP OL DIG ASSMT&MGMT 5-10	$5.70	$4.84	$5.70	$4.84	N	
98971			QNHP OL DIG ASSMT&MGMT 11-20	$10.77	$9.15	$10.77	$9.15	N	
98972			QNHP OL DIG ASSMT&MGMT 21+	$16.30	$13.85	$16.30	$13.85	N	
98975			REM THER MNTR 1ST SETUP&EDU	$10.36	$10.36	$10.36	$10.36	N	
98976			REM THER MNTR DEV SPLY RESP	$22.60	$22.60	$22.60	$22.60	N	
98977			REM THER MNTR DV SPLY MSCSKL	$22.60	$22.60	$22.60	$22.60	N	
98980			REM THER MNTR 1ST 20 MIN	$25.71	$21.85	$25.71	$21.85	N	
98980	26		REM THER MNTR 1ST 20 MIN	$14.83	$12.61	$14.83	$12.61	N	
98981			REM THER MNTR EA ADDL 20 MIN	$19.94	$16.95	$19.94	$16.95	N	
98981	26		REM THER MNTR EA ADDL 20 MIN	$14.50	$12.33	$14.50	$12.33	N	
99051			MED SERV, EVE/WKEND/HOLIDAY	$5.00	$5.00	$5.00	$5.00	N	
99051	SA		MED SERV, EVE/WKEND/HOLIDAY	$4.75	$4.75	$4.75	$4.75	N	
99053			MED SERV 10PM-8AM, 24 HR FAC	$5.00	$5.00	$5.00	$5.00	N	
99060			OUT OF OFFICE EMERG MED SERV	$5.00	$5.00	$5.00	$5.00	N	
99070			SUPPLIES AND MATERIALS...	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
99072			ADDL SUPL MATRL&STAF TM PHE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
99078			PHY. EDUC. SERVICES...	$0.00	$0.00	$0.00	$0.00	N	
99078	TH		CENTERING PREGNANCY, 15MINS	$7.00	$7.00	$7.00	$7.00	N	
99082			UNUSUAL TRAVEL	$40.72	$40.72	$40.72	$40.72	A	
99151			MOD SED PHYS/QHP < 5 YRS	NA	NA	$30.80	$26.18	N	
99151	26		MOD SED SAME PHYS/ QHP < 5 YRS	NA	NA	$11.70	$9.95	N	
99152			MOD SED SAME PHYS/QHP 5/> YRS	$25.23	$21.44	$25.23	$21.44	N	
99152	26		MOD SED SAME PHYS/ QHP 5/> YRS	$6.30	$5.35	$6.30	$5.35	N	
99153			MOD SED SAME PHYS/QHP EA	$6.11	$5.19	$6.11	$5.19	N	
99155			MOD SED OTH PHYS/QHP < 5 YRS	NA	NA	$40.14	$34.11	N	
99156			MOD SED OTH PHYS/QHP 5> YRS	$35.68	$30.32	$35.68	$30.32	N	
99157			MOD SED OTHER PHYS/QHP EA	$27.76	$23.59	$27.76	$23.59	N	
99173			SCREEN TEST VIS ACUITY QUANT	$5.00	$5.00	$5.00	$5.00	N	
99174			OCULAR PHOTOSCREENING BILATERA	$9.00	$7.65	$9.00	$7.65	N	
99177			OCULAR INSTRUMNT SCREEN BIL	$11.00	$9.35	$11.00	$9.35	N	
99183			HYPERBARIC OXYGEN PHYSICIAN	$51.47	$43.75	$108.21	$100.48	N	
99184			HYPOTHERMIA ILL NEONATE	$103.15	$87.67	$103.15	$87.67	N	
99188			APP TOPICAL FLUORIDE VARNISH	NA	NA	$20.14	$20.14	N	
99190			SPECIAL PUMP SERVICES: EACH HO	$45.00	$38.00	$45.00	$38.00	N	
99191			ASSEMBLY/OPERATION PUMP:3/4 HR	$33.75	$29.00	$33.75	$29.00	N	
99192			SPECIAL PUMP SERVICES: 1/2 HOU	$22.50	$19.00	$22.50	$19.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
99195			PHLEBOTOMY,THERAPEUTIC (SEPAR)	$45.69	$38.84	$45.69	$38.84	N	
99199			UNLISTED SPECIAL SVC PX/RPRT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
99199	HD		DOULA POST PARTUM VISIT	$16.62	$16.62	$16.62	$16.62	N	
99199	HD	U8	DOULA INCENTIVE PAYMENT	$100.00	$100.00	$100.00	$100.00	N	
99199	HD	22	DOULA POST PARTUM VISIT <19 Y0	$16.62	$16.62	$16.62	$16.62	N	
99199	SE	U1	UNDER OTHER MEDICAL SERV & PRO	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	N	
99202			E/M OFFICE/OP NEW PATIENT	$37.81	$32.14	$59.30	$50.41	N	
99202	FP		E/M FP VISIT,NEW PATIENT FP CL	$140.98	$119.83	$140.98	$119.83	N	
99202	FP	SB	E/M INITIAL VS BY CNM IN FP CL	$140.98	$140.98	$140.98	$140.98	N	
99202	FP	52	E/M FP VISIT,NEW PATIENT FP CL	$140.98	$119.83	$140.98	$119.83	N	
99202	HD		(HEALTHSTART) INITIAL ANTEPART	$76.10	$72.93	$76.10	$72.93	N	
99202	HD	SB	(HEALTHSTART) INITIAL ANTEPART	$70.82	$70.82	$70.82	$70.82	N	
99202	HF		PRESCRIPTION VS NARC CLINIC	$92.13	$92.13	$92.13	$92.13	N	
99202	HF	SA	PRESCRIPTION VS NARC CLINIC	$87.52	$87.52	$87.52	$87.52	N	
99202	HG		PHYSICIAN VS-NEW PT IN OTF	$52.85	$52.85	$52.85	$52.85	N	
99202	HH		E/M OFFICE/OP NEW PATIENT	$0.00	$0.00	$0.00	$0.00	N	
99202	SA		E/M OFFICE/OP NEW PATIENT	$30.53	$30.53	$47.88	$47.88	N	
99202	SB		E/M OFFICE/OP NEW PATIENT CNM	$58.39	$58.39	$59.30	$59.30	N	
99202	SB	52	E/M INITIAL VS BY CNM IN FP CL	$38.38	$38.38	$38.38	$38.38	N	
99202	UC		E/M OFFICE/OP NEW PATIENT	$92.13	$78.31	$59.30	$59.30	N	
99203			E/M OFFICE/OP NEW PATIENT	$58.18	$49.45	$88.12	$74.90	N	
99203	FP		E/M INITIAL FP VS IN FP CLINIC	$218.59	$218.59	$218.59	$218.59	N	
99203	FP	SB	E/M INIT FP VS/CNM IN FP CL	$218.59	$218.59	$218.59	$218.59	N	
99203	FP	22	INITIAL/ANNUAL TEEN DIRECTED F	NA	NA	$305.23	$305.23	N	
99203	FP	52	E/M INITIAL FP VS IN FP CLINIC	$218.59	$185.80	$218.59	$185.80	N	
99203	HF		E/M OFFICE/OP NEW PATIENT	$130.01	$130.01	$130.01	$130.01	N	
99203	HF	SA	E/M OFFICE/OP NEW PT APN	$130.01	$130.01	$130.01	$130.01	N	
99203	HH		E/M OFFICE/OP NEW PT 30 MINS	$0.00	$0.00	$0.00	$0.00	N	
99203	SA		E/M OFFICE/OP NEW PATIENT	$68.64	$68.64	$68.64	$68.64	N	
99203	SA	UD	E/M OFFICE/OP NEW PATIENT	$200.18	$200.18	$200.18	$200.18	N	
99203	SB		E/M OFFICE/OP NEW PATIENT CNM	$85.11	$85.11	$83.37	$83.37	N	
99203	SB	52	E/M INIT FP VS/CNM IN FP CL	$59.51	$59.51	$218.86	$218.86	N	
99203	UC		E/M OFFICE/OP NEW PATIENT	$111.88	$95.10	$83.37	$83.37	N	
99203	UD		E/M OFFICE/OP NEW PATIENT	$200.18	$170.15	$200.18	$170.15	N	
99204			E/M OFFICE/OP NEW PATIENT	$86.98	$73.93	$124.38	$105.72	N	
99204	FP		E/M OFFICE/OP NEW VISIT FP CL	$326.30	$277.36	$326.30	$277.36	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
99204	FP	SB	E/M OFFICE/OP NEW IN FL CL CNM	$326.30	$326.30	$326.30	$326.30	N	
99204	FP	52	E/M INITIAL FP VISIT FP CL	$326.30	$277.36	$326.30	$277.36	N	
99204	HF		E/M OFFICE/OP NEW PATIENT	$197.44	$197.44	$197.44	$197.44	N	
99204	HF	SA	E/M OFFICE/OP NEW PT APN	$197.44	$197.44	$197.44	$197.44	N	
99204	HH		E/M OFFICE/OP NEW PT 45MINS	$0.00	$0.00	$0.00	$0.00	N	
99204	SA		E/M OFFICE/OP NEW PATIENT	$102.47	$102.47	$102.47	$102.47	N	
99204	SB		E/M OFFICE/OP NEW PATIENT CNM	$125.87	$125.87	$117.67	$117.67	N	
99204	SB	52	E/M INITIAL FP VS.IN FP CL CNM	$27.50	$27.50	$78.37	$78.37	N	
99204	UC		E/M OFFICE/OP NEW PATIENT	$167.26	$142.17	$117.67	$117.67	N	
99205			E/M OFFICE/OP NEW PATIENT	$114.61	$97.42	$157.75	$134.08	N	
99205	FP		E/M OFFICE/OP NEW IN FP CL	$430.36	$430.36	$430.36	$430.36	N	
99205	FP	SB	E/M OFFICE/OP NEW IN FL CL CNM	$430.36	$430.36	$430.36	$430.36	N	
99205	FP	52	E/M INITIAL FP VS. IN FP CL	$430.36	$365.81	$430.36	$365.81	N	
99205	HF		E/M OFFICE/OP NEW PATIENT	$249.05	$249.05	$249.05	$249.05	N	
99205	HF	SA	E/M OFFICE/OP NEW PT APN	$249.05	$249.05	$249.05	$249.05	N	
99205	HH		E/M OFFICE/OP NEW PT 60MINS	$0.00	$0.00	$0.00	$0.00	N	
99205	HU		DYFS PRE PLACEMENT EXAM	$100.00	$100.00	$100.00	$100.00	N	
99205	HU	SA	DYFS PRE PLACEMENT EXAM	$95.00	$95.00	$95.00	$95.00	N	
99205	SB		E/M OFFICE/OP NEW PATIENT	$165.97	$165.97	$165.97	$165.97	N	
99205	SB	52	E/M INITIAL FP VS.IN FP CL CNM	$117.15	$117.15	$117.15	$117.15	N	
99205	UC		E/M OFFICE/OP NEW PATIENT	$114.61	$97.42	$149.24	$149.24	N	
99211			E/M EST PT MINIMAL PROBLEM(S)	$11.86	$10.08	$18.90	$16.07	N	
99211	FP		E/M F/U VISIT--FP CLINIC	$46.55	$46.55	$46.55	$46.55	N	
99211	FP	SB	E/M F/U VISIT BY CNM IN FP CL	$46.55	$46.55	$46.55	$46.55	N	
99211	FP	52	E/M F/U VISIT--FP CLINIC	$46.55	$39.57	$46.55	$39.57	N	
99211	HF		PRESCRIPTION VS NARC CLINIC	$28.53	$28.53	$28.53	$28.53	N	
99211	HG		PHYSICIAN VS - EST PT (10 MIN)	$25.00	$25.00	$25.00	$25.00	N	
99211	HH		E/M EST PT MINIMAL PROBLEM(S)	$0.00	$0.00	$0.00	$0.00	N	
99211	HV		PRESCRIPTION VS IN SA CENTER)	$18.60	$18.60	$18.60	$18.60	A	
99211	SA		E/M EST PT MINIMAL PROBLEM(S)	$14.62	$14.62	$15.27	$15.27	N	
99211	SA	UC	E/M EST PT MINIMAL PROBLEM(S)	$13.50	$13.50	$13.50	$13.50	N	
99211	SB		E/M ESTAB PT- VISIT BY CNM	$16.00	$16.00	$18.90	$18.90	N	
99211	SB	52	E/M F/U VISIT BY CNM IN FP CL	$12.40	$12.40	$12.40	$12.40	N	
99211	UC		E/M EST PT MINIMAL PROBLEM(S)	$14.27	$14.27	$19.98	$19.98	N	
99211	U9		E/M EST PT MINIMAL PROBLEM	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
99212			E/M OFFICE/OP - ESTABLISHED PT	$29.66	$25.21	$35.34	$30.04	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
99212	FP		E/M - FP VISIT IN FP CLINIC	$111.20	$111.20	$111.20	$111.20	N	
99212	FP	SB	E/M F/U FP VS BY CNM/FP CLINIC	$111.20	$111.20	$111.20	$111.20	N	
99212	FP	52	E/M - F/U VISIT IN FP CLININC	$111.20	$94.52	$111.20	$94.52	N	
99212	HF		E/M OFFICE/OP - ESTABLISHED PT	$55.45	$55.45	$55.45	$55.45	N	
99212	HF	SA	E/M OFF/OP EST S PT APN SUD	$51.34	$51.34	$51.34	$51.34	N	
99212	HH		E/M OFFICE/OP-ESTABLISHED PT	$0.00	$0.00	$0.00	$0.00	N	
99212	SA		E/M OFFICE/OP - ESTABLISHED PT	$27.29	$27.29	$27.00	$27.00	N	
99212	SA	UC	E/M OFF/OP EST PR CLINIC APN	$59.46	$59.46	$59.46	$59.46	N	
99212	SB		E/M ESTABLISHED PT. VS BY CNM	$43.23	$43.23	$33.30	$33.30	N	
99212	SB	52	E/M F/U FP VS BY CNM/FP CLINIC	$30.27	$30.27	$30.27	$30.27	N	
99212	UC		E/M OFFICE/OP - ESTABLISHED PT	$62.30	$62.30	$35.34	$35.34	N	
99212	U9		E/M OFFICE/OP ESTABLISHED PT	NA	NA	$27.00	$27.00	N	
99213			E/M OFFICE/OP ESTAB PATIENT	$47.43	$40.32	$48.07	$40.86	N	
99213	FP		E/M F/U VISIT FP CLINIC	$178.67	$178.67	$178.67	$151.87	N	
99213	FP	SB	E/M F/U VISIT FP CLINIC-CNM	$178.67	$178.67	$178.67	$178.67	N	
99213	FP	22	TEEN-DIRECTED FP SERVICE-F/U	NA	NA	$209.91	$209.91	N	
99213	FP	52	E/M F/U VISIT FP CLINIC	$178.67	$151.87	$178.67	$151.87	N	
99213	HF		E/M OFFICE/OP ESTAB PATIENT	$90.69	$90.69	$90.69	$90.69	N	
99213	HF	SA	E/M OFF/OP EST PT APN SUD	$85.38	$85.38	$85.38	$85.38	N	
99213	HH		E/M OFFICE/OP ESTAB PT 15 MIN	$0.00	$0.00	$0.00	$0.00	N	
99213	SA		E/M OFFICE/OP ESTAB PATIENT	$43.30	$43.30	$38.59	$38.59	N	
99213	SA	UC	E/M OFF/OP EST PT CLINIC APN	$85.38	$85.38	$85.38	$85.38	N	
99213	SA	UD	E/M OFFICE/OP ESTAB PATIENT	$163.42	$163.42	$163.42	$163.42	N	
99213	SB		E/M ESTABLISHED PT VISIT BY CN	$68.57	$68.57	$45.48	$45.48	N	
99213	SB	52	E/M F/U VISIT FP CLINIC-CNM	$48.64	$48.64	$48.64	$48.64	N	
99213	UC		E/M OFFICE/OP ESTAB PATIENT	$100.56	$100.56	$48.07	$48.07	N	
99213	UD		E/M OFFICE/OP ESTAB PATIENT	$163.42	$138.91	$163.42	$138.91	N	
99213	U9		E/M OFFICE/OP ESTAB PATIENT	NA	NA	$36.73	$36.73	N	
99214			E/M OFFICE/OP ESTABLISHED PT	$66.80	$56.78	$75.26	$63.97	N	
99214	FP		E/M FOLLOW UP VISIT-FP CLINIC	$250.79	$213.17	$250.79	$213.17	N	
99214	FP	SB	E/M FP VISIT BY CNM-FP CLINIC	$250.79	$250.79	$250.79	$250.79	N	
99214	FP	52	E/M FOLLOW UP VISIT-FP CLINIC	$250.79	$213.17	$250.79	$213.17	N	
99214	HF		E/M OFFICE/OP ESTAB PATIENT	$131.17	$131.17	$131.17	$131.17	N	
99214	HF	SA	E/M OFF/OP EST PT APN SUD	$125.42	$125.42	$125.42	$125.42	N	
99214	HH		E/M OFFICE/OP EST PT 25MINS	$0.00	$0.00	$0.00	$0.00	N	
99214	SA		E/M OFFICE/OP ESTABLISHED PT	$61.13	$61.13	$57.49	$57.49	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
99214	SA	UC	E/M OFF/OP EST PT CLINIC APN	$125.42	$125.42	$125.42	$125.42	N	
99214	SB		E/M FOLLOW UP VS EST PT BY CNM	$96.82	$96.82	$71.20	$71.20	N	
99214	SB	52	E/M FP VISIT BY CNM-FP CLINIC	$68.27	$68.27	$68.27	$68.27	N	
99214	UC		E/M OFFICE/OP ESTABLISHED PT	$142.43	$142.43	$75.26	$75.26	N	
99214	U9		E/M OFFICE/OP ESTABLISHED PT	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
99215			E/M OFFICE/OP ESTAB PT VISIT	$98.63	$79.84	$108.99	$92.65	N	
99215	FP		E/M FP VISIT-ESTAB PT IN FP CL	$351.22	$298.53	$351.22	$298.53	N	
99215	FP	SB	E/M FP VISIT BY CNM IN FP CL	$351.22	$351.22	$351.22	$351.22	N	
99215	FP	52	E/M FU VISIT IN FP CL	$351.22	$298.53	$351.22	$298.53	N	
99215	HF		E/M OFFICE/OP ESTAB PT VISIT	$175.79	$175.79	$175.79	$175.79	N	
99215	HF	SA	E/M OFF/OP EST PT APN SUD	$168.54	$168.54	$168.54	$168.54	N	
99215	HH		E/M OFFICE/OP - ESTAB PT VISIT	$0.00	$0.00	$0.00	$0.00	N	
99215	SA		E/M OFFICE/OP ESTAB PT VISIT	$85.50	$85.50	$83.27	$83.27	N	
99215	SA	UC	E/M OFF/OP EST PT CLINIC APN	$187.64	$187.64	$187.64	$187.64	N	
99215	SB		E/M VISIT-ESTSB PT-BY CNM	$135.41	$135.41	$103.11	$103.11	N	
99215	SB	52	E/M FP VISIT BY CNM IN FP CL	$95.61	$95.61	$95.61	$95.61	N	
99215	UC		E/M OFFICE/OP ESTAB PT VISIT	$198.34	$198.34	$108.99	$108.99	N	
99215	U9		E/M OFFICE/OP ESTAB PT VISIT	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
99221			E/M INITIAL HOSPITAL CARE	$42.22	$35.89	$57.81	$49.14	N	
99221	SA		E/M INITIAL HOSPITAL CARE	$34.10	$34.10	$46.68	$46.68	N	
99221	SB		E/M INITIAL HOSPITAL CARE CNM	$52.70	$52.70	$57.81	$57.81	N	
99222			E/M INITIAL HOSPITAL CARE	$66.59	$56.60	$95.73	$81.37	N	
99223			E/M INITIAL HOSPITAL CARE	$88.18	$74.95	$133.33	$113.33	N	
99231			E/M SUBSEQUENT HOSPITAL CARE	$24.24	$24.24	$28.93	$24.59	N	
99231	SA		E/M SUBSEQUENT HOSPITAL CARE	$29.10	$29.10	$29.10	$29.10	N	
99231	SB		E/M SUBSEQUENT HOSPITAL CARE	$25.23	$25.23	$28.93	$28.93	N	
99232			E/M SUBSEQUENT HOSPITAL CARE	$40.15	$34.13	$47.25	$40.16	N	
99232	SA		E/M SUBSEQUENT HOSPITAL CARE	$47.10	$47.10	$47.10	$47.10	N	
99232	SB		E/M SUBSEQUENT HOSPITAL CARE	$40.83	$40.83	$47.25	$47.25	N	
99233			E/M SUBSEQUENT HOSPITAL CARE	$60.38	$51.33	$67.16	$57.09	N	
99234			IP HOSP CARE SAME DAY ADM/DISC	$49.71	$42.26	$114.98	$97.74	N	
99235			IP HOSP CARE SAME DAY ADM/DISC	$81.13	$68.96	$151.57	$128.83	N	
99236			IP HOSP CARE SAME DAY ADM/DISC	$105.92	$90.03	$189.17	$160.79	N	
99238			HOSP IP/OBS DSCHRG MGMT 30/<	$41.50	$35.27	$60.27	$51.23	N	
99238	SA		HOSP DISCH DAY MNGMNT BY CNP	$48.59	$48.59	$48.67	$48.67	N	
99238	SB		HOSP DISCH DAY MNGMNT BY CNM	$42.12	$42.12	$60.27	$60.27	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
99239			HOSP IP/OBS DSCHRG MGMT >30	$58.51	$49.73	$82.17	$69.84	N	
99241			E/M OFFICE/OP CONSULT NEW/EST	$44.00	$37.00	$44.00	$37.00	N	
99242			E/M OFFICE/OP CONSULT NEW/EST	$64.70	$54.40	$79.02	$67.17	N	
99242	SA		E/M OFFICE/OP CONSULT NEW/EST	$51.68	$51.68	$51.68	$51.68	N	
99243			E/M OFFICE/OP CONSULT NEW/EST	$64.70	$54.40	$105.38	$89.58	N	
99243	SA		E/M OFFICE/OP CONSULT NEW/EST	$51.68	$51.68	$51.68	$51.68	N	
99244			E/M OFFICE/OP CONSULT NEW/EST	$91.10	$77.90	$148.39	$126.13	N	
99244	SA		E/M OFFICE/OP CONSULT NEW/EST	$74.00	$74.00	$74.00	$74.00	N	
99244	SM		CONSULTATION FOR 2ND OPINION	$73.50	$62.50	$148.39	$126.13	N	
99244	SN		CONSULTATION FOR 3RD OPINION	$73.50	$62.50	$148.39	$126.13	N	
99245			E/M OFFICE/OP CONSULT NEW/EST	$91.10	$77.90	$191.69	$162.93	N	
99252			E/M INITIAL IP/NF CONSULT NEW/	$64.70	$54.40	$64.70	$54.40	N	
99253			E/M INITIAL IP/NF CONSULT NEW/	$64.70	$54.40	$83.86	$71.28	N	
99254			E/M INITIAL IP/NF CONSULT NEW/	$91.10	$77.90	$120.56	$102.48	N	
99255			E/M INITIAL IP/NF CONSULT NEW/	$91.10	$77.90	$166.22	$141.28	N	
99281			E/M EMERGENCY DEPT. VISIT	$5.58	$4.74	$5.58	$4.74	N	
99281	SA		E/M EMERGENCY DEPT. VISIT	$6.72	$6.72	$6.72	$6.72	N	
99282			E/M EMERG.DEPT VISIT NEW/EST P	$20.35	$17.30	$20.35	$17.30	N	
99282	SA		E/M EMERG.DEPT VISIT NEW/EST P	$19.60	$19.60	$19.60	$19.60	N	
99283			E/M EMERG.DEPT. VISIT NEW/EST	$35.99	$30.59	$52.38	$44.53	N	
99283	SA		E/M EMERG.DEPT. VISIT NEW/EST	$29.06	$29.06	$42.30	$42.30	N	
99284			E/M EMERG.DEPT.VISIT NEW/EST P	$61.21	$52.03	$81.74	$69.48	N	
99284	SA		E/M EMERG.DEPT.VISIT NEW/EST P	$51.73	$51.73	$66.00	$66.00	N	
99285			E/M EMERG.DEPT.VISIT NEW/EST P	$88.64	$75.34	$127.98	$108.78	N	
99291			CRITICAL CARE...FIRST HOUR	$141.43	$120.22	$219.90	$186.91	N	
99291	SA		CRITICAL CARE FIRST HR APN	$116.58	$116.58	$116.58	$116.58	N	
99292			CRITICAL CARE..EACH ADDIT 30 M	$61.58	$52.35	$97.02	$82.47	N	
99292	SA		CRITICAL CARE..ADDIT 30M APN	$50.57	$50.57	$50.57	$50.57	N	
99304			NURSING FACILITY CARE, INIT	$41.14	$34.97	$56.05	$47.64	N	
99304	SA		NURSING FACILITY CARE, INIT	$38.16	$38.16	$45.26	$45.26	N	
99305			NURSING FACILITY CARE, INIT	$68.33	$58.08	$74.35	$63.20	N	
99305	SA		NURSING FACILITY CARE, INIT	$79.72	$79.72	$79.72	$79.72	N	
99306			NURSING FACILITY CARE, INIT	$93.20	$79.22	$93.20	$79.22	N	
99306	SA		NURSING FACILITY CARE, INIT	$108.67	$108.67	$108.67	$108.67	N	
99307			NURSING FAC CARE, SUBSEQ	$20.71	$17.60	$29.02	$24.66	N	
99307	SA		NURSING FAC CARE, SUBSEQ	$18.79	$18.79	$23.43	$23.43	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
99308			NURSING FAC CARE, SUBSEQ	$38.31	$32.57	$48.07	$40.86	N	
99308	SA		NURSING FACILITY CARE,SUBSEQ	$30.94	$30.94	$38.82	$38.82	N	
99309			NURSING FAC CARE, SUBSEQ	$55.36	$47.06	$67.70	$57.55	N	
99309	SA		NURSING FAC CARE, SUBSEQUENT	$64.87	$64.87	$64.87	$64.87	N	
99310			NURSING FAC CARE, SUBSEQ	$78.92	$67.08	$84.79	$72.07	N	
99310	SA		NURSING FAC CARE, SUBSEQUENT	$92.32	$92.32	$92.32	$92.32	N	
99315			NF DSCHRG MGMT 30 MIN/LESS	$41.86	$35.58	$52.47	$44.60	N	
99315	SA		NF DISCH DAY MNGMT 30 MIN-LESS	$48.85	$48.85	$48.85	$48.85	N	
99316			NF DSCHRG MGMT 30 MIN+	$67.08	$57.02	$69.22	$58.83	N	
99316	SA		NFDISCH DAY MNGMT >30 MIN	$78.01	$78.01	$78.01	$78.01	N	
99341			E/M HOME VISIT-NEW PATIENT	$25.24	$21.45	$49.70	$42.24	N	
99341	SA		E/M HOME VISIT NEW PATIENT	$23.19	$23.19	$40.13	$40.13	N	
99341	SB		E/M HOME VISIT NEW PATIENT	$28.48	$28.48	$49.70	$49.70	N	
99342			E/M HOME VISIT - NEW PATIENT	$39.93	$33.94	$73.20	$62.22	N	
99342	SA		E/M HOME VISIT - NEW PATIENT	$46.71	$46.71	$59.11	$59.11	N	
99342	SB		E/M HOME VISIT - NEW PATIENT	$40.36	$40.36	$73.20	$73.20	N	
99344			E/M HOME VS NEW PT 60 MIN	$72.61	$61.72	$139.68	$118.73	N	
99344	SA		E/M HOME VS NEW PT 60 MIN	$58.63	$58.63	$112.79	$112.79	N	
99345			E/M HOME VS NEW PT 75 MIN	$103.36	$87.85	$172.76	$146.85	N	
99345	SA		E/M HOME VS NEW PT 75 MIN	$93.67	$93.67	$139.50	$139.50	N	
99347			E/M HOME VS EST PT 15 MINUTES	$22.30	$18.95	$38.78	$35.00	N	
99347	SA		E/M HOME VS EST PT 15 MINUTES	$27.05	$27.05	$27.05	$27.05	N	
99348			E/M HOME VS EST PT 25 MINUTES	$37.68	$32.03	$61.29	$52.09	N	
99348	SA		E/M HOME VS EST PT 25 MINUTES	$45.90	$45.90	$49.49	$49.49	N	
99349			E/M HOME VS EST PT 40 MINUTES	$65.18	$55.40	$94.69	$80.48	N	
99349	SA		E/M HOME VS EST PT 40 MINUTES	$55.01	$55.01	$76.46	$76.46	N	
99350			E/M HOME VS EST PT 60 MINUTES	$94.88	$80.65	$139.68	$118.73	N	
99350	SA		E/M HOME VS EST PT 60 MINUTES	$110.16	$110.16	$112.79	$112.79	N	
99358			PROLONGED SERV, W/O CONTACT	$56.76	$48.25	$56.76	$48.25	N	
99359			PROLONGED SERV, W/O CONTACT	$27.39	$23.28	$27.39	$23.28	N	
99366			TEAM CONF W/PAT BY HC PROF	$21.81	$18.53	$21.81	$18.53	N	
99366	HH		TEAM CONF W/PAT BY HC PROF	$0.00	$0.00	$0.00	$0.00	N	
99367			MEDICAL TEAM CONFERENCE WITH I	$28.83	$24.51	$28.83	$24.51	N	
99367	HH		MED TEAM CONFER W/ DC 30M OR >	$0.00	$0.00	$0.00	$0.00	N	
99368			MEDICAL TEAM CONFERENCE WITH I	$18.74	$15.93	$18.74	$15.93	N	
99368	HH		MED TEAM CONF W/ NON-MD HCP	$0.00	$0.00	$0.00	$0.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
99381			INIT PM E/M NEW PAT INFANT	NA	NA	$80.06	$68.05	N	
99381	EP		EPSDT VISIT NEW PATIENT	NA	NA	$80.06	$68.05	N	
99381	EP	HU	CHEC VISIT UNDER 1 YR OF AGE	NA	NA	$335.00	$335.00	N	
99381	EP	SA	EPSDT EXAM NEW PT	NA	NA	$64.65	$64.65	N	
99381	EP	22	EPSDT EXAM NEW PT	NA	NA	$80.06	$68.05	N	
99381	HU	SA	CHEC VISIT UNDER 1 YR OF AGE	NA	NA	$318.25	$318.25	N	
99381	HU	22	CHEC VST<1YR COMBO MED/BH	NA	NA	$670.00	$670.00	N	
99381	SA		E/M INITIAL EVAL PREV MED	NA	NA	$64.65	$64.65	N	
99381	SA	22	HEALTHSTART PED PREV NEW PT	NA	NA	$64.65	$64.65	N	
99381	22		HEALTHSTART PED PREV NEW PT	NA	NA	$80.06	$68.05	N	
99382			E/M INITIAL EVAL PREV MED 1-4Y	NA	NA	$86.53	$73.55	N	
99382	EP		EPSDT VISIT NEW PATIENT	NA	NA	$86.53	$73.55	N	
99382	EP	HU	CHEC VISIT AGES 1 TO 4	NA	NA	$335.00	$335.00	N	
99382	EP	SA	EPSDT EXAM NEW PT	NA	NA	$69.87	$69.87	N	
99382	EP	22	EPSDT EXAM NEW PT	NA	NA	$86.53	$73.55	N	
99382	HU	SA	CHEC VISIT AGES 1 TO 4	NA	NA	$318.25	$318.25	N	
99382	HU	22	CHEC VST 1-4YR COMBO MED/BH	NA	NA	$670.00	$670.00	N	
99382	SA		E/M INITIAL EVAL PREV MED 1-4Y	NA	NA	$69.87	$69.87	N	
99382	SA	22	HEALTHSTART PED PREV NEW PT	NA	NA	$69.87	$69.87	N	
99382	SA	52	EPSDT VISIT NEW PT 2-4 YEARS	NA	NA	$69.87	$69.87	N	
99382	U9		E/M INITIAL EVAL PREV MED 1-4Y	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
99382	22		HEALTHSTART PED PREV NEW PT	NA	NA	$86.53	$73.55	N	
99383			E/M INITIAL PREV MED 5-11 YRS	NA	NA	$85.17	$72.39	N	
99383	EP		EPSDT VISIT NEW PATIENT	NA	NA	$85.17	$72.39	N	
99383	EP	HU	CHEC VISIT FOR AGES 5 TO 11	NA	NA	$335.00	$335.00	N	
99383	HU	SA	CHEC VISIT AGES 5-11	NA	NA	$318.25	$318.25	N	
99383	HU	22	CHECK VST 5-11YR COMBO MED/BH	NA	NA	$670.00	$670.00	N	
99383	SA		E/M INITIAL PREV MED 5-11 YRS	NA	NA	$68.77	$68.77	N	
99383	SA	52	EPSDT VISIT NEW PT 5-11 YEARS	NA	NA	$68.77	$68.77	N	
99383	U9		E/M INITIAL PREV MED 5-11 YRS	NA	NA	$68.77	$68.77	N	
99384			E/M INITIAL PREV MED AGE 12-17	NA	NA	$92.67	$78.77	N	
99384	EP		EPSDT VISIT NEW PATIENT	NA	NA	$92.67	$78.77	N	
99384	EP	HU	CHEC VISIT FOR AGES 12 TO 17	NA	NA	$335.00	$335.00	N	
99384	HU	SA	CHEC VISIT AGES 12-17	NA	NA	$318.25	$318.25	N	
99384	HU	22	CHEC VST 12-17YR COMBO MED/BH	NA	NA	$670.00	$670.00	N	
99384	SA		E/M INITIAL PREV MED AGE 12-17	NA	NA	$74.83	$74.83	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
99384	SA	52	EPSDT VISIT NEW PT 12-17 YEARS	NA	NA	$74.83	$74.83	N	
99384	SB		E/M INITIAL PREV MED AGE 12-17	NA	NA	$92.67	$92.67	N	
99384	U9		E/M INITIAL PREV MED AGE 12-17	NA	NA	$74.83	$74.83	N	
99385			E/M INITIAL PREV.MED.AGE18-39	$32.30	$25.00	$92.67	$78.77	N	
99385	EP		EPSDT VISIT NEW PATIENT	NA	NA	$92.67	$78.77	N	
99385	EP	HU	CHEC VISIT FOR AGES 18 TO 21	$335.00	$335.00	$335.00	$335.00	N	
99385	HU	SA	CHEC VISIT AGES 18-21	$318.25	$318.25	$318.25	$318.25	N	
99385	HU	22	CHEC VST 18-21YR COMBO MED/BH	$670.00	$670.00	$670.00	$670.00	N	
99385	SA		E/M INITIAL PREV MED AGE 18-39	$23.80	$23.80	$74.83	$74.83	N	
99385	SA	52	EPSDT VISIT NEW PT 18-20 YEARS	NA	NA	$74.83	$74.83	N	
99385	SB		E/M INITIAL PREV MED AGE 18-39	$32.30	$32.30	$92.67	$92.67	N	
99386			E/M INITIAL PREV.MED.AGES40-64	$32.30	$25.00	NA	NA	N	
99386	SA		E/M INITIAL PREV.MED.AGES40-64	$23.80	$23.80	NA	NA	N	
99386	SB		E/M INITIAL PREV MED AGE 40-64	$32.30	$32.30	NA	NA	N	
99387			E/M INITIAL PREV.MED.AGES 65 +	$32.30	$25.00	NA	NA	N	
99387	SA		E/M INITIAL PREV.MED.AGES 65 +	$23.80	$23.80	$23.80	$23.80	N	
99387	SB		E/M INITIAL PREV MED AGE 65 +	$32.30	$32.30	NA	NA	N	
99391			PER PM REEVAL EST PAT INFANT	NA	NA	$64.05	$54.44	N	
99391	EP		EPSDT VISIT ESTAB PATIENT	NA	NA	$64.05	$54.44	N	
99391	EP	SA	EPSDT EXAM ESTAB PT	NA	NA	$51.72	$51.72	N	
99391	EP	22	EPSDT EXAM ESTAB PT	NA	NA	$64.05	$54.44	N	
99391	SA		E/M EST PT PREV MED UNDER 1 YR	NA	NA	$51.72	$51.72	N	
99391	SA	22	HEALTHSTART PED PREV EST PT	NA	NA	$51.72	$51.72	N	
99391	22		HEALTHSTART PED PREV EST PT	NA	NA	$64.05	$54.44	N	
99392			E/M EST.PT.PREV.MED.AGES 1-4	NA	NA	$71.54	$60.81	N	
99392	EP		EPSDT VISIT ESTAB PATIENT	NA	NA	$71.54	$60.81	N	
99392	EP	SA	EPSDT EXAM ESTAB PT	NA	NA	$57.77	$57.77	N	
99392	EP	22	ESPDT EXAM ESTAB PT	NA	NA	$71.54	$60.81	N	
99392	SA		E/M EST PT PREV MED AGES 1-4	NA	NA	$57.77	$57.77	N	
99392	SA	22	HEALTHSTART PED PREV ESTAB PT	NA	NA	$57.77	$57.77	N	
99392	SA	52	EPSDT VISIT ESTAB PT 2 TO 4 YR	NA	NA	$57.77	$57.77	N	
99392	U9		E/M EST PT PREV MED AGES 1-4	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
99392	22		HEALTHSTART PED PREV ESTAB PT	NA	NA	$71.54	$60.81	N	
99393			E/M EST.PT. PREV.MED. AGES5-11	NA	NA	$70.86	$60.23	N	
99393	EP		EPSDT VISIT ESTAB PATIEN	NA	NA	$70.86	$60.23	N	
99393	SA		E/M EST PT PREV MED AGES 5-11	NA	NA	$57.22	$57.22	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
99393	SA	52	EPSDT VISIT ESTAB PT 5-11 YEAR	NA	NA	$57.22	$57.22	N	
99393	U9		E/M EST PT PREV MED AGES 5-11	NA	NA	$57.22	$57.22	N	
99394			E/M EST.PT.PREV.MED AGES12-17	NA	NA	$77.68	$66.03	N	
99394	EP		EPSDT VISIT ESTAB PATIENT	NA	NA	$77.68	$66.03	N	
99394	SA		E/M EST PT PREV MED AGES 12-17	NA	NA	$62.73	$62.73	N	
99394	SA	52	EPSDT VISIT EST PT 12-17 YEARS	NA	NA	$62.73	$62.73	N	
99394	SB		E/M EST.PT.PREV.MED BY CNM	NA	NA	$77.68	$77.68	N	
99394	U9		E/M EST PT PREV MED AGES 12-17	NA	NA	$62.73	$62.73	N	
99395			E/M EST.PT. PREV.MED. AGE18-39	$32.30	$25.00	$78.36	$66.61	N	
99395	EP		EPSDT VISIT ESTAB PATIENT	NA	NA	$78.36	$66.61	N	
99395	FP		E/M PERIODIC EVALUATION EST PT	$493.76	$493.76	$493.76	$493.76	N	
99395	FP	SB	E/M PERIODIC EVAL EST. PATIENT	$239.88	$239.88	$239.88	$239.88	N	
99395	FP	22	E/M PERIODIC EVAL EST PT	$265.16	$265.16	$265.16	$265.16	N	
99395	SA		E/M EST PT PREV MED AGE 18-39	$23.80	$23.80	$63.28	$63.28	N	
99395	SA	52	EPSDT VISIT ESTAB PT 18-20 YRS	NA	NA	$63.28	$63.28	N	
99395	SB		E/M EST.PT. PREV.MED. CNM	$32.30	$32.30	$78.36	$78.36	N	
99395	SB	52	E/M PERIODIC EVAL IN FPCL CNM	$27.50	$27.50	$27.50	$27.50	N	
99396			E/M EST.PT. PREV.MED. AGE40-64	$32.30	$25.00	NA	NA	N	
99396	SA		E/M EST.PT. PREV.MED. AGE40-64	$23.80	$23.80	$23.80	$23.80	N	
99396	SB		E/M EST.PT. PREV.MED. CNM	$32.30	$32.30	NA	NA	N	
99397			E/M EST.PT. PREV.MED. AGE65 +	$32.30	$25.00	NA	NA	N	
99397	SA		E/M EST.PT. PREV.MED. AGES65 +	$23.80	$23.80	$23.80	$23.80	N	
99397	SB		E/M EST.PT. PREV.MED. CNM	$32.30	$32.30	NA	NA	N	
99401			PREV MED CNSL INDIV APPRX 15	$23.50	$20.60	$23.50	$20.60	N	
99401	EP		VACCINE COUNSELING	NA	NA	$23.50	$23.50	N	
99402			PREV MED CNSL INDIV APPRX 30	$23.50	$20.60	$23.50	$20.60	N	
99403			PREV MED CNSL INDIV APPRX 45	$23.50	$20.60	$23.50	$20.60	N	
99404			PREV MED CNSL INDIV APPRX 60	$23.50	$20.60	$23.50	$20.60	N	
99406			SMOKING AND TOBACCO USE CESSAT	$7.61	$6.47	$10.42	$8.85	N	
99406	HF		SMOKING AND TOBACCO USE CESSAT	$14.64	$12.44	$14.64	$12.44	N	
99406	HH		SMOKE & TOB CESS COUN 3-10MIN	$0.00	$0.00	$0.00	$0.00	N	
99406	SB		SMOKING AND TOBACCO USE CESSAT	$8.29	$8.29	$8.29	$8.29	N	
99406	UC		SMOKING AND TOBACCO USE CESSAT	$14.64	$12.44	$14.64	$12.44	N	
99406	26		SMOKING & TOBACCO USE CESSATIO	$6.00	$5.10	$9.73	$8.27	N	
99407			SMOKING AND TOBACCO USE CESSAT	$14.13	$12.01	$20.45	$17.38	N	
99407	HF		SMOKING AND TOBACCO USE CESSAT	$27.17	$23.09	$27.17	$23.09	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
99407	HH		SMOKE & TOB USE CESS COUN >10M	$0.00	$0.00	$0.00	$0.00	N	
99407	SB		SMOKING AND TOBECCO USE CESSAT	$15.17	$15.17	$15.17	$15.17	N	
99407	UC		SMOKING AND TOBACCO USE CESSAT	$27.17	$23.09	$27.17	$23.09	N	
99407	26		SMOKING & TOBACCO CESSATION	$12.70	$10.79	$19.42	$16.51	N	
99408			ALCOHOL AND/OR SUBSTANCE (OTHE	$15.21	$12.93	$24.34	$20.69	N	
99408	HH		ALC &/OR SUBS, SBIRT 15-30MIN	$0.00	$0.00	$0.00	$0.00	N	
99409			ALCOHOL AND/OR SUBSTANCE (OTHE	$29.84	$25.36	$47.74	$40.58	N	
99409	HH		ALC &/OR SUBST SBIRT >30MINS	$0.00	$0.00	$0.00	$0.00	N	
99412	HH		E/M COUNSEL/GROUP, APPOX 60MIN	$0.00	$0.00	$0.00	$0.00	N	
99415			PROLONG CLINCL STAFF SVC	$10.66	$9.06	$10.66	$9.06	N	
99416			PROLONG CLINCL STAFF SVC ADD	$4.99	$4.24	$4.99	$4.24	N	
99420	HH		E/M ADM. INTERP. H.R. ASSESSME	$0.00	$0.00	$0.00	$0.00	N	
99421			OL DIG E/M SVC 5-10 MIN	$7.48	$6.36	$7.48	$6.36	N	
99421	SA		OL DIG E/M SVC 5-10 MIN	$9.10	$9.10	$9.10	$9.10	N	
99421	26		OL DIG E/M SVC 5-10 MIN	$6.28	$5.33	$6.28	$5.33	N	
99422			OL DIG E/M SVC 11-20 MIN	$14.62	$12.42	$14.62	$12.42	N	
99422	SA		OL DIG E/M SVC 11-20 MIN	$12.34	$12.34	$12.34	$12.34	N	
99422	26		OL DIG E/M SVC 11-20 MIN	$12.39	$10.53	$12.39	$10.53	N	
99423			OL DIG E/M SVC 21+ MIN	$23.25	$19.76	$23.25	$19.76	N	
99423	SA		OL DIG E/M SVC 21+ MIN	$19.53	$19.53	$19.53	$19.53	N	
99423	26		OL DIG E/M SVC 21+ MIN	$19.81	$16.84	$19.81	$16.84	N	
99424			PRIN CARE MGMT PHYS 1ST 30	$41.16	$34.98	$41.16	$34.98	N	
99424	26		PRIN CARE MGMT PHYS 1ST 30	$36.51	$31.03	$36.51	$31.03	N	
99425			PRIN CARE MGMT PHYS EA ADDL	$29.93	$25.44	$29.93	$25.44	N	
99425	26		PRIN CARE MGMT PHYS EA ADDL	$25.12	$21.35	$25.12	$21.35	N	
99426			PRIN CARE MGMT STAFF 1ST 30	$30.96	$26.31	$30.96	$26.31	N	
99426	26		PRIN CARE MGMT STAFF 1ST 30	$24.25	$20.61	$24.25	$20.61	N	
99427			PRIN CARE MGMT STAFF EA ADDL	$23.70	$20.14	$23.70	$20.14	N	
99427	26		PRIN CARE MGMT STAFF EA ADDL	$16.98	$14.43	$16.98	$14.43	N	
99429	EP		INCENTIVE PAYMENT EPSDT	NA	NA	$10.00	$10.00	N	
99437			CHRNC CARE MGMT PHYS EA ADDL	$29.76	$25.29	$29.76	$25.29	N	
99437	26		CHRNC CARE MGMT PHYS EA ADDL	$24.77	$21.05	$24.77	$21.05	N	
99439			CHRNC CARE MGMT SVC EA ADDL	$24.05	$20.44	$24.05	$20.44	N	
99439	26		CHRNC CARE MGMT STAF EA ADDL	$17.17	$14.59	$17.17	$14.59	N	
99446			INTERPROF PHONE/ONLINE 5-10	$8.75	$7.44	$8.75	$7.44	N	
99447			INTERPROF PHONE/ONLINE 11-20	$17.84	$15.16	$17.84	$15.16	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
99448			INTERPROF PHONE/ONLINE 21-30	$26.43	$22.46	$26.43	$22.46	N	
99449			INTERPROF PHONE/ONLINE 31/>	$35.19	$29.91	$35.19	$29.91	N	
99451			NTRPROF PH1/NTRNET/EHR 5/>	$17.17	$14.59	$17.17	$14.59	N	
99452			NTRPROF PH1/NTRNET/EHR RFRL	$16.66	$14.16	$16.66	$14.16	N	
99453			REM MNTR PHYSIOL PARAM SETUP	$10.31	$8.76	$10.31	$8.76	N	
99454			REM MNTR PHYSIOL PARAM DEV	$24.42	$20.76	$24.42	$20.76	N	
99457			REM PHYSIOL MNTR 20 MIN MO	$24.66	$20.96	$24.66	$20.96	N	
99457	26		REM PHYSIOL MNTR 20 MIN M	$14.68	$12.48	$14.68	$12.48	N	
99458			REM PHYSIOL MNTR EA ADDL 20	$19.67	$16.72	$19.67	$16.72	N	
99458	26		REM PHYSIOL MNTR EA ADDL 20	$14.68	$12.48	$14.68	$12.48	N	
99459			PELVIC EXAMINATION	$11.70	$9.95	NA	NA	N	
99460			INITIAL HOSPITAL OR BIRTHING C	NA	NA	$50.04	$42.53	N	
99460	SA		INIT HOSP/BIRTHING CENTER CARE	NA	NA	$40.41	$40.41	N	
99460	SB		INITIAL HOSPITAL OR BIRTHING C	NA	NA	$39.70	$39.70	N	
99461			INITIAL CARE PER DAY FOR EV	NA	NA	$73.46	$62.44	N	
99461	SB		INITIAL CARE PER DAY FOR EV	NA	NA	$32.30	$32.30	N	
99462			SUBSEQUENT HOSPITAL CARE PER	NA	NA	$26.98	$22.94	N	
99462	SA		SUBSEQ HOSP CARE PER DAY NB	NA	NA	$21.79	$21.79	N	
99462	SB		SUBSEQUENT HOSPITAL CARE PER	NA	NA	$23.50	$23.50	N	
99463			INITIAL HOSPITAL OR BIRTHING C	NA	NA	$69.22	$58.83	N	
99463	SA		INIT HOSP/BIRTHING CENTER CARE	NA	NA	$55.89	$55.89	N	
99463	SB		INITIAL HOSPITAL OR BIRTHING C	NA	NA	$39.70	$39.70	N	
99464			ATTENDANCE AT DELIVERY (WHEN R	NA	NA	$65.14	$55.37	N	
99464	SA		ATTENDANCE AT DELIVERY STABIL	NA	NA	$52.60	$52.60	N	
99465			DELIVERY/BIRTHING ROOM RESUSCI	NA	NA	$127.74	$108.58	N	
99465	SA		DELIVERY/BIRTHING RM RESUSCITA	NA	NA	$103.15	$103.15	N	
99466			CRITICAL CARE SERVICES DELIVER	NA	NA	$207.74	$176.58	N	
99467			CRITICAL CARE SERVICES DELIVER	NA	NA	$106.91	$90.88	N	
99468			INITIAL INPATIENT NEONATAL CRI	NA	NA	$800.82	$680.69	N	
99469			SUBSEQUENT INPATIENT NEONATAL	NA	NA	$348.61	$296.32	N	
99471			INITIAL INPATIENT PEDIATRIC CR	NA	NA	$699.84	$594.86	N	
99472			SUBSEQUENT INPATIENT PEDIATRIC	NA	NA	$347.70	$295.54	N	
99473			SELF-MEAS BP PT EDUCAJ/TRAIN	$7.39	$6.28	$7.39	$6.28	N	
99473	SB		SELF-MEAS BP PT EDUCAJ/TRAIN	$7.97	$7.97	$7.97	$7.97	N	
99474			SELF-MEAS BP 2 READG BID 30D	$8.42	$7.15	$8.42	$7.15	N	
99474	SB		SELF-MEAS BP 2 READG BID 30D	$9.14	$9.14	$9.14	$9.14	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
99474	26		SELF-MEAS BP 2 READG BID 30D	$4.29	$3.65	$4.29	$3.65	N	
99475			INITIAL INPATIENT PEDIATRIC CR	NA	NA	$283.51	$240.99	N	
99476			SUBSEQUENT INPATIENT PEDIATRIC	NA	NA	$170.68	$145.08	N	
99477			INITIAL HOSPITAL CARE, PER DAY	$165.30	$140.51	$273.50	$232.48	N	
99478			SUBSEQUENT INTENSIVE CARE PE	NA	NA	$123.53	$105.00	N	
99479			SUBSEQUENT INTENSIVE CARE PE	NA	NA	$112.95	$96.01	N	
99480			SUBSEQUENT INTENSIVE CARE PE	NA	NA	$108.82	$92.49	N	
99481			TOT BODY SYST HYPOTHERMIA	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
99482			SELECTIVE HEAD HYPOTHERMIA	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
99483			ASSMT & CARE PLN PT COG IMP	$208.15	$176.93	$208.15	$176.93	N	
99483	26		ASSMT & CARE PLN PT COG IMP	$208.15	$176.93	$208.15	$176.93	N	
99484			CARE MGMT SVC BHTL HLTH COND	$41.09	$34.93	$41.09	$34.93	N	
99484	26		CARE MGMT SVC BHLT HLTH COND	$41.09	$34.93	$41.09	$34.93	N	
99487			CMPLX CHRON CARE W/O PT VSIT	$103.17	$87.69	$103.17	$87.69	N	
99488			CMPLX CHRON CARE W/ PT VSIT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
99489			COMPLX CHRON CARE ADDL30 MIN	$55.22	$55.22	$55.22	$55.22	N	
99490			CHRON CARE MGMT SRVC 20 MIN	$46.99	$39.94	$46.99	$39.94	N	
99491			CHRNC CARE MGMT SVC 30 MIN	$63.42	$53.91	$63.42	$53.91	N	
99492			IST PSYC COLLAB CARE MGMT	$114.14	$97.02	$114.14	$97.02	N	
99492	26		1ST PSYC COLLAB CARE MGMT	$114.14	$97.02	$114.14	$97.02	N	
99493			SBS PSYC COLLABCARE MGMT	$104.11	$88.49	$104.11	$88.49	N	
99493	26		SBSQ PSYC COLLAB CARE MGMT	$104.11	$88.49	$104.11	$88.49	N	
99494			IST/SBSQ PSYC COLLAB CARE	$43.78	$37.21	$43.78	$37.21	N	
99494	26		1ST/SBSQ PSYC COLLAB CARE	$43.78	$37.21	$43.78	$37.21	N	
99495			TRANS CARE MGMT 14 DAY DISCH	$157.72	$134.07	$157.72	$134.07	N	
99495	26		TRANS CARE MGMT 14 DAY DISCH	$157.72	$134.07	$157.72	$134.07	N	
99496			TRANSJ CARE MGMT HIGH F2F 7D	$213.68	$181.63	$213.68	$181.63	N	
99496	26		TRANS CARE MGMT 7 DAY DISCH	$213.68	$181.63	$213.68	$181.63	N	
99497			ADVNCD CARE PLAN 30 MIN	$61.30	$61.30	$61.30	$61.30	N	
99498			ADVNCD CARE PLAN ADDL 30 MIN	$52.78	$52.78	$52.78	$52.78	N	
99499			E/M UNLISTED PROCEDURE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
99500	TH		NST/FHR MONITORING AT HOME	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
99502			HOME VS NEWBORN CARE & ASSESS	$35.00	$35.00	$35.00	$35.00	N	
99502	SA		HOME VS NEWBORN CARE & ASSESS	$33.25	$33.25	$33.25	$33.25	N	
99504			HOME VS PTS RECEIV MECH VENTIL	$35.00	$35.00	$35.00	$35.00	N	
99600			UNLISTED HOME VISIT SVC/PX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
99600	HD		DOULA PRENATAL VISIT	$16.62	$16.62	$16.62	$16.62	N	
99600	HD	U7	INITIAL DOULA PRENATAL VISIT	$16.62	$16.62	$16.62	$16.62	N	
99600	HD	22	DOULA PRENATAL VISIT <19 YO	$16.62	$16.62	$16.62	$16.62	N	
0003U			ONC OVAR 5 PRTN SER ALG SCOR	$760.00	$0.00	$760.00	$0.00	N	
0005U			ONCO PRST8 3 GENE UR ALG	$608.00	$608.00	$608.00	$608.00	N	
0006U			DETC IA MEDS 120+ ANALYTES	$197.54	$0.00	$197.54	$0.00	N	
0007U			RX TEST PRSMV UR W/DEF CONF	$91.54	$0.00	$91.54	$0.00	N	
0008U			HPYLORI DETEJ ABX RSTNC DNG	$478.33	$0.00	$478.33	$0.00	N	
0011U			RX MNTR LC-MS/MS ORAL FLUID	$91.54	$0.00	$91.54	$0.00	N	
0012M			ONC MRNA 5 GEN RSK URTHL CA	$608.00	$608.00	$608.00	$608.00	N	
0013M			ONC MRNA 5 GEN RECR URTHL CA	$608.00	$608.00	$608.00	$608.00	N	
0016U			ONE HMT LMF NEO MA BCR/ABL1	$131.17	$0.00	$131.17	$0.00	N	
0017U			ONE HMT LMF NEO JAK2 MUT DNA	$73.33	$0.00	$73.33	$0.00	N	
0020M			ONC CNS ALYS 30000 DNA LOCI	$3.94	$3.94	$3.94	$3.94	N	
0036U			XOME TUM & NML SPEC SEQ ALYS	$3824.00	$3824.00	$3824.00	$3824.00	N	
0037U			TRGT GEN SEQ DNA 324 GENES	$2800.00	$2800.00	$2800.00	$2800.00	N	
0038U			VITAMIN D SRM MICROSAMP QUAN	$23.68	$23.68	$23.68	$23.68	N	
0040U			BCR/ABL1 GENE MAJOR BP QUAN	$327.92	$327.92	$327.92	$327.92	N	
0045U			ONC BRST DUX CARC IS 12 GENE	$3098.40	$3098.40	$3098.40	$3098.40	N	
0046U			FLT3 GENE ITD VARIANTS QUAN	$132.41	$132.41	$132.41	$132.41	N	
0047U			ONC PRST8 MRNA 17 GENE ALG	$3098.40	$3098.40	$3098.40	$3098.40	N	
0049U			NPM1 GENE ANALYSIS QUAN	$197.22	$197.22	$197.22	$197.22	N	
0051U			RX MNTR LC-MS/MS UR/BLD 31	$154.97	$154.97	$154.97	$154.97	N	
0052U			LPOPRTN BLD W/5 MAJ CLASSES	$27.09	$27.09	$27.09	$27.09	N	
0054U			RX MNTR 14+ DRUGS & SBSTS	$119.17	$119.17	$119.17	$119.17	N	
0058U			ONC MERKEL CLL CARC SRM QUAN	$258.37	$258.37	$258.37	$258.37	N	
0059U			ONC MERKEL CLL CARC SRM +/-	$258.37	$258.37	$258.37	$258.37	N	
0060U			TWN ZYG GEN SEQ ALYS CHRMS2	$607.24	$607.24	$607.24	$607.24	N	
0061U			TC MEAS 5 BMRK SFDI M-S ALYS	$20.08	$20.08	$20.08	$20.08	N	
0075T			PERQ STENT/CHEST VERT ART	$580.48	$493.40	$967.62	$822.47	N	
0075T	TC		PERQ STENT/CHEST VERT ART	$464.38	$464.38	$526.40	$526.40	N	
0075T	26		PERQ STENT/CHEST VERT ART	$116.10	$98.68	$232.19	$197.36	N	
0076T			S&I STENT/CHEST VERT ART	$445.25	$378.46	$750.28	$637.74	N	
0076T	TC		S&I STENT/CHEST VERT ART	$312.39	$265.53	$526.40	$526.40	N	
0076T	26		S&I STENT/CHEST VERT ART	$132.86	$112.93	$210.26	$178.72	N	
0084U			RBC DNA GNOTYP 10 BLD GROUPS	$576.00	$576.00	$576.00	$576.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
0094U			GENOME RAPID SEQUENCE ALYS	$6065.76	$6065.76	$6065.76	$6065.76	N	
0096U			HPV HI RISK TYPES MALE URINE	$28.07	$28.07	$28.07	$28.07	N	
0154U			ONC URTHL CA RNA FGFR3 GENE	$385.71	$385.71	$385.71	$385.71	N	
0155U			ONC BRST CA DNA PIK3CA GENE	$219.86	$219.86	$219.86	$219.86	N	
0172U			ONC SLD TUM ALYS BRCA1 BRCA2	$2424.00	$2424.00	$2424.00	$2424.00	N	
0177U			ONC BRST CA DNA PIK3CA 11	$219.86	$219.86	$219.86	$219.86	N	
0202U			NFCT DS 22 TRGT SARS-COV-2	$333.42	$333.42	$333.42	$333.42	N	
0223U			NFCT DS 22 TRGT SARS-COV-2	$333.42	$333.42	$333.42	$333.42	N	
0224U			ANTIBODY SARS-COV-2 TITER(S)	$41.14	$41.14	$41.14	$41.14	N	
0225U			NFCT DS DNA&RNA 21 SARSCOV2	$333.42	$333.42	$333.42	$333.42	N	
0226U			SVNT SARSCOV2 ELISA PLSM SRM	$33.82	$33.82	$33.82	$33.82	N	
0239U			TRGT GEN SEQ ALYS PNL 311+	$2800.00	$2800.00	$2800.00	$2800.00	N	
0240U			NFCT DS VIR RESP RNA 3 TRGT	$114.10	$114.10	$114.10	$114.10	N	
0241U			NFCT DS VIR RESP RNA 3 TRGT	$114.10	$114.10	$114.10	$114.10	N	
0242U			TRGT GEN SEQ ALYS NL 55-74	$4000.00	$4000.00	$4000.00	$4000.00	N	
0359T	HH		BEHAVIORAL ID ASSESSMENT	$0.00	$0.00	$0.00	$0.00	N	
0362T			EXPOSE BEHAV ASSESSMENT	NA	NA	$25.00	$25.00	N	
0373T			EXPOSURE BEHAVIOR TREATMENT	NA	NA	$16.40	$16.40	N	
0403T			DIABETES PREV STANDARD CURR	$26.00	$26.00	$26.00	$26.00	N	
0421U			ONC CLRCT SCR SGL AMP 8 RNA	$407.10	$407.10	$407.10	$407.10	N	
0464U			ONC CLRCT SCR QRTSA DNA MRK	$473.54	$473.54	$473.54	$473.54	N	
0505T			EV FEMPOP ARTL REVSC	$5614.34	$4772.19	$5614.34	$4772.19	N	
0505T	AA		EV FEMPOP ARTL REVSC	$9.30	$8.10	$9.30	$8.10	N	
0505T	26		EV FEMPOP ARTL REVSC	$262.84	$223.41	$262.84	$223.41	N	
0509T			PATTERN ERG W/I&R	$41.35	$35.15	$41.35	$35.15	N	
0509T	TC		PATTERN ERG W/I&R	$30.25	$0.00	$30.25	$0.00	N	
0509T	26		PATTERN ERG W/I&R	$11.11	$9.44	$11.11	$9.44	N	
0583T			TMPST AUTO TUBE DLVR SYS	NA	NA	$1362.12	$1362.12	N	
0583T	50		TMPST AUTO TUBE DLVR SYS	NA	NA	$1678.62	$1678.62	N	
0825T			TCAT RMV&RPL1CHMB LDLS PM RA	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
3085F	HH		SUICIDE RISK ASSESSED	$0.00	$0.00	$0.00	$0.00	N	
A0090	HA	22	DCF/CSOC PER MILEAGE	$2.90	NA	$2.90	NA	A	
A0090	HI		TRANSPORTATION NON MEDICAL MFP	$0.31	NA	$0.31	NA	N	
A0090	HI	22	TRANSPORTATION PER MILE	$0.77	NA	$0.77	NA	A	
A0090	HI	52	DDD FI-TRANSPORT NON-MCD PVDR	BY REPORT	NA	BY REPORT	NA	A	
A0130			MAV - ONE WAY	$25.00	NA	$25.00	NA	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
A0130	TR		MOBILITY ASSISTANCE VEHICLE	NA	NA	NA	NA	N	
A0130	U9		MOBILITY ASSISTANCE VEHICLE	NA	NA	NA	NA	N	
A0420			AMBULANCE WAITING TIME 1 WAY	$2.50	NA	$2.50	NA	N	
A0422			AMB.OXYG.&SUPPLIES,L.S.S.	$12.00	NA	$12.00	NA	N	
A0422	TP		MAV - O2 - PER OCCURRENCE	$12.00	NA	$12.00	NA	N	
A0424			EXTRA AMBULANCE ATTENDANT	BY REPORT	NA	BY REPORT	NA	N	
A0425			GROUND MILEAGE PER MILE	$1.50	NA	$1.50	NA	N	
A0425	ET		GROUND MILEAGE EMERG, PER MILE	CONTRACT PRICING	NA	CONTRACT PRICING	NA	N	
A0425	TP		PER LOADED MILE ONE WAY TRIP	CONTRACT PRICING	NA	CONTRACT PRICING	NA	A	
A0425	UC		CLINIC TRANSPORT MILEAGE	$2.83	NA	$2.83	NA	N	
A0425	22		GROUND MILEAGE PER MILE > 15	$2.00	NA	$2.00	NA	N	
A0426			ALS 1	BY REPORT	NA	BY REPORT	NA	N	
A0427			ALS1-EMERGENCY	BY REPORT	NA	BY REPORT	NA	N	
A0427	ET		ALS1-EMERGENCY	CONTRACT PRICING	NA	CONTRACT PRICING	NA	N	
A0428			AMB.SERV.BLS,NON-EMERG.TRANSP.	$58.00	NA	$58.00	NA	N	
A0429			AMB.SERV.BLS,EMER.TRANS.NO ALS	$200.00	NA	$200.00	NA	N	
A0430			AIR AMBULANCE-FIXED WING	BY REPORT	NA	BY REPORT	NA	A	
A0431			AIR AMBULANCE-ROTARY WING	$2676.55	NA	$2676.55	NA	A	
A0433			ALS 2	BY REPORT	NA	BY REPORT	NA	N	
A0433	ET		ALS 2	CONTRACT PRICING	NA	CONTRACT PRICING	NA	N	
A0434			SPECIALTY CARE TRANSPORT	$562.83	NA	$562.83	NA	A	
A0436			ROTARY WING AIR MILEAGE	$16.40	NA	$16.40	NA	A	
A0998			AMBULANCE RESPONSE/TREATMENT	$58.00	NA	$58.00	NA	N	
A0999			UNLISTED AMBULANCE SERVICE	BY REPORT	NA	BY REPORT	NA	N	
A4206			1CC.STER SYRINGE WITH NEEDLE	BY REPORT	NA	BY REPORT	NA	N	
A4207			2CC.STER SYRINGE WITH NEEDLE	BY REPORT	NA	BY REPORT	NA	N	
A4208			3CC.STER SYRINGE WITH NEEDLE	BY REPORT	NA	BY REPORT	NA	N	
A4209			SYR W/NEEDLE STER.5CC OR GREAT	BY REPORT	NA	BY REPORT	NA	N	
A4210			NEEDLE FREE INJECTIION DEVICE	BY REPORT	NA	BY REPORT	NA	N	
A4211			SUPPLIES FOR SELF ADMIN INJEC	BY REPORT	NA	BY REPORT	NA	A	
A4212			HUBER-TYPE NEEDLE, EACH	BY REPORT	NA	BY REPORT	NA	N	
A4213			SYRINGE,STER.20CC OR GREATER	BY REPORT	NA	BY REPORT	NA	N	
A4215			STER-NEEDLES,ANY SIZE	BY REPORT	NA	BY REPORT	NA	N	
A4216			STERILE WATER/SALINE, 10ML	$0.43	NA	$0.43	NA	N	
A4217			STERILE WATER/SALINE, 500 ML	$3.07	NA	$3.07	NA	N	
A4218			STERILE SALINE OR WATER	BY REPORT	NA	BY REPORT	NA	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
A4222			DRUG INFUSION PUMP SUPPLIES	$33.45	NA	$33.45	NA	A	
A4224			SUPPLY INSULIN INF CATH/WK	$17.63	NA	$17.63	NA	A	
A4225			SUP/EXT INSULIN INF PUMP SYR	$2.37	NA	$2.37	NA	A	
A4226			WEEKLY SUPPLY MAINT CGS PUMP	BY REPORT	NA	BY REPORT	NA	N	
A4230			INFUSION SET-EXT.INS.PUMP,NON	BY REPORT	NA	BY REPORT	NA	A	
A4231			INFUS. SET-EXT.INS.PUMP-NEEDLE	BY REPORT	NA	BY REPORT	NA	A	
A4232			3CC STER.SYRINGE W/NEEDLE-EXT.	BY REPORT	NA	BY REPORT	NA	A	
A4233			ALKALIN BATT FOR GLUCOSE MON	$0.36	NA	$0.36	NA	N	
A4234			J-CELL BATT FOR GLUCOSE MON	$1.65	NA	$1.65	NA	N	
A4235			LITHIUM BATT FOR GLUCOSE MON	$0.70	NA	$0.70	NA	N	
A4236			SILVR OXIDE BATT GLUCOSE MON	$0.81	NA	$0.81	NA	N	
A4238			ADJU CGM SUPPLY ALLOWANCE	$192.65	NA	$192.65	NA	N	
A4239			NON-ADJU CGM SUPPLY ALLOW	$187.54	NA	$187.54	NA	N	
A4244			ALCOHOL OR PEROXIDE, PER PINT	$0.75	NA	$0.75	NA	N	
A4245			ALCOHOL WIPES, PER BOX	$1.75	NA	$1.75	NA	N	
A4246			BETADINE OR PHISOHEX SOLUTION	$4.95	NA	$4.95	NA	N	
A4247			BETADINE OR IODINE SWABS/WIPE	$7.00	NA	$7.00	NA	N	
A4250			URINE TEST STRIPS OR TABS 100	BY REPORT	NA	BY REPORT	NA	N	
A4252			BLOOD KETONE TEST/REAGENT STRI	BY REPORT	NA	BY REPORT	NA	N	
A4253			BLOOD GLUC STRIPS 50 =1 UNIT	$5.82	NA	$5.82	NA	N	
A4256			NORMAL, LOW AND HIGH CALIBRAT	$2.37	NA	$2.37	NA	N	
A4258			SPRING PWD. DEVICE-LANCET EA	$1.48	NA	$1.48	NA	N	
A4259			LANCETS, 100 = 1 UNIT	$0.99	NA	$0.99	NA	N	
A4265			PARAFFIN	$3.33	NA	$3.33	NA	N	
A4271			HOME LANCING/TEST CARTRIDGES	$23.40	NA	$23.40	NA	N	
A4281			REPLACEMENT BREASTPUMP TUBE	BY REPORT	NA	BY REPORT	NA	N	
A4282			REPLACEMENT BREASTPUMP ADPT	BY REPORT	NA	BY REPORT	NA	N	
A4283			REPLACEMENT BREASTPUMP CAP	BY REPORT	NA	BY REPORT	NA	N	
A4284			REPLCMNT BREAST PUMP SHIELD	BY REPORT	NA	BY REPORT	NA	N	
A4285			REPLCMNT BREAST PUMP BOTTLE	BY REPORT	NA	BY REPORT	NA	N	
A4286			REPLCMNT BREASTPUMP LOK RING	BY REPORT	NA	BY REPORT	NA	N	
A4287			DISP COL STO BAG BREAST MILK	$0.20	NA	$0.20	NA	N	
A4300			IMPLANT VASCULAR ACCESS PT/CAT	BY REPORT	NA	BY REPORT	NA	N	
A4305			DISP DRG DEL SYS 50ML+/HR	BY REPORT	NA	BY REPORT	NA	A	
A4306			DISP DRG DEL SYS -5ML/HR	BY REPORT	NA	BY REPORT	NA	A	
A4310			INSERTION TRAY ACCESSORIES ONL	$6.99	NA	$6.99	NA	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
A4311			TWO-WAY LATEX WITH COATING	$12.32	NA	$12.32	NA	N	
A4312			2-WY FOLEY INSERT W/O BAG	$14.99	NA	$14.99	NA	N	
A4313			3-WY FOLEY INSERT TRAY W/O BAG	$17.76	NA	$17.76	NA	N	
A4314			INSERT TRAY 2-WY LATEX W/COAT	$23.47	NA	$23.47	NA	N	
A4315			INSERT TRAY 2-WY ALL SILICONE	$25.24	NA	$25.24	NA	N	
A4316			INSERT TRAY 3-WAY FOLEY TYPE	$26.36	NA	$26.36	NA	N	
A4320			BLADDER IRRIGATION TRAY	$4.91	NA	$4.91	NA	N	
A4322			IRRIGATE SYRINGE,BULB,PISTON	$2.89	NA	$2.89	NA	N	
A4326			MALE EXT CATH(INFLATE,FCPLTE)	$10.55	NA	$10.55	NA	A	
A4327			FEM EXT URIN COLLEC DEV EACH	$41.34	NA	$41.34	NA	A	
A4328			FEM EXT.URINE COLLECT DEV/POUC	$10.21	NA	$10.21	NA	A	
A4330			PERIANAL FECAL COLLECT PCH.ADH	$7.01	NA	$7.01	NA	N	
A4331			EXTENSION DRAINAGE TUBING	$3.11	NA	$3.11	NA	N	
A4332			LUBRICANT FOR CATH INSERTION	$0.11	NA	$0.11	NA	N	
A4333			URINARY CATH ANCHOR DEVICE	$2.17	NA	$2.17	NA	N	
A4334			URINARY CATH LEG STRAP	$4.81	NA	$4.81	NA	N	
A4335			INCONTINENCE SUPPLY, MISC.	BY REPORT	NA	BY REPORT	NA	N	
A4337			INCONTINENT RECTAL INSERT	BY REPORT	NA	BY REPORT	NA	A	
A4338			INDWEL CATH.FOLEY-2WAY LTX/CTG	$10.32	NA	$10.32	NA	A	
A4340			INDWEL CATH.SPECIALTY TYPE	$31.05	NA	$31.05	NA	A	
A4344			INDWELLING CATHETER FOLEY TYPE	$13.31	NA	$13.31	NA	A	
A4346			INDWELLING CATHETER FOLEY TYPE	$16.67	NA	$16.67	NA	A	
A4349			MALE EXTERNAL CATH EACH	$1.97	NA	$1.97	NA	N	
A4351			INTERMIT.URINARY CATH.STR.TIP	$1.69	NA	$1.69	NA	A	
A4352			INTERMIT URINARY CATH.COUDE TP	$6.28	NA	$6.28	NA	A	
A4353			INTERMITTENT URINARY CATH	$6.84	NA	$6.84	NA	A	
A4354			INSERTION TRAY W/ DRAIN BAG	$11.43	NA	$11.43	NA	A	
A4355			3-WAY IRRIGATION SET FOR CATH	$8.72	NA	$8.72	NA	A	
A4356			INCONTINENCE CLAMP	$44.63	NA	$44.63	NA	A	
A4357			BEDSIDE DRAINAGE BAG	$9.00	NA	$9.00	NA	A	
A4358			URINARY LEG BAG W/OR W/O TUBE	$6.49	NA	$6.49	NA	A	
A4361			OSTOMY FACE PLATE	$17.85	NA	$17.85	NA	N	
A4362			OSTOMY SKIN BARRIER	$3.40	NA	$3.40	NA	N	
A4363			OSTOMY CLAMP,REPLACEMENT, EACH	$2.32	NA	$2.32	NA	N	
A4364			OSTOMY SKIN BOND/CEMENT-PER OZ	$2.88	NA	$2.88	NA	N	
A4366			OSTOMY VENT, ANY TYPE, EACH	$1.26	NA	$1.26	NA	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
A4367			OSTOMY BELT	$7.20	NA	$7.20	NA	N	
A4368			OSTOMY FILTER, ANY TYPE, EACH	$0.24	NA	$0.24	NA	N	
A4369			OSTOMY SKIN BARRIER, LIQUID	$2.37	NA	$2.37	NA	N	
A4371			SKIN BARRIER POWDER PER OZ	$3.57	NA	$3.57	NA	N	
A4372			SKIN BARRIER SOLID 4X4 EQUIV	$4.11	NA	$4.11	NA	N	
A4373			SKIN BARRIER WITH FLANGE	$6.13	NA	$6.13	NA	N	
A4375			DRAINABLE PLASTIC PCH W FCPL	$16.79	NA	$16.79	NA	N	
A4376			DRAINABLE RUBBER PCH W FCPLT	$46.54	NA	$46.54	NA	N	
A4377			DRAINABLE PLSTIC PCH W/O FP	$4.19	NA	$4.19	NA	N	
A4378			DRAINABLE RUBBER PCH W/O FP	$30.07	NA	$30.07	NA	N	
A4379			URINARY PLASTIC POUCH W FCPL	$14.69	NA	$14.69	NA	N	
A4381			URINARY PLASTIC POUCH W/O FP	$4.52	NA	$4.52	NA	N	
A4382			URINARY HVY PLSTC PCH W/O FP	$24.08	NA	$24.08	NA	N	
A4383			URINARY RUBBER POUCH W/O FP	$27.57	NA	$27.57	NA	N	
A4384			OSTOMY FACEPLT/SILICONE RING	$9.39	NA	$9.39	NA	N	
A4385			OST SKN BARRIER SLD EXT WEAR	$4.98	NA	$4.98	NA	N	
A4387			OST CLSD POUCH W ATT ST BARR	$2.20	NA	$2.20	NA	N	
A4388			DRAINABLE PCH W EX WEAR BARR	$4.26	NA	$4.26	NA	N	
A4389			DRAINABLE PCH W ST WEAR BARR	NA	NA	$5.78	NA	N	
A4390			DRAINABLE PCH EX WEAR CONVEX	$9.39	NA	$9.39	NA	N	
A4391			URINARY POUCH W EX WEAR BARR	$6.91	NA	$6.91	NA	N	
A4392			URINARY POUCH W ST WEAR BARR	$7.99	NA	$7.99	NA	N	
A4393			URINE PCH W EX WEAR BAR CONV	$8.84	NA	$8.84	NA	N	
A4394			OSTOMY POUCH LIQ DEODORANT	$2.53	NA	$2.53	NA	N	
A4395			OSTOMY POUCH SOLID DEODORANT	$0.04	NA	$0.04	NA	N	
A4396			PERISTOMAL HERNIA SUPPRT BLT	$39.59	NA	$39.59	NA	N	
A4398			IRRIGATION SUPPLIES,BAG	$13.52	NA	$13.52	NA	N	
A4399			IRRIGATION SUPPLIES,CONE/CATH.	$12.00	NA	$12.00	NA	N	
A4400			IRRIGATION SET FOR IRRIGATION	$47.80	NA	$47.80	NA	N	
A4402			OSTOMY LUBRICANT	$1.37	NA	$1.37	NA	N	
A4404			OSTOMY RINGS	$1.51	NA	$1.51	NA	N	
A4405			NONPECTIN BASED OSTOMY PASTE	$3.34	NA	$3.34	NA	N	
A4406			PECTIN BASED OSTOMY PASTE	$5.60	NA	$5.60	NA	N	
A4407			EXT WEAR OST SKN BARR <=4SQ"	$8.57	NA	$8.57	NA	N	
A4408			EXT WEAR OST SKN BARR >4SQ"	$9.65	NA	$9.65	NA	N	
A4409			OST SKN BARR CONVEX <=4 SQ I	$6.07	NA	$6.07	NA	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
A4410			OST SKN BARR EXTND >4 SQ	$8.84	NA	$8.84	NA	N	
A4411			OST SKN BARR EXTND =4SQ	$4.98	NA	$4.98	NA	N	
A4412			OST POUCH DRAIN HIGH OUTPUT	$2.65	NA	$2.65	NA	N	
A4413			2 PC DRAINABLE OST POUCH	$5.39	NA	$5.39	NA	N	
A4414			OST SKNBAR W/O CONV<=4 SQ IN	$4.81	NA	$4.81	NA	N	
A4415			OST SKN BARR W/O CONV >4 SQI	$5.87	NA	$5.87	NA	N	
A4416			OST PCH CLSD W BARRIER/FILTR	$2.70	NA	$2.70	NA	N	
A4417			OST PCH W BAR/BLTINCONV/FLTR	$3.65	NA	$3.65	NA	N	
A4418			OST PCH CLSD W/O BAR W FILTR	$1.77	NA	$1.77	NA	N	
A4419			OST PCH FOR BAR W FLANGE/FLT	$1.69	NA	$1.69	NA	N	
A4421			OSTOMY SUPPLY, MISCELLANEOUS	BY REPORT	NA	BY REPORT	NA	N	
A4422			OST POUCH ABSORBENT MATERIAL	$0.11	NA	$0.11	NA	N	
A4423			OST PCH FOR BAR W LK FL/FLTR	$1.81	NA	$1.81	NA	N	
A4424			OST PCH DRAIN W BAR & FILTER	$4.66	NA	$4.66	NA	N	
A4425			OST PCH DRAIN FOR BARRIER FL	$3.50	NA	$3.50	NA	N	
A4426			OST PCH DRAIN 2 PIECE SYSTEM	$2.67	NA	$2.67	NA	N	
A4427			OST PCH DRAIN/BARR LK FLNG/F	$2.73	NA	$2.73	NA	N	
A4428			URINE OST POUCH W FAUCET/TAP	$6.38	NA	$6.38	NA	N	
A4429			URINE OST POUCH W BLTINCONV	$8.07	NA	$8.07	NA	N	
A4430			OST URINE PCH W B/BLTIN CONV	$8.33	NA	$8.33	NA	N	
A4431			OST PCH URINE W BARRIER/TAPV	$6.07	NA	$6.07	NA	N	
A4432			OS PCH URINE W BAR/FANGE/TAP	$3.51	NA	$3.51	NA	N	
A4433			URINE OST PCH BAR W LOCK FLN	$3.28	NA	$3.28	NA	N	
A4434			OST PCH URINE W LOCK FLNG/FT	$3.68	NA	$3.68	NA	N	
A4435			1PC OST PCH DRAIN HGH OUTPUT	$5.64	NA	$5.64	NA	N	
A4436			IRR SUPPLY SLEEV REUS PER MO	$18.75	NA	$18.75	NA	N	
A4437			IRR SUPPLY SLEEV DISP PER MO	$18.75	NA	$18.75	NA	N	
A4438			ADHESIVE CLIP EXT ENS CONTR	$1.35	NA	$1.35	NA	N	
A4450			TAPE, NON-WATERPROOF	$0.07	NA	$0.07	NA	N	
A4452			WATERPROOF TAPE	$0.34	NA	$0.34	NA	N	
A4455			ADHESIVE REMOVER OR SOLVENT	$1.37	NA	$1.37	NA	N	
A4456			ADHESIVE REMOVER, WIPES	$0.24	NA	$0.24	NA	N	
A4457			ENEMA TUBE ANY TYPE REPL	BY REPORT	NA	BY REPORT	NA	N	
A4465			NON-ELASTIC BINDER FOR EXTREMI	BY REPORT	NA	BY REPORT	NA	N	
A4467			BELT STRAP SLEEV GRMNT COVER	BY REPORT	NA	BY REPORT	NA	N	
A4468			EXSUFF BELT INCL ALL SUP ACC	BY REPORT	NA	BY REPORT	NA	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
A4470			GRAVLEE JET WASHER	BY REPORT	NA	BY REPORT	NA	N	
A4480			VABRA ASPIRATOR	BY REPORT	NA	BY REPORT	NA	N	
A4483			MOISTURE EXCHANGER	BY REPORT	NA	BY REPORT	NA	A	
A4540			TRANS ELEC NERV PERIPH NERV	BY REPORT	NA	BY REPORT	NA	A	
A4541			MONTHLY SUPP USE WITH E0733	$28.18	NA	$28.18	NA	N	
A4542			SUPP EXT UP LIMB TREMOR STIM	$361.56	NA	$361.56	NA	N	
A4544			ELECTRO NERVE STIMULATOR RLS	$4.35	NA	$4.35	NA	A	
A4545			SUPPL ACCESSOR TIBIAL STIM	$28.63	NA	$28.63	NA	A	
A4550			SURGICAL TRAYS	BY REPORT	NA	BY REPORT	NA	N	
A4554			DISPOSABLE UNDERPADS-ALL SIZE	$0.31	NA	$0.31	NA	A	
A4556			ELECTRODES (E.G. APNEA MONITOR	$11.88	NA	$11.88	NA	A	
A4557			LEAD WIRES (APNEA MONITOR)	$8.53	NA	$8.53	NA	A	
A4558			CONDUCTIVE PASTE OR GEL	$5.33	NA	$5.33	NA	N	
A4561			PESSARY RUBBER, ANY TYPE	$19.51	NA	$19.51	NA	N	
A4562			PESSARY, NON RUBBER,ANY TYPE	$48.59	NA	$48.59	NA	N	
A4563			VAG INSER RECTAL CONTROL SYS	$1125.70	NA	$1125.70	NA	N	
A4564			PESSARY, DISPOSABLE ANY TYPE	BY REPORT	NA	BY REPORT	NA	A	
A4565			SLINGS	$7.53	NA	$7.53	NA	N	
A4566			SHOULD SLING/VEST/ABRESTRAIN	BY REPORT	NA	BY REPORT	NA	N	
A4570			SPLINT	BY REPORT	NA	BY REPORT	NA	N	
A4575			TOP. HYPERBARIC OXY.CHAMB. DIS	BY REPORT	NA	BY REPORT	NA	A	
A4594			NEUROMOD ADJ REHAB MOUTHPIE	$2124.10	NA	$2124.10	NA	A	
A4595			TENS SUPPLIES,2LEAD,PER MONTH	$8.78	NA	$8.78	NA	N	
A4604			TUBING WITH HEATING ELEMENT	$34.07	NA	$34.07	NA	N	
A4605			TRACH SUCTION CATH CLOSE SYS	$16.04	NA	$16.04	NA	A	
A4606			OXYGEN PROBE USED W OXIMETER	$35.44	NA	$35.44	NA	A	
A4611			HVY DTY BATT.-PT. OWNED VENT.	$180.00	NA	$180.00	NA	A	
A4612			BATT.CABLES-PT.OWNED VENTILATO	$44.00	NA	$44.00	NA	N	
A4613			BATT CHGR-RP FOR PT OWNED VENT	BY REPORT	NA	BY REPORT	NA	A	
A4614			FLOW RATE METER HAND HELD	$23.26	NA	$23.26	NA	N	
A4615			NASAL CANNULA	$0.70	NA	$0.70	NA	N	
A4616			TUBING (OXYGEN) PER FOOT	$0.05	NA	$0.05	NA	N	
A4617			MOUTH PIECE	$3.03	NA	$3.03	NA	A	
A4618			BREATHING CIRCUITS	$8.70	$1.74	$8.70	$1.74	A	
A4619			FACE TENT	$1.75	NA	$1.75	NA	A	
A4620			VARIABLE CONCENTRATION MASK	$0.59	NA	$0.59	NA	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
A4623			TRACH,INNER CANNULA(REPLACE)	$6.41	NA	$6.41	NA	A	
A4624			TRACH.SUCTION CATH,EACH,ANY TP	$2.31	NA	$2.31	NA	A	
A4625			TRACH CARE STARTER KIT	$6.78	NA	$6.78	NA	A	
A4626			TRACH CLEANING BRUSH,EACH	$3.12	NA	$3.12	NA	A	
A4627			INHALER SPACER BAG RESERV/MDI	BY REPORT	NA	BY REPORT	NA	A	
A4628			OROPHARYNGEAL SUCTION CATH. EA	$3.58	NA	$3.58	NA	N	
A4629			TRACH.CARE KIT-ESTAB.TRACH.	$4.55	NA	$4.55	NA	N	
A4630			REPLACE BATT-PT OWN TENS	$5.55	NA	$5.55	NA	N	
A4635			UNDERARM REPL CRUTCH PAD, EACH	$5.00	$1.00	$5.00	$1.00	N	
A4636			HANDGRIP REPLACEMENT ANY,EACH	$2.70	$0.54	$2.70	$0.54	N	
A4637			TIP REPLACEMENT, ANY EACH	$1.50	$0.30	$1.50	$0.30	N	
A4640			RP PAD ALT PRES PAD PAT OWNED	$43.25	$8.65	$43.25	$8.65	A	
A4641			DIAGNOSTIC IMAGING AGENT	BY REPORT	NA	BY REPORT	NA	N	
A4649			SURGICAL SUPPLIES--MISC.	BY REPORT	NA	BY REPORT	NA	A	
A4651			CALIBRATED MICROCAP TUBE	BY REPORT	NA	BY REPORT	NA	N	
A4652			MICROCAPILLARY TUBE SEALANT	BY REPORT	NA	BY REPORT	NA	N	
A4653			PD CATHETER ANCHOR BELT	BY REPORT	NA	BY REPORT	NA	N	
A4657			SYRINGE W/WO NEEDLE	BY REPORT	NA	BY REPORT	NA	N	
A4660			BLOOD PRES KIT INC CUFF/STETH	BY REPORT	NA	BY REPORT	NA	N	
A4663			BLOOD PRESSURE CUFF ONLY	BY REPORT	NA	BY REPORT	NA	N	
A4670			AUTO BLOOD PRESSURE MONITOR	BY REPORT	NA	BY REPORT	NA	N	
A4671			DISPOSABLE CYCLER SET	BY REPORT	NA	BY REPORT	NA	N	
A4672			DRAINAGE EXT LINE, DIALYSIS	BY REPORT	NA	BY REPORT	NA	N	
A4673			EXT LINE W EASY LOCK CONNECT	BY REPORT	NA	BY REPORT	NA	N	
A4674			CHEM/ANTISEPT SOLUTION, 8OZ	BY REPORT	NA	BY REPORT	NA	N	
A4680			ACTIVATED C FILTERS DIALYSIS	BY REPORT	NA	BY REPORT	NA	N	
A4690			DIALYZERS ANY, PER UNIT	BY REPORT	NA	BY REPORT	NA	N	
A4706			BICARBONATE CONC SOL PER GAL	BY REPORT	NA	BY REPORT	NA	N	
A4707			BICARBONATE CONC POW PER PAC	BY REPORT	NA	BY REPORT	NA	N	
A4708			ACETATE CONC SOL PER GALLON	BY REPORT	NA	BY REPORT	NA	N	
A4709			ACID CONC SOL PER GALLON	BY REPORT	NA	BY REPORT	NA	N	
A4714			TREATED DIALYSIS WATER	BY REPORT	NA	BY REPORT	NA	N	
A4719			"Y SET" TUBING	BY REPORT	NA	BY REPORT	NA	N	
A4720			DIALYSAT SOL FLD VOL > 249CC	BY REPORT	NA	BY REPORT	NA	N	
A4721			DIALYSAT SOL FLD VOL > 999CC	BY REPORT	NA	BY REPORT	NA	N	
A4722			DIALYS SOL FLD VOL > 1999CC	BY REPORT	NA	BY REPORT	NA	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
A4723			DIALYS SOL FLD VOL > 2999CC	BY REPORT	NA	BY REPORT	NA	N	
A4724			DIALYS SOL FLD VOL > 3999CC	BY REPORT	NA	BY REPORT	NA	N	
A4725			DIALYS SOL FLD VOL > 4999CC	BY REPORT	NA	BY REPORT	NA	N	
A4726			DIALYS SOL FLD VOL > 5999CC	BY REPORT	NA	BY REPORT	NA	N	
A4730			FISTULA CANNULATION SET DIALYS	BY REPORT	NA	BY REPORT	NA	N	
A4736			TOPICAL ANESTHETIC, PER GRAM	BY REPORT	NA	BY REPORT	NA	N	
A4737			INJ ANESTHETIC PER 10 ML	BY REPORT	NA	BY REPORT	NA	N	
A4740			SHUNT ACCESSORIES-DIALYSIS	BY REPORT	NA	BY REPORT	NA	N	
A4750			BLOOD TUBING, ARTERIAL/VENOUS	BY REPORT	NA	BY REPORT	NA	N	
A4755			BLD TUBING ARTERIAL/VENOUS COM	BY REPORT	NA	BY REPORT	NA	N	
A4760			STD DIALYSATE TEST SLN SUPP	BY REPORT	NA	BY REPORT	NA	N	
A4765			DIALYSATE CONC ADDITIVES EACH	BY REPORT	NA	BY REPORT	NA	N	
A4766			DIALYSATE CONC SOL ADD 10 ML	BY REPORT	NA	BY REPORT	NA	N	
A4770			BLD TEST SUPPLIES (VACUTAIN)	BY REPORT	NA	BY REPORT	NA	N	
A4771			SERUM CLOTTING TIME TUBE/BOX	BY REPORT	NA	BY REPORT	NA	N	
A4772			DEXTROSTICK-NOT FOR MON./BOX	BY REPORT	NA	BY REPORT	NA	N	
A4773			HEMOSTIX, PER BOTTLE	BY REPORT	NA	BY REPORT	NA	N	
A4774			AMMONIA TEST PAPER, PER BOX	BY REPORT	NA	BY REPORT	NA	N	
A4802			PROTAMINE SULFATE PER 50 MG	BY REPORT	NA	BY REPORT	NA	N	
A4860			DISPOSABLE CATHETER CAPSS	BY REPORT	NA	BY REPORT	NA	N	
A4911			DRAIN BAG/BOTTLE	BY REPORT	NA	BY REPORT	NA	N	
A4913			MISCELLANEOUS DIALYSIS SUPPLI	BY REPORT	NA	BY REPORT	NA	A	
A4918			VENOUS PRESSURE CLAMPS, EACH	BY REPORT	NA	BY REPORT	NA	N	
A4927			GLOVES, NON-STERILE PER 100	$9.00	NA	$9.00	NA	A	
A4928			SURGICAL MASK	BY REPORT	NA	BY REPORT	NA	N	
A4929			TOURNIQUET FOR DIALYSIS, EA	BY REPORT	NA	BY REPORT	NA	N	
A4930			GLOVES--STERIL, PER PAIR	$0.60	NA	$0.60	NA	A	
A5051			CLOSED POUCH W/ATT.BARRIER-1PC	$2.02	NA	$2.02	NA	N	
A5052			CLOSED POUCH W/O BARRIER -1PC	$1.46	NA	$1.46	NA	N	
A5053			CLOSED POUCH-USE ON FACEPLATE	$1.69	NA	$1.69	NA	N	
A5054			CLOSE POUCH-BARR USE W/FG-2PC	$1.76	NA	$1.76	NA	N	
A5055			STOMA CAP	$1.39	NA	$1.39	NA	N	
A5056			1 PC OST POUCH W FILTER	$4.57	NA	$4.57	NA	N	
A5057			1 PC OST POU W BUILT-IN CONV	$9.39	NA	$9.39	NA	N	
A5061			DRAIN POUCH W/BARRIER-1PC	$3.46	NA	$3.46	NA	N	
A5062			DRAIN POUCH W/O BARRIER-1PC	$2.18	NA	$2.18	NA	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
A5063			POUCH,DRAINABLE:ON BAR W/FL2PC	$2.65	NA	$2.65	NA	N	
A5071			URINARY POUCH W/BARRIER-1PC	$5.88	NA	$5.88	NA	N	
A5072			URINARY POUCH W/O BARRIER-1PC	$3.46	NA	$3.46	NA	N	
A5073			URINE PCH-USE ON BARR W/FG-2PC	$3.11	NA	$3.11	NA	N	
A5081			PLUG FOR CONTINENT STOMA	$3.24	NA	$3.24	NA	N	
A5082			CATHETER FOR CONTINENT STOMA	$11.64	NA	$11.64	NA	N	
A5083			STOMA ABSORPTIVE COVER	$0.63	NA	$0.63	NA	N	
A5093			CONVEX OSTOMY INSERT	$1.90	NA	$1.90	NA	N	
A5102			BEDSIDE DRAINAGE BOTTLE	$21.90	NA	$21.90	NA	N	
A5105			URINE SUSPEN W/BAG W/W/O TUBE	$39.88	NA	$39.88	NA	N	
A5112			LATEX URINARY LEG BAG	$28.78	NA	$28.78	NA	N	
A5113			LATEX LEG STRAP,PER SET	$4.61	NA	$4.61	NA	N	
A5114			FOAM/FABRIC LEG STRAP,PER SET	$8.75	NA	$8.75	NA	N	
A5120			SKIN BARRIER, WIPE OR SWAB	$0.24	NA	$0.24	NA	N	
A5121			SOLID SKIN BARRIER,6X6,EACH	$6.41	NA	$6.41	NA	N	
A5122			SOLID SKIN BARRIER,8X8,EACH	$10.68	NA	$10.68	NA	N	
A5126			ADHESIVE,DISC OR FOAM PAD	$1.28	NA	$1.28	NA	N	
A5131			APPLIANCE CLEANER PER 16OZ.	$15.51	NA	$15.51	NA	N	
A5200			CATHETER/TUBE ANCHORING DEVICE	$11.06	NA	$11.06	NA	N	
A5514			MULT DEN INSERT DIR CARV/CAM	$37.86	NA	$37.86	NA	N	
A6010			COLLAGEN BASED WOUND FILLER	$30.29	NA	$30.29	NA	N	
A6011			COLLAGEN GEL/PASTE WOUND FIL	$2.23	NA	$2.23	NA	N	
A6021			COLLAGEN DRESSING <=16 SQ IN	$20.57	NA	$20.57	NA	N	
A6022			COLLAGEN DRSG>6<=48 SQ IN	$20.57	NA	$20.57	NA	N	
A6023			COLLAGEN DRESSING >48 SQ IN	$186.13	NA	$186.13	NA	N	
A6024			COLLAGEN DSG WOUND FILLER	$6.05	NA	$6.05	NA	N	
A6154			WOUND POUCH EACH	$14.06	NA	$14.06	NA	N	
A6196			ALGINATE DRESS.16 SQ IN.OR <EA	$7.20	NA	$7.20	NA	N	
A6197			ALGINATE DRESSING 16-48SQIN.EA	$16.09	NA	$16.09	NA	N	
A6198			ALGINATE DRESS.>48 SQ. IN.EACH	BY REPORT	NA	BY REPORT	NA	N	
A6199			ALGINATE DRESS.WND.FILL PER6IN	$5.16	NA	$5.16	NA	N	
A6203			COMPOSITE DRESS.<=16SQ.IN.EACH	$3.30	NA	$3.30	NA	N	
A6204			COMPOSITE DRESS.>16<=48SQ INEA	$6.08	NA	$6.08	NA	N	
A6205			COMPOSITE DRESS.>48 SQ IN EACH	BY REPORT	NA	BY REPORT	NA	N	
A6206			CONTACT LAYER <= 16 SQ.IN.EACH	BY REPORT	NA	BY REPORT	NA	N	
A6207			CONTACT LAYER >16<=48 SQ IN EA	$7.18	NA	$7.18	NA	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
A6208			CONTACT LAYER >48 SQ IN EACH	BY REPORT	NA	BY REPORT	NA	N	
A6209			FOAM DRESS<=16 SQ IN EACH	$7.31	NA	$7.31	NA	N	
A6210			FOAM DRESS.>16<=48 SQ.IN. EACH	$19.49	NA	$19.49	NA	N	
A6211			FOAM DRESS.>48 SQ.IN.W/OBDR EA	$28.73	NA	$28.73	NA	N	
A6212			FOAM DRESS.<16 SQ.IN.W/BRDR.EA	$9.50	NA	$9.50	NA	N	
A6213			FOAM DRESS.>16<=48 SQ."W/BD.EA	BY REPORT	NA	BY REPORT	NA	N	
A6214			FOAM DRESS. WND.CVR.>48 SQ."EA	$10.07	NA	$10.07	NA	N	
A6215			FOAM DRESS.WND.FILLER,PER GRAM	BY REPORT	NA	BY REPORT	NA	N	
A6216			GAUZE <=16 SQ IN W/O BORDER	$0.04	NA	$0.04	NA	N	
A6217			GAUZE >16 <=48 SQ IN W/O BDR	BY REPORT	NA	BY REPORT	NA	N	
A6218			GAUZE > 48 SQ IN W/O BORDER	BY REPORT	NA	BY REPORT	NA	N	
A6219			GAUZE<=16 SQ IN W/BORDER EACH	$0.93	NA	$0.93	NA	N	
A6220			GAUZE >16 <=48 SQ IN W/BORDR	$2.53	NA	$2.53	NA	N	
A6221			GAUZE > 48 SQ IN W/BORDER	BY REPORT	NA	BY REPORT	NA	N	
A6222			GAUZE <=16 IN NO W/SAL W/O B	$2.09	NA	$2.09	NA	N	
A6223			GAUZE >16<=48 NO W/SAL W/O B	$2.37	NA	$2.37	NA	N	
A6224			GAUZE>48 SQ IN NO W/SAL WOB	$3.52	NA	$3.52	NA	N	
A6228			GAUZE<=16 SQ IN WATER/SAL EA	BY REPORT	NA	BY REPORT	NA	N	
A6229			GAUZE >16<=48 SQ IN WATR/SAL	$3.52	NA	$3.52	NA	N	
A6230			GAUZE > 48 SQ IN WATER/SALNE	BY REPORT	NA	BY REPORT	NA	N	
A6234			HYDROCOLLD DRG <=16 W/O BDR	$6.41	NA	$6.41	NA	N	
A6235			HYDROCOLLD DRG >16<=48 W/O B	$16.45	NA	$16.45	NA	N	
A6236			HYDROCOLLD DRG > 48 IN W/O B	$26.65	NA	$26.65	NA	N	
A6237			HYDROCOLLD DRG <=16 IN W/BDR	$7.74	NA	$7.74	NA	N	
A6238			HYDROCOLLD DRG >16<=48 W/BDR	$22.30	NA	$22.30	NA	N	
A6239			HYDROCOLLD DRG > 48 IN W/BDR	BY REPORT	NA	BY REPORT	NA	N	
A6240			HYDROCOLLD DRG FILLER PASTE	$11.98	NA	$11.98	NA	N	
A6241			HYDROCOLLID DRG FILLER DRY	$2.51	NA	$2.51	NA	N	
A6242			HYDROGEL DRG <=16 IN W/O BDR	$5.92	NA	$5.92	NA	N	
A6243			HYDROGEL DRG >16<=48 W/O BDR	$12.05	NA	$12.05	NA	N	
A6244			HYDROGEL DRG >48 IN W/O BDR	$38.42	NA	$38.42	NA	N	
A6245			HYDROGEL DRG <=16 IN W/BDR	$7.11	NA	$7.11	NA	N	
A6246			HYDROGEL DRG >16<=48 IN W/B	$9.72	NA	$9.72	NA	N	
A6247			HYDROGEL DRG > 48 SQ IN W/B	$23.26	NA	$23.26	NA	N	
A6248			HYDROGEL DRSG GEL FILLER	$15.89	NA	$15.89	NA	N	
A6250			SKIN SEAL PROTECT MOISTURIZR	BY REPORT	NA	BY REPORT	NA	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
A6251			ABSORPT DRG <=16 SQ IN W/O B	$1.95	NA	$1.95	NA	N	
A6252			ABSORPT DRG >16 <=48 SQ IN	$3.19	NA	$3.19	NA	N	
A6253			ABSORPT DRG > 48 SQ IN W/O B	$6.20	NA	$6.20	NA	N	
A6254			ABSORPT DRG <=16 SQ IN W/BDR	$1.17	NA	$1.17	NA	N	
A6255			ABSORPT DRG >16<=48 IN W/BDR	$2.98	NA	$2.98	NA	N	
A6256			ABSORPT DRG > 48 SQ IN W/BDR	BY REPORT	NA	BY REPORT	NA	N	
A6257			TRANSP FILM 16 SQ IN OR LESS	$1.50	NA	$1.50	NA	N	
A6258			TRANSP FILM 17 TO 48 SQ IN EA	$4.21	NA	$4.21	NA	N	
A6259			TRANSPARENT FILM > 48 SQ IN	$10.70	NA	$10.70	NA	N	
A6260			WOUND CLEANSER ANY TYPE/SIZE	BY REPORT	NA	BY REPORT	NA	N	
A6261			WOUND FILLER GEL/PASTE /OZ	BY REPORT	NA	BY REPORT	NA	N	
A6262			WOUND FILLER DRY FORM / GRAM	BY REPORT	NA	BY REPORT	NA	N	
A6266			IMPREG GAUZE NO H2O/SAL/YARD	$1.87	NA	$1.87	NA	N	
A6402			GAUZE,NONIMPREG,STER.NO BD<=16	$0.09	NA	$0.09	NA	N	
A6403			GAUZE,NONIMP.STER.>16<=48 EACH	$0.40	NA	$0.40	NA	N	
A6404			GAUZE,NONIMP,STER.>48,NO BD EA	BY REPORT	NA	BY REPORT	NA	N	
A6413			ADHESIVE BANDAGE, FIRST-AID	BY REPORT	NA	BY REPORT	NA	N	
A6441			PAD BAND W>=3" <5"/YD	$0.65	NA	$0.65	NA	N	
A6442			CONFORM BAND N/S W<3"/YD	$0.16	NA	$0.16	NA	N	
A6443			CONFORM BAND N/S W>=3"<5"/YD	$0.27	NA	$0.27	NA	N	
A6444			CONFORM BAND N/S W>=5"/YD	$0.55	NA	$0.55	NA	N	
A6445			CONFORM BAND S W <3"/YD	$0.31	NA	$0.31	NA	N	
A6446			CONFORM BAND S W>=3" <5"/YD	$0.38	NA	$0.38	NA	N	
A6447			CONFORM BAND S W >=5"/YD	$0.67	NA	$0.67	NA	N	
A6448			LT COMPRES BAND <3"/YD	$1.13	NA	$1.13	NA	N	
A6449			LT COMPRES BAND >=3" <5"/YD	$1.72	NA	$1.72	NA	N	
A6450			LT COMPRES BAND >=5"/YD	$1.72	NA	$1.72	NA	N	
A6457			TUBULAR DRESSING	$1.11	NA	$1.11	NA	N	
A6501			COMPRES BURNGARMENT BODYSUIT	BY REPORT	NA	BY REPORT	NA	N	
A6502			COMPRES BURNGARMENT CHINSTRP	BY REPORT	NA	BY REPORT	NA	N	
A6503			COMPRES BURNGARMENT FACEHOOD	BY REPORT	NA	BY REPORT	NA	N	
A6504			CMPRSBURNGARMENT GLOVE-WRIST	BY REPORT	NA	BY REPORT	NA	N	
A6505			CMPRSBURNGARMENT GLOVE-ELBOW	BY REPORT	NA	BY REPORT	NA	N	
A6506			CMPRSBURNGRMNT GLOVE-AXILLA	BY REPORT	NA	BY REPORT	NA	N	
A6507			CMPRS BURNGARMENT FOOT-KNEE	BY REPORT	NA	BY REPORT	NA	N	
A6508			CMPRS BURNGARMENT FOOT-THIGH	BY REPORT	NA	BY REPORT	NA	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
A6509			COMPRES BURN GARMENT JACKET	BY REPORT	NA	BY REPORT	NA	N	
A6510			COMPRES BURN GARMENT LEOTARD	BY REPORT	NA	BY REPORT	NA	N	
A6511			COMPRES BURN GARMENT PANTY	BY REPORT	NA	BY REPORT	NA	N	
A6512			COMPRES BURN GARMENT, NOC	BY REPORT	NA	BY REPORT	NA	N	
A6513			COMPRESS BURN MASK FACE/NECK	BY REPORT	NA	BY REPORT	NA	N	
A6520			G COM GARMNT GLOVE NGHTTIME	$86.19	NA	$86.19	NA	N	
A6521			G COM GARMNT GLOVE NGHT CUST	$341.99	NA	$341.99	NA	N	
A6522			G COM GARMENT ARM NIGHTTIME	$209.43	NA	$209.43	NA	N	
A6523			G COM GARMENT ARM NGHT CUSTM	$496.90	NA	$496.90	NA	N	
A6524			G COM GARMNT LWR LEG/FT NGHT	$261.28	NA	$261.28	NA	N	
A6525			G COM GARM LWRLEG/FT NGT CUS	$527.49	NA	$527.49	NA	N	
A6526			G COM GARMT FULL LEG/FT NGHT	$472.39	NA	$472.39	NA	N	
A6527			G GARMT FULL LEG/FT NGHT CUS	$868.66	NA	$868.66	NA	N	
A6528			G COM GARMENT BRA NIGHTTIME	$454.23	NA	$454.23	NA	N	
A6529			G COM GARMT BRA NIGHT CUSTM	$717.76	NA	$717.76	NA	N	
A6530			COMPRESSION STOCKING BK18-30	$26.63	NA	$26.63	NA	A	
A6531			COMPRESSION STOCKING BK30-40	$42.32	NA	$42.32	NA	A	
A6532			COMPRESSION STOCKING BK40-50	$59.63	NA	$59.63	NA	A	
A6533			GC STOCKING THIGHLNGTH 18-30	$37.39	NA	$37.39	NA	A	
A6534			GC STOCKING THIGHLNGTH 30-40	$42.70	NA	$42.70	NA	A	
A6535			GC STOCKING THIGHLNGTH 40-50	$49.16	NA	$49.16	NA	A	
A6536			GC STOCKING FULL LNGTH 18-30	$50.41	NA	$50.41	NA	A	
A6537			GC STOCKING FULL LNGTH 30-40	$59.76	NA	$59.76	NA	A	
A6538			GC STOCKING FULL LNGTH 40-50	$69.97	NA	$69.97	NA	A	
A6539			GC STOCKING WAISTLNGTH 18-30	$66.70	NA	$66.70	NA	A	
A6540			GC STOCKING WAISTLNGTH 30-40	$79.53	NA	$79.53	NA	A	
A6541			GC STOCKING WAISTLNGTH 40-50	$94.21	NA	$94.21	NA	A	
A6544			GC STOCKING GARTER BELT	BY REPORT	NA	BY REPORT	NA	A	
A6545			GRAD COMP NON-ELASTIC BK	BY REPORT	NA	BY REPORT	NA	A	
A6549			G COMPRESSION STOCKING	BY REPORT	NA	BY REPORT	NA	A	
A6550			NEG PRES WOUND THER DRSG SET	$21.64	NA	$21.64	NA	A	
A6552			GRAD COM STOCKING BK 30-40	$39.52	NA	$39.52	NA	N	
A6553			G COM STCKING BK 30-40 CUSTM	$154.30	NA	$154.30	NA	N	
A6554			GRAD COM STOCKING BK 40+	$54.33	NA	$54.33	NA	N	
A6555			G COM STCKING BK 40+ CUSTM	$154.30	NA	$154.30	NA	N	
A6556			G COM STCKING THGH18-30 CUST	$211.46	NA	$211.46	NA	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
A6557			G COM STCKING THGH30-40 CUST	$211.46	NA	$211.46	NA	N	
A6558			G COM STCKING THGH 40+ CUST	$218.23	NA	$218.23	NA	N	
A6562			G COM STCKNG WAIST18-30 CUST	$692.08	NA	$692.08	NA	N	
A6563			G COM STCKNG WAIST30-40 CUST	$692.08	NA	$692.08	NA	N	
A6564			G COM STCKNG WAIST 40+ CUST	$745.51	NA	$745.51	NA	N	
A6565			GRAD COMP GAUNTLET CUSTOM	$119.59	NA	$119.59	NA	N	
A6566			GRAD COM GARMENT NECK/HEAD	$173.64	NA	$173.64	NA	N	
A6567			G COM GARMENT NECK/HEAD CUST	$545.57	NA	$545.57	NA	N	
A6568			G COM GARMENT TORSO/SHLDR	$113.32	NA	$113.32	NA	N	
A6569			G COM GARMNT TORSO/SHDR CUST	$645.30	NA	$645.30	NA	N	
A6570			GRAD COM GARMENT GENITAL	$77.21	NA	$77.21	NA	N	
A6571			G COM GARMENT GENITAL CUSTM	$464.06	NA	$464.06	NA	N	
A6572			GRAD COM GARMENT TOE CAPS	$71.65	NA	$71.65	NA	N	
A6573			GRAD COM GARMNT TOE CAP CUST	$170.01	NA	$170.01	NA	N	
A6574			CUSTOM GRADIENT SLEEV/GLOV	$216.74	NA	$216.74	NA	N	
A6575			GRADIENT COMP SLEEV/GLOV	$70.24	NA	$70.24	NA	N	
A6576			CUSTOM GRAD COM SLEEVE MED	$133.02	NA	$133.02	NA	N	
A6577			CUSTOM GRAD CM SLEEVE HEAVY	$110.10	NA	$110.10	NA	N	
A6578			GRADIENT COMP SLEEVE	$54.22	NA	$54.22	NA	N	
A6579			CUSTOM GRAD COM GLOVE MED	$213.51	NA	$213.51	NA	N	
A6580			CUSTOM GRAD COM GLOVE HEAVY	$211.95	NA	$211.95	NA	N	
A6581			GRADIENT COMP GLOVE	$49.75	NA	$49.75	NA	N	
A6582			GRADIENT COMP GAUNTLET	$33.18	NA	$33.18	NA	N	
A6583			GRAD COM WRAP W STRAPS BK	$109.14	NA	$109.14	NA	N	
A6585			GRAD COM WRAP W STRAPS AK	$129.23	NA	$129.23	NA	N	
A6586			GRAD COM WRAP W STRAPS LEG	$380.73	NA	$380.73	NA	N	
A6587			GRAD COM WRAP W STRAPS FOOT	$49.88	NA	$49.88	NA	N	
A6588			GRAD COM WRAP W STRAPS ARM	$166.22	NA	$166.22	NA	N	
A6589			GRAD COM WRAP W STRAPS BRA	$65.62	NA	$65.62	NA	N	
A6590			URINARY CATH DISP SUC PUMP	$306.18	NA	$306.18	NA	N	
A6591			URINARY CATH SUC PUMP	$62.20	NA	$62.20	NA	N	
A6594			G COMP BANDGE LINER LWR EXTR	$23.89	NA	$23.89	NA	N	
A6595			G COMP BANDGE LINER UPR EXTR	$23.50	NA	$23.50	NA	N	
A6596			G COMP BANDGE CONFORM GAUZE	$0.12	NA	$0.12	NA	N	
A6597			G COMP BANDAGE LONG STRETCH	$1.06	NA	$1.06	NA	N	
A6598			G COMP BANDAGE MED STRETCH	$0.50	NA	$0.50	NA	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
A6599			G COMP BANDAGE SHORT STRETCH	$1.16	NA	$1.16	NA	N	
A6600			G COM BANDGE HGH DN FOAM SHT	$2.09	NA	$2.09	NA	N	
A6601			G COM BANDGE HGH DN FOAM PAD	$2.35	NA	$2.35	NA	N	
A6602			G COM BANDGE HGH DN FOAMROLL	$3.43	NA	$3.43	NA	N	
A6603			G COM BANDGE LOW DN FOAMCHNL	$1.61	NA	$1.61	NA	N	
A6604			G COM BANDGE LOW DN FOAM FLT	$0.94	NA	$0.94	NA	N	
A6605			G COM BANDAGE PADDED FOAM	$1.07	NA	$1.07	NA	N	
A6606			G COM BANDAGE PADDED TEXTILE	$3.19	NA	$3.19	NA	N	
A6607			G COM BANDAGE TUB PROTCT LYR	$0.85	NA	$0.85	NA	N	
A6608			G COM BANDAGE TUB PROTCT PAD	$3.55	NA	$3.55	NA	N	
A6610			G COM STCKING BK 18-30 CUSTM	$154.30	NA	$154.30	NA	N	
A7000			DISPOSABLE CANISTER FOR PUMP	$6.70	NA	$6.70	NA	A	
A7001			NONDISPOSABLE PUMP CANISTER	$29.18	NA	$29.18	NA	N	
A7002			TUBING USED W SUCTION PUMP	$3.40	NA	$3.40	NA	N	
A7003			NEBULIZER ADMINISTRATION SET	$1.27	NA	$1.27	NA	N	
A7004			DISPOSABLE NEBULIZER SML VOL	$1.06	NA	$1.06	NA	N	
A7005			NONDISPOSABLE NEBULIZER SET	$9.15	NA	$9.15	NA	N	
A7006			FILTERED NEBULIZER ADMIN SET	$5.89	NA	$5.89	NA	N	
A7007			LG VOL NEBULIZER DISPOSABLE	$2.60	NA	$2.60	NA	N	
A7008			DISPOSABLE NEBULIZER PREFILL	$10.75	NA	$10.75	NA	N	
A7009			NEBULIZER RESERVOIR BOTTLE	$37.06	NA	$37.06	NA	N	
A7010			DISPOSABLE CORRUGATED TUBING	$12.92	NA	$12.92	NA	N	
A7012			NEBULIZER WATER COLLEC DEVIC	$2.33	NA	$2.33	NA	N	
A7013			DISPOSABLE COMPRESSOR FILTER	$0.47	NA	$0.47	NA	N	
A7014			COMPRESSOR NONDISPOS FILTER	$2.75	NA	$2.75	NA	N	
A7015			AEROSOL MASK USED W NEBULIZE	$1.04	NA	$1.04	NA	N	
A7016			NEBULIZER DOME & MOUTHPIECE	$6.39	NA	$6.39	NA	N	
A7018			WATER DISTILLED W/NEBULIZER	$0.27	NA	$0.27	NA	N	
A7020			INTERFACE FOR COUGH STIM DEVIC	$13.64	NA	$13.64	NA	A	
A7021			SUPPL AND ACCESS LUNG EXPAN	$93.93	NA	$93.93	NA	A	
A7027			COMBINATION ORAL/NASAL MASK	$96.95	NA	$96.95	NA	N	
A7027	HI		ASSISTIVE TECHNOLOGY DEVICES	$96.95	NA	$96.95	NA	N	
A7028			REPL ORAL CUSHION COMBO MASK	$27.47	NA	$27.47	NA	N	
A7029			REPL NASAL PILLOW COMB MASK	$13.10	NA	$13.10	NA	N	
A7030			CPAP FULL FACE MASK	$76.26	NA	$76.26	NA	A	
A7031			REPLACEMENT FACEMASK INTERFA	$28.60	NA	$28.60	NA	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
A7032			REPLACEMENT NASAL CUSHION	$15.88	NA	$15.88	NA	N	
A7033			REPLACEMENT NASAL PILLOWS	$13.13	NA	$13.13	NA	A	
A7034			NASAL APPLICATION DEVICE	$46.26	NA	$46.26	NA	A	
A7035			POS AIRWAY PRESS HEADGEAR	$15.62	NA	$15.62	NA	A	
A7036			POS AIRWAY PRESS CHINSTRAP	$8.83	NA	$8.83	NA	A	
A7037			POS AIRWAY PRESSURE TUBING	$10.17	NA	$10.17	NA	A	
A7038			POS AIRWAY PRESSURE FILTER	$1.80	NA	$1.80	NA	A	
A7039			FILTER, NON DISPOSABLE W PAP	$5.17	NA	$5.17	NA	A	
A7046			REPL WATER CHAMBER, PAP DEV	$10.79	NA	$10.79	NA	N	
A7047			RESP SUCTION ORAL INTERFACE	$118.25	NA	$118.25	NA	A	
A7048			VACUUM DRAIN BOTTLE/TUBE KIT	$40.40	NA	$40.40	NA	A	
A7049			EPAP NASAL VALVE	BY REPORT	NA	BY REPORT	NA	N	
A7507			INTEGRATED FILTER & HOLDER	$2.44	NA	$2.44	NA	A	
A7508			HOUSING & INTEGRATED ADHESIV	$2.08	NA	$2.08	NA	A	
A7520			TRACH/LARYN TUBE NON-CUFFED	$46.43	NA	$46.43	NA	A	
A7521			TRACH/LARYN TUBE CUFFED	$46.01	NA	$46.01	NA	A	
A7522			TRACH/LARYN TUBE STAINLESS	$44.17	NA	$44.17	NA	A	
A7525			TRACHEOSTOMY MASK	$2.02	NA	$2.02	NA	A	
A7526			TRACHEOSTOMY TUBE COLLAR	$3.32	NA	$3.32	NA	A	
A7527			TRACH/LARYN TUBE PLUG/STOP	$3.50	NA	$3.50	NA	N	
A8000			SOFT PROTECT HELMET PREFAB	$150.00	$18.00	$150.00	$18.00	N	
A8001			HARD PROTECT HELMET PREFAB	$150.00	$18.00	$150.00	$18.00	N	
A8002			SOFT PROTECT HELMET CUSTOM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
A8003			HARD PROTECT HELMET CUSTOM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
A8004			REPL SOFT INTERFACE, HELMET	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
A9155			ARTIFICIAL SALIVA	BY REPORT	NA	BY REPORT	NA	A	
A9274			EXT AMB INSULIN DELIVERY SYS	BY REPORT	NA	BY REPORT	NA	A	
A9276			DISPOSABLE SENSOR, CGM SYS	BY REPORT	NA	BY REPORT	NA	A	
A9277			EXTERNAL TRANSMITTER, CGM	BY REPORT	NA	BY REPORT	NA	A	
A9278			EXTERNAL RECEIVER, CGM SYS	BY REPORT	NA	BY REPORT	NA	A	
A9282			WIG ANY TYPE	BY REPORT	NA	BY REPORT	NA	N	
A9283			FOOT PRESS OFF LOAD SUPP DEV	BY REPORT	NA	BY REPORT	NA	A	
A9284			NON-ELECTRONIC SPIROMETER	$10.08	NA	$10.08	NA	N	
A9500			TECHNETIUM TC 99M SESTAMIBI	$112.09	NA	$112.09	NA	N	
A9502			TECHNETIUM TC99M TETROFOSMIN	$111.49	NA	$111.49	NA	N	
A9503			TECHNETIUM TC 99M MEDRONATE	$15.64	NA	$15.64	NA	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
A9505			THALLOUS CHLORIDE TL 201/MCI	BY REPORT	NA	BY REPORT	NA	N	
A9512			TECHNETIUMTC99MPERTECHNETATE	BY REPORT	NA	BY REPORT	NA	N	
A9515			CHOLINE C-11	BY REPORT	NA	BY REPORT	NA	N	
A9516			I-123 SODIUM IODIDE CAPSULE	BY REPORT	NA	BY REPORT	NA	N	
A9520			TECHNETIUMTC-99M TILMANOCEPT	BY REPORT	NA	BY REPORT	NA	N	
A9521			TECHNETIUMTC-99M EXAMETAZINE	BY REPORT	NA	BY REPORT	NA	N	
A9528			DX I131 SO IODIDE CAP MILLIC	BY REPORT	NA	BY REPORT	NA	N	
A9537			TC99M MEBROFENIN	BY REPORT	NA	BY REPORT	NA	N	
A9540			TC99M MAA	BY REPORT	NA	BY REPORT	NA	N	
A9541			TC99M SULFUR COLLOID	BY REPORT	NA	BY REPORT	NA	N	
A9552			F18 FDG	BY REPORT	NA	BY REPORT	NA	N	
A9555			RB82 RUBIDIUM	BY REPORT	NA	BY REPORT	NA	N	
A9556			GA67 GALLIUM	BY REPORT	NA	BY REPORT	NA	N	
A9558			XE133 XENON 10MCI	BY REPORT	NA	BY REPORT	NA	N	
A9560			TC99M LABELED RBC	BY REPORT	NA	BY REPORT	NA	N	
A9561			TC99M OXIDRONATE	BY REPORT	NA	BY REPORT	NA	N	
A9562			TC99M MERTIATIDE	BY REPORT	NA	BY REPORT	NA	N	
A9567			TECHNETIUM TC-99M AEROSOL	BY REPORT	NA	BY REPORT	NA	N	
A9573			INJ, GADOPICLENOL, 1 ML	BY REPORT	NA	BY REPORT	NA	N	
A9575			INJ GADOTERATE MEGLUMI 0.1ML	$0.11	NA	$0.11	NA	N	
A9576			INJ PROHANCE MULTIPACK	$1.03	NA	$1.03	NA	N	
A9577			INJ MULTIHANCE	$1.31	NA	$1.31	NA	N	
A9579			GAD-BASE MR CONTRAST NOS,1ML	$1.12	NA	$1.12	NA	N	
A9581			GADOXETATE DISODIUM INJ	$10.29	NA	$10.29	NA	N	
A9582			IODINE I-123 IOBENGUANE	BY REPORT	NA	BY REPORT	NA	N	
A9583			GADOFOSVESET TRISODIUM INJ	BY REPORT	NA	BY REPORT	NA	N	
A9584			IODINE I-123 IOFLUPANE	BY REPORT	NA	BY REPORT	NA	N	
A9585			GADOBUTROL INJECTION	$0.24	NA	$0.24	NA	N	
A9587			GALLIUM GA-68	BY REPORT	NA	BY REPORT	NA	N	
A9588			FLUCICLOVINE F-18	BY REPORT	NA	BY REPORT	NA	N	
A9591			FLUOROESTRADIOL F 18	BY REPORT	NA	BY REPORT	NA	N	
A9592			COPPER CU 64 DOTATATE DIAG	BY REPORT	NA	BY REPORT	NA	N	
A9593			GALLIUM GA-68 PSMA-11 UCSF	BY REPORT	NA	BY REPORT	NA	N	
A9594			GALLIUM GA-68 PSMA-11, UCLA	BY REPORT	NA	BY REPORT	NA	N	
A9595			PIFLU F-18, DIA 1 MILLICURIE	BY REPORT	NA	BY REPORT	NA	N	
A9596			GALLIUM ILLUCCIX 1 MILLICURE	BY REPORT	NA	BY REPORT	NA	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
A9597			PET, DX, FOR TUMOR ID, NOC	BY REPORT	NA	BY REPORT	NA	N	
A9601			FLORTAUCIPIR INJ 1 MILLICURI	BY REPORT	NA	BY REPORT	NA	N	
A9602			FLUORODOPA F-18 DIAG PER MCI	BY REPORT	NA	BY REPORT	NA	N	
A9604			SM 153 LEXIDRONAM	BY REPORT	NA	BY REPORT	NA	N	
A9606			RADIUM RA223 DICHLORIDE THER	$112.68	NA	$112.68	NA	N	
A9607			LUTETIUM LU 177 VIPIVOTIDE	BY REPORT	NA	BY REPORT	NA	N	
A9608			FLOTUFOLASTAT F18 DIAG 1 MCI	NA	NA	NA	NA	N	
A9610			XE129 XENON, DIAGNOSTIC	NA	NA	NA	NA	A	
A9697			INJ, MAGTRACE PER STUDY DOSE	BY REPORT	NA	BY REPORT	NA	N	
A9800			GALLIUM LOCAMETZ 1 MILLICURI	BY REPORT	NA	BY REPORT	NA	N	
A9900			SUPPLY/ACCESSORY/SERVICE	BY REPORT	NA	BY REPORT	NA	A	
B4034			ENTER FEED-SUPKIT-SYR BY DAY	$2.62	NA	$2.62	NA	A	
B4035			ENTERAL FEED SUPP PUMP PER D	$4.24	NA	$4.24	NA	A	
B4036			ENTERAL FEED SUP KIT GRAV BY	$3.57	NA	$3.57	NA	A	
B4081			ENTERAL NG TUBING W/STYLET	$13.90	NA	$13.90	NA	A	
B4082			ENTERAL NG TUBING W/O STYLET	$9.93	NA	$9.93	NA	A	
B4083			STOMACH TUBE - LEVINE TYPE	$1.48	NA	$1.48	NA	A	
B4087			GASTRO/JEJUNO TUBE, STD	$22.03	NA	$22.03	NA	A	
B4088			GASTRO/JEJUNO TUBE, LOW-PRO	$26.29	NA	$26.29	NA	A	
B4100			FOOD THICKENER ORAL	BY REPORT	NA	BY REPORT	NA	N	
B4103			EF PED FLUID AND ELECTROLYTE	BY REPORT	NA	BY REPORT	NA	N	
B4150			EF COMPLET W/INTACT NUTRIENT	BY REPORT	NA	BY REPORT	NA	A	
B4152			EF CALORIE DENSE>/=1.5KCAL	BY REPORT	NA	BY REPORT	NA	A	
B4153			EF HYDROLYZED/AMINO ACIDS	BY REPORT	NA	BY REPORT	NA	A	
B4154			EF SPEC METABOLIC NONINHERIT	BY REPORT	NA	BY REPORT	NA	A	
B4155			ENTERAL INCOMPLETE/MODULAR	BY REPORT	NA	BY REPORT	NA	A	
B4157			EF INCOMPLETE/MODULAR	BY REPORT	NA	BY REPORT	NA	A	
B4158			EF PED COMPLETE INTACT NUT	BY REPORT	NA	BY REPORT	NA	A	
B4159			EF PED COMPLETE SOY BASED	BY REPORT	NA	BY REPORT	NA	A	
B4160			EF PED CALORIC DENSE>/=0.7KC	BY REPORT	NA	BY REPORT	NA	A	
B4161			EF PED HYDROLYZED/AMINO ACID	BY REPORT	NA	BY REPORT	NA	A	
B4162			EF PED SPECMETABOLIC INHERIT	BY REPORT	NA	BY REPORT	NA	A	
B4164			PARENTERAL 50% DEXTROSE SOLU	$17.26	NA	$17.26	NA	A	
B4168			PARENTERAL SOL AMINO ACID 3.	$25.17	NA	$25.17	NA	A	
B4172			PARENTERAL SOL AMINO ACID 5.	$30.50	NA	$30.50	NA	A	
B4176			PARENTERAL SOL AMINO ACID 7.	$48.70	NA	$48.70	NA	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
B4178			PARENTERAL SOL AMINO ACID>0ML/	$58.44	NA	$58.44	NA	A	
B4180			PARENTERAL SOL CARB > 50%	$24.78	NA	$24.78	NA	A	
B4185			PN SOLN NOS 10 GRAMS LIPIDS	$11.40	NA	$11.40	NA	A	
B4187			OMEGAVEN, 10 GRAMS LIPIDS	$11.40	NA	$11.40	NA	N	
B4189			PARENTERAL SOL AMINO ACID &	$180.53	NA	$180.53	NA	A	
B4193			PARENTERAL SOL 52-73 GM PROT	$233.27	NA	$233.27	NA	A	
B4197			PARENTERAL SOL 74-100 GM PRO	$284.00	NA	$284.00	NA	A	
B4199			PARENTERAL SOL > 100GM PROTE	$324.52	NA	$324.52	NA	A	
B4216			PARENTERAL NUTRITION ADDITIV	$7.84	NA	$7.84	NA	A	
B4220			PARENTERAL SUPPLY KIT PREMIX	$8.13	NA	$8.13	NA	A	
B4222			PARENTERAL SUPPLY KIT HOMEMI	$10.03	NA	$10.03	NA	A	
B4224			PARENTERAL ADMINISTRATION KI P	$25.39	NA	$25.39	NA	A	
B5000			PARENTERAL SOL RENAL-AMIROSY	$12.08	NA	$12.08	NA	A	
B5100			PARENTERAL SOLUTION HEPATIC PA	$4.72	NA	$4.72	NA	A	
B5200			PARENTERAL SOL HEPATIC FREAM	$4.94	NA	$4.94	NA	A	
B9002			ENTER NUTR INF PUMP ANY TYPE	$515.11	$42.93	$515.11	$42.93	A	
B9004			PARENTERAL INFUS PUMP PORTAB	$2562.57	$213.55	$2562.57	$213.55	A	
B9006			PARENTERAL INFUS PUMP STATIO	$2562.57	$213.55	$2562.57	$213.55	A	
B9998			PARENTERAL INFUS PUMP STATIO	BY REPORT	NA	BY REPORT	NA	A	
B9999			PARENTERAL SUPP NOT OTHRWS C	BY REPORT	NA	BY REPORT	NA	A	
C1052			HEMOSTATIC AGENT, GI, TOPIC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1062			INTRAVERTEBRAL FX AUG IMPL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1300			HYPERBARIC OXYGEN	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1713			ANCHOR/SCREW BN/BN,TIS/BN	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1714			CATH, TRANS ATHERECTOMY, DIR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1715			BRACHYTHERAPY NEEDLE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1716			BRACHYTX SOURCE, GOLD 198	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1717			BRACHYTX SOURCE, HDR IR-192	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1719			BRACHYTX SOUR,NON-HDR IR-192	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1721			AICD, DUAL CHAMBER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1722			AICD, SINGLE CHAMBER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1724			CATH, TRANS ATHEREC,ROTATION	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1725			CATH, TRANSLUMIN NON-LASER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1726			CATH, BAL DIL, NON-VASCULAR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1727			CATH, BAL TIS DIS, NON-VAS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1728			CATH, BRACHYTX SEED ADM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
C1729			CATH, DRAINAGE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1730			CATH, EP, 19 OR FEW ELECT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1731			CATH, EP, 20 OR MORE ELEC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1732			CATH, EP, DIAG/ABL, 3D/VECT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1733			CATH, EP, OTHR THAN COOL-TIP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1734			ORTH/DEVIC/DRUG BN/BN,TIS/BN	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1748			ENDOSCOPE, SINGLE, UGI	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1749			ENDO, COLON, RETRO IMAGING	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1750			CATH, HEMODIALYSIS,LONG-TERM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1751			CATH, INF, PER/CENT/MIDLINE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1752			CATH,HEMODIALYSIS,SHORT-TERM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1753			CATH, INTRAVAS ULTRASOUND	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1754			CATHETER, INTRADISCAL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1755			CATHETER, INTRASPINAL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1756			CATH, PACING, TRANSESOPH	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1757			CATH, THROMBECTOMY/EMBOLECT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1758			CATHETER, URETERAL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1759			CATH, INTRA ECHOCARDIOGRAPHY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1760			CLOSURE DEV, VASC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1761			CATHETER, TRANSLUMINAL INTRAVA	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1762			CONN TISS, HUMAN(INC FASCIA)	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1763			CONN TISS, NON-HUMAN	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1764			EVENT RECORDER, CARDIAC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1765			ADHESION BARRIER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1766			INTRO/SHEATH,STRBLE,NON-PEEL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1767			GENERATOR, NEUROSTIM, IMP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1768			GRAFT, VASCULAR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1769			GUIDE WIRE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1770			IMAGING COIL, MR, INSERTABLE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1771			REP DEV, URINARY, W/SLING	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1772			INFUSION PUMP, PROGRAMMABLE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1773			RET DEV, INSERTABLE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1776			JOINT DEVICE (IMPLANTABLE)	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1777			LEAD, AICD, ENDO SINGLE COIL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1778			LEAD, NEUROSTIMULATOR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1779			LEAD, PMKR, TRANSVENOUS VDD	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
C1780			LENS, INTRAOCULAR (NEW TECH)	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1781			MESH (IMPLANTABLE)	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1782			MORCELLATOR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1783			OCULAR IMP, AQUEOUS DRAIN DE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1784			OCULAR DEV, INTRAOP, DET RET	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1785			PMKR, DUAL, RATE-RESP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1786			PMKR, SINGLE, RATE-RESP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1787			PATIENT PROGR, NEUROSTIM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1788			PORT, INDWELLING, IMP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1789			PROSTHESIS, BREAST, IMP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1813			PROSTHESIS, PENILE, INFLATAB	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1814			RETINAL TAMP, SILICONE OIL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1815			PROS, URINARY SPH, IMP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1816			RECEIVER/TRANSMITTER, NEURO	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1817			SEPTAL DEFECT IMP SYS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1818			INTEGRATED KERATOPROSTHESIS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1819			TISSUE LOCALIZATION-EXCISION	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1820			GENERATOR NEURO RECHG BAT SYS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1821			INTERSPINOUS IMPLANT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1822			GEN, NEURO, HF, RECHG BAT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1824			GENERATOR, CCM, IMPLANT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1825			GEN, NEURO, CAROT SINUS BARO	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1830			POWER BONE MARROW BX NEEDLE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1831			PERSONALIZED INTERBODY CAGE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1832			AUTO CELL PROCESS SYS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1833			CARDIAC MONITOR SYS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1839			IRIS PROSTHESIS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1840			TELESCOPIC INTRAOCULAR LENS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1874			STENT, COATED/COV W/DEL SYS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1875			STENT, COATED/COV W/O DEL SY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1876			STENT, NON-COA/NON-COV W/DEL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1877			STENT, NON-COAT/COV W/O DEL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1878			MATRL FOR VOCAL CORD	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1880			VENA CAVA FILTER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1881			DIALYSIS ACCESS SYSTEM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1882			AICD, OTHER THAN SING/DUAL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
C1883			ADAPT/EXT, PACING/NEURO LEAD	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1884			EMBOLIZATION PROTECT SYST	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1885			CATH, TRANSLUMIN ANGIO LASER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1886			CATHETER, ABLATION	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1887			CATHETER, GUIDING	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1888			ENDOVAS NON-CARDIAC ABL CATH	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1891			INFUSION PUMP,NON-PROG, PERM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1892			INTRO/SHEATH,FIXED,PEEL-AWAY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1893			INTRO/SHEATH, FIXED,NON-PEEL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1894			INTRO/SHEATH, NON-LASER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1895			LEAD, AICD, ENDO DUAL COIL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1896			LEAD, AICD, NON SING/DUAL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1897			LEAD, NEUROSTIM TEST KIT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1898			LEAD, PMKR, OTHER THAN TRANS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1899			LEAD, PMKR/AICD COMBINATION	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1900			LEAD, CORONARY VENOUS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C1982			CATH, PRESSURE,VALVE-OCCLU	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2596			PROBE, ROBOTIC, WATER-JET	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2613			LUNG BX PLUG W/DEL SYS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2614			PROBE, PERC LUMB DISC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2615			SEALANT, PULMONARY, LIQUID	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2616			BRACHYTX SOURCE, YTTRIUM-90	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2617			STENT, NON-COR, TEM W/O DEL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2618			PROBE, CRYOABLATION	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2619			PMKR, DUAL, NON RATE-RESP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2620			PMKR, SINGLE, NON RATE-RESP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2621			PMKR, OTHER THAN SING/DUAL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2622			PROSTHESIS, PENILE, NON-INF	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2623			CATH, TRANSLUMIN, DRUG-COAT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2624			WIRELESS PRESSURE SENSOR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2625			STENT, NON-COR, TEM W/DEL SY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2626			INFUSION PUMP, NON-PROG,TEMP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2627			CATH, SUPRAPUBIC/CYSTOSCOPIC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2628			CATHETER, OCCLUSION	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2629			INTRO/SHEATH, LASER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2630			CATH, EP, COOL-TIP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
C2631			REP DEV, URINARY, W/O SLING	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2634			BRACHYTX SOURCE HA I-125	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2635			BRACHTX SOURCE HA P-103	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2636			BRACHYTX LINEAR SOURCE P-103	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2637			BRACHYTX, YTTERBIUM-169	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2638			BRACHYTX, STRANDED, I-125	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2639			BRACHYTX, NON-STRANDED,I-125	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2640			BRACHYTX, STRANDED, P-103	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2641			BRACHYTX, NON-STRANDED,P-103	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2642			BRACHYTX, STRANDED, C-131	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2643			BRACHYTX, NON-STRANDED,C-131	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2644			BRACHYTX CESIUM-131 CHLORIDE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2645			BRACHYTX PLANAR, P-103	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2698			BRACHYTX, STRANDED, NOS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C2699			BRACHYTX, NON-STRANDED, NOS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C5271			LOW COST SKIN SUBSTITUTE APP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C5272			LOW COST SKIN SUBSTITUTE APP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C5273			LOW COST SKIN SUBSTITUTE APP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C5274			LOW COST SKIN SUBSTITUTE APP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C5275			LOW COST SKIN SUBSTITUTE APP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C5276			LOW COST SKIN SUBSTITUTE APP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C5277			LOW COST SKIN SUBSTITUTE APP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C5278			LOW COST SKIN SUBSTITUTE APP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8900			MRA W/CONT, ABD	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8901			MRA W/O CONT, ABD	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8902			MRA W/O FOL W/CONT, ABD	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8903			MRI W/CONT, BREAST, UNI	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8905			MRI W/O FOL W/CONT, BRST, UN	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8906			MRI W/CONT, BREAST, BI	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8908			MRI W/O FOL W/CONT, BREAST,	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8909			MRA W/CONT, CHEST	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8910			MRA W/O CONT, CHEST	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8911			MRA W/O FOL W/CONT, CHEST	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8912			MRA W/CONT, LWR EXT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8913			MRA W/O CONT, LWR EXT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8914			MRA W/O FOL W/CONT, LWR EXT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
C8918			MRA W/CONT, PELVIS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8919			MRA W/O CONT, PELVIS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8920			MRA W/O FOL W/CONT, PELVIS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8921			COMP TRANSTHO ECHO W/CONTR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8922			LIMIT TRANSTHO ECHO W/CONTR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8923			2D COM TRANSTHO ECHO W/CONTR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8924			2D LIM TRANSTHO ECHO W/CONTR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8925			2D TEE W/CONTRAST, INT/REPT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8926			CONG TEE W/CONTR, INT/REPT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8927			TEE W/CONTRAST: MONITOR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8928			2D TRANSTHO W/CONTR: STRESS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8929			TTE W OR WO FOL WCON,DOPPLER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8930			TTE W OR W/O CONTR, CONT ECG	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8931			MRA, W/DYE, SPINAL CANAL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8932			MRA, W/O DYE, SPINAL CANAL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8933			MRA, W/O&W/DYE, SPINAL CANAL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8934			MRA, W/DYE, UPPER EXTREMITY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8935			MRA, W/O DYE, UPPER EXTR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8936			MRA, W/O&W/DYE, UPPER EXTR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C8957			PROLONGED IV INF, REQ PUMP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9021			INJECTION, OBINUTUZUMAB, 10 MG	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9046			COCAINE HCL NASAL SOLUTION	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9047			INJECTION, CAPLACIZUMAB-YHDP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9067			GALLIUM GA-68 DOTATOC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9088			INSTILL, BUPIVAC AND MELOXIC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9089			BUPIVACAINE IMPLANT, 1 MG	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9143			COCAINE HCL NASAL (NUMBRINO)	$1.36	$1.36	$1.36	$1.36	N	
C9144			INJ, BUPIVACAINE (POSIMIR)	$0.48	$0.48	$0.48	$0.48	N	
C9145			INJ, APONVIE, 1 MG	$1.79	$1.79	$1.79	$1.79	N	
C9248			INJ, CLEVIDIPINE BUTYRATE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9250			ARTISS FIBRIN SEALANT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9285			PATCH, LIDOCAINE/TETRACAINE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9293			INJECTION, GLUCARPIDASE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9352			NEURAGEN NERVE GUIDE, PER CM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9353			NEURAWRAP NERVE PROTECTOR,CM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9354			ACELLULAR PERICARDAL TISSUE MA	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
C9355			COLLAGEN NERVE CUFF PER 0.5 CE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9356			TENOGLIDE TENDON PROT, CM2	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9358			SURGIMEND, 0.5CM2	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9359			IMPLNT,BON VOID FILLER-PUTTY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9360			SURGIMEND, NEONATAL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9361			NEUROMEND NERVE WRAP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9362			IMPLNT, BON VOID FILLER STRIP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9363			INTEGRA MESHED BIL WOUND MAT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9364			PORCINE IMPLANT, PERMACOL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9367			ENDOFORM DERMAL TEMPLATE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9399			UNCLASSIFIED DRUGS OR BIOLOG	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9441			INJ, FERRIC CARBOXYMALTOSE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9460			INJECTION, CANGRELOR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9507			COVID-19 CONVALESCENT PLASMA	$750.50	$750.50	$750.50	$750.50	N	
C9600			PERC DRUG-EL COR STENT SING	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9601			PERC DRUG-EL COR STENT BRAN	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9602			PERC D-E COR STENT ATHER S	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9603			PERC D-E COR STENT ATHER BR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9604			PERC D-E COR REVASC T CABG S	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9605			PERC D-E COR REVASC T CABG B	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9606			PERC D-E COR REVASC W AMI S	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9607			PERC D-E COR REVASC CHRO SIN	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9608			PERC D-E COR REVASC CHRO ADD	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9716			RADIOFREQUENCY ENERGY TO ANU	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9725			PLACE ENDORECTAL APP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9726			RXT BREAST APPL PLACE/REMOV	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9727			INSERT PATATE IMPLANTS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9728			PLACE DEVICE/MARKER, NON PRO	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9733			NON-OPHTHALMIC FVA	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9735			ANOSCOPY, SUBMUCOSAL INJ	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9739			CYSTOURETHROSCOPY, W/IMPLANT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9740			CYSTOURETHROSCOPY W/4 OR MORE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9756			FLUORESCENCE LYMPH MAP W/ICG	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9757			SPINE DEVICE IMPLANT SURGERY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9758			BLIND INTERATRIAL SHUNT IDE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9759			TRANSCATH INTRAOP MICROINF	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
C9760			NON-BLIND INTERATRIAL SHUNT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9761			CYSTO, LITHO, VACUUM KIDNEY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9762			CARDIAC MRI SEG DYS STRAIN	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9763			CARDIAC MRI SEG DYS STRESS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9764			REVASC INTRAVASC LITHOTRIPSY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9765			REVASC INTRA LITHOTRIP-STENT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9766			REVASC INTRA LITHOTRIP-ATHER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9768			ENDO US-GUIDE HEP PORTO GRAD	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9772			REVASC LITHOTRIP TIBI/PERONE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9773			REVASC LITHOTR-STENT TIB/PER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9774			REVASC LITHOTR-ATHER TIB/PER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9775			REVASC LITH-STEN-ATH TIB/PER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9776			FLUO BILE DUCT IMAGING W/ICG	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9777			ESOPHAG MUCOSAL INTEG ADD-ON	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9778			COLPOPEXY, MIN/INV, EX-PERIT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9779			ESD ENDOSCOPY OR COLONOSCOPY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9780			INSERT CV CATH INF & SUP APP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
C9781			ARTHRO/SHOUL SURG: W/SPACER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
D0120			PERIODIC ORAL EVALUATION	$16.50	$15.40	$37.00	$37.00	S	
D0120	22		DENTAL ENCOUNTER	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
D0140			LIMITED ORAL EXAMINATION	$11.00	$11.00	$55.00	$55.00	S	
D0145			ORAL EVALUATION, PT < 3YRS	NA	NA	$50.00	$50.00	N	
D0150			COMPREHENSIVE ORAL EXAMINATION	$16.50	$15.40	$64.00	$64.00	S	
D0160			DETAILED AND EXTENS ORAL EVAL	$15.40	$14.30	$110.00	$110.00	S	
D0170			RE-EVAL-LIMITED,PROB FOCUSED	$15.40	$14.30	$51.00	$51.00	S	
D0171			RE-EVAL POST-OP VISIT	$9.90	$9.90	$9.90	$9.90	S	
D0180			COMP PERIODONTAL EVALUATION	$15.40	$14.30	$15.40	$14.30	A	
D0190			SCREENING OF A PATIENT	NA	NA	$11.00	$11.00	S	
D0210			COMPLETE SERIES - INTRAORAL	$28.60	$28.60	$98.00	$98.00	N	
D0220			INTRAORAL PERIAPICAL-FIRST FIL	$4.13	$4.13	$22.00	$22.00	N	
D0230			INTRAORAL PERIAPICAL, EACH ADD	$3.03	$3.03	$18.00	$18.00	N	
D0240			INTRAORAL RADIOGRAPH, OCCLUSAL	$5.50	$5.50	$31.00	$31.00	N	
D0250			EXTRAORAL RADIOGRAPH, FIRST FI	$11.00	$11.00	$46.00	$46.00	N	
D0251			EXTRAORAL POSTERIOR IMAGE	$11.00	$11.00	$11.00	$11.00	N	
D0270			BITEWING - SINGLE FILM	$3.30	$3.30	$22.00	$22.00	N	
D0272			BITENINGS - TWO FILMS	$5.50	$5.50	$34.00	$34.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
D0273			BITEWINGS - THREE FILMS	$7.70	$7.70	$42.00	$42.00	N	
D0274			BITENINGS - FOUR FILMS	$9.90	$9.90	$48.00	$48.00	N	
D0277			VERT BITEWINGS-SEV TO EIGHT	$19.80	$19.80	$74.00	$74.00	N	
D0310			SIALOGRAPHY	$33.00	$33.00	$206.00	$206.00	N	
D0320			TEMPOROMAND JT ANTHROGRAM/INJ	$33.00	$33.00	$420.00	$420.00	N	
D0321			OTH TEMPOROMAND JOINT FILMS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D0322			TOMOGRAPHIC SURVEY	$137.50	$99.00	$137.50	$99.00	N	
D0330			PANORAMIC FILM	$17.33	$17.33	$85.00	$85.00	N	
D0340			CEPHALOMETRIC RADIOGRAPH	$24.75	$24.75	$98.00	$98.00	N	
D0350			ORAL/FACIAL IMAGES	$1.10	$1.10	$52.00	$52.00	N	
D0364			CONE BEAM CT CAPT & INTERP	$137.50	$137.50	$137.50	$137.50	A	
D0365			CONE BEAM CT INTERPRETE MAN	$137.50	$137.50	$137.50	$137.50	A	
D0366			CONE BEAM CT INTERPRETE MAX	$137.50	$137.50	$137.50	$137.50	A	
D0367			CONE BEAM CT INTERP BOTH JAW	$137.50	$137.50	$137.50	$137.50	A	
D0368			CONE BEAM CT INTERPRETE TMJ	$137.50	$137.50	$137.50	$137.50	A	
D0380			CONE BEAM CT CAPTURE LIMITED	$137.50	$137.50	$137.50	$137.50	A	
D0381			CONE BEAM CT CAPT MANDIBLE	$137.50	$137.50	$137.50	$137.50	A	
D0382			CONE BEAM CT CAPT MAXILLA	$137.50	$137.50	$137.50	$137.50	A	
D0383			CONE BEAM CT BOTH JAWS	$137.50	$137.50	$137.50	$137.50	A	
D0384			CONE BEAM CT CAPTURE TMJ	$137.50	$137.50	$137.50	$137.50	A	
D0391			IMTERPRETE DIAGNOSTIC IMAGE	$5.50	$0.00	$5.50	$0.00	N	
D0393			TRTMNT SIMULATION 3D IMAGE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D0394			DIGITAL SUB 2 OR MORE IMAGES	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D0395			FUSION 2 OR MORE 3D IMAGES	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D0411			HBA1C IN-OFFICE TESTING	$7.26	$7.26	$7.26	$7.26	A	
D0416			VIRAL CULTURE	$8.80	$8.80	$104.00	$104.00	S	
D0417			COLLECT & PREP SALIVA SAMPLE	$8.80	$8.80	$8.80	$8.80	A	
D0470			DIAGNOSTIC CASTS	$12.65	$11.00	$80.00	$80.00	N	
D0472			ACCESS OF TISSUE GROSS EXAM	$10.29	$10.29	$80.00	$80.00	N	
D0473			ACCESS OF TISSUE GROSS/MICROSC	$22.94	$22.94	$104.00	$104.00	N	
D0474			ACCESS TISS/ASSESS SURG MARGIN	$44.00	$44.00	$125.00	$125.00	N	
D0480			PROCESS & INTERP CYTOLIC SMEAR	$13.20	$13.20	$125.00	$125.00	N	
D0502			OTHER ORAL PATH PROCEDURES	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D0601			CARIES RISK ASSESS LOW RISK	$11.00	$11.00	$11.00	$11.00	S	
D0602			CARIES RISK ASSESS MOD RISK	$11.00	$11.00	$11.00	$11.00	S	
D0603			CARIES RISK ASSESS HIGH RISK	$11.00	$11.00	$11.00	$11.00	S	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
D0999			UNSPECIFIED DIAGNOSTIC PROCEDU	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D1110			PROPHYLAXIS - ADULT	$18.70	$17.60	$70.00	$70.00	S	
D1120			PROPHYLAXIS - CHILD	NA	NA	$50.00	$50.00	S	
D1206			TOPICAL FLUORIDE VARNISH	$36.30	$36.30	$36.30	$36.30	S	
D1208			TOPICAL APP OF FLUORIDE	$11.00	$11.00	$11.00	$11.00	N	
D1330			ORAL HYGIENE INSTRUCTION	$11.00	$11.00	$11.00	$11.00	N	
D1351			SEALANT-PER TOOTH	NA	NA	$41.00	$41.00	N	
D1352			PREV RESIN REST, PERM TOOTH	$11.00	$9.90	$11.00	$9.90	N	
D1353			SEALANT REPAIR PER TOOTH	NA	NA	$22.00	$22.00	N	
D1354			INTERIM CARIES MED APP	$11.00	$11.00	$11.00	$11.00	S	
D1510			SPACE MAINTAINER-FIXED-UNILATE	NA	NA	$268.40	$268.40	N	
D1516			FIXED BILAT SPACE MAINT, MAX	NA	NA	$377.30	$377.30	S	
D1517			FIXED BILAT SPACE MAINT, MAN	NA	NA	$377.30	$377.30	S	
D1526			REMOVE BILAT SPACE MAIN, MAX	NA	NA	$418.00	$418.00	S	
D1527			REMOVE BILAT SPACE MAIN, MAN	NA	NA	$418.00	$418.00	S	
D1551			RE-CEMENT OR RE-BOND BILAT SPA	NA	NA	$63.00	$63.00	S	
D1552			RECEMENT OR REBOND BILAT SPACE	NA	NA	$63.00	$63.00	S	
D1553			RECEMENT OR REBOND UNILSTENAL	NA	NA	$63.00	$63.00	S	
D1556			REM FIXED UNILAT SPACE MAINT	$61.60	$61.60	$61.60	$61.60	S	
D1557			REMOVE FIXED BILAT MAINT MAX	$61.60	$61.60	$61.60	$61.60	S	
D1558			REMOVE FIXED BILAT MAN	$61.60	$61.60	$61.60	$61.60	S	
D1575			DIST SPACE MAINT, FIXED UNIL	NA	NA	$268.40	$268.40	S	
D1781			VAC ADMIN HUMAN PAP DOSE 1	$334.17	$334.17	$334.17	$334.17	N	
D1782			VAC ADMIN HUMAN PAP DOSE 2	$334.17	$334.17	$334.17	$334.17	N	
D1783			VAC ADMIN HUMAN PAP DOSE 3	$334.17	$334.17	$334.17	$334.17	N	
D1999			UNSPECIFIED PREVENTIVE PROC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D2140			AMALGAM-ONE SURFACE-PERMANENT	$35.20	$33.00	$98.00	$98.00	N	
D2150			AMALGAM-TWO SURFACES-PERMANENT	$41.80	$39.05	$126.00	$126.00	N	
D2160			AMALGAM-THREE SURFACES-PERMANE	$48.40	$45.10	$155.00	$155.00	N	
D2161			AMALGAM-FOUR OR MORE SURFACES-	$56.10	$51.15	$182.00	$182.00	N	
D2330			RESIN-ONE SURFACE	$39.05	$36.30	$119.00	$119.00	N	
D2331			RESIN-TWO SURFACES	$46.75	$42.90	$147.00	$147.00	N	
D2332			RESIN-THREE SURFACES	$54.45	$49.50	$180.00	$180.00	N	
D2335			RESIN-FOUR OR MORE SURFACES	$65.45	$59.40	$228.00	$228.00	N	
D2390			RESIN BASED COMP CROWN, ANT	$44.00	$38.50	$330.00	$330.00	N	
D2391			RESIN-BASED COMP-ONE SURF POST	$35.20	$33.00	$133.00	$133.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
D2392			RESIN-BASED COMP-2 SURF,POST	$41.80	$39.05	$175.00	$175.00	N	
D2393			RESIN-BASED COMP-3 SURF,POSTER	$48.40	$45.10	$218.00	$218.00	N	
D2394			RESIN BASED COMP-4 OR MORE SUR	$48.40	$45.10	$257.00	$257.00	N	
D2542			ONLAY-METALLIC 2 SURFACES	$86.90	$75.90	$86.90	$75.90	N	
D2543			ONLAY-METALLIC 3 SURFACES	$107.80	$93.50	$107.80	$93.50	N	
D2710			CROWN-RESIN (LABORATORY PROCES	$107.80	$93.50	$107.80	$93.50	N	
D2720			CROWN-RESIN WITH HIGH NOBLE ME	$177.10	$154.00	$177.10	$154.00	A	
D2721			CROWN-RESIN WITH PREDOMINATELY	$177.10	$154.00	$177.10	$154.00	A	
D2722			CROWN-RESIN WITH NOBLE METAL-A	$177.10	$154.00	$177.10	$154.00	A	
D2740			CROWN PORCELAIN/CERAMIC SUBS	$306.90	$278.30	$780.00	$780.00	A	
D2750			CROWN-PORCELAIN FUSED TO HIGH	$306.90	$278.30	$780.00	$780.00	A	
D2751			CROWN-PORCELAIN FUSED TO BASE	$306.90	$278.30	$780.00	$780.00	A	
D2752			CROWN-PORCELAIN FUSED TO NOBLE	$306.90	$278.30	$780.00	$780.00	A	
D2790			CROWN-FULL CAST HIGH NOBLE MET	$177.10	$154.00	$846.00	$846.00	A	
D2791			CROWN-FULL CAST PREDOMINATELY	$177.10	$154.00	$846.00	$846.00	A	
D2792			CROWN-FULL CAST NOBLE METAL	$177.10	$154.00	$846.00	$846.00	A	
D2910			RECEMENT INLAY	$7.70	$6.60	$7.70	$6.60	N	
D2915			RECEMENT CAST OR PREFAB POST	$7.70	$6.60	$85.00	$85.00	N	
D2920			RECEMENT CROWN	$7.70	$6.60	$82.00	$82.00	N	
D2921			REATTACH TOOTH FRAGMENT	$59.40	$59.40	$59.40	$59.40	N	
D2929			PREFAB PORC/CERAM CROWN PRI	$308.00	$277.20	$308.00	$277.20	N	
D2930			PREFABRICATED STAINLESS STEEL	$227.70	$227.70	$227.70	$227.70	N	
D2931			PREFABRICATED STAINLESS STEEL	$275.00	$275.00	$275.00	$275.00	N	
D2932			PREFABRICATED RESIN CROWN	$44.00	$38.50	$265.00	$265.00	N	
D2933			PREFAB STAIN STEEL CROWN W/RES	$308.00	$308.00	$308.00	$308.00	N	
D2934			PREFAB STEEL CROWN PRIMARY	NA	NA	$330.00	$330.00	N	
D2940			SEDATIVE FILLING	$11.00	$9.90	$85.00	$85.00	N	
D2950			CORE BUILDUP INCLUDING ANY PI	$53.90	$49.50	$210.00	$210.00	N	
D2951			PIN RETENTION-PER TOOTH	$6.60	$5.50	$51.00	$51.00	N	
D2952			CAST POST AND CORE IN ADDITION	$82.50	$74.80	$325.00	$325.00	N	
D2953			EACH ADDTNL CAST POST	$41.25	$37.40	$41.25	$37.40	A	
D2954			PREFABRICATED POST AND CORE IN	$53.90	$49.50	$260.00	$260.00	N	
D2955			POST REMOVAL	$33.00	$33.00	$33.00	$33.00	A	
D2957			EACH ADDTNL PREFAB POST	$26.95	$24.75	$26.95	$24.75	A	
D2971			ADD PROC CONSTRUCT NEW CROWN	$55.00	$55.00	$55.00	$55.00	A	
D2975			COPING	$177.10	$154.00	$177.10	$154.00	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
D2980			CROWN REPAIR, BY REPORT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D2981			INLAY REPAIR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D2982			ONLAY REPAIR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D2983			VENEER REPAIR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
D2989			EXCAV TTH RESUIT NON RESTORABL	$30.80	$28.60	$164.00	$164.00	N	
D2991			APP OF HYDROXYAPATITE	$33.00	$33.00	$33.00	$33.00	N	
D2999			UNSPECIFIED RESTORATIVE PROCED	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D3220			VITAL PULPOTOMY	$30.80	$28.60	$149.00	$149.00	N	
D3221			GROSS PULP DEBRIDEMENT	$30.80	$28.60	$164.00	$164.00	N	
D3222			PART PULP FOR APEXOGENESIS	NA	NA	$30.80	$30.80	N	
D3230			PULP THER ANT PRIMARY TOOTH	NA	NA	$220.00	$220.00	N	
D3240			PULPAL THER POST PRIMARY TOOTH	NA	NA	$259.60	$259.60	N	
D3310			ANTER(EXCLUD FINAL RESTORATION	$162.80	$148.50	$550.00	$550.00	A	
D3320			BICUSPID(EXCLUD FINAL RESTOR)	$209.00	$190.30	$650.00	$650.00	A	
D3330			MOLAR(EXCLUD FINAL RESTORATION	$271.70	$247.50	$795.00	$795.00	A	
D3331			NON-SURG TX ROOT CANAL OBS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D3332			INCOMPLETE ENDODONTIC TX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D3333			INTERNAL ROOT REPAIR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D3346			RETREAT PREV ROOT CANAL THERAP	$162.80	$148.50	$634.00	$634.00	A	
D3347			RETREAT PREV ROOT CANAL THER	$209.00	$190.30	$729.00	$729.00	A	
D3348			RETREAT PREV ROOT CAN THER MOL	$271.70	$247.50	$865.00	$865.00	A	
D3351			APEX/RECALCIF-INITIAL VS	NA	NA	$294.80	$294.80	A	
D3352			APEXIFICATION/RECALC INTERIM	NA	NA	$214.50	$214.50	A	
D3353			APEXIFICATION/RECALC FINAL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D3355			PULPAL REGENERATION INITIAL	$294.80	$294.80	$294.80	$294.80	N	
D3356			PULPAL REGENERATION INTERIM	$214.50	$214.50	$214.50	$214.50	N	
D3357			PULPAL REGENERATION COMPLETE	$214.50	$214.50	$214.50	$214.50	N	
D3410			APICOECTOMY/PERIRAD SURG-ANT	$86.90	$79.20	$504.00	$504.00	A	
D3421			APICOECT/PERIRAD SURG BICUSPID	$86.90	$79.20	$570.00	$570.00	A	
D3425			APICOECT/PERIRAD SURG MOLAR	$86.90	$79.20	$659.00	$659.00	A	
D3426			APICOECT/PERIRAD SURG EACH ADD	$48.40	$39.60	$270.00	$270.00	A	
D3428			BONE GRAFT PERI PER TOOTH	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D3429			BONE GRAFT PERI EACH ADDL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D3430			RETROGRADE FILLING-PER ROOT IN	$9.90	$8.25	$205.00	$205.00	N	
D3450			ROOT AMPUTATION-PER ROOT	$60.50	$52.80	$60.50	$52.80	N	
D3471			SURG REP ROOT RESORPT-ANTER	$86.90	$79.20	$504.00	$504.00	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
D3472			SURG REP ROOT RESORPT-PREMOL	$86.90	$79.20	$570.00	$570.00	A	
D3473			SURG REP ROOT RESORPT-MOLAR	$86.90	$79.20	$659.00	$659.00	A	
D3501			SURG EXPO ROOT W/O APICO-ANT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D3502			SURG EXPO ROOT W/O APICO-PRE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D3503			SURG EXPO ROOT W/O APICO-MOL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D3910			ISOLATION- TOOTH W RUBB DAM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D3920			HEMISECTION (INCLUDING ANY ROO	$60.50	$52.80	$60.50	$52.80	N	
D3950			CANAL PREPARATION AND FITTING	$25.30	$22.00	$193.00	$193.00	N	
D3999			UNSPECIFIED ENDODONTIC PROCEDU	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D4210			GINGIVECTOMY/PLASTY 4 OR MOR	$47.85	$41.25	$182.00	$182.00	A	
D4211			GINGIVECTOMY/PLASTY 1 TO 3	$35.86	$30.91	$179.00	$179.00	A	
D4212			GINGIVECTOMY/PLASTY REST	$9.90	$9.90	$9.90	$9.90	A	
D4240			GINGIVAL FLAP PROC W/ PLANIN	$80.85	$72.60	$568.00	$568.00	A	
D4241			GNGVL FLAP W ROOTPLAN 1-3 TH	$64.90	$57.20	$480.00	$480.00	A	
D4245			APICALLY POSITIONED FLAP	$39.60	$34.65	$39.60	$34.65	A	
D4249			CLIN CROWN LENGTH-HARD TISSUE	$82.50	$70.95	$580.00	$580.00	A	
D4260			OSSEOUS SURGERY 4 OR MORE	$82.50	$70.95	$814.00	$814.00	A	
D4261			OSSEOUS SURG 1 TO 3 TEETH	$61.88	$53.24	$61.88	$53.24	A	
D4263			BONE REPLACEMENT FIRST SITE	$287.10	$287.10	$287.10	$287.10	A	
D4264			BONE REPLACE GRAFT EACH ADD	$143.55	$143.55	$143.55	$143.55	A	
D4265			BIOLOGICAL MATERIALS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D4266			GUIDED TISS REGEN RESORBLE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D4267			GUIDED TISS REGEN NONRESORB	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D4268			SURGICAL REVISION PROCEDURE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D4270			PEDICLE SOFT TISSUE GRAFT PROC	$35.20	$30.80	$35.20	$30.80	A	
D4273			SUBEPITHELIAL TISSUE GRAFT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D4274			DISTAL/PROX WEDGE PROCEDURE	$185.90	$168.30	$530.00	$530.00	A	
D4275			SOFT TISSUE ALLOGRAFT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D4276			CON TISSUE W DBLE PED GRAFT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D4277			SOFT TISSUE GRAFT FIRSTTOOTH	$53.90	$53.90	$53.90	$53.90	A	
D4278			SOFT TISSUE GRAFT ADDL TOOTH	$26.95	$26.95	$26.95	$26.95	A	
D4283			AUTO TISSUE GRAFT ADDL TOOTH	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D4285			NON-AUTO GRAFT ADDL TOOTH	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D4286			REMOVEL OF NON-RESORBSBLE BARR	$19.80	$17.60	$270.00	$270.00	A	
D4322			SPLINT INTRA-CORONAL	$19.80	$19.80	$19.80	$19.80	A	
D4323			SPLINT EXTRA-CORONAL	$12.10	$12.10	$12.10	$12.10	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
D4341			PERIODONTAL SCALING AND ROOT P	$41.25	$37.95	$195.00	$195.00	A	
D4342			PERIODONTAL SCALING & ROOT PLA	$33.00	$29.70	$125.00	$125.00	A	
D4346			SCALING GINGIV INFLAMMATION	$37.95	$37.95	$37.95	$37.95	S	
D4355			FULL MOUTH DEBRIDEMENT	$12.10	$11.00	$144.00	$144.00	S	
D4381			LOCALIZED CHEMO DELIVERY	$6.60	$5.50	$6.60	$5.50	A	
D4910			PERIODONTAL MAINT PROCEDURES	$37.40	$35.20	$37.40	$35.20	A	
D4999			UNSPECIFIED PERIODONTAL SERVIC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5110			COMPLETE DENTURE-MAXILLARY	$367.40	$332.20	$1250.00	$1250.00	A	
D5120			COMPLETE DENTURE-MANDIBULAR	$376.20	$342.10	$1250.00	$1250.00	A	
D5130			IMMEDIATE DENTURE-MAXILLARY	$431.20	$388.30	$431.20	$388.30	A	
D5140			IMMEDIATE DENTURE-MANDIBULAR	$440.00	$399.30	$440.00	$399.30	A	
D5211			MAX PARTIAL DENT-RESIN BASE	$302.50	$275.00	$910.00	$910.00	A	
D5212			MANDIB PART DENTURE-RESIN BASE	$302.50	$275.00	$927.00	$927.00	A	
D5213			MAXIL PART DENT-CAST METAL	$397.10	$360.80	$1298.00	$1298.00	A	
D5214			MANDIB PART DENTURE-CAST METAL	$376.20	$342.10	$1340.00	$1340.00	A	
D5225			MAXILLARY PART DENTURE FLEX	$452.10	$415.80	$452.10	$415.80	A	
D5226			MANDIBULAR PART DENTURE FLEX	$431.20	$397.10	$431.20	$397.10	A	
D5410			ADJUST COMPLETE DENTURE-MAXIL	$11.00	$9.90	$68.00	$68.00	N	
D5411			ADJUST COMPLETE DENTURE-MANDIB	$11.00	$9.90	$68.00	$68.00	N	
D5421			ADJUST PARTIAL DENTURE-MAXILL	$11.00	$9.90	$68.00	$68.00	N	
D5422			ADJUST PARTIAL DENTURE-MANDIB	$11.00	$9.90	$68.00	$68.00	N	
D5511			REP BROKE COM DENT BASE MAN	$54.45	$49.50	$54.45	$49.50	N	
D5512			REP BROKE COMP DENT BASE MAX	$54.45	$49.50	$54.45	$49.50	N	
D5520			REPLACE MISSING OR BROKEN TEET	$16.50	$16.50	$139.00	$139.00	N	
D5611			REP RESIN PART DENT BASE MAN	$54.45	$49.50	$54.45	$49.50	N	
D5612			REP RESIN PART DENT BASE MAX	$54.45	$49.50	$54.45	$49.50	N	
D5621			REP CAST PART FRAME MAN	$36.30	$33.00	$36.30	$33.00	N	
D5622			REP CAST PART FRAME MAX	$36.30	$33.00	$36.30	$33.00	N	
D5630			REPAIR OR REPLACE BROKEN CLASP	$84.15	$79.20	$200.00	$200.00	N	
D5640			REPLACE BROKEN TEETH-PER TOOTH	$16.50	$16.50	$140.00	$140.00	N	
D5650			ADD TOOTH TO EXISTING PARTIAL	$72.60	$66.00	$170.00	$170.00	N	
D5660			ADD CLASP TO EXISTING PARTIAL	$84.15	$79.20	$210.00	$210.00	N	
D5710			REBASE COMPLETE MAXIL DENTURE	$145.20	$132.00	$450.00	$450.00	A	
D5711			REBASE COMPLETE MANDIB DENTURE	$145.20	$132.00	$450.00	$450.00	A	
D5720			REBASE MAXIL PARTIAL DENTURE	$136.40	$124.30	$430.00	$430.00	A	
D5721			REBASE MANDIB PARTIAL DENTURE	$136.40	$124.30	$430.00	$430.00	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
D5725			REBASE HYBRID PROSTHESIS	$136.40	$136.40	$136.40	$136.40	A	
D5730			RELINE COMPLETE MAXIL DENTURE-	$31.90	$28.60	$290.00	$290.00	N	
D5731			RELINE COMPLETE MANDIB DENTURE	$31.90	$28.60	$290.00	$290.00	N	
D5740			RELINE MAXIL PARTIAL DENTURE-C	$31.90	$28.60	$285.00	$285.00	N	
D5741			RELINE MANDIB PARTIAL DENTURE	$31.90	$28.60	$285.00	$285.00	N	
D5750			RELINE MAXILLARY DENTURE	$108.90	$99.00	$369.00	$369.00	N	
D5751			RELINE COMPLETE MANDIB DENTURE	$108.90	$99.00	$369.00	$369.00	N	
D5760			RELINE MAXILLARY PARTIAL DENT	$100.10	$91.30	$360.00	$360.00	N	
D5761			RELINE MANDIB PARTIAL DENTURE	$100.10	$91.30	$360.00	$360.00	N	
D5850			DENTURE TISS CONDITN MAXILL	$31.90	$28.60	$31.90	$28.60	S	
D5851			DENTURE TISS CONDTIN MANDBL	$31.90	$28.60	$31.90	$28.60	S	
D5862			PRECISION ATTACHMENT	$165.00	$165.00	$165.00	$165.00	A	
D5863			OVERDENTURE COMPLETE MAX	$332.20	$332.20	$332.20	$332.20	A	
D5864			OVERDENTURE PARTIAL MAX	$360.80	$360.80	$360.80	$360.80	A	
D5865			OVERDENTURE COMPLETE MANDIB	$342.10	$342.10	$342.10	$342.10	A	
D5866			OVERDENTURE PARTIAL MANDIB	$342.10	$342.10	$342.10	$342.10	A	
D5867			REPLACE SEMI/PRECISION ATACH	$82.50	$82.50	$82.50	$82.50	A	
D5875			PROSTHESIS MODIFICATION	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5899			UNSPECIFIED REMOVABLE PROSTHOD	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5911			FACIAL MOULAGE SECTIONAL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5912			FACIAL MOULAGE COMPLETE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5913			NASAL PROSTHESIS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5914			AURICULAR PROSTHESIS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5915			ORBITAL PROSTHESIS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5916			OCULAR PROSTHESIS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5919			FACIAL PROSTHESIS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5922			NASAL SEPTAL PROSTHESIS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5923			OCULAR PROSTHESIS INTERIM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5924			CRANIAL PROSTHESIS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5925			FACIAL AUGMENTATION IMPLANT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5926			REPLACEMENT NASAL PROSTHESIS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5927			AURICULAR REPLACEMENT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5928			ORBITAL REPLACEMENT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5929			FACIAL REPLACEMENT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5931			OBTURATOR PROSTHESIS, SURGICAL	$275.00	$275.00	$275.00	$275.00	A	
D5932			POSTSURGICAL OBTURATOR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
D5933			REFITTING OF OBTURATOR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5934			MANDIBULAR FLANGE PROSTHESIS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5935			MANDIBULAR DENTURE PROSTH	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5936			OBTURATOR PROSTHESIS, INTERIM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5937			TRISMUS APPLIANCE	$137.50	$137.50	$478.00	$478.00	S	
D5951			FEEDING AID	$550.00	$550.00	$1000.00	$1000.00	S	
D5952			SPEECH AID PROSTHESIS, PED	NA	NA	$495.00	$495.00	A	
D5953			SPEECH AID PROSTHESIS, ADULT	$495.00	$495.00	$495.00	$495.00	S	
D5954			SUPERIMPOSED PROSTHESIS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5955			PALATAL LIFT PROSTHESIS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5958			INTRAORAL CON DEF INTER PLT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5959			INTRAORAL CON DEF MOD PALAT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5960			MODIFY SPEECH AID PROSTHESIS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5982			SURGICAL STENT	$55.00	$47.30	$315.00	$315.00	S	
D5983			RADIATION APPLICATOR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5984			RADIATION SHIELD	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5985			RADIATION CONE LOCATOR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5986			FLUORIDE GEL CARRIER	$33.00	$33.00	$150.00	$150.00	A	
D5987			COMMISSURE SPLINT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5988			SURGICAL SPLINT	$275.00	$275.00	$597.00	$597.00	S	
D5991			TOPICAL MEDICAMENT CARRIER	$33.00	$33.00	$33.00	$33.00	A	
D5992			ADJUST MAX PROST APPLIANCE	$11.00	$9.90	$11.00	$9.90	N	
D5993			MAIN/CLEAN MAX PROSTHESIS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D5999			UNSPECIFIED MAXILLOFACIAL PROS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D6010			SURG PLACE ENDOSTEAL IMPLANT	$550.00	$550.00	$550.00	$550.00	A	
D6011			SECOND STAGE IMPLANT SURGERY	$49.50	$49.50	$49.50	$49.50	N	
D6040			ODONTICS EPOSTEAL IMPLANT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D6055			IMPLANT CONNECTING BAR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D6080			IMPLANT MAINTENANCE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D6081			SCALE & DEBRIDE, SINGLE IMP	$29.70	$29.70	$29.70	$29.70	A	
D6089			ACC AND RETORG LOOSE IMP SCREW	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D6090			REPAIR IMPLANT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D6091			REPL SEMI/PRECISION ATTACH	$306.90	$278.30	$306.90	$278.30	A	
D6092			RECEMENT SUPP CROWN	$7.70	$6.60	$7.70	$6.60	A	
D6096			REMOVE BROKEN IMP RET SCREW	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D6100			REMOVAL OF IMPLANT	$125.40	$125.40	$125.40	$125.40	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
D6101			DEBRIDEMENT OF A PERIIMPLANT	$57.20	$57.20	$57.20	$57.20	A	
D6102			DEBRIDEMENT & CONTOURING	$52.80	$52.80	$52.80	$52.80	A	
D6103			BONE GRAFT REPAIR PERIMPLANT	$287.10	$287.10	$287.10	$287.10	A	
D6105			REMOVEL OF IMPLANT BODY	$35.20	$33.00	$63.88	$63.88	A	
D6106			GUIDED TISSUE REGENERATION-RES	$53.90	$53.90	$53.90	$53.90	A	
D6107			GUIDED TISSUE REGENRATION - NO	$53.90	$53.90	$53.90	$53.90	A	
D6110			IMPLNT/ABUT REMOV DENT MAX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D6111			IMPLNT/ABUT REMOV DENT MAND	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D6191			SEMI-PRECIS ABUT PLACEMENT	$137.50	$137.50	$137.50	$137.50	A	
D6192			SEMI-PRECIS ATTACH PLACEMENT	$27.50	$27.50	$27.50	$27.50	A	
D6199			UNSPEC IMPLANT PROCEDURE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D6210			PONTIC-CAST HIGH NOBLE METAL	$83.60	$72.60	$83.60	$72.60	A	
D6211			PONTIC-CAST PREDOMINANTLY BASE	$83.60	$72.60	$83.60	$72.60	A	
D6212			PONTIC-CAST NOBLE METAL	$83.60	$72.60	$83.60	$72.60	A	
D6240			PONTIC-PORCELAIN FUSED TO HIGH	$187.00	$181.50	$787.00	$787.00	A	
D6241			PONTIC-PORCELAIN FUSED TO PRED	$187.00	$181.50	$787.00	$787.00	A	
D6242			PONTIC-PORCELAIN FUSED TO NOBL	$187.00	$181.50	$787.00	$787.00	A	
D6250			PONTIC-RESIN WITH HIGH NOBLE M	$99.00	$88.00	$99.00	$88.00	A	
D6251			PONTIC-RESIN WITH PREDOMINANTL	$99.00	$88.00	$99.00	$88.00	A	
D6252			PONTIC-RESIN WITH NOBLE METAL	$99.00	$88.00	$99.00	$88.00	A	
D6545			RET-CAST METAL RESIN BONDED	$82.50	$82.50	$575.00	$575.00	A	
D6720			CROWN-RESIN WITH HIGH NOBLE ME	$177.10	$154.00	$177.10	$154.00	A	
D6721			CROWN-RESIN WITH PREDOMINANTLY	$177.10	$154.00	$177.10	$154.00	A	
D6722			CROWN-RESIN WITH NOBLE METAL	$177.10	$154.00	$177.10	$154.00	A	
D6750			CROWN-PORCELAIN FUSED TO HIGH	$306.90	$278.30	$780.00	$780.00	A	
D6751			CROWN-PORCELAIN FUSED TO PREDO	$306.90	$278.30	$780.00	$780.00	A	
D6752			CROWN-PORCELAIN FUSED TO NOBLE	$306.90	$278.30	$780.00	$780.00	A	
D6790			CROWN-FULL CAST HIGH NOBLE MET	$177.10	$154.00	$805.00	$805.00	A	
D6791			CROWN-FULL CAST PREDOMINANTLY	$177.10	$154.00	$805.00	$805.00	A	
D6792			CROWN-FULL CAST NOBLE METAL	$177.10	$154.00	$805.00	$805.00	A	
D6920			DENTAL CONNECTOR BAR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D6930			RECEMENT BRIDGE, ONE ABUTMENT,	$15.40	$13.20	$125.00	$125.00	N	
D6940			STRESS BREAKER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D6950			PRECISION ATTACHMENT	$165.00	$165.00	$165.00	$165.00	A	
D6970			CAST POST AND CORE IN ADDITION	NA	NA	$335.00	$335.00	A	
D6972			PREFABRICATED POST AND CORE IN	NA	NA	$260.00	$260.00	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
D6973			CORE BUILD UP RETAINER W/PINS	NA	NA	$210.00	$210.00	N	
D6980			BRIDGE REPAIR, BY REPORT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D6985			PEDIATRIC PARTIAL DENTURE FX	NA	NA	$733.00	$733.00	A	
D6999			UNSPECIFIED FIXED PROSTHODONTI	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D7111			CORONAL REMNANTS-DECID TOOTH	$21.45	$19.80	$100.00	$100.00	N	
D7140			EXTRACTION ERUPTED TOOTH	$35.20	$33.00	$63.88	$63.88	N	
D7210			SURGICAL REMOVAL OF ERUPTED TO	$36.30	$34.10	$116.05	$116.05	S	
D7220			REMOVAL OF IMPACTED TOOTH-SOFT	$47.30	$44.00	$241.00	$241.00	A	
D7230			REMOVAL OF IMPACTED TOOTH-PART	$125.40	$116.60	$305.00	$305.00	A	
D7240			REMOVAL OF IMPACTED TOOTH-COMP	$125.40	$116.60	$337.03	$337.03	A	
D7241			IMPACT TOOTH REM BONY W/COMP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D7250			SURGICAL REMOVAL OF RESIDUAL T	$47.30	$42.90	$231.00	$231.00	S	
D7251			CORONECTOMY	$125.40	$116.60	$337.03	$337.03	A	
D7260			OROANTRAL FISTULA CLOSURE	$118.80	$108.90	$565.00	$565.00	N	
D7261			PRIMARY CLOSURE SINUS PERFOR	$118.80	$108.90	$556.00	$556.00	N	
D7270			TOOTH REIMPLANTATION INC. STAB	$451.00	$451.00	NA	NA	N	
D7280			SURGICAL EXPOSURE OF IMPACTED	NA	NA	$405.90	$405.90	N	
D7282			MOBILIZ ERUPT/MALPOS TOOTH	NA	NA	$440.00	$440.00	N	
D7283			PLACE DEVICE IMPACTED TOOTH	NA	NA	$456.50	$456.50	N	
D7284			EXCISION BIOPSY MIN SAL GLAND	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D7285			BIOPSY - ORAL TISSUE HARD - IN	$33.00	$28.60	$292.00	$292.00	N	
D7286			BIOPSY - ORAL TISSUE - SOFT -	$19.80	$17.60	$231.00	$231.00	N	
D7287			CYTOLOGY SAMPLE COLLECTION	$11.00	$11.00	$110.00	$110.00	N	
D7288			BRUSH BIOPSY	$11.00	$11.00	$125.00	$125.00	N	
D7290			REPOSITIONING OF TEETH	NA	NA	BY REPORT	BY REPORT	A	
D7291			TRANSSEPTAL FIBEROTOMY	NA	NA	BY REPORT	BY REPORT	A	
D7292			SCREW RETAINED PLATE	NA	NA	BY REPORT	BY REPORT	A	
D7293			TEMP ANCHORAGE DEV W FLAP	NA	NA	BY REPORT	BY REPORT	A	
D7294			TEMP ANCHORAGE DEV W/O FLAP	NA	NA	BY REPORT	BY REPORT	A	
D7295			BONE HARVEST,AUTO GRAFT PROC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D7298			REMOVE SCREW RETAINED PLATE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D7299			REM ANCHORAGE DEVICE W/FLAP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D7300			REM ANCHORAGE DEV W/O FLAP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D7310			ALVEOPLASTY IN CONJUNCTION WIT	$68.75	$62.15	$220.00	$220.00	N	
D7311			ALVEOLOPLASTY W/EXTRACT 1-3	$34.10	$30.80	$240.00	$240.00	S	
D7320			ALVEOLOPLASTY NOT IN CONJUNCTI	$68.75	$62.15	$321.00	$321.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
D7321			ALVEOLOPLASTY NOT W/EXTRACTS	$34.10	$30.80	$336.00	$336.00	S	
D7340			VESTIBULOPLASTY - RIDGE EXTENS	$71.50	$64.90	$71.50	$64.90	N	
D7350			VESTIBULOPLASTY-RIDGE EXTEN(IN	$185.90	$168.30	$185.90	$168.30	N	
D7410			EXCISE BENIGN LESION	$33.00	$28.60	$300.00	$300.00	N	
D7411			EXCISE BENIGN LESION>1.25 CM	$46.20	$40.70	$452.00	$452.00	N	
D7412			EXCISE BENIGN LESION, COMPLIC	$110.00	$94.60	$596.00	$596.00	N	
D7413			EXCISE MALIGNANT LESION	$110.00	$94.60	$496.00	$496.00	N	
D7414			EXCISE MALIG LESION >1.25 CM	$301.40	$281.60	$726.00	$726.00	N	
D7415			EXCISE MALIG LESION,COMPICATED	$520.30	$454.30	$870.00	$870.00	N	
D7440			EXCISION OF MALIGNANT TUMOR, L	$110.00	$94.60	$400.00	$400.00	N	
D7441			EXCISION OF MALIGNANT TUMOR, L	$301.40	$281.60	$700.00	$700.00	N	
D7450			REMOVAL OF ODONTOGENIC CYST OR	$55.00	$47.30	$380.00	$380.00	N	
D7451			REMOVAL OF ODONTOGENIC CYST OR	$165.00	$143.00	$487.00	$487.00	N	
D7460			REMOVAL OF NON-ODONTOGENIC CYS	$55.00	$47.30	$386.00	$386.00	N	
D7461			REMOVAL OF NON-ODONTOGENIC CYS	$165.00	$143.00	$165.00	$143.00	N	
D7465			DESTRUCT OF LESION BY ELECTROS	$19.80	$16.50	$299.00	$299.00	N	
D7471			REMOVAL OF EXOSTOSIS PER SITE	$119.90	$107.80	$476.00	$476.00	N	
D7472			REMOVAL OF TORUS PALATINUS	$119.90	$107.80	$119.90	$107.80	N	
D7473			REMOVAL OF TORUS MANDIBULARIS	$68.75	$62.15	$68.75	$62.15	N	
D7485			SURGICAL REDUCTION OSSEOUS TUB	$68.75	$62.15	$68.75	$62.15	N	
D7490			RADICAL RESECTION OF MANDIBLE	$887.70	$887.70	$887.70	$887.70	A	
D7509			MARSUPIALIZATION OF ODONTOG	$52.80	$46.20	$500.00	$500.00	A	
D7510			INCISION + DRAINAGE OF ABSCESS	$30.80	$28.60	$175.00	$175.00	N	
D7511			INCISION/DRAIN ABSCESS INTRA	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D7520			INCISION + DRAINAGE OF ABSCESS	$46.20	$40.70	$290.00	$290.00	N	
D7521			INCISION/DRAIN ABSCESS EXTRA	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D7530			REMOVAL OF FOREIGN BODY, SKIN,	$19.80	$17.60	$270.00	$270.00	N	
D7540			RMVL REACTION PRODUCING FOR BD	$56.10	$49.50	$500.00	$500.00	N	
D7550			SEQUESTRECTOMY FOR OSTEOMYELIT	$99.00	$82.50	$395.00	$395.00	N	
D7560			MAXILLARY SINUSOTOMY FOR REM O	$266.20	$231.00	$818.00	$818.00	N	
D7610			MAXILLA-OPEN REDUCTION (TEETH	$300.30	$273.90	$3275.00	$3275.00	N	
D7620			MAXILLA - CLOSED REDUCTION (TE	$200.20	$182.60	$2573.00	$2573.00	N	
D7630			MANDIBLE - OPEN REDUCTION (TEE	$399.30	$364.10	$3227.00	$3227.00	N	
D7640			MANDIBLE-CLOSED REDUCTION (TEE	$200.20	$182.60	$2535.00	$2535.00	N	
D7650			MALAR AND/OR ZYGOMATIC ARCH -	$200.20	$182.60	$2928.00	$2928.00	N	
D7660			MALAR AND/OR ZYGOMATIC ARCH -	$69.30	$63.80	$2488.00	$2488.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
D7670			ALVEOLUS-CLOSED REDUCTION	$101.20	$92.40	$1018.00	$1018.00	N	
D7671			ALVEOLUS-OPEN REDUCTION	$151.80	$138.60	$572.00	$572.00	N	
D7680			FACIAL BONES-COMPLCTD REDUCTN	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D7710			MAXILLA - OPEN REDUCTION - TEE	$300.30	$273.90	$3450.00	$3450.00	N	
D7720			MAXILLA - CLOSED REDUCTION - T	$200.20	$182.60	$2512.00	$2512.00	N	
D7730			MANDIBLE - OPEN REDUCTION - TE	$399.30	$364.10	$3500.00	$3500.00	N	
D7740			MANDIBLE - CLOSED REDUCTION -	$200.20	$182.60	$2710.00	$2710.00	N	
D7750			MALAR AND/OR ZYGOMATIC ARCH -	$200.20	$182.60	$3086.00	$3086.00	N	
D7760			MALAR AND/OR ZYGOMATIC ARCH -	$69.30	$63.80	$3416.00	$3416.00	N	
D7770			ALVEOLUS-STABLZTN OF TEETH OP	$151.80	$138.60	$2000.00	$2000.00	N	
D7771			ALVEOLUS,CLOSED REDUCTION	$101.20	$92.40	$1105.00	$1105.00	N	
D7780			FACIAL BONES-COMPLCTED REDUCTN	$399.30	$364.10	$5886.00	$5886.00	N	
D7810			OPEN REDUCTION OF DISLOCATION	$300.30	$273.90	$3195.00	$3195.00	N	
D7820			CLOSED REDUCTION OF DISLOCATIO	$29.70	$27.50	$390.00	$390.00	N	
D7830			MANUPULATION UNDER ANESTHESIA	$29.70	$27.50	$512.00	$512.00	N	
D7840			CONDYLECTOMY	$398.20	$346.50	$4133.00	$4133.00	N	
D7850			MENISECTOMY	$398.20	$346.50	$4160.00	$4160.00	N	
D7852			DISC REPAIR	$398.20	$338.80	$4380.00	$4380.00	N	
D7854			SYNOVECTOMY	$220.00	$190.30	$220.00	$190.30	N	
D7856			TMJ CUTTING OF A MUSCLE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D7858			JOINT RECONSTRUCTION	$685.30	$685.30	$685.30	$685.30	N	
D7860			ARTHROTOMY	$200.20	$170.50	$200.20	$170.50	N	
D7865			ARTHROPLASTY	$398.20	$338.80	$616.00	$616.00	N	
D7870			ARTHROCENTESIS - INJECTION OR	$19.80	$17.60	$19.80	$17.60	N	
D7871			NON-ARTHROSCOPIC LYSIS/LAVAGE	$209.00	$209.00	$209.00	$209.00	N	
D7872			ARTHROSCOPY-DX W/WO BIOPSY	$82.50	$71.50	$82.50	$71.50	N	
D7873			ARTHROSCOPY SURG:LAV & LYSIS	$220.00	$220.00	$220.00	$220.00	N	
D7874			ARTHROSCOPY-SURG:DISC REPOSITI	$550.00	$467.50	$550.00	$467.50	N	
D7875			ARTHROSCOPY-SURG SYNOVECTOMY	$290.40	$246.40	$290.40	$246.40	N	
D7876			TMJ ARTHROSCOPY DISCECTOMY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D7877			ARTHROSCOPY-SURG DEBRIDEMENT	$176.00	$149.60	$176.00	$149.60	N	
D7880			OCCLUSAL ORTHOTIC DEVICE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D7881			OCC ORTHOTIC DEVICE ADJUST	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D7899			UNSPECIFIED TMD THERAPY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D7910			SUTURE OF RECENT SMALL WOUNDS	$38.50	$35.20	$223.00	$223.00	N	
D7911			COMPLICATED SUTURE-UP TO 5 CM	$151.80	$151.80	$351.00	$351.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
D7912			COMPLICAT SUT GREATER THAN 5CM	$266.20	$266.20	$500.00	$500.00	N	
D7920			SKIN GRAFT	$77.55	$77.55	$1827.00	$1827.00	A	
D7940			OSTEOPLASTY - FOR ORTHOGNATHIC	$247.50	$210.10	$2697.00	$2697.00	A	
D7941			OSTEOTOMY-MANDIBULAR RAMI	$798.60	$798.60	$7049.00	$7049.00	N	
D7943			OSTEOTOMY-MAND RAMI W/BONE GRA	$1,163.80	$1163.80	$6492.00	$6492.00	N	
D7944			OSTEOTOMY-SEGMENT PER QUADRANT	$365.20	$317.90	$5392.00	$5392.00	N	
D7945			OSTEOTOMY-BODY OF MANDIBLE	$365.20	$317.90	$5600.00	$5600.00	N	
D7946			LEFORT I (MAXILLA-TOTAL)	$600.60	$600.60	$6568.00	$6568.00	N	
D7947			LEFORT I (MAXILLA-SEGMENTED)	$401.50	$401.50	$6639.00	$6639.00	N	
D7948			LEFORT II OR LEFORT III	$1,204.50	$1204.50	$7602.00	$7602.00	N	
D7949			LEFORT II OR LEFORT IIIW/GRAFT	$1,569.70	$1569.70	$8731.00	$8731.00	N	
D7950			GRAFT OF MANDIBLE/FACIAL BONES	$632.50	$537.90	$2055.00	$2055.00	N	
D7951			SINUS AUG W BONE/BONE SUP	$223.30	$193.60	$1816.00	$1816.00	A	
D7952			SINUS AUGMENTATION VERTICAL	$193.60	$193.60	$193.60	$193.60	A	
D7955			REPAIR OF MAXILLOFACIAL SOFT A	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D7956			GUIDED TISSUE REGENERATION, ED	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D7957			TISS REGEN EDENT NONRESORB	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D7961			BUC/LAB FRENECTOMY(FRENULEC)	$66.00	$61.60	$125.00	$125.00	N	
D7962			LINGUAL FRENECTOMY (FRENULEC)	$66.00	$61.60	$125.00	$125.00	N	
D7963			FRENULOPLASTY	$92.95	$84.15	$377.00	$377.00	S	
D7970			EXCIS HYPERPLASTIC TISSUE	$49.50	$42.90	$380.00	$380.00	N	
D7971			EXCIS PERICORONAL GINGIVA	$46.20	$40.70	$179.00	$179.00	N	
D7972			SURGICAL REDUCTION FIBROUS	$70.40	$64.90	$550.00	$550.00	N	
D7979			NON-SURGICAL SIALOLITHOTOMY	$17.60	$15.40	$17.60	$15.40	N	
D7980			SIALOLITHOTOMY	$52.80	$46.20	$500.00	$500.00	N	
D7981			EXCISION OF SALIVARY GLAND	$200.20	$173.80	$364.00	$364.00	A	
D7982			SIALODOCHOPLASTY	$166.10	$144.10	$1247.00	$1247.00	N	
D7983			CLOSURE OF SALIVARY FISTULA	$166.10	$144.10	$820.00	$820.00	N	
D7990			EMERGENCY TRACHEOTOMY	$133.10	$115.50	$925.00	$925.00	N	
D7991			CORONOIDECTOMY	$398.20	$338.80	$2940.00	$2940.00	N	
D7993			SURGE PLACE CRANIO IMP EXTRAOR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D7994			SURG PLACE ZYGOMATIC IMPLANT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D7995			SYNTHET GRAFT-MAND/FACIAL BONE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D7996			IMPLANT-MAND AUGMENT PURPOSES	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D7997			APPLIANCE REMOV W/REM ARCHBAR	$166.10	$166.10	$210.00	$210.00	N	
D7999			UNSPECIFIED ORAL SURGERY PROCE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
D8010			LIMIT ORTHO RX PRIM DENTITION	NA	NA	$1622.50	$1622.50	A	
D8020			LIMIT ORTHO RX TRANS DENTITION	NA	NA	$1742.40	$1742.40	A	
D8030			LIM ORTHO RX ADOLES DENTITION	NA	NA	$2075.70	$2075.70	A	
D8040			LIMIT ORTHO RX ADULT DENTITION	NA	NA	$1888.00	$1888.00	A	
D8080			COMP ORTHODONTIC APPLIANCES	NA	NA	$542.30	$542.30	A	
D8210			REMOVABLE APPLIANCE THERAPY	$654.50	$649.00	$654.50	$649.00	A	
D8220			FIXED APPLIANCE THERAPY	$654.50	$649.00	$654.50	$649.00	A	
D8660			PRE-ORTHODONTIC RX VISIT	NA	NA	$244.00	$244.00	A	
D8670			PERIODIC ORTHODONTC TX VISIT	NA	NA	$184.80	$184.80	A	
D8680			ORTHODONTIC RETENTION	NA	NA	$184.80	$184.80	A	
D8681			REMOVABLE RETAINER ADJUST	$11.00	$11.00	$11.00	$11.00	A	
D8695			REMOVE FIXED ORTHO APPLIANCE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D8696			REPAIR OF ORTHODONTIC APPLIANC	NA	NA	$163.00	$163.00	A	
D8697			REPAIR OF ORTHODONTIC APPLIANC	NA	NA	$163.00	$163.00	A	
D8698			RECEMENT OR REBOND FIXED RET	NA	NA	$169.00	$169.00	A	
D8699			RECEMENT OR REBOND FIXED RETAI	NA	NA	$169.00	$169.00	A	
D8701			REPAIR OF FIXED RETAINER - INC	NA	NA	BY REPORT	BY REPORT	A	
D8702			REPAIR OF FIXED RETAINER - INC	NA	NA	BY REPORT	BY REPORT	A	
D8703			REPLACEMENT OF LOST OR BROKEN	NA	NA	$213.71	$213.71	A	
D8704			REPLACEMENT OF LOST OR BROKEN	NA	NA	$213.71	$213.71	A	
D8999			UNSPECIFIED ORTHODONTIC PROCED	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D9110			PALLIATIVE (EMERGENCY) TREATME	$11.00	$9.90	$91.00	$91.00	S	
D9210			LOCAL ANESTHESIA NOT IN CONJUN	$14.30	$12.10	$53.00	$53.00	A	
D9211			REGIONAL BLOCK ANESTHESIA	$14.30	$12.10	$75.00	$75.00	A	
D9212			TRIGEM DIV BLOCK ANESTHESIA	$19.80	$17.60	$210.00	$210.00	A	
D9222			DEEP ANEST, 1ST 15 MIN	$110.00	$110.00	$128.00	$128.00	N	
D9223			GENERAL ANESTHESIA EACH 15M	$55.00	$55.00	$128.00	$128.00	N	
D9230			ANALGES, ANXIOLYSIS, NIT OXIDE	$16.50	$15.40	$53.00	$53.00	N	
D9239			IV MOD SEDATION, 1ST 15 MIN	$53.90	$53.90	$124.00	$124.00	N	
D9243			IV SEDATION EACH 15M	$27.50	$27.50	$27.50	$27.50	N	
D9248			NON-IV CONSCIOUS SEDATION	$44.00	$44.00	$227.00	$227.00	N	
D9310			CONSULTATION	$24.20	$18.70	$90.00	$90.00	N	
D9311			CONSULT W/MED HLTH CARE PROF	$18.70	$18.70	$18.70	$18.70	S	
D9410			HOUSE/EXTENDED CARE FACIL CALL	$22.55	$20.90	$160.00	$160.00	N	
D9420			HOSPITAL DAY - SUBSEQUENT	$20.90	$18.70	$20.90	$18.70	N	
D9430			OFFICE VISIT FOR OBSERVATION	$9.90	$7.70	$55.00	$55.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
D9610			THERAPEUTIC DRUG INJECTION, BY	$14.30	$12.10	$75.00	$75.00	A	
D9612			THERA PAR DRUGS 2 OR > ADMIN	$17.60	$14.30	$124.00	$124.00	A	
D9613			INFILTRATION THERA DRUG	$17.60	$17.60	$124.00	$124.00	A	
D9630			OTHER DRUGS AND/OR MEDICAMENTS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D9910			APPLICATION OF DESENSITIZING M	$11.00	$11.00	$45.00	$45.00	N	
D9911			APPLIC DESENS RESIN PER TOOTH	$39.05	$36.30	$57.00	$57.00	N	
D9920			BEHAVIOR MANAGEMENT, BY REPORT	$16.50	$14.30	$95.00	$95.00	S	
D9930			TREATMENT OF COMPLICATIONS (PO	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D9941			FABRICATION ATHLETIC GUARD	NA	NA	$125.00	$125.00	S	
D9943			OCCLUSAL GUARD ADJUSTMENT	$11.00	$11.00	$11.00	$11.00	N	
D9944			OCC GUARD, HARD, FULL ARCH	$275.00	$247.50	$275.00	$247.50	N	
D9945			OCC GUARD, SOFT, FULL ARCH	$71.50	$64.35	$71.50	$64.35	N	
D9947			SLEEP APNEA APPLIANCE	$841.50	$841.50	$841.50	$841.50	A	
D9948			ADJUST SLEEP APNEA APPLIANCE	$11.00	$11.00	$11.00	$11.00	N	
D9949			REPAIR SLEEP APNEA APPLIANCE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
D9951			OCCLUSAL ADJUSTMENT - LIMITED	$6.60	$5.50	$129.00	$129.00	S	
D9952			OCCLUSAL ADJUSTMENT-COMPLETE	$74.80	$66.00	$74.80	$66.00	S	
D9953			RELINE SLEEP APNEA APPLIANCE	$100.10	$91.30	$360.00	$360.00	N	
D9971			ODONTOPLASTY 1-2 TEETH	NA	NA	$25.00	$25.00	S	
D9974			INTERNAL BLEACHING PER TOOTH	$36.30	$36.30	$214.00	$214.00	S	
D9995			TELEDENTISTRY - SYNCHRONOUS:	$24.20	$24.20	$24.20	$24.20	N	
D9999			UNSPECIFIED ADJUNCTIVE PROCEDU	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E0100			CANE ADJUSTABLE OR FIXED W TIP	$18.34	$3.67	$18.34	$3.67	N	
E0105			CANE QUAD OR 3 PRONG ADJ/FIXED	$48.04	$9.61	$48.04	$9.61	N	
E0110			CRUTCH FOREARM ADJ/FIX PR.GRIP	$70.98	$14.20	$70.98	$14.20	N	
E0111			CRUTCH FOREARM-ADJ/FIX EACH	$52.07	$10.41	$52.07	$10.41	N	
E0112			CRUTCH UNDERARM-WD-ADJ/FX,PAIR	$36.20	$7.24	$36.20	$7.24	N	
E0113			CRUCH UNDERARM-WD.ADJ/FIX EACH	$20.68	$4.14	$20.68	$4.14	N	
E0114			CRUTCH UNDERARM, ALUMINUM/PAIR	$46.16	$9.23	$46.16	$9.23	N	
E0116			CRUTCH-UNDERARM/ALUM. EACH	$23.27	$4.65	$23.27	$4.65	N	
E0130			WALKER RIGID ADJ/FIXED HEIGHT	$37.19	$7.44	$37.19	$7.44	N	
E0135			WALKER FOLDING ADJ/FIXED HEIGH	$37.19	$7.44	$37.19	$7.44	N	
E0141			WALKER WHEELED WITHOUT SEAT	$38.87	$7.77	$38.87	$7.77	N	
E0143			FOLDING WALKER, WHEELED, WITH	$38.87	$7.77	$38.87	$7.77	N	
E0147			MULTI BREAK VARI WHL RESIST WL	$335.80	$40.30	$335.80	$40.30	N	
E0148			HEAVYDUTY WALKER NO WHEELS	$66.33	$13.27	$66.33	$13.27	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
E0149			HEAVY DUTY WHEELED WALKER	NA	$8.81	NA	$8.81	N	
E0152			WALKER, BATTERY POWER WHEELS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E0153			PLATFORM ATTACHMENT, FOREARM	$67.87	$13.57	$67.87	$13.57	N	
E0154			PLATFORM ATTACHMENT, WALKER,	$42.11	$8.42	$42.11	$8.42	N	
E0155			WHEEL ATTACHMENT, RIGID PICK-	$18.28	$3.66	$18.28	$3.66	N	
E0156			SEAT ATTACHMENT WALKER	$12.62	$2.52	$12.62	$2.52	N	
E0157			CRUTCH ATTACH WALKER EACH	$41.88	$8.38	$41.88	$8.38	N	
E0158			LEG EXTENSIONS FOR WALKER	$17.86	$3.57	$17.86	$3.57	N	
E0160			SITZ TYPE BATH, PORTABLE, FIT	$25.54	$5.11	$25.54	$5.11	N	
E0161			SITZ TYPE BATH, PORTABLE, FIT	$22.36	$4.47	$22.36	$4.47	N	
E0162			SITZ BATH CHAIR	$142.51	$17.10	$142.51	$17.10	N	
E0163			COMMODE CHAIR STATION FIX ARMS	$42.04	$8.41	$42.04	$8.41	N	
E0165			COMMODE CHAIR, STATIONARY, WI	NA	$9.21	NA	$9.21	N	
E0167			PAIL OR PAN FOR USE WITH COMM	$9.27	$1.85	$9.27	$1.85	N	
E0168			HEAVYDUTY/WIDE COMMODE CHAIR	$93.95	$18.79	$93.95	$18.79	N	
E0175			FOOT REST, FOR USE WITH COMMO	$64.78	$12.96	$64.78	$12.96	N	
E0181			PRESSURE PAD, ALTERNATING WITH	NA	$11.87	NA	$11.87	A	
E0182			PUMP FOR ALTERNATING PRESSURE	NA	$16.98	NA	$16.98	A	
E0184			FLOTATION MATTRESS DRY	$130.68	$15.68	$130.68	$15.68	A	
E0185			DECUBITUS CARE PAD, FLOTATION	$141.86	$17.02	$141.86	$17.02	A	
E0186			AIR PRESSURE MATTRESS	NA	$15.72	NA	$15.72	A	
E0187			WATER PRESSURE MATTRESS	NA	$18.15	NA	$18.15	A	
E0188			SYNTHETIC SHEEPS PAD	$20.88	$4.18	$20.88	$4.18	N	
E0189			LAMBSWOOL SHEEPSKIN PAD ANY SZ	$39.21	$7.84	$39.21	$7.84	N	
E0190			POSITIONING CUSHION/PILLOW/WED	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E0191			HEEL/ELBOW PROTECTOR, EACH	$9.77	$1.95	$9.77	$1.95	N	
E0193			POWER AIR FLOATATION BED	NA	$554.52	NA	$554.52	A	
E0194			AIR FLUIDIZED BED	NA	$3,008.48	NA	$3,008.48	A	
E0196			GEL PRESSURE MATTRESS	NA	$26.21	NA	$26.21	N	
E0197			AIR PRESSURE PAD FOR MATTRESS	NA	$15.04	NA	$15.04	N	
E0198			WATER PRESSURE PAD FOR MATTRES	NA	$17.99	NA	$17.99	N	
E0199			MATTRESS PAD, DRY PRESSURE	$26.12	$5.22	$26.12	$5.22	N	
E0200			HEAT LAMP (TABLE) W/BULB OR EL	$65.91	$13.18	$65.91	$13.18	N	
E0202			PHOTOTHERAPY BILIRUBIN LT.WT.	NA	$59.82	NA	$59.82	A	
E0217			WATER CIRC HEAT PAD W PUMP	$412.73	$49.53	$412.73	$49.53	A	
E0235			PARAFIN BATH UNIT, PORTABLE	NA	$16.48	NA	$16.48	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
E0236			PUMP--WATER CIRCULATING PAD	NA	$36.55	NA	$36.55	N	
E0240			BATH/SHOWER CHAIR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E0241			BATH TUB WALL RAIL, EACH	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E0242			BATH TUB RAIL, FLOOR BASE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E0243			TOILET RAIL, EACH	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E0244			RAISED TOILET SEAT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E0245			TUB STOOL OR BENCH	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E0246			TRANSFER TUB RAIL ATTACHMENT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E0249			WATR CIRCULATING HEAT UNIT PAD	$97.41	$19.48	$97.41	$19.48	N	
E0250			HOSP.BED-RAILS FIX.HGT.W/MATTR	NA	$48.67	NA	$48.67	A	
E0251			HOSP.BED-RAILS-FIX.HGT.-NO MAT	NA	$44.67	NA	$44.67	A	
E0255			HOSPITAL BED/RAILS/MATT/HI-LO	NA	$49.26	NA	$49.26	A	
E0256			HOSP BED/RAILS/NO MATTRESS	NA	$47.57	NA	$47.57	A	
E0260			HOSP.BED-RAILS,W/MATT.SEMI-ELE	NA	$49.26	NA	$49.26	A	
E0261			HOSP BED SEMIELEC/RAILS/NO MAT	NA	$49.26	NA	$49.26	A	
E0265			TOTAL ELEC.HOS.BED-RAILS &MATT	NA	$121.77	NA	$121.77	A	
E0266			TOTAL ELEC.HOS.BED-RAIL-NO MAT	NA	$105.95	NA	$105.95	A	
E0270			INST HOSP BED/OSC.CIRC.STR/MAT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E0271			MATTRESS, INNERSPRING	$95.47	$19.09	$95.47	$19.09	N	
E0272			MATTRESS, FOAM RUBBER	$116.14	$13.94	$116.14	$13.94	N	
E0273			BED BOARD	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E0274			OVER-BED TABLE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E0275			BED PAN STD METAL OR PLASTIC	$12.45	$2.49	$12.45	$2.49	N	
E0276			BED PAN, FRACTURE, METAL OR P	$10.76	$2.15	$10.76	$2.15	N	
E0277			ALTERNATING PRESSURE MATTRESS	NA	$145.49	NA	$145.49	A	
E0280			BED,CRADLE,ANY TYPE	$26.97	$5.39	$26.97	$5.39	N	
E0290			HOSP BED/FIX HGT/NO RAIL/MATT	NA	$45.94	NA	$45.94	A	
E0291			HOSP BED/FIXED/NO RAIL OR MATT	NA	$36.51	NA	$36.51	A	
E0292			HOSP BED VAR HT NO SR W/MATT	NA	$48.43	NA	$48.43	A	
E0293			HOSP BED VAR HT NO SR NO MAT	NA	$45.78	NA	$45.78	A	
E0294			HOSP BED,SEMI-ELEC NO RAIL/MAT	NA	$49.26	NA	$49.26	A	
E0295			HOSP BED,SEMI-ELEC,NO RAIL&MAT	NA	$49.26	NA	$49.26	A	
E0296			HOSP BED,ALL ELEC,W/O RAIL/MAT	NA	$95.00	NA	$95.00	A	
E0297			HOS.BED,ALL ELEC NO RAIL OR MA	NA	$83.84	NA	$83.84	A	
E0302			EX HD HOSP BED > 600 LBS	NA	$373.42	NA	$373.42	A	
E0303			HOSP BED HVY DTY XTRA WIDE	NA	$126.22	NA	$126.22	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
E0304			HOSP BED XTRA HVY DTY X WIDE	NA	$382.73	NA	$382.73	A	
E0305			BED SIDE RAILS, HALF LENGTH	NA	$8.25	NA	$8.25	N	
E0310			BED SIDE RAILS, FULL LENGTH	$88.60	$17.72	$88.60	$17.72	N	
E0325			URINAL, MALE, ANY MATERIAL	$7.72	$1.54	$7.72	$1.54	N	
E0326			URINAL, FEMALE, ANY MATERIAL	$8.28	$1.66	$8.28	$1.66	N	
E0371			NONPOWER MATTRESS OVERLAY	NA	$145.49	NA	$145.49	A	
E0372			POWERED AIR MATTRESS OVERLAY	NA	$145.49	NA	$145.49	A	
E0424			STATION COMPRES GAS SYS RENTAL	NA	$63.78	NA	$63.78	A	
E0431			PORT GASEOUS OXYGEN SYS RENTAL	NA	$22.97	NA	$22.97	A	
E0434			PORT LIQUID OXG SYS RENTAL	NA	$32.82	NA	$32.82	A	
E0439			STAT LIQ OXY.SYS,UNIT=10LB.REN	NA	$63.78	NA	$63.78	A	
E0441			OXYGEN CONTENTS GAS 50CFT/UNIT	$42.20	$8.44	$42.20	$8.44	A	
E0442			OXYGEN CONTENT LIQ 10 LBS/UNIT	$42.20	$8.44	$42.20	$8.44	A	
E0443			PORT OXYGEN GASEOUS 5CFT/UNIT	$38.56	$7.71	$38.56	$7.71	A	
E0444			PORT LIQ OXYGEN 1 LB / UNIT	$38.56	$7.71	$38.56	$7.71	A	
E0445			OXIMETER NON-INVASIVE	$182.00	$21.84	$182.00	$21.84	A	
E0447			PORT O2 CONT, LIQ OVER 4 LPM	$57.83	$11.57	$57.83	$11.57	A	
E0455			OXYGEN TENT EXCLUDE CROUP TENT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E0457			CHEST SHELL (CUIRASS)	$414.80	$49.78	$414.80	$49.78	A	
E0459			CHEST WRAP	$539.24	$64.71	$539.24	$64.71	A	
E0462			ROCK BED W/ OR W/O SIDERAILS	NA	$278.33	NA	$278.33	A	
E0465			HOME VENT INVASIVE INTERFACE	NA	$911.68	NA	$911.68	A	
E0466			HOME VENT NON-INVASIVE INTER	NA	$911.68	NA	$911.68	A	
E0467			HOME VENT MULTI-FUNCTION	NA	$1,064.14	NA	$1,064.14	A	
E0468			HOME VENT DUAL FNCT INCL ALL	NA	$975.92	NA	$975.92	A	
E0469			LUNG EXPANS HIGH OSCIL NEB	NA	$1,073.44	NA	$1,073.44	A	
E0470			RAD W/O BACKUP NON-INV INTFC	NA	$85.93	NA	$85.93	A	
E0471			RAD W/BACKUP NON INV INTRFC	NA	$215.57	NA	$215.57	A	
E0472			RAD W BACKUP INVASIVE INTRFC	NA	$290.07	NA	$290.07	A	
E0480			PERCUSSOR, ELEC.OR PNEUM/HOME	NA	$41.98	NA	$41.98	A	
E0482			COUGH STIMULATING DEVICE	NA	$385.43	NA	$385.43	A	
E0483			CHEST COMPRESSION GEN SYSTEM	NA	$1,015.42	NA	$1,015.42	A	
E0485			ORAL DEVICE/APPLIANCE PREFAB	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E0486			ORAL DEVICE/APPLIANCE CUSFAB	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E0490			CONTROL UNIT NM HW REMOTE	NA	$85.51	NA	$85.51	N	
E0491			ORAL DV NM MOUTHPC HW REMOTE	$72.31	$14.46	$72.31	$14.46	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
E0492			CONTROL UNIT NM STIM W PHONE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E0493			ORAL DV/APP NEUROMUS MOUTHPI	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E0500			IPPB MACHINE ALL TYPES	NA	$104.84	NA	$104.84	A	
E0530			ELECTRONIC POSA TREATMENT	NA	$24.88	NA	$24.88	N	
E0550			HUMIDIFIER, DURABLE FOR EXTENS	NA	$47.89	NA	$47.89	A	
E0555			HUMIDIFIER, DURABLE, GLASS OR	$15.00	$3.00	$15.00	$3.00	A	
E0560			HUMIDIFIER, DURABLE FOR SUPPLE	$122.89	$14.75	$122.89	$14.75	A	
E0561			HUMIDIFIER NONHEATED W PAP	$59.66	$11.93	$59.66	$11.93	A	
E0562			HUMIDIFIER HEATED USED W PAP	$116.60	$13.99	$116.60	$13.99	A	
E0565			COMPRESSOR (NOT OXYGEN OR IPPB	NA	$34.75	NA	$34.75	A	
E0570			NEBULIZER W/COMPRESS(DEVILBIS)	NA	$4.46	NA	$4.46	N	
E0575			NEBULIZER, SELF-CONTAINED, ULT	NA	$98.17	NA	$98.17	N	
E0580			NEBULIZER, DURABLE, GLASS OR A	$113.00	$13.56	$113.00	$13.56	N	
E0585			NEBULIZER, WITH COMPRESSOR AND	NA	$23.36	NA	$23.36	N	
E0600			SUCTION PUMP, HOME MODEL, POR	NA	$42.05	NA	$42.05	A	
E0601			NASAL CONTINUOUS AIRWAY PRESS.	NA	$33.11	NA	$33.11	A	
E0602			MANUAL BREAST PUMP	$28.87	$5.77	$28.87	$5.77	N	
E0603			ELECTRIC BREAST PUMP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E0603	SC		ELECTRIC BREAST PUMP HANDS FRE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E0604			HOSP GRADE ELEC BREAST PUMP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E0605			VAPORIZER, ROOM TYPE	$25.83	$5.17	$25.83	$5.17	N	
E0606			POSTURAL DRAINAGE BOARD	NA	$18.63	NA	$18.63	N	
E0607			HOME BLOOD GLUCOSE MONITOR	$65.35	$13.07	$65.35	$13.07	N	
E0610			PACEMAKER MTR W/AUD./VIS CHECK	$232.62	$27.91	$232.62	$27.91	A	
E0615			PACEMAKER/FULL MNTR/DIG/VS CK	$412.28	$49.47	$412.28	$49.47	A	
E0618			APNEA MONITOR	NA	$234.22	NA	$234.22	A	
E0619			APNEA MONITOR W RECORDER	NA	$250.00	NA	$250.00	A	
E0621			SLING OR SEAT, PATIENT LIFT,	$72.14	$14.43	$72.14	$14.43	N	
E0625			PATIENT LIFT, KARTOP, BATHROO	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E0630			PATIENT LIFT,HYDRALIC W/ST/SLG	NA	$47.55	NA	$47.55	A	
E0635			PATIENT LIFT, ELECTRIC WITH SE	NA	$88.77	NA	$88.77	A	
E0641			MULTI-POSITION STND FRAM SYS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E0642			DYNAMIC STANDING FRAME	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E0650			LYMPHOEDEMA PUMP NON-SEG(HOME)	$639.77	$76.77	$639.77	$76.77	A	
E0651			PNEUMATIC COMPRESSOR,SEGMENTAL	$898.23	$107.79	$898.23	$107.79	A	
E0652			PNEUMATIC COMPRESS,SEGMENTAL H	$4,407.26	$528.87	$4,407.26	$528.87	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
E0655			PNEU-APPL-W/ PNEU COMPR 1/2ARM	$102.26	$12.27	$102.26	$12.27	A	
E0660			PNEU APPL W/ PNEUCOMPR FULLLEG	$156.24	$18.75	$156.24	$18.75	A	
E0665			PNEU APPL W/PNEUCOMPR FULLARM	$113.90	$13.67	$113.90	$13.67	A	
E0666			PNEU APPL W/PNEUCOMPR HALFLEG	$135.06	$16.21	$135.06	$16.21	A	
E0667			PNEU APPL W/SEGMPNEUCOMPR LEG	$316.65	$38.00	$316.65	$38.00	A	
E0668			PNEU APPL W/SEGMPNEUCOMPR ARM	$367.35	$44.08	$367.35	$44.08	A	
E0669			SEG PNEU APPL USE W/CPR 1/2LEG	$170.24	$20.43	$170.24	$20.43	A	
E0670			SEG PNEU APPL W/PNEU CPR INTEG	$1,198.32	$143.80	$1,198.32	$143.80	A	
E0671			SEG.GRAD.PRESS.PNEU.APPL.FL.LG	$406.23	$48.75	$406.23	$48.75	A	
E0672			SEG.GRAD.PRESS.PNEU.APPL.F-ARM	$315.63	$37.88	$315.63	$37.88	A	
E0673			SEG.GRAD.PRESS.PNEU.APP.1/2 LG	$262.27	$31.47	$262.27	$31.47	A	
E0677			NON PNEUM SEQ COMP TRUNK	NA	$55.20	NA	$55.20	N	
E0678			NON PNEUM SEQ COMP FULL LEG	NA	$6.19	NA	$6.19	N	
E0679			NON PNEUM SEQ COMP HALF LEG	NA	$3.33	NA	$3.33	N	
E0680			NON PNEUM COMP CONTROL CAL	NA	$51.65	NA	$51.65	N	
E0681			NON PNEU COMP CONTROL W/O CA	NA	$17.54	NA	$17.54	N	
E0682			NON PNEUM COMPRESS FULL ARM	NA	$7.18	NA	$7.18	N	
E0683			NON PNEU PERISTALIC COMP PMP	NA	$55.91	NA	$55.91	A	
E0700			SAFETY EQUIPMENT (E.G., BELT,	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E0705			TRANSFER BOARD OR DEVICE	$36.40	$7.28	$36.40	$7.28	N	
E0710			RESTRAINTS, ANY TYPE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E0711			UE ENCLOSURE RESTR ROM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E0720			TENS, TWO LEAD, LOCALIZED STI	$56.93	$11.39	$56.93	$11.39	A	
E0730			TENS, FOUR LEAD, LARGER AREA/	$56.73	$11.35	$56.73	$11.35	A	
E0731			TENS CONDUCTIVE GARMENT	$73.14	$14.63	$73.14	$14.63	N	
E0732			CES SYSTEM	NA	$7.02	NA	$7.02	N	
E0733			TRANS ELEC NERV FOR TRIGEMIN	NA	$7.02	NA	$7.02	N	
E0734			EXT UP LIMB TREMOR STIM WRIS	NA	$36.06	NA	$36.06	N	
E0735			NON-INVASIVE VAGUS NERV STIM	NA	$7.02	NA	$7.02	N	
E0736			TRANSCUT TIBIAL NERV STIMULA	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E0738			UPPER EXTREMITY REHAB	NA	$1,399.76	NA	$1,399.76	A	
E0739			REHAB SYS ACTIVE ASSIST RT	NA	$1,096.43	NA	$1,096.43	A	
E0740			INCONT.TREAT.SYS.PELVIC FL.STI	NA	$0.57	NA	$0.57	A	
E0743			EXT LOW EXT NERVE STIMU RLS	NA	$166.22	NA	$166.22	A	
E0744			NEUROMUSC SCOLIOSIS STIMULATOR	NA	$87.47	NA	$87.47	A	
E0745			NEURO-MUSC STIM ELEC SHK UNIT	NA	$85.51	NA	$85.51	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
E0746			EMG BIOFEEDBACK DEVICE	$694.79	$83.37	$694.79	$83.37	A	
E0747			OSTEOGEN.STIM.NONINV.NO SPINAL	$3,691.84	$443.02	$3,691.84	$443.02	A	
E0748			OSTEOGEN.STIM.NONINVAS-SPINAL	$3,805.26	$456.63	$3,805.26	$456.63	A	
E0755			ELEC SALIVARY REFLEX STIMULATO	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E0762			TRANS ELEC JT STIM DEV SYS	NA	$105.02	NA	$105.02	A	
E0766			ELEC STIM CANCER TREATMENT	NA	$10,980.88	NA	$10,980.88	A	
E0776			IV POLE	$43.69	$8.74	$43.69	$8.74	N	
E0780			MECH AMB INFUSION PUMP <8HRS	$10.14	$2.03	$10.14	$2.03	A	
E0781			EXTERNAL AMBULATORY INFUSION P	NA	$204.69	NA	$204.69	A	
E0784			EXT. AMBUL.INFUSION PUMP,INSUL	NA	$369.09	NA	$369.09	A	
E0787			CGS DOSE ADJ INSULIN INF PMP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E0791			PARENTERAL INFUSION PUMP STATI	NA	$243.17	NA	$243.17	A	
E0840			TRACTION FRAME, ATTACHED TO HE	$60.91	$12.18	$60.91	$12.18	N	
E0850			STAND FOR SIMPLE CERVICAL TRAC	$87.33	$17.47	$87.33	$17.47	N	
E0860			TRACTION OVERDOOR	$33.29	$6.66	$33.29	$6.66	N	
E0870			SIMPLE EXTREM TRACTION FRME	$102.74	$12.33	$102.74	$12.33	N	
E0880			SIMPLE EXTREM TRACTION STAND	$104.36	$12.52	$104.36	$12.52	N	
E0890			SIM PELVIC EXTRACT FRM(FTBOARD	$100.09	$12.01	$100.09	$12.01	N	
E0900			SIM PELV TRACTION STAND	$106.53	$12.78	$106.53	$12.78	N	
E0910			BED TRAPEZE BARS W/GRAB BAR	NA	$8.74	NA	$8.74	N	
E0911			HD TRAPEZE BAR ATTACH TO BED	NA	$33.45	NA	$33.45	A	
E0912			HD TRAPEZE BAR FREE STANDING	NA	$62.68	NA	$62.68	A	
E0920			FRACTURE FRAME, ATTACHED TO B	NA	$37.91	NA	$37.91	A	
E0930			FRAC FRAME,FREE STAND W/WTS	NA	$37.91	NA	$37.91	A	
E0935			PASSIVE MOTION EXERCISE DEVICE	NA	$21.73	NA	$21.73	A	
E0940			TRAPEZE BAR, FREE STANDING, CO	NA	$16.46	NA	$16.46	A	
E0941			GRAV ASSIST TRACTION DEVICE	NA	$37.00	NA	$37.00	A	
E0942			TRACTION,CERVICAL WITH HEAD HA	$19.41	$3.88	$19.41	$3.88	N	
E0944			PELVIC BELT/HARNESS/BOOT	$40.13	$8.03	$40.13	$8.03	N	
E0945			EXTREMITY BELT/HARNESS	$43.34	$8.67	$43.34	$8.67	N	
E0946			BED FRAC FRM W/DUAL X-BARS	NA	$56.51	NA	$56.51	A	
E0947			FRAC FRM W/ATTACH COM PV TRACT	$593.14	$71.18	$593.14	$71.18	A	
E0948			FRAC FRM,ATTACH FOR CERV TRAC	$573.69	$68.84	$573.69	$68.84	A	
E0950			TRAY	$60.21	$12.04	$60.21	$12.04	N	
E0951			LOOP HEEL, EACH	$10.14	$2.03	$10.14	$2.03	N	
E0952			LOOP TOE, EACH	$14.13	$2.83	$14.13	$2.83	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
E0953			W/C LATERAL THIGH/KNEE SUP	$61.00	$12.20	$61.00	$12.20	A	
E0954			FOOT BOX ANY TYPE EACH FOOT	$44.37	$8.87	$44.37	$8.87	A	
E0955			CUSHIONED HEADREST	NA	$9.37	NA	$9.37	A	
E0956			W/C LATERAL TRUNK/HIP SUPPOR	$61.00	$12.20	$61.00	$12.20	A	
E0957			W/C MEDIAL THIGH SUPPORT	$95.19	$19.04	$95.19	$19.04	A	
E0958			WHEELCHAIR ATTACHMENT TO CONV	NA	$36.71	NA	$36.71	A	
E0959			AMPUTEE ADAPTER (DEVICE USED	$37.07	$7.41	$37.07	$7.41	N	
E0960			W/C SHOULDER HARNESS/STRAPS	$56.68	$11.34	$56.68	$11.34	A	
E0961			BRAKE EXTENSION, FOR WHEELCHA	$16.26	$3.25	$16.26	$3.25	N	
E0966			HOOK ON HEAD REST EXTENSION	$55.02	$11.00	$55.02	$11.00	N	
E0967			WHEELCHR.HAND RIMS-8EXTEN/PAIR	$59.17	$11.83	$59.17	$11.83	N	
E0968			COMMODE SEAT, WHEELCHAIR	NA	$17.12	NA	$17.12	N	
E0969			NARROWING DEVICE, WHEELCHAIR	$142.98	$17.16	$142.98	$17.16	N	
E0970			NO.2 FOOTPLATES, EXCEPT FOR E	$94.92	$18.98	$94.92	$18.98	N	
E0971			ANTI-TIPPING DEVICE WHEELCHAI	$24.08	$4.82	$24.08	$4.82	N	
E0973			ADJUSTABLE HEIGHT DETACHABLE	$42.77	$8.55	$42.77	$8.55	N	
E0974			"GRADE-AID" DEVICE TO PREVENT	$57.00	$11.40	$57.00	$11.40	N	
E0978			BELT, SAFETY WITH AIRPLANE BU	$19.78	$3.96	$19.78	$3.96	N	
E0980			WHEELCHAIR SAFETY VEST	$32.33	$6.47	$32.33	$6.47	N	
E0981			SEAT UPHOLSTERY, REPLACEMENT	$35.43	$7.09	$35.43	$7.09	N	
E0982			BACK UPHOLSTERY, REPLACEMENT	$39.22	$7.84	$39.22	$7.84	N	
E0983			ADD PWR JOYSTICK	NA	$224.48	NA	$224.48	A	
E0984			ADD PWR TILLER	NA	$155.10	NA	$155.10	A	
E0988			LEVER-ACTIVATED WHEEL DRIVE	NA	$274.91	NA	$274.91	A	
E0990			ELEVATING LEG REST, EACH	$54.47	$10.89	$54.47	$10.89	N	
E0992			SOLID SEAT INSERT	$58.13	$11.63	$58.13	$11.63	N	
E0994			ARM REST, EACH	$16.44	$3.29	$16.44	$3.29	N	
E0995			CALF REST, EACH	$22.28	$4.46	$22.28	$4.46	N	
E1002			PWR SEAT TILT	NA	$213.44	NA	$213.44	A	
E1012			CTR MOUNT PWR ELEV LEG REST	NA	$92.08	NA	$92.08	A	
E1028			W/C MANUAL SWINGAWAY	NA	$9.12	NA	$9.12	A	
E1031			ROLLABOUT CHAIR WITH 5"+ CASTR	NA	$33.73	NA	$33.73	A	
E1035			GERIATRIC CHAIR	NA	$447.54	NA	$447.54	N	
E1038			TRANSPORT CHAIR, ADULT SIZE	NA	$10.77	NA	$10.77	A	
E1039			TRANSPORT CHAIR PT WT>=250LB	NA	$25.80	NA	$25.80	A	
E1050			FULLY-RECLINING WHEELCHAIR, F	NA	$97.28	NA	$97.28	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
E1060			RECL WC,DETACH ARMS/EL.LEGREST	NA	$108.22	NA	$108.22	A	
E1070			FULLY-RECLINING WHEELCHAIR, DE	NA	$104.62	NA	$104.62	A	
E1083			HEMI-WHEELCHAIR, FIXED FULL L	NA	$68.93	NA	$68.93	A	
E1084			HEMI-WHEELCHAIR, DETACHABLE A	NA	$93.70	NA	$93.70	A	
E1085			HEMI-WHEELCHAIR, FIXED FULL L	$829.21	$99.51	$829.21	$99.51	A	
E1086			HEMI-WHEELCHAIR DETACHABLE AR	$1,105.41	$132.65	$1,105.41	$132.65	A	
E1087			HIGH STRENGTH LIGHTWEIGHT WHE	NA	$110.80	NA	$110.80	A	
E1088			HIGH STRENGTH LIGHTWEIGHT WHE	NA	$144.00	NA	$144.00	A	
E1089			HIGH STRENGTH LIGHTWEIGHT WHE	$1,133.99	$136.08	$1,133.99	$136.08	A	
E1090			HI STR,LTWT WC DETACH ARM/REST	$1,499.05	$179.89	$1,499.05	$179.89	A	
E1092			WIDE HEAVY DUTY WHEEL CHAIR,	NA	$122.75	NA	$122.75	A	
E1093			WIDE HEAVY DUTY WHEELCHAIR, D	NA	$105.56	NA	$105.56	A	
E1100			SEMI-RECLINING WHEELCHAIR, FI	NA	$99.14	NA	$99.14	A	
E1110			SEMI-RECLINING WHEELCHAIR, DET	NA	$97.08	NA	$97.08	A	
E1130			STANDARD WHEELCHAIR, FIXED FU	$424.49	$50.94	$424.49	$50.94	A	
E1140			STD WC,DETACH ARMS/FOOTRESTS	$697.26	$83.67	$697.26	$83.67	A	
E1150			WC,DETACH ARMS/ELEVATE LEGREST	NA	$74.65	NA	$74.65	A	
E1160			WC,FIX ARMS,DETACH ELV LEGREST	NA	$58.72	NA	$58.72	A	
E1161			MANUAL ADULT WC W TILTINSPAC	NA	$225.98	NA	$225.98	A	
E1170			AMPUTEE WHEELCHAIR, FIXED FUL	NA	$82.43	NA	$82.43	A	
E1171			AMPUTEE WHEELCHAIR, FIXED FUL	NA	$65.59	NA	$65.59	A	
E1172			AMP WC,DETACH ARM W/O F/L REST	NA	$84.35	NA	$84.35	A	
E1180			AMPUTEE WHEELCHAIR, DETACHABL	NA	$90.15	NA	$90.15	A	
E1190			AMPUTEE WHEELCHAIR, DETACHABL	NA	$104.17	NA	$104.17	A	
E1195			HVY DUTY WC FIX ARM DET EL LRT	NA	$101.98	NA	$101.98	A	
E1200			AMPUTEE WHEELCHAIR, FIXED FULL	NA	$77.55	NA	$77.55	A	
E1220			SPECIALLY SIZED OR CONSTRUCTE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E1221			WHEELCHAIR WITH FIXED ARM, FO	NA	$40.04	NA	$40.04	A	
E1222			WHEELCHAIR W/FIX ARM,ELEV.LEG	NA	$64.73	NA	$64.73	A	
E1223			WHEELCHAIR W/DETACH.ARM, FOOT	NA	$70.69	NA	$70.69	A	
E1224			WHEELCHAIR,DETACH.ARM,ELEV.LE	NA	$77.51	NA	$77.51	A	
E1225			SEMI-RECL BACK FOR CUST.WHEELC	NA	$36.11	NA	$36.11	A	
E1226			FULL RECL.BACK FOR CUST.WHEELC	$285.85	$34.30	$285.85	$34.30	A	
E1227			SPECIAL HEIGHT ARMS FOR WHEELC	$271.41	$32.57	$271.41	$32.57	N	
E1228			SPECIAL BACK HEIGHT FOR WHEELC	NA	$22.75	NA	$22.75	N	
E1230			POWER VEHICLE/3-4WHEEL(NON-RD)	$1,990.36	$238.84	$1,990.36	$238.84	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
E1231			RIGID PED W/C TILT-IN-SPACE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E1232			FOLDING PED WC TILT-IN-SPACE	NA	$204.26	NA	$204.26	A	
E1233			RIG PED WC TLTNSPC W/O SEAT	NA	$211.62	NA	$211.62	A	
E1234			FLD PED WC TLTNSPC W/O SEAT	NA	$184.24	NA	$184.24	A	
E1235			RIGID PED WC ADJUSTABLE	NA	$177.42	NA	$177.42	A	
E1236			FOLDING PED WC ADJUSTABLE	NA	$156.52	NA	$156.52	A	
E1237			RGD PED WC ADJSTABL W/O SEAT	NA	$157.88	NA	$157.88	A	
E1238			FLD PED WC ADJSTABL W/O SEAT	NA	$156.52	NA	$156.52	A	
E1239			PED POWER WHEELCHAIR NOS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E1240			LIGHTWGHT.WHEELCH.,DETACH ARM	NA	$98.41	NA	$98.41	A	
E1250			LTWT WC FIX ARMS DETACH FTREST	$630.67	$75.68	$630.67	$75.68	A	
E1260			LTWT WC DETACH ARMS/FOOTREST	$870.81	$104.50	$870.81	$104.50	A	
E1270			LTWT WC FIX ARMS DET ELV LGRTS	NA	$73.39	NA	$73.39	A	
E1280			HVY DTY WC DETACH ARMS EL FTRT	NA	$117.30	NA	$117.30	A	
E1285			HVY DTY WC FIX ARM DETACH FTRT	$999.66	$119.96	$999.66	$119.96	A	
E1290			HVY DTY WC DETACH ARM/FTRT	$1,386.25	$166.35	$1,386.25	$166.35	A	
E1295			HEAVY DUTY WH.CH.FIX ARM.EL.LE	NA	$112.90	NA	$112.90	A	
E1296			SPECIAL SEAT FOR WC/SPEC.HEIGH	$408.72	$49.05	$408.72	$49.05	N	
E1297			UPHOLSTERY FOR SP.DEPTH WH.SEA	$86.97	$17.39	$86.97	$17.39	N	
E1298			SPEC.CONSTRUC.WC SEAT DP/WIDTH	$373.53	$44.82	$373.53	$44.82	A	
E1300			WHIRLPOOL,PORTABLE(OVERTUB)	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E1310			WHIRLPOOL,NON-PORTABLE(BUILT)	$2,100.25	$252.03	$2,100.25	$252.03	A	
E1353			REGULATOR	$27.70	$5.54	$27.70	$5.54	A	
E1355			STAND/RACK FOR OXYGEN USE	$20.87	$4.17	$20.87	$4.17	A	
E1372			IMMERSION EXTERNAL HEATER FOR	$101.56	$12.19	$101.56	$12.19	A	
E1390			02 CONCEN EQUIV. NOT DETERMINE	NA	$63.78	NA	$63.78	A	
E1392			PORTABLE O2 CONCENTRATOR	NA	$32.82	NA	$32.82	N	
E1399			DURABLE MEDICAL EQUIPMENT, NOT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E1405			02&H20 VAPOR ENRICH SYS-HEATED	NA	$87.14	NA	$87.14	A	
E1406			02&H20 VAPOR ENRICH SYS W/O HT	NA	$68.24	NA	$68.24	A	
E1500			CENTRIFUGE FOR DIALYSIS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E1510			KIDNEY DIALYSATE DELIVERY SYS.	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E1520			HEPARIN INFUSION PUMP-DIALYSIS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E1530			AIR BUBBLE DETECTOR-DIALYSIS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E1540			PRESSURE ALARM FOR DIALYSIS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E1550			BATH CONDUCTIVITY METER-DIALYS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
E1575			TRANSDUCER PROTECT/FLUID BARRI	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E1580			UNIPUNCTURE CONTROL SYS-DIALYS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E1590			HEMODIALYSIS MACHINE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E1592			AUTO INTERMIT PERITONEAL SYS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E1594			CYCLER MACH-PERITONEAL DIALYSI	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E1610			REVERSE OSMOSIS H20 PURIFICATI	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E1615			DEIONIZER H20 PURIFICATION SYS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E1620			BLOOD PUMP FOR DIALYSIS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E1630			RECIPROCATING PERITONEAL DIALY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E1632			WEARABLE ARTIFICIAL KIDNEY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E1634			PERITONEAL DIALYSIS CLAMP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E1635			COMPACT(PORT) TRAVEL DEMODIALY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E1636			SORBENT CARTRIDGES, PER CASE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E1637			HEMOSTATS FOR DIALYSIS, EACH	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
E1699			DIALYSIS EQUIP. UNSPECIF. - BR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E1700			JAW MOTION REHAB. SYSTEM	NA	$28.00	NA	$28.00	A	
E1701			REPLACE CUSHION JAW MOTION SYS	$10.14	$2.03	$10.14	$2.03	A	
E1702			REPLACE SCALES-JAW MOTION SYS	$20.36	$4.07	$20.36	$4.07	A	
E1800			DYN.ADJ. ELBOW EXT./FLEX. DEV.	NA	$99.46	NA	$99.46	A	
E1805			DYN.ADJ. WRIST EXTEN/FLEX. DEV	NA	$107.35	NA	$107.35	A	
E1810			DYN.ADJ.KNEE EXTEN/FLEX.DEVICE	NA	$107.35	NA	$107.35	A	
E1812			KNEE EXT/FLEX W ACT RES CTRL	NA	$82.13	NA	$82.13	A	
E1815			DYN.ADJ.ANKLE EXTEN/FLEX. DEV.	NA	$107.35	NA	$107.35	A	
E1820			SFT.INTERFC.-DYN.ADJ.EXT/FLEX	$79.95	$15.99	$79.95	$15.99	A	
E1825			DYN. ADJ. FINGER EXTEN/FLEX DV	NA	$107.35	NA	$107.35	A	
E1830			DYN.ADJ.TOE EXTENSION/FLEX. DV	NA	$107.35	NA	$107.35	A	
E1902			AUGMENTIVE COMMUNICATION DEVIC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E1905			VR CBT THERAPY	NA	$452.23	NA	$452.23	N	
E2001			SUCT PUM EXT URINE MGMT SYS	NA	$42.05	NA	$42.05	N	
E2100			BLD GLUCOSE MONITOR W VOICE	$620.37	$74.44	$620.37	$74.44	A	
E2102			ADJU CGM RECEIVER/MONITOR	$147.59	$17.71	$147.59	$17.71	N	
E2103			NON-ADJU CGM RECEIVER/MON	$191.77	$23.01	$191.77	$23.01	A	
E2104			GLUCOSE MONITOR W CARTRIDGE	$37.42	$7.48	$37.42	$7.48	A	
E2201			MAN W/CH ACC SEAT W>=20 <24	$224.62	$26.95	$224.62	$26.95	N	
E2202			SEAT WIDTH 24-27 IN	$329.60	$39.55	$329.60	$39.55	N	
E2203			FRAME DEPTH LESS THAN 22 IN	$324.65	$38.96	$324.65	$38.96	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
E2204			FRAME DEPTH 22 TO 25 IN	$562.92	$67.55	$562.92	$67.55	N	
E2205			MANUAL WC ACCESSORY, HANDRIM	$28.32	$5.66	$28.32	$5.66	N	
E2206			COMPLETE WHEEL LOCK ASSEMBLY	$29.62	$5.92	$29.62	$5.92	N	
E2207			CRUTCH AND CANE HOLDER	$37.11	$7.42	$37.11	$7.42	N	
E2208			CYLINDER TANK CARRIER	$57.29	$11.46	$57.29	$11.46	A	
E2209			ARM TROUGH EACH	$68.66	$13.73	$68.66	$13.73	A	
E2210			WHEELCHAIR BEARINGS	$4.13	$0.83	$4.13	$0.83	A	
E2211			PNEUMATIC PROPULSION TIRE	$28.16	$5.63	$28.16	$5.63	A	
E2212			PNEUMATIC PROP TIRE TUBE	$4.98	$1.00	$4.98	$1.00	A	
E2213			PNEUMATIC PROP TIRE INSERT	$24.79	$4.96	$24.79	$4.96	A	
E2214			PNEUMATIC CASTER TIRE EACH	$26.61	$5.32	$26.61	$5.32	A	
E2215			PNEUMATIC CASTER TIRE TUBE	$8.32	$1.66	$8.32	$1.66	A	
E2216			FOAM FILLED PROPULSION TIRE	$35.70	$7.14	$35.70	$7.14	A	
E2217			FOAM FILLED CASTER TIRE EACH	$31.59	$6.32	$31.59	$6.32	A	
E2218			FOAM PROPULSION TIRE EACH	$35.70	$7.14	$35.70	$7.14	A	
E2219			FOAM CASTER TIRE ANY SIZE EA	$31.59	$6.32	$31.59	$6.32	A	
E2220			SOLID PROPULSION TIRE EACH	$22.65	$4.53	$22.65	$4.53	A	
E2221			SOLID CASTER TIRE EACH	$21.41	$4.28	$21.41	$4.28	A	
E2222			SOLID CASTER INTEGRATED WHL	$17.80	$3.56	$17.80	$3.56	A	
E2224			PROPULSION WHL EXCLUDES TIRE	$74.77	$14.95	$74.77	$14.95	A	
E2225			CASTER WHEEL EXCLUDES TIRE	$14.85	$2.97	$14.85	$2.97	A	
E2226			CASTER FORK REPLACEMENT ONLY	$31.79	$6.36	$31.79	$6.36	A	
E2231			SOLID SEAT SUPPORT BASE	$108.08	$12.97	$108.08	$12.97	A	
E2298			PWR SEAT ELEV SYS FOR CRT	$1,166.83	$140.02	$1,166.83	$140.02	A	
E2310			ELECTRO CONNECT BTW CONTROL	NA	$62.04	NA	$62.04	A	
E2311			ELECTRO CONNECT BTW 2 SYS	NA	$125.42	NA	$125.42	A	
E2312			MINI-PROP REMOTE JOYSTICK	NA	$210.72	NA	$210.72	A	
E2313			PWC HARNESS, EXPAND CONTROL	NA	$29.44	NA	$29.44	A	
E2358			GR 34 NONSEALED LEADACID	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E2359			GR34 SEALED LEADACID BATTERY	$128.78	$15.45	$128.78	$15.45	A	
E2360			22NF NONSEALED LEADACID	$98.97	$19.79	$98.97	$19.79	N	
E2361			22NF SEALED LEADACID BATTERY	$93.98	$18.80	$93.98	$18.80	N	
E2362			GR24 NONSEALED LEADACID	$88.70	$17.74	$88.70	$17.74	N	
E2363			GR24 SEALED LEADACID BATTERY	$114.37	$13.72	$114.37	$13.72	N	
E2364			U1NONSEALED LEADACID BATTERY	$96.29	$19.26	$96.29	$19.26	N	
E2365			U1 SEALED LEADACID BATTERY	$61.67	$12.33	$61.67	$12.33	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
E2366			BATTERY CHARGER, SINGLE MODE	$119.34	$14.32	$119.34	$14.32	N	
E2367			BATTERY CHARGER, DUAL MODE	$305.75	$36.69	$305.75	$36.69	N	
E2368			POWER WC MOTOR REPLACEMENT	NA	$25.14	NA	$25.14	A	
E2369			PWR WC GEAR BOX REPLACEMENT	NA	$22.25	NA	$22.25	A	
E2370			PWR WC MOTOR/GEAR BOX COMBO	NA	$35.86	NA	$35.86	A	
E2371			GR27 SEALED LEADACID BATTERY	$112.18	$13.46	$112.18	$13.46	A	
E2372			GR27 NON-SEALED LEADACID	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E2373			HAND/CHIN CTRL SPEC JOYSTICK	NA	$65.95	NA	$65.95	A	
E2374			HAND/CHIN CTRL STD JOYSTICK	NA	$28.45	NA	$28.45	A	
E2375			NON-EXPANDABLE CONTROLLER	NA	$41.23	NA	$41.23	A	
E2376			EXPANDABLE CONTROLLER, REPL	NA	$71.11	NA	$71.11	A	
E2377			EXPANDABLE CONTROLLER, INITL	NA	$26.01	NA	$26.01	A	
E2378			PW ACTUATOR REPLACEMENT	NA	$44.49	NA	$44.49	A	
E2381			PNEUM DRIVE WHEEL TIRE	$50.84	$10.17	$50.84	$10.17	A	
E2382			TUBE, PNEUM WHEEL DRIVE TIRE	$15.53	$3.11	$15.53	$3.11	A	
E2383			INSERT, PNEUM WHEEL DRIVE	$103.32	$12.40	$103.32	$12.40	A	
E2384			PNEUMATIC CASTER TIRE	$47.19	$9.44	$47.19	$9.44	A	
E2385			TUBE, PNEUMATIC CASTER TIRE	$37.28	$7.46	$37.28	$7.46	A	
E2386			FOAM FILLED DRIVE WHEEL TIRE	$79.32	$15.86	$79.32	$15.86	A	
E2387			FOAM FILLED CASTER TIRE	$37.64	$7.53	$37.64	$7.53	A	
E2388			FOAM DRIVE WHEEL TIRE	$40.57	$8.11	$40.57	$8.11	A	
E2389			FOAM CASTER TIRE	$22.67	$4.53	$22.67	$4.53	A	
E2390			SOLID DRIVE WHEEL TIRE	$35.11	$7.02	$35.11	$7.02	A	
E2391			SOLID CASTER TIRE	$14.20	$2.84	$14.20	$2.84	A	
E2392			SOLID CASTER TIRE, INTEGRATE	$35.59	$7.12	$35.59	$7.12	A	
E2394			DRIVE WHEEL EXCLUDES TIRE	$47.44	$9.49	$47.44	$9.49	A	
E2395			CASTER WHEEL EXCLUDES TIRE	$33.40	$6.68	$33.40	$6.68	A	
E2396			CASTER FORK	$41.58	$8.32	$41.58	$8.32	A	
E2398			WC DYNAMIC POS BACK HARDWARE	$112.20	$13.46	$112.20	$13.46	N	
E2402			NEG PRESS WOUND THERAPY PUMP	NA	$551.19	NA	$551.19	A	
E2513			SGD ACCESSORY, EMG SENSOR	$2,568.33	$308.20	$2,568.33	$308.20	A	
E2601			GEN W/C CUSHION WDTH < 22 IN	$30.40	$6.08	$30.40	$6.08	N	
E2602			GEN W/C CUSHION WDTH >=22 IN	$64.78	$12.96	$64.78	$12.96	N	
E2603			SKIN PROTECT WC CUS WD <22IN	$78.53	$15.71	$78.53	$15.71	N	
E2604			SKIN PROTECT WC CUS WD>=22IN	$112.78	$13.53	$112.78	$13.53	N	
E2605			POSITION WC CUSH WDTH <22 IN	$166.54	$19.98	$166.54	$19.98	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
E2606			POSITION WC CUSH WDTH>=22 IN	$273.25	$32.79	$273.25	$32.79	A	
E2607			SKIN PRO/POS WC CUS WD <22IN	$157.35	$18.88	$157.35	$18.88	A	
E2608			SKIN PRO/POS WC CUS WD>=22IN	$202.12	$24.25	$202.12	$24.25	A	
E2611			GEN USE BACK CUSH WDTH <22IN	$128.59	$15.43	$128.59	$15.43	A	
E2612			GEN USE BACK CUSH WDTH>=22IN	$236.13	$28.34	$236.13	$28.34	A	
E2613			POSITION BACK CUSH WD <22IN	$242.49	$29.10	$242.49	$29.10	A	
E2614			POSITION BACK CUSH WD>=22IN	$365.74	$43.89	$365.74	$43.89	A	
E2615			POS BACK POST/LAT WDTH <22IN	$284.51	$34.14	$284.51	$34.14	A	
E2616			POS BACK POST/LAT WDTH>=22IN	$371.67	$44.60	$371.67	$44.60	A	
E2619			REPLACE COVER W/C SEAT CUSH	$41.77	$8.35	$41.77	$8.35	A	
E2620			WC PLANAR BACK CUSH WD <22IN	$294.42	$35.33	$294.42	$35.33	A	
E2621			WC PLANAR BACK CUSH WD>=22IN	$355.16	$42.62	$355.16	$42.62	A	
E2622			ADJ SKIN PRO W/C CUS WD<22IN	$264.97	$31.80	$264.97	$31.80	A	
E2623			ADJ SKIN PRO WC CUS WD>=22IN	$335.08	$40.21	$335.08	$40.21	A	
E2624			ADJ SKIN PRO/POS CUS<22IN	$269.26	$32.31	$269.26	$32.31	A	
E2625			ADJ SKIN PRO/POS WC CUS>=22	$333.23	$39.99	$333.23	$39.99	A	
E2626			SEO MOBILE ARM SUP ATT TO WC	$526.90	$63.23	$526.90	$63.23	A	
E2627			ARM SUPP ATT TO WC RANCHO TY	$804.06	$96.49	$804.06	$96.49	A	
E2628			MOBILE ARM SUPPORTS RECLININ	$639.92	$76.79	$639.92	$76.79	A	
E2629			FRICTION DAMPENING ARM SUPP	$813.27	$97.59	$813.27	$97.59	A	
E2630			MONOSUSPENSION ARM/HAND SUPP	$535.33	$64.24	$535.33	$64.24	A	
E2631			ELEVAT PROXIMAL ARM SUPPORT	$232.39	$27.89	$232.39	$27.89	A	
E2632			OFFSET/LAT ROCKER ARM W/ELA	$143.17	$17.18	$143.17	$17.18	A	
E2633			MOBILE ARM SUPPORT SUPINATOR	$118.55	$14.23	$118.55	$14.23	A	
E3000			SPEECH VOLUME MODULATION SYS	NA	$164.09	NA	$164.09	N	
E8000			POSTERIOR GAIT TRAINER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E8001			UPRIGHT GAIT TRAINER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
E8002			ANTERIOR GAIT TRAINER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
G0008			INJECT FLU VACCINE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
G0009			INJECT PNEUMOCOCCAL VACCINE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
G0011			HIV PREP COUNSEL, MD 15-30M	$18.86	$1.89	$18.86	$1.89	N	
G0011	26		HIV PREP COUNSEL, MD 15-30M	$16.95	$1.70	$16.95	$1.70	N	
G0012			INJECTION OF HIV PREP DRUG	$9.99	$1.00	$9.99	$1.00	N	
G0013			HIV PREP COUNSEL, CLIN STAFF	$16.40	$16.40	$16.40	$16.40	N	
G0013	26		HIV PREP COUNSEL, CLIN STAFF	$5.93	$5.93	$5.93	$5.93	N	
G0017			CRISIS PSYCHOTHERAPY 60M	$146.38	$12.20	$146.38	$12.20	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
G0017	26		CRISIS PSYCHOTHERAPY 60M	$126.64	$10.55	$126.64	$10.55	N	
G0018			CRISIS PSYCHOTHERAPY ADD 30M	$72.01	$7.20	$72.01	$7.20	N	
G0018	26		CRISIS PSYCHOTHERAPY ADD 30M	$63.21	$6.32	$63.21	$6.32	N	
G0027			SEMEN ANALYSIS	$5.20	$5.20	$5.20	$5.20	N	
G0068			ADM OF INFUSION DRUG IN HOME	$86.50	$86.50	$86.50	$86.50	N	
G0069			ADM OF IMMUNE DRUG IN HOME	$116.87	$116.87	$116.87	$116.87	N	
G0070			ADM OF CHEMO DRUG IN HOME	$145.40	$145.40	$145.40	$145.40	N	
G0076			CARE MANAG H VST NEW PT 20 M	$24.14	$20.51	$24.14	$20.51	N	
G0077			CARE MANAG H VST NEW PT 30 M	$36.02	$30.62	$36.02	$30.62	N	
G0078			CARE MANAG G VST NEW PT 45 M	$58.79	$49.97	$58.79	$49.97	N	
G0080			CARE MANAG H VST NEW PT 75 M	$101.20	$86.02	$101.20	$86.02	N	
G0082			CARE MANAG H V EXT PT 30MIN	$38.36	$32.60	$38.36	$32.60	N	
G0084			CARE MANAG HV EXT PT 60 MIN	$84.67	$71.97	$84.67	$71.97	N	
G0086			CARE MAN HOME CARE PLAN 30M	$36.44	$30.97	$36.44	$30.97	N	
G0087			CARE MAN HOME CARE PLAN 60M	$51.00	$43.35	$51.00	$43.35	N	
G0101			CERV/VAG CA SCREEN: PELV/BRST	$27.17	$23.09	$30.47	$25.90	N	
G0102			PROSTATE CA SCREENING: DRE	$16.40	$13.94	$18.90	$16.07	N	
G0102	26		PROSTATE CA SCREENING:DIGITAL	$5.93	$5.04	$7.70	$6.55	N	
G0104			COLORECTAL CA SCREEN	$93.59	$79.55	$110.06	$93.55	N	
G0104	AA		COLORECTAL CA SCREEN	$9.30	$8.10	$9.30	$8.10	N	4
G0104	TC		COLORECTAL CA SCREEN	$40.77	$40.77	$60.38	$60.38	N	
G0104	26		COLORECTAL CA SCREEN	$28.00	$23.80	$49.68	$42.23	N	
G0105			COLORECTAL CA SCREENING	$236.17	$200.74	$332.09	$282.28	N	
G0105	AA		COLORECTAL CA SCREENING	$9.30	$8.10	$9.30	$8.10	N	4
G0105	TC		COLORECTAL CA SCREENING	$41.00	$41.00	$159.11	$159.11	N	
G0105	26		COLORECTAL CA SCREENING	$125.54	$106.71	$175.41	$149.10	N	
G0108			DIABETES OP SELF MNGMT TX SERV	$37.74	$37.74	$37.74	$37.74	N	
G0109			DIAB SELF MNGMT SERV GRP SESS	$10.83	$10.83	$10.83	$10.83	N	
G0121			COLORECTAL CA SCREENING	$236.40	$200.94	$332.41	$282.55	N	
G0121	AA		COLORECTAL CA SCREENING	$9.30	$8.10	$9.30	$8.10	N	4
G0121	TC		COLORECTAL CA SCREENING	$41.00	$41.00	$159.11	$159.11	N	
G0121	26		COLORECTAL CA SCREENING	$125.77	$106.90	$175.41	$149.10	N	
G0123			SCR CYTO C/V THIN PREP	$10.13	$10.13	$10.13	$10.13	N	
G0124			SCREEN C/V THIN LAYER BY MD	$17.48	$17.48	$17.48	$17.48	N	
G0127			TRIMMING DYSTROPHIC NAILS	$12.06	$10.25	$14.15	$12.03	N	
G0129			PARTIAL HOSP PROG SERVICE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
G0130			BONE DENSITY STUDY 1 OR MORE	$19.15	$16.27	$37.15	$31.58	N	
G0130	TC		BONE DENSITY STUDY 1 OR MORE	$13.76	$13.76	$25.70	$25.70	N	
G0130	26		BONE DENSITY STUDY 1 OR MORE	$5.39	$4.58	$9.62	$8.18	N	
G0138			IV CIPAGLUCOSIDASE ALFA-ATGA	$144.28	$144.28	$144.28	$144.28	N	
G0141			SCR C/V CYTO AUTOSYS AND MD.	$19.98	$19.98	$18.96	$18.96	N	
G0166			EXTRNL COUNTERPULSE, PER TX	$50.96	$43.32	$50.96	$43.32	N	
G0168			WOUND CLOSURE BY ADHESIVE	$49.97	$42.47	$80.93	$68.79	N	
G0168	26		WOUND CLOSURE BY ADHESIVE	$6.98	$5.93	$22.58	$19.19	N	
G0175			OPPS SERVICE,SCHED TEAM CONF	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
G0176			OPPS/PHP/IOP: ACTIVITY THRPY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
G0176	HH		OPPS/PHP: ACTIVITY THERAPY	$0.00	$0.00	$0.00	$0.00	N	
G0177			OPPS/PHP/IOP: TRAIN & EDUC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
G0239			OTH RESP PROC, GROUP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
G0268			REMOVAL OF IMPACTED WAX MD	$25.87	$21.99	$41.26	$35.07	N	
G0268	26		REMOVAL OF IMPACTED WAX MD	$16.01	$13.61	$28.02	$23.82	N	
G0269			OCCLUSIVE DEVICE IN VEIN ART	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
G0276			PILD/PLACEBO CONTROL CLIN TR	$178.44	$151.67	$178.44	$151.67	N	
G0277			HBOT, FULL BODY CHAMBER, 30M	$89.36	$75.96	$89.36	$75.96	N	
G0278			ILIAC ART ANGIO,CARDIAC CATH	$6.35	$5.40	$11.59	$9.85	N	
G0279			DIAG DIG BREAST TOMOSYNTHESIS	$21.83	$18.55	$21.83	$18.55	N	
G0279	TC		DIAG DIG BREAST TOMOSYNTHESIS	$7.99	$7.99	$7.99	$7.99	N	
G0279	26		DIAG DIG BREAST TOMOSYNTHESIS	$13.84	$11.76	$13.84	$11.76	N	
G0283			ELEC STIM OTHER THAN WOUND	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
G0288			RECON, CTA FOR SURG PLAN	$23.75	$20.19	$37.04	$31.48	N	
G0289			ARTHRO, LOOSE BODY + CHONDRO	$41.55	$35.31	$81.61	$69.37	N	
G0296			VISIT TO DETERM LDCT ELIG	$13.58	$11.54	NA	NA	N	
G0296	26		VISIT TO DETERM LDCT ELIG	$12.22	$10.38	$12.22	$10.38	N	
G0306			CBC AUTO HGB-RBC WBC WPLATELET	$6.22	$6.22	$6.22	$6.22	N	
G0307			HEMOGRAM AUTO W PLATELET COUNT	$5.18	$5.18	$5.18	$5.18	N	
G0310			IMMUNIZE COUNSEL 5-15 MIN	$12.12	$12.12	NA	NA	N	
G0311			IMMUNIZE COUNSEL 16-30 MINS	$12.12	$12.12	NA	NA	N	
G0312			IMMUNIZE COUNS <21YR 5-15 M	NA	NA	$19.38	$19.38	N	
G0313			IMMUNIZE COUNS <21 16-30 M	NA	NA	$19.38	$19.38	N	
G0314			COUNSEL IMMUNE <21 16-30 M	NA	NA	$19.38	$19.38	N	
G0315			COUNSEL IMMUNE <21 5-15 M	NA	NA	$19.38	$19.38	N	
G0316			PROLONG INPT EVAL ADD15M	$15.53	$13.20	$15.53	$13.20	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
G0316	26		PROLONG INPT EVAL ADD15 M	$14.84	$12.61	$14.84	$12.61	N	
G0317			PROLONG NURSIN FAC EVAL 15M	$15.35	$13.05	$15.35	$13.05	N	
G0317	26		PROLONG NURSIN FAC EVAL 15M	$14.68	$12.47	$14.68	$12.47	N	
G0318			PROLONG HOME EVAL ADD 15M	$15.18	$12.90	$15.18	$12.90	N	
G0318	26		PROLONG HOME EVAL ADD 15M	$14.50	$12.33	$14.50	$12.33	N	
G0328			IMMUNOASSAY INFECTIOUS AG QUAL	$14.44	$14.44	$14.44	$14.44	N	
G0328	QW		IMMUNOASSAY INFECTIOUS AG QUAL	$14.44	$14.44	$14.44	$14.44	N	
G0330			FACILITY SVS DENTAL REHAB	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
G0339			ROBOT LIN-RADSURG COM, FIRST	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
G0340			ROBT LIN-RADSURG FRACTX 2-5	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
G0378			HOSPITAL OBSERVATION PER HR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
G0396			ALCOHOL/SUBS INTERV 15-30MN	$17.01	$14.45	$24.92	$21.18	N	
G0396	HH		ALC &/OR SUBST SBIRT 15-30MINS	$0.00	$0.00	$0.00	$0.00	N	
G0396	26		ALCOHOL/SUBS INTERV 15-30 MIN	$15.48	$13.15	$23.55	$20.02	N	
G0397			ALCOHOL/SUBS INTERV >30 MIN	$31.65	$26.90	$48.78	$41.46	N	
G0397	HH		ALC &/OR SUBS SBIRT 30 MINS	$0.00	$0.00	$0.00	$0.00	N	
G0397	26		ALCOHOL/SUBS INTERV >30 MIN	$30.12	$25.60	$47.07	$40.00	N	
G0410			GRP PSYCH PARTIAL HOSP 45-50	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
G0411			INTER ACTIVE GRP PSYCH PARTI	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
G0412			OPEN TX ILIAC SPINE UNI/BIL	$363.90	$309.31	$363.90	$309.31	N	
G0413			PELVIC RING FRACTURE UNI/BIL	$532.80	$452.88	$532.80	$452.88	N	
G0414			PELVIC RING FX TREAT INT FIX	$503.55	$428.02	$503.55	$428.02	N	
G0415			OPEN TX POST PELVIC FXCTURE	$684.65	$581.95	$684.65	$581.95	N	
G0420			ED SVC CKD IND PER SESSION	$52.90	$44.97	$52.90	$44.97	N	
G0421			ED SVC CKD GRP PER SESSION	$12.75	$10.83	$12.75	$10.83	N	
G0422			INTENS CARDIAC REHAB W/EXERC	$64.25	$54.61	$64.25	$54.61	N	
G0423			INTENS CARDIAC REHAB NO EXER	$64.25	$54.61	$64.25	$54.61	N	
G0432			EIA HIV-1/HIV-2 SCREEN	$15.66	$15.66	$15.66	$15.66	N	
G0433			ELISA HIV-1/HIV-2 SCREEN	$14.63	$14.63	$14.63	$14.63	N	
G0435			ORAL HIV-1/HIV-2 SCREEN	$9.58	$9.58	$9.58	$9.58	N	
G0442			ANNUAL ALCOHOL SCREEN 15 MIN	$8.83	$7.50	$8.83	$7.50	N	
G0443			BRIEF ALCOHOL MISUSE COUNSEL	$16.04	$13.63	$16.04	$13.63	N	
G0444			DEPRESSION SCREEN ANNUAL	$8.83	$7.50	$8.83	$7.50	N	
G0445			HIGH INTEN BEH COUNS STD 30M	$15.87	$13.49	$15.87	$13.49	N	
G0446			INTENS BEHAVE THER CARDIO DX	$16.04	$13.63	$16.04	$13.63	N	
G0447			BEHAVIOR COUNSEL OBESITY 15M	$22.46	$19.09	$22.46	$19.09	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	**MOD1**	**MOD2**	**SHORT DESCRIPTION**	**FEE- SPECIALIST**	**FEE- NON-SPECIALIST**	**CHILDREN SPECIALIST**	**CHILDREN NON-SPECIALIST**	**PA- IND**	**ANESTHESIA BASE- UNITS**
				PURCHASE	**RENTAL**	**PURCHASE**	**RENTAL**		
G0451			DEVLOPMENT TEST INTERPT&REP	$5.94	$5.05	$5.94	$5.05	N	
G0461			IMMUNOHISTO/CYTO CHEM 1ST ST	$77.88	$77.88	$77.88	$77.88	N	
G0461	TC		IMMUNOHISTO/CYTO CHEM 1ST ST	$51.94	$51.94	$51.94	$51.94	N	
G0461	26		IMMUNOHISTO/CYTO CHEM 1ST ST	$25.94	$25.94	$25.94	$25.94	N	
G0462			IMMUNOHISTO/CYTO CHEM ADD	$60.90	$60.90	$60.90	$60.90	N	
G0462	TC		IMMUNOHISTO/CYTO CHEM ADD	$50.32	$50.32	$50.32	$50.32	N	
G0462	26		IMMUNOHISTO/CYTO CHEM ADD	$10.57	$10.57	$10.57	$10.57	N	
G0463			HOSPITAL OUTPT CLINIC VISIT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
G0464			COLOREC CA SCR, STO BAS DNA	$394.18	$335.05	$394.18	$335.05	N	
G0470	HF		FQHC VISIT LPC GRP COUNSELING	$69.26	$69.26	$69.26	$69.26	N	
G0470	HK		FQHC VISIT LMFT GRP COUNSELING	$69.26	$69.26	$69.26	$69.26	N	
G0470	HQ		FQHC VISIT BH GROUP COUNSELING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
G0471			VEN BLOOD COLL SNF/HHA	$8.87	$8.87	$8.87	$8.87	N	
G0472			HEP C SCREEN HIGH RISK/OTHER	$37.08	$37.08	$37.08	$37.08	N	
G0473			GROUP BEHAVE COUNS 2-10	$6.06	$5.15	$6.06	$5.15	N	
G0473	26		FACE-TO-FACE BEHAV COUNS OBESI	$5.55	$4.72	$5.55	$4.72	N	
G0475			HIV COMBINATION ASSAY	$19.26	$19.26	$19.26	$19.26	N	
G0476			HPV COMBO ASSAY CA SCREEN	$28.07	$28.07	$28.07	$28.07	N	
G0480			DRUG TE	$91.54	$91.54	$91.54	$91.54	N	
G0480	HF		DRUG TEST(S) DEFINITIVE, UTILI	$91.54	$91.54	$91.54	$91.54	N	
G0481			DRUG TES	$125.27	$125.27	$125.27	$125.27	N	
G0481	HF		DRUG TES	$99.12	$99.12	$99.12	$99.12	N	
G0491			DIALYSIS ACU KIDNEY NO ESRD	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
G0506			COMP ASSES CARE PLAN CCM SVC	$31.07	$26.41	$31.07	$26.41	N	
G0506	26		COMP ASSES CARE PLAN CCM SVC	$21.04	$17.88	$21.04	$17.88	N	
G0513			PROLON PREV SVCS, FIRST 30 MIN	$30.76	$26.14	$30.76	$26.14	N	
G0513	26		PROLONG PREV SVCS, FIRST 30M	$28.55	$24.27	$28.55	$24.27	N	
G0514			PROLONG PREV SVCS, ADDL/30M	$30.76	$26.14	$30.76	$26.14	N	
G0514	26		PROLONG PREV SVCS, ADDL 30M	$28.55	$24.27	$28.55	$24.27	N	
G0516			INSERT DRUG DEL IMPLANT, >=4	$86.00	$73.10	$86.00	$73.10	N	
G0516	26		INSERT DRUG DEL IMPLANT, >4	$47.08	$40.02	$47.08	$40.02	N	
G0517			REMOVE DRUG IMPLANT	$96.94	$82.39	$96.94	$82.39	N	
G0517	26		REMOVE DRUG IMPLANT	$53.60	$45.56	$53.60	$45.56	N	
G0518			REMOVE W INSERT DRUG IMPLANT	$153.75	$130.69	$153.75	$130.69	N	
G0518	26		REMOVE W INSERT DRUG IMPLANT	$87.64	$74.49	$87.64	$74.49	N	
G2010			REMOT IMAGE SUBMIT BY PT	$6.11	$5.19	$6.11	$5.19	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
G2010	26		REMOT IMAGE SUBMIT BY PT	$4.41	$3.74	$4.41	$3.74	N	
G2011			ALCOHOL/SUB ABUSE ASSESS	$8.16	$6.93	$8.16	$6.93	N	
G2063	26		QUAL NONMD EST PT21>MIN	$16.75	$14.24	$16.75	$14.24	N	
G2067			MED ASSIST TX METH WK	$153.11	$153.11	$153.11	$153.11	N	
G2068			MED ASSIST TX BUPRE ORAL	$210.55	$210.55	$210.55	$210.55	N	
G2069			MED ASSIST TX INJECT	$1,996.35	$1,996.35	$1,996.35	$1,996.35	N	
G2073			MED TX NALTREXONE	$1,253.35	$1,253.35	$1,253.35	$1,253.35	N	
G2074			MED ASSIST TX NO DRUG	$85.19	$85.19	$85.19	$85.19	N	
G2076			INTAKE ACT W/MED EXAM	$460.08	$460.08	$460.08	$460.08	N	
G2078			TAKE-HOME METH	$35.28	$35.28	$35.28	$35.28	N	
G2079			TAKE-HOM BUPRENORPHINE	$91.18	$91.18	$91.18	$91.18	N	
G2082			VISIT ESKETAMINE 56M OR LESS	$433.11	$368.14	$433.11	$368.14	N	
G2082	26		VISIT ESKETAMINE 56M OR LESS	$16.95	$14.40	$16.95	$14.40	N	
G2083			VISIT ESKETAMINE, > 56M	$614.60	$522.41	$614.60	$522.41	N	
G2083	26		VISIT ESKETAMINE, >56M	$16.95	$14.40	$16.95	$14.40	N	
G2086			OFF BASE OPIOID TX 70MIN	$230.20	$195.67	$230.20	$195.67	N	
G2086	26		OFF BASE OPIOID TX 70 MIN	$198.93	$169.09	$198.93	$169.09	N	
G2087			OFF BASE OPIOID TX, 60 M	$207.63	$176.48	$207.63	$176.48	N	
G2087	26		OFF BASE OPIOID TX, 60 M	$186.90	$158.86	$186.90	$158.86	N	
G2088			OFF BASE OPIOID TX, ADD30	$28.23	$24.00	$28.23	$24.00	N	
G2088	26		OFF BASE OPIOID TX, ADD 30	$18.04	$15.33	$18.04	$15.33	N	
G2211			COMPLEX E/M VISIT ADD ON	$12.52	$10.64	$12.52	$10.64	N	
G2212			PROLONG OUTPT/OFFICE VIS	$15.69	$13.34	$15.69	$13.34	N	
G2212	26		PROLONG OUTPT/OFFICE VIS	$24.02	$20.41	$24.02	$20.41	N	
G2213			INITIAT MED ASSIST TX IN ER	$29.91	$25.42	$29.91	$25.42	N	
G2213	26		INITIAT MED ASSIST TX IN ER	$44.31	$37.67	$44.31	$37.67	N	
G2214			INIT/SUB PSYCH CARE M 1ST 30	$27.77	$27.77	$27.77	$27.77	N	
G2250			REMOT IMG SUB BY PT, NON E/M	$6.11	$5.19	$6.11	$5.19	N	
G2250	26		REMOT IMG SUB BY PT, NON E/M	$7.05	$5.99	$7.05	$5.99	N	
G2251			BRIEF CHKIN, 5-10, NON-E/M	$7.05	$5.99	$7.05	$5.99	N	
G2251	26		BRIEF CHKIN, 5-10, NON-E/M	$9.92	$8.43	$9.92	$8.43	N	
G2252			BRIEF CHKIN BY MD/QHP, 11-20	$12.92	$10.98	$12.92	$10.98	N	
G2252	26		BRIEF CHKIN BY MD/QHP, 11-20	$19.58	$16.64	$19.58	$16.64	N	
G6001			ECHO GUIDANCE RADIOTHERAPY	$89.65	$76.20	$89.65	$76.20	N	
G6001	TC		ULTRSOUND GUID FOR PLACE RAD	$74.09	$74.09	$74.09	$74.09	N	
G6001	26		ULTRASON GUID FOR PLACE RAD TH	$15.56	$13.23	$15.56	$13.23	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
G6002			STEREOSCOPIC X-RAY GUIDANCE	$38.18	$32.45	$38.18	$32.45	N	
G6002	TC		STEREOSCOP X-RAY GUID FOR LOC	$28.04	$28.04	$28.04	$28.04	N	
G6002	26		STEREOSCOP X-RAY GUID FOR LOCA	$10.14	$8.62	$10.14	$8.62	N	
G6003			RADIATION TREATMENT DELIVERY	$77.15	$65.57	$77.15	$65.57	N	
G6004			RADIATION TREATMENT DELIVERY	$62.53	$53.15	$62.53	$53.15	N	
G6005			RADIATION TREATMENT DELIVERY	$62.53	$53.15	$62.53	$53.15	N	
G6006			RADIATION TREATMENT DELIVERY	$62.19	$52.86	$62.19	$52.86	N	
G6007			RADIATION TREATMENT DELIVERY	$110.96	$94.32	$110.96	$94.32	N	
G6008			RADIATION TREATMENT DELIVERY	$86.15	$73.22	$86.15	$73.22	N	
G6009			RADIATION TREATMENT DELIVERY	$86.83	$73.80	$86.83	$73.80	N	
G6010			RADIATION TREATMENT DELIVERY	$85.47	$72.65	$85.47	$72.65	N	
G6011			RADIATION TREATMENT DELIVERY	$113.50	$96.48	$113.50	$96.48	N	
G6012			RADIATION TREATMENT DELIVERY	$113.67	$96.62	$113.67	$96.62	N	
G6013			RADIATION TREATMENT DELIVERY	$114.19	$97.06	$114.19	$97.06	N	
G6014			RADIATION TREATMENT DELIVERY	$113.50	$96.48	$113.50	$96.48	N	
G6015			RADIATION TX DELIVERY IMRT	$177.22	$150.63	$177.22	$150.63	N	
G6016			DELIVERY COMP IMRT	$176.56	$150.07	$176.56	$150.07	N	
G6019	26		COLONOSCOPY THRU STOMAW/ABLAT	$142.60	$121.21	$142.60	$121.21	N	
G6022	26		SIGMOID FLEX W/ABLATION TUMOR	$96.15	$81.72	$96.15	$81.72	N	
G6024	26		COLONOSCOPY, FLEX,LESION REMOV	$172.73	$146.82	$172.73	$146.82	N	
G9002	TF	33	INCK CARE COORDINATION TIER 2	NA	NA	$80.00	$80.00	N	
G9002	TG	33	INCK CARE COORDINATION TIER 3	NA	NA	$160.00	$160.00	N	
G9037			INTRPRO REQ FR REC PHYS/QHCP	$20.49	$17.41	$20.49	$17.41	N	
G9038			CO-MANAGEMENT SERVICES	$25.61	$21.76	$25.61	$21.76	N	
G9141	52		INFLUENZA A(H1N1)ADMIN INTRANA	$5.00	$5.00	$5.00	$5.00	N	
G9147			OUTPT IV INSULIN TX ANY MEA	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
G9489			REMOTE E/M EST. PT 40MINS	$37.23	$31.65	$37.23	$31.65	N	
G9490			JOINT REPLAC MOD HOME VISIT	$24.11	$20.49	$24.11	$20.49	N	
G9685			ACUTE NURSING FACILITY CARE	$90.19	$76.66	$90.19	$76.66	N	
G9880			EM 5 PERCENT WL	$40.00	$40.00	$40.00	$40.00	N	
G9881			EM 9 PERCENT WL	$80.00	$80.00	$80.00	$80.00	N	
G9919	SA	33	INTERPRETATION OF INCK TIER2&3	NA	NA	$35.00	$35.00	N	
G9919	SB	33	INTERPRETATION OF INCK TIER2&3	NA	NA	$35.00	$35.00	N	
G9919	33		INTERPRETATION OF INCK TIER2&3	NA	NA	$35.00	$35.00	N	
G9920	SA	33	INTERPRETATION OF INCK TIER1	NA	NA	$35.00	$35.00	N	
G9920	SB	33	INTERPRETATION OF INCK TIER1	NA	NA	$35.00	$35.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
G9920	33		INTERPRETATION OF INCK TIER1	NA	NA	$35.00	$35.00	N	
G9978			REMOTE E/M NEW PT 10MINS	$24.65	$20.95	$24.65	$20.95	N	
G9979			REMOTE E/M NEW PT 20MINS	$35.76	$30.39	$35.76	$30.39	N	
G9980			REMOTE E/M NEW PT 30 MINS	$52.72	$44.81	$52.72	$44.81	N	
G9981			REMOTE E/M NEW PT 45MINS	$80.41	$68.34	$80.41	$68.34	N	
G9982			REMOTE E/M NEW PT 60MINS	$104.43	$88.77	$104.43	$88.77	N	
G9983			REMOTE E/M EST. PT 10MINS	$24.65	$20.95	$24.65	$20.95	N	
G9984			REMOTE E/M EST. PT 15MINS	$40.12	$34.10	$40.12	$34.10	N	
G9985			REMOTE E/M EST. PT 25MINS	$57.07	$48.51	$57.07	$48.51	N	
G9986			REMOTE E/M EST. PT 40MINS	$78.36	$66.60	$78.36	$66.60	N	
G9987			BPCI ADVANCED IN HOME VISIT	$24.11	$20.49	$24.11	$20.49	N	
H0001	HA		ALCOHOL/DRUG ASSESSMENT	$24.50	$24.50	$24.50	$24.50	A	
H0001	HH		ALCOHOL AND/OR DRUG ASSESSMENT	$0.00	$0.00	$0.00	$0.00	N	
H0002	HH		ALCOHOL AND/OR DRUG SCREENING	$0.00	$0.00	$0.00	$0.00	N	
H0003			ALCOHOL AND/OR DRUG ASSESS	$4.50	$4.50	$4.50	$4.50	N	
H0003	HA		ALCOHOL/DRUG SCREENING(URINE)	$8.00	$8.00	$8.00	$8.00	A	
H0003	HF		ALCOHOL AND/OR DRUG SCREENING	$4.76	$4.76	$4.76	$4.76	N	
H0003	HH		ALCOHOL AND/OR DRUG ASSESS	$0.00	$0.00	$0.00	$0.00	N	
H0004	HH		BEH HLTH COUN & THERAPY 15M	$0.00	$0.00	$0.00	$0.00	N	
H0004	HI		BH MONITORING PER 15MINS	$8.30	$8.30	$8.30	$8.30	A	
H0004	HI	22	BH ASSESSMENT/PLAN DEVELOPMENT	$22.16	$22.16	$22.16	$22.16	A	
H0004	ST	22	TBI-BEHAVIOR PROGRAM CONTINUE	$75.00	$75.00	$75.00	$75.00	N	
H0005	AJ	HA	ALCOHOL/DRUG SERV/GROUP THERAP	$23.00	$23.00	$23.00	$23.00	A	
H0005	HH		ALCOHOL &/OR DRG SRVS GROUP	$0.00	$0.00	$0.00	$0.00	N	
H0006	HA		CASE MANAGEMENT	$12.00	$12.00	$12.00	$12.00	A	
H0006	HA	22	CARE MANAGEMENT (SA ONLY)	$550.00	$550.00	$550.00	$550.00	A	
H0006	HF		OBAT MAINTENANCE	$76.00	$76.00	$76.00	$76.00	N	
H0006	HF	HG	OBAT INTAKE EVALUATION	$152.00	$152.00	$152.00	$152.00	N	
H0006	HF	SU	OBAT STABILIZATION	$76.00	$76.00	$76.00	$76.00	N	
H0006	HH		ALC &/OR DRG SRVS CASE MGT	$0.00	$0.00	$0.00	$0.00	N	
H0007	HA		CRISIS INTERVENTION INDIVIDUAL	$13.00	$13.00	$13.00	$13.00	A	
H0007	HH		ALC &/OR DRG SRVS CRISIS	$0.00	$0.00	$0.00	$0.00	N	
H0010	HA		SUB ACUTE DETOXIFICATION	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H0010	HF		DETOXIFICATION LEVELIII.7	$452.90	$452.90	$452.90	$452.90	S	
H0010	HV		RWM ROOM AND BOARD	$21.35	$21.35	$21.35	$21.35	A	
H0011	HF		MED ENHANCED DETOX LEV III.7	$416.00	$416.00	$416.00	$416.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
H0014	HF		AMBULATORY WITHDRAWAL MGT	$232.54	$232.54	$232.54	$232.54	N	
H0014	HH		ALC &/OR DRG SRVS AMBULANCE	$0.00	$0.00	$0.00	$0.00	N	
H0015	HA		INTENSIVE OP (PARTIAL CARE)	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
H0015	HF		INTENS OP TX IN SA FACILITY	$121.50	$121.50	$121.50	$121.50	A	
H0015	HH		ALC &/OR DRG SRVS INTENSIVE OP	$0.00	$0.00	$0.00	$0.00	N	
H0016	HH		ALC &/OR DRG SRVS MED/SOMATIC	$0.00	$0.00	$0.00	$0.00	N	
H0017	HI		MEN HLTH REHAB JCAHO RTC/OTHER	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H0017	HU		MEN HLTH REHAB JCAHO RTC/DYFS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H0017	HW		MEN HLTH REHAB JCAHO RTC/OTHE	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H0018	HA		SHORT TERM RESIDENTIAL	$66.06	$66.06	$66.06	$66.06	A	
H0018	HF		SHORT TERM RESIDENTIAL/DIEM	$225.17	$225.17	$225.17	$225.17	S	
H0018	HF	U1	SH TERM RESIDEN-MAT METHADONE	$231.41	$231.41	$231.41	$231.41	S	
H0018	HF	U2	SH TERM RESIDEN-MAT NON-METHA	$243.71	$243.71	$243.71	$243.71	S	
H0018	HU		MH RHB NON-RTC RESID CARE/DYF	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H0018	HV		STR ROOM AND BOARD	$19.98	$19.98	$19.98	$19.98	A	
H0018	TJ		CRISIS RESIDENTIAL BED	$50.00	$50.00	$50.00	$50.00	A	
H0018	TJ	U1	INTENS IN-COMM BIOPSYCH ASSESS	$172.19	$172.19	$172.19	$172.19	A	
H0018	TJ	U2	IIC BIOPSYCH ASSESS-MASTERS	$91.49	$91.49	$91.49	$91.49	A	
H0019	HA		BEHAVIORAL HEALTH LONG TERM RE	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H0019	HA	52	BEHAVIORAL HEALTH-SHORT TERM	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H0019	HF		LONG TERM RESIDENTIAL SA	$142.70	$142.70	$142.70	$142.70	S	
H0019	HF	U1	LG TERM RESIDEN-MAT METHADONE	$148.60	$148.60	$148.60	$148.60	S	
H0019	HF	U2	LG TERM RESIDEN-MAT NON-METHA	$147.86	$147.86	$147.86	$147.86	S	
H0019	HF	U3	NON METHA/NON DISULFIRAM ADM	$145.20	$145.20	$145.20	$145.20	S	
H0019	HU		MEN HLTH REHAB GROUP HOME/DYFS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H0019	HU	52	MH RHAB TRANSITIONAL HOME/DYFS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H0019	HV		LTR ROOM & BOARD	$18.43	$18.43	$18.43	$18.43	A	
H0019	HW		MEN HLTH RHAB TREMNT HOME/DMHS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H0019	U1		SUP RES A+ GRP HOMES PER DIEM	$300.44	$300.44	$300.44	$300.44	N	
H0019	U1	52	SUP RES A+ APTS PER DIEM	$300.44	$300.44	$300.44	$300.44	N	
H0019	U2		SUP RESID A GRP HOMES	$249.68	$249.68	$249.68	$249.68	N	
H0019	U2	52	SUPERVIS RES A APTS(PER DIEM)	$249.68	$249.68	$249.68	$249.68	N	
H0019	U3		SUP RES B GRP HOMES(PER DIEM)	$186.56	$186.56	$186.56	$186.56	N	
H0019	U3	52	SUP RES B APTS(15 MINUTES)	$14.84	$14.84	$14.84	$14.84	N	
H0019	U4		SUP RES C GRP HOMES PER 15 MIN	$4.10	$4.10	$4.10	$4.10	N	
H0019	U4	52	SUP RES C APTS PER 15 MINUTES	$4.10	$4.10	$4.10	$4.10	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
H0019	U5		FAMILY CARE/LEVELD(PER DIEM)	$19.48	$19.48	$19.48	$19.48	N	
H0020	HG		METH MED/DISPENS IN OTF/DIEM	$4.25	$4.25	$4.25	$4.25	N	
H0020	HH		ALC &/OR DRG SRVS, METHADONE	$0.00	$0.00	$0.00	$0.00	N	
H0022	HH		ALCOHOL AND/OR DRUG INTERVEN	$0.00	$0.00	$0.00	$0.00	N	
H0023	HF		COMORBIDITY/SUD CARE MGT 15 MI	$29.32	$29.32	$29.32	$29.32	N	
H0026	HM	HQ	ASSOC COM SUPP WORKER GRP	$17.57	$17.57	$17.57	$17.57	A	
H0028	HH		ALCOHOL AND/OR DRUG PREVENTION	$0.00	$0.00	$0.00	$0.00	N	
H0030	HH		ALCOHOL AND/OR DRUG HOTLINE	$0.00	$0.00	$0.00	$0.00	N	
H0031	HA		MENTAL HEALTH ASSESSMENT	$80.72	$80.72	$80.72	$80.72	A	
H0031	HA	HP	ASSESSMENT BCBA-D	$199.11	$199.11	$199.11	$199.11	A	
H0031	HA	22	MENTAL HEALTH ASSESSMENT	$91.49	$91.49	$91.49	$91.49	A	
H0031	HH		MH HEALTH ASSESSMENT BY NON-MD	$0.00	$0.00	$0.00	$0.00	N	
H0032	HH		MOBILE RESPONSE CARE COORD/STA	$0.00	$0.00	$0.00	$0.00	N	
H0032	TJ		MOBILE RESPONSE - STABIL MNGMT	$13.67	$13.67	$13.67	$13.67	A	
H0033	HH		ORAL MED ADM DIRECT OBSERVATIO	$0.00	$0.00	$0.00	$0.00	N	
H0034	HH		MED TRNG & SUPPORT PER 15 MINS	$0.00	$0.00	$0.00	$0.00	N	
H0035			MH PARTIAL CARE	$20.88	$20.88	$19.89	$19.89	A	
H0035	HH		MH PARTIAL CARE	$0.00	$0.00	$0.00	$0.00	N	
H0035	UC		PARTIAL CARE	$20.88	$20.88	$19.89	$19.89	A	
H0036			INTENS IN COMMUN SERV/15 MIN	$18.44	$18.44	$18.44	$18.44	A	
H0036	HH		INTENS IN COMMUN SERV/15 MIN	$0.00	$0.00	$0.00	$0.00	N	
H0036	HM		ASSOC LVEL COM SUPP WORKER IND	$18.44	$18.44	$18.44	$18.44	A	
H0036	HM	HQ	ASSOC LVL COM SUPP WORKER GRP	$4.62	$4.62	$4.62	$4.62	A	
H0036	HQ		COMM SUPP SERV HS GRAD LEVEL	$4.62	$4.62	$4.62	$4.62	A	
H0036	HQ	52	COMMUN SUPP SERV BY PEER LEVEL	$4.62	$4.62	$4.62	$4.62	A	
H0036	TJ	U1	INTENS IN-COM IND CLIN LEV SVC	$33.18	$33.18	$33.18	$33.18	A	
H0036	TJ	U2	INTENS IN-COMM SERV MASTER LEV	$30.93	$30.93	$30.93	$30.93	A	
H0036	TJ	U3	INTENS IN-COMMUN SERV IND SERV	$18.25	$18.25	$18.25	$18.25	A	
H0036	UN	U1	INTENS IN-COM GRP CLIN LEV SVC	$21.70	$21.70	$21.70	$21.70	A	
H0036	UN	U2	INTENS IN-COMM GRP SERV MASTER	$19.86	$19.86	$19.86	$19.86	A	
H0036	UN	U3	INTENS IN-COMMUN GRP BEHAV SVC	$11.75	$11.75	$11.75	$11.75	A	
H0036	UP	U1	INTENS IN-COM GRP CLIN LEV SVC	$18.78	$18.78	$18.78	$18.78	A	
H0036	UP	U2	INTENS IN-COM GRP SERV MASTERS	$16.17	$16.17	$16.17	$16.17	A	
H0036	UP	U3	INTENS IN-COMM GRP BEHAV SERV	$9.58	$9.58	$9.58	$9.58	A	
H0036	52		COMMUN SUPP SERV PEER LEV-IND	$18.44	$18.44	$18.44	$18.44	A	
H0037	HH		COMM PSY SUP TX PGM PER DIEM	$0.00	$0.00	$0.00	$0.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
H0037	HW		MH RHAB NON-RTC COMM PSYC/DMHS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H0038	HA		SELF HELP/PEER SERV(EDUC ADVOC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
H0038	HF		PEER RECOVERY SUPPORT SV, 15 M	$17.57	$17.57	$17.57	$17.57	N	
H0038	HF	X3	OPIOID OD REC SVCS 8 WEEKS	$55.00	$55.00	$55.00	$55.00	N	
H0038	HF	X4	OORP WEEKLY MAINTENANCE	$55.00	$55.00	$55.00	$55.00	N	
H0038	HH		SELF-HELP/PEER SVC PER 15 MINS	$0.00	$0.00	$0.00	$0.00	N	
H0039	HE	HO	COMM SUPP SERV-MS LEVEL	$30.26	$30.26	$30.26	$30.26	A	
H0039	HE	TD	COMM SUPP SERV BY AN RN	$28.82	$28.82	$28.82	$28.82	A	
H0039	HM		COMM SUPP SERV-ASSOC DEGREE	$15.63	$15.63	$15.63	$15.63	A	
H0039	HM	HQ	COMM SUPP SERV-ASSOC DEGREE	$4.37	$4.37	$4.37	$4.37	A	
H0039	HN		COMMUNITY SUPP SERV BS LEVEL	$30.79	$30.79	$30.79	$30.79	A	
H0039	HN	HQ	COMMUNITY SUPP SERV BS DEGREE	$7.71	$7.71	$7.71	$7.71	A	
H0039	HN	TE	COMMUNITY SUPP SERVICES BY LPN	$30.79	$30.79	$30.79	$30.79	N	
H0039	HQ	TE	COMMUN SUPP SERV BY LPN	$7.71	$7.71	$7.71	$7.71	A	
H0039	TE		COMMUN SUPP SERV BY LPN INDIV	$30.79	$30.79	$30.79	$30.79	A	
H0040			ASSERT COMM TX PGM PER DIEM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
H0040	22		PROG ASSERT COMMUN TREATMENT	$1,651.25	$1,651.25	$1,651.25	$1,651.25	N	
H0043	HA	U1	SUPPORTED HOUSING(DD RM & BD)	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H0043	HI		HOUSING SPECIALIST MFP	$15.00	$15.00	$15.00	$15.00	N	
H0043	HU		MEN HLTH REHAB ROOM&BOARD/DYF	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H0043	HU	22	RM/BD SERV NEWBORN IN MH REHA	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
H0043	HW		MEN HLTH REHAB ROOM&BOARD/DMH	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H0045	HA		RESPITE CARE SERV(OVERNIGHT)	$155.00	$155.00	$155.00	$155.00	A	
H0045	HA	TV	RESPITE CARE SERV(WEEKEND)	$7.08	$7.08	$7.08	$7.08	A	
H0045	TV	22	RESPITE CARE SERVICES(WEEKEND)	$7.08	$7.08	$7.08	$7.08	A	
H0046			BEHAVIORAL HEALTH HOME-ACTIVE	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H0046	HH		BEHAVIORAL HEALTH HOME-ACTIVE	$0.00	$0.00	$0.00	$0.00	N	
H0046	TJ		BEHAVIOR HEALTH HOME-CHILD	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
H0046	22		BEHAVIORAL HEALTH HOME-ENGAGEM	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H0046	52		BEHAVIORAL HEALTH HOME-MAINT	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H0047	HH		ALCOHOL/DRUG ABUSE SVC NOS	$0.00	$0.00	$0.00	$0.00	N	
H0048	HF		SPEC COLL NON-BLOOD:A/D TEST	$2.50	$2.50	$2.50	$2.50	N	
H0048	HH		SPEC COLL NON-BLOOD:A/D TEST	$0.00	$0.00	$0.00	$0.00	N	
H0049	HA		ALCOHOL/DRUG SCREENING(ORAL SW	$8.00	$8.00	$8.00	$8.00	A	
H0049	HH		ALCOHOL/DRUG SCREENING	$0.00	$0.00	$0.00	$0.00	N	
H0050	HH		ALCOHOL/DRUG SERVICE 15 MIN	$0.00	$0.00	$0.00	$0.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
H1000			PRENATAL CARE ATRISK ASSESSM	$12.50	$12.50	$12.50	$12.50	N	
H1000	SB		PRENATAL CARE ATRISK ASSESSM	$12.50	$12.50	$12.50	$12.50	N	
H1001			ANTEPARTUM MANAGEMENT	$12.50	$12.50	$12.50	$12.50	N	
H1001	SB		ANTEPARTUM MANAGEMENT	$12.50	$12.50	$12.50	$12.50	N	
H2000	AH	HE	COMMUNITY SUPPORT SERVICES	$52.62	$52.62	$52.62	$52.62	A	
H2000	HE		COMMUN SUPP SERV PHYS/PSYCHIAT	$116.16	$116.16	$116.16	$116.16	A	
H2000	HE	HO	COMM SUPP SERV-LIC PRAC HEALIN	$30.26	$30.26	$30.26	$30.26	A	
H2000	HE	SA	COMMUNITY SUPPORT SERV BY APN	$59.86	$59.86	$59.86	$59.86	A	
H2000	HH		COMP MULTISIPLN EVALUATION	$0.00	$0.00	$0.00	$0.00	N	
H2010	HH		COMPREHENSIVE MED SVC 15 MIN	$0.00	$0.00	$0.00	$0.00	N	
H2011	HE		CRISIS INTERVEN SVC, 15 MIN	$125.00	$125.00	$125.00	$125.00	N	
H2011	HH		CRISIS INTERVEN SVC, 15 MIN	$0.00	$0.00	$0.00	$0.00	N	
H2011	UC		CRISIS INTERVENTION SERV 15 MI	$11.25	$11.25	$11.25	$11.25	N	
H2013	HH		PSYCH HLTH FAC SVC, PER DIEM	$0.00	$0.00	$0.00	$0.00	N	
H2013	HU		MH REHAB TREATMENT HOMES/DMHS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H2014	HH		BEHAV ASSISTANCE SERVICES IND	$0.00	$0.00	$0.00	$0.00	N	
H2014	HI		CAREER PLANNING .PER 15 MINS	$19.31	$19.31	$19.31	$19.31	A	
H2014	TJ		INDIV BEHAV ASSIST SERV	$19.57	$19.57	$19.57	$19.57	A	
H2014	TJ	UN	GRP BEHAV ASSIST SERV 2 CHILD	$11.95	$11.95	$11.95	$11.95	A	
H2014	TJ	UP	GRP BEHAV ASSIST SERV 3 CHILD	$9.41	$9.41	$9.41	$9.41	A	
H2015	AH	HE	NJ LIC PSYCHOLOG MULTIDS EVAL	$59.86	$59.86	$59.86	$59.86	A	
H2015	HA	HN	COMP COMM SUPP SERV(INDIV SUPP	$13.74	$13.74	$13.74	$13.74	A	
H2015	HA	HO	COMP COMMUN SUPP SERV(IND SUPP	$13.74	$13.74	$13.74	$13.74	A	
H2015	HE		MASTERS LVL SUPPORT STAFF	$34.87	$34.87	$34.87	$34.87	A	
H2015	HE	HO	MASTER LEVEL SUPPORT STAFF	$39.79	$39.79	$39.79	$39.79	A	
H2015	HE	TD	NJ LICENSED RN MULTIDIS EVAL	$34.87	$34.87	$34.87	$34.87	A	
H2015	HH		COMP COMM SUPP SVC, 15 MIN	$0.00	$0.00	$0.00	$0.00	N	
H2015	HI	U1	COMMUNITY INCLUSION TIER A	$3.61	$3.61	$3.61	$3.61	A	
H2015	HI	U2	COMMUNITY INCLUSION TIER B	$4.59	$4.59	$4.59	$4.59	A	
H2015	HI	U3	COMMUNITY INCLUSION TIER C	$5.68	$5.68	$5.68	$5.68	A	
H2015	HI	U4	COMMUNITY INCLUSION TIER D	$8.43	$8.43	$8.43	$8.43	A	
H2015	HI	U5	COMMUNITY INCLUSION TIER E	$11.18	$11.18	$11.18	$11.18	A	
H2015	HI	U7	COMMUNITY INCLUSION TIER F	$16.77	$16.77	$16.77	$16.77	A	
H2015	HI	22	INDIVIDUAL SUPPORTS HOURLY	$25.00	$25.00	$25.00	$25.00	N	
H2015	HM		INDIVIDUAL SUPPORTS TECH 1 15M	$20.57	$20.57	$20.57	$20.57	A	
H2016			COMP COMM SUPP SVC, PER DIEM	$35.95	$35.95	$35.95	$35.95	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
H2016	HA	HN	COMP COMM SUPP SERV(INDIV SUPP	$16.86	$16.86	$16.86	$16.86	A	
H2016	HA	HO	COMP COMM SUPP SERV(HAB IN HOM	$16.86	$16.86	$16.86	$16.86	A	
H2016	HH		COMP COMM SUPP SVC, PER DIEM	$0.00	$0.00	$0.00	$0.00	N	
H2016	HI		INDIVIDUAL SUPPORTS	$9.70	$9.70	$9.70	$9.70	A	
H2016	HI	UP	INDIVIDUAL SUPPORTS TIER E (18	$610.20	$610.20	$610.20	$610.20	A	
H2016	HI	UQ	INDIVIDUAL SUPPORTS TIER D (14	$474.60	$474.60	$474.60	$474.60	A	
H2016	HI	UR	INDIVIDUAL SUPPORTS TIER C (10	$339.00	$339.00	$339.00	$339.00	A	
H2016	HI	US	INDIVIDUAL SUPPORTS TIER (6)	$203.40	$203.40	$203.40	$203.40	A	
H2016	HI	U1	IND SUP TIER A/ACUITY DIFF (3)	$187.50	$187.50	$187.50	$187.50	A	
H2016	HI	U2	IND SUP TIER B ACUITY DIFF (6)	$375.00	$375.00	$375.00	$375.00	A	
H2016	HI	U3	IND SUPP TIER C/ACU DIFF (10)	$625.00	$625.00	$625.00	$625.00	A	
H2016	HI	U4	IND SUP TIER D/ACUITY DIFF (14	$875.00	$875.00	$875.00	$875.00	A	
H2016	HI	U5	IND SUP TIER E/ACUITY DIFF (18	$1,125.00	$1,125.00	$1,125.00	$1,125.00	A	
H2016	HI	U7	IND SUPP TIER F/ACUITY DIFF(24	$1,500.00	$1,500.00	$1,500.00	$1,500.00	A	
H2016	HI	U8	INDIVIDUAL SUPPORTS SELF HIRE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
H2016	HI	22	INDIVIDUAL SUPPORTS ACUITY	$15.00	$15.00	$15.00	$15.00	A	
H2016	HI	52	INDIVIDUAL SUPPORTS TIER A (3)	$101.70	$101.70	$101.70	$101.70	A	
H2016	22		COMP COMM SUPP SVC, PER DIEM	$171.09	$171.09	$171.09	$171.09	N	
H2017	HH		PSYSOC REHAB SVC, PER 15 MIN	$0.00	$0.00	$0.00	$0.00	N	
H2018	HH		PSYSOC REHAB SVC, PER 15 MIN	$0.00	$0.00	$0.00	$0.00	N	
H2019			BEHAV ASSIST SERV BY DYFS PROV	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H2019	HH		BEHAV ASSIST SERV BY DYFS PROV	$0.00	$0.00	$0.00	$0.00	N	
H2019	TJ		INDIV BEHAV ASSIST SERV DYFS	$9.75	$9.75	$9.75	$9.75	N	
H2019	TJ	UN	GRP BEHAV ASSIST SERV 2 CHILD	$5.62	$5.62	$5.62	$5.62	N	
H2019	TJ	UP	GRP BEHAV ASSIST SERV 3 CHILD	$4.25	$4.25	$4.25	$4.25	N	
H2019	TJ	U1	INTENS IN-COM IND CLIN LEV SVC	$28.25	$28.25	$28.25	$28.25	N	
H2019	TJ	U2	INTENS IN-COMM SERV MASTER LEV	$21.25	$21.25	$21.25	$21.25	N	
H2019	TJ	U3	INTENS IN-COMMUN SERV IND SERV	$18.25	$18.25	$18.25	$18.25	N	
H2019	UN	U1	INTENS IN-COM GRP CLIN LEV SVC	$19.00	$19.00	$19.00	$19.00	N	
H2019	UN	U2	INTENS IN-COMM GRP SERV MASTER	$13.75	$13.75	$13.75	$13.75	N	
H2019	UN	U3	INTENS IN-COMMUN GRP BEHAV SVC	$11.75	$11.75	$11.75	$11.75	N	
H2019	UP	U1	INTENS IN-COM GRP CLIN LEV SVC	$15.91	$15.91	$15.91	$15.91	N	
H2019	UP	U2	INTENS IN-COM GRP SERV MASTERS	$11.25	$11.25	$11.25	$11.25	N	
H2019	UP	U3	INTENS IN-COMM GRP BEHAV SERV	$9.58	$9.58	$9.58	$9.58	N	
H2020	HA		THERAPEUTIC LEAVE-RUNAWAY DAYS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H2020	HA	HU	THERAP LV RM&BD NON-JCAHO DYF	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
H2020	HA	HW	THERAP LV RM&BD NON-JCAHO DMHS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H2020	HA	22	THERAPEUTIC DAYS-NO FAULT LOSS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H2020	HE	HU	THERAP LV REHAB NON-JCAHO DYFS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H2020	HE	HW	THERAP LV REHAB NON-JCAHO DMHS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H2020	HH		THER BEHAV SVC, PER DIEM	$0.00	$0.00	$0.00	$0.00	N	
H2020	HI		THERAP LV JCAHO RTC/DDD	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H2020	HI	22	HOSPTL-LV-JCAHO-RTC/DDD	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H2020	HU		THERAP LEAVE JCAHO RTC/DYFS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H2020	HW	52	THERAP LV JCAHO RTC/DMHS/DMAHS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H2021	HI		COMMUNITY BASED SUPPORTS	$9.61	$9.61	$9.61	$9.61	A	
H2021	HI	22	COM BASED SUPP ACUITY DIFFENTI	$14.84	$14.84	$14.84	$14.84	A	
H2021	HI	52	SELF-DIRECTED EMPLOYEE (SDE)	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
H2023	HH		SUPPORTED EMPLY, PER 15 MIN	$0.00	$0.00	$0.00	$0.00	N	
H2027	HH		PSYCHOED SVC, PER 15 MINS	$0.00	$0.00	$0.00	$0.00	N	
H2032	HH		ACTIVITY THERAPY, PER 15 MINS	$0.00	$0.00	$0.00	$0.00	N	
H2033			MULTISYS THER/JUVENILE 15MIN	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H2033	HH		MULTYSIS THER/JUVENILE 15 MIN	$0.00	$0.00	$0.00	$0.00	N	
H2034	HF		A/D HALFWAY HOUSE, PER DIEM	$75.55	$0.00	$75.55	$0.00	N	
H2035	HH		A/D TX PROGRAM PER HOUR	$0.00	$0.00	$0.00	$0.00	N	
H2036	HA		ALCOHOL &/OR DRUG TX PROG	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H2036	HA	22	ALCOHOL/DRUG TX PROGRAM	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
H2036	HF		PART CARE TX IN SA FACILITY	$86.92	$86.92	$86.92	$86.92	S	
H2036	HH		A/D TX PROGRAM PER DIEM	$0.00	$0.00	$0.00	$0.00	N	
H2038	HA	HU	HOSPTL LV RM&BD NON-JCAHO DYFS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
H2038	HA	HW	HOSPTL LV RM&BD NON-JCAHO DMHS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
H2038	HE	HU	HOSPTL LV REHAB NON-JCAHO DYFS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
H2038	HE	HW	HOSPTL LV REHAB NON-JCAHO DMHS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
J0120			TETRACYCLIN INJECTION	$0.73	$0.73	$0.73	$0.73	N	
J0121			INJ., OMADACYCLINE, 1 MG	$3.42	$3.42	$3.42	$3.42	N	
J0122			INJ., ERAVACYCLINE, 1 MG	$0.97	$0.97	$0.97	$0.97	N	
J0129			ABATACEPT INJECTION	$19.69	$19.69	$19.69	$19.69	N	
J0130			INJECTION, ABCIXIMAB 10 MG	$601.69	$601.69	$601.69	$601.69	N	
J0131			ACETAMINOPHEN INJECTION	$0.11	$0.11	$0.11	$0.11	N	
J0132			ACETYLCYSTEINE INJECTION	$2.16	$2.16	$2.16	$2.16	N	
J0133			ACYCLOVIR INJECTION	$0.16	$0.16	$0.16	$0.16	N	
J0134			INJ ACETAMINOPHEN -FRESENIUS	$0.12	$0.12	$0.12	$0.12	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J0136			INJ, ACETAMINOPHEN (B BRAUN)	$0.18	$0.18	$0.18	$0.18	N	
J0137			INJ, ACETAMINOPHEN (HIKMA)	$0.12	$0.12	$0.12	$0.12	N	
J0138			INJ ACETAMINOPH 10MG/IBU 3MG	$0.08	$0.08	$0.08	$0.08	N	
J0153			ADENOSINE INJ 1MG	$2.14	$2.14	$2.14	$2.14	N	
J0171			ADRENALIN EPINEPHRINE INJECT	$0.57	$0.57	$0.57	$0.57	N	
J0172			INJ, ADUCANUMAB-AVWA, 2 MG	$5.58	$5.58	$5.58	$5.58	N	
J0173			INJ, EPINEPHRINE (BELCHER)	$80.46	$80.46	$80.46	$80.46	N	
J0174			INJ, LECANEMAB-IRMB, 1 MG	$1.26	$1.26	$1.26	$1.26	N	
J0175			INJ, DONANEMAB-AZBT, 2 MG	$3.94	$3.94	$3.94	$3.94	N	
J0177			INJ, AFLIBERCEPT HD, 1 MG	$324.84	$324.84	$324.84	$324.84	N	
J0178			AFLIBERCEPT INJECTION	$915.75	$915.75	$915.75	$915.75	N	
J0179			INJ, BROLUCIZUMAB-DBLL, 1 MG	$1,105.00	$1,105.00	$1,105.00	$1,105.00	N	
J0180			AGALSIDASE BETA INJECTION	$131.25	$131.25	$131.25	$131.25	N	
J0184			INJ, AMISULPRIDE, 1 MG	$3.35	$3.35	$3.35	$3.35	N	
J0185			INJ., APREPITANT, 1 MG	$2.50	$2.50	$2.50	$2.50	N	
J0190			BIPERIDEN 5 MG INJECTION	$2.91	$2.91	$2.91	$2.91	N	
J0200			INJECTION,ALATROFLOXACIN MESYL	$17.15	$17.15	$17.15	$17.15	N	
J0202			INJECTION, ALEMTUZUMAB	$1,629.38	$1,629.38	$1,629.38	$1,629.38	N	
J0205			ALGLUCERASE INJECTION	$37.52	$37.52	$37.52	$37.52	N	
J0206			INJ ALLOPURINOL SODIUM 1 MG	$7.12	$7.12	$7.12	$7.12	N	
J0207			INJ AMIFOSTINE 500 MG	$536.14	$536.14	$536.14	$536.14	N	
J0208			INJ SODIUM THIOSULFATE 100MG	$90.42	$90.42	$90.42	$90.42	N	
J0209			INJ, SOD THIOSULFATE (HOPE)	$0.77	$0.77	$0.77	$0.77	N	
J0210			INJ METHYLDOPATE HCL 250 MG	$1.74	$1.74	$1.74	$1.74	N	
J0211			INJ, NITHIODOTE, 3MG / 125MG	$1.88	$1.88	$1.88	$1.88	N	
J0215			ALEFACEPT	$29.02	$29.02	$29.02	$29.02	N	
J0216			INJ, ALFENTANIL HCL, 500MCG	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J0217			INJ VELMANASE ALFA-TYCV 1 MG	$396.00	$396.00	$396.00	$396.00	N	
J0218			INJ OLIPUDASE ALFA-RPCP 1MG	$353.53	$353.53	$353.53	$353.53	N	
J0219			INJ AVAL ALFA-NQPT 4MG	$67.91	$67.91	$67.91	$67.91	N	
J0220			AGLUCOSIDASE ALFA INJECTION	$131.25	$131.25	$131.25	$131.25	N	
J0221			LUMIZYME INJECTION	$143.55	$143.55	$143.55	$143.55	N	
J0222			INJ., PATISIRAN, 0.1 MG	$94.05	$94.05	$94.05	$94.05	N	
J0223			INJ GIVOSIRAN 0.5 MG	$102.15	$102.15	$102.15	$102.15	N	
J0224			INJ. LUMASIRAN, 0.5 MG	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J0225			INJ, VUTRISIRAN, 1 MG	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J0248			INJ. REMDESIVIR	$5.15	$5.15	$5.15	$5.15	N	
J0256			ALPHA 1-PROTEINASE 10 MG	$0.01	$0.01	$0.01	$0.01	N	
J0257			GLASSIA INJECTION	$4.65	$4.65	$4.65	$4.65	N	
J0278			AMIKACIN SULFATE INJECTION	$2.29	$2.29	$2.29	$2.29	N	
J0280			AMINOPHYLLIN 250 MG INJ	$0.75	$0.75	$0.75	$0.75	N	
J0282			INJECTION, AMIODARONE HCL 30MG	$0.80	$0.80	$0.80	$0.80	N	
J0283			INJ, AMIODARONE (NEXTERONE)	$5.34	$5.34	$5.34	$5.34	N	
J0285			INJECTION, AMPHOTERICIN B 50	$17.06	$17.06	$17.06	$17.06	N	
J0287			INJ, AMPHOTERICIN B LIPID COMP	$21.00	$21.00	$21.00	$21.00	N	
J0288			INJ, AMPHOTERICIN B CHOL SULF	$15.17	$15.17	$15.17	$15.17	N	
J0289			INJ, AMPHOTERICIN B LIPOSOME	$34.34	$34.34	$34.34	$34.34	N	
J0290			AMPICILLIN 500 MG INJ	$3.86	$3.86	$3.86	$3.86	N	
J0291			INJ., PLAZOMICIN, 5 MG	$3.07	$3.07	$3.07	$3.07	N	
J0295			AMPICILLIN SULBACTAM 1.5 GM	$7.25	$7.25	$7.25	$7.25	N	
J0300			AMOBARBITAL 125 MG INJ	$2.66	$2.66	$2.66	$2.66	N	
J0330			SUCCINYCHOLINE CHLORIDE INJ	$0.26	$0.26	$0.26	$0.26	N	
J0349			INJ, REZAFUNGIN, 1 MG	$9.65	$9.65	$9.65	$9.65	N	
J0350			INJECTION ANISTREPLASE 30 U	$2,481.13	$2,481.13	$2,481.13	$2,481.13	N	
J0360			HYDRALAZINE HCL UP TO 20 MG	$14.77	$14.77	$14.77	$14.77	N	
J0364			APOMORPHINE HYDROCHLORIDE	$3.39	$3.39	$3.39	$3.39	N	
J0365			APROTONIN, 10,000 KIU	$2.85	$2.85	$2.85	$2.85	N	
J0380			METARAMINOL INJECTION	$1.21	$1.21	$1.21	$1.21	N	
J0390			INJ CHLOROQUIN HCL 250 MG	$17.44	$17.44	$17.44	$17.44	N	
J0391			INJ, ARTESUNATE, 1MG	$44.82	$44.82	$44.82	$44.82	N	
J0395			ARBUTAMINE HCL INJECTION	$168.00	$168.00	$168.00	$168.00	N	
J0400			ARIPIPRAZOLE INJECTION	$0.31	$0.31	$0.31	$0.31	N	
J0401			INJ ARIPIPRAZOLE EXT REL 1MG	$3.70	$3.70	$3.70	$3.70	N	
J0402			INJ, ABILIFY ASIMTUFII, 1 MG	$5.61	$5.61	$5.61	$5.61	N	
J0456			INJECTION, AZITHROMYCIN 500 MG	$27.09	$27.09	$27.09	$27.09	N	
J0457			INJECTION, AZTREONAM, 100 MG	$3.26	$3.26	$3.26	$3.26	N	
J0461			ATROPINE SULFATE INJECTION	$0.24	$0.24	$0.24	$0.24	N	
J0470			DIMECAPROL INJECTION	$28.84	$28.84	$28.84	$28.84	N	
J0475			BACLOFEN 10 MG INJECTION	$223.13	$223.13	$223.13	$223.13	N	
J0476			INJECTION, BACLOFEN 50 MCG	$73.50	$73.50	$73.50	$73.50	N	
J0480			BASILIXIMAB	$2,215.72	$2,215.72	$2,215.72	$2,215.72	N	
J0485			BELATACEPT INJECTION	$3.66	$3.66	$3.66	$3.66	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J0490			BELIMUMAB INJECTION	$36.56	$36.56	$36.56	$36.56	N	
J0491			INJ ANIFROLUMAB-FNIA 1MG	$15.18	$15.18	$15.18	$15.18	N	
J0500			INJ DICYCLOMINE HCL UP TO 20MG	$18.52	$18.52	$18.52	$18.52	N	
J0515			INJECTION BENZTROPIN MESYLATE	$12.21	$12.21	$12.21	$12.21	N	
J0517			INJ., BENRALIZUMAB, 1 MG	$159.17	$159.17	$159.17	$159.17	N	
J0520			INJ BETHANECHOL CHLORIDE 5 MG	$4.91	$4.91	$4.91	$4.91	N	
J0558			PENG BENZATHINE/PROCAINE INJ	$3.16	$3.16	$3.16	$3.16	N	
J0561			PENICILLIN G BENZATHINE INJ	$4.06	$4.06	$4.06	$4.06	N	
J0565			INJ, BEZLOTOXUMAB, 10 MG	$37.62	$37.62	$37.62	$37.62	N	
J0567			INJ., CERLIPONASE ALFA 1 MG	$89.10	$89.10	$89.10	$89.10	N	
J0571			BUPRENORPHINE ORAL 1MG	$1.50	$1.50	$1.50	$1.50	N	
J0572			BUPRENORPHIN/NALOX UP TO 3MG	$2.82	$2.82	$2.82	$2.82	N	
J0573			BUPRENORPH/NALOX 3.1 TO 6MG	$7.33	$7.33	$7.33	$7.33	N	
J0574			BUPRENORPH/NALOX 6.1 TO 10MG	$3.62	$3.62	$3.62	$3.62	N	
J0575			BUPRENORPH/NALOX OVER 10MG	$14.67	$14.67	$14.67	$14.67	N	
J0577			INJ, BRIXADI, 7 DAYS OR LESS	$422.73	$422.73	$422.73	$422.73	N	
J0578			INJ BRIXADI, MORE THAN 7 DAY	$422.73	$422.73	$422.73	$422.73	N	
J0583			BIVALIRUDIN	$2.08	$2.08	$2.08	$2.08	N	
J0584			INJECTION, BUROSUMAB-TWZA 1M	$336.60	$336.60	$336.60	$336.60	N	
J0585			BOTULINUM TOXIN A PER 1 UNIT	$5.52	$5.52	$5.52	$5.52	N	
J0586			ABOBOTULINUMTOXINA	$7.16	$7.16	$7.16	$7.16	N	
J0587			BOTULINUM TOXIN TYPE B 100 U	$8.99	$8.99	$8.99	$8.99	N	
J0588			INCOBOTULINUMTOXIN A	$4.21	$4.21	$4.21	$4.21	N	
J0589			INJ DAXIBOTULINUMTOXINA-LANM	$4.16	$4.16	$4.16	$4.16	N	
J0591			INJ DEOXYCHOLIC ACID, 1 MG	$14.85	$14.85	$14.85	$14.85	N	
J0592			INJ, BUPRENORPHINE HCL 0.1 MG	$1.02	$1.02	$1.02	$1.02	N	
J0593			INJ., LANADELUMAB-FLYO, 1 MG	$72.83	$72.83	$72.83	$72.83	N	
J0594			BUSULFAN INJECTION	$10.09	$10.09	$10.09	$10.09	N	
J0595			BUTORPHANOL TARTRATE 1 MG	$3.91	$3.91	$3.91	$3.91	N	
J0596			INJECTION, RUCONEST	$26.91	$26.91	$26.91	$26.91	N	
J0597			C-1 ESTERASE, BERINERT	$45.09	$45.09	$45.09	$45.09	N	
J0598			C1 ESTERASE INHIBITOR INJ	$48.57	$48.57	$48.57	$48.57	N	
J0599			INJ., HAEGARDA 10 UNITS	$9.31	$9.31	$9.31	$9.31	N	
J0600			EDETATE CALCIUM DISOD 1000 MG	$52.89	$52.89	$52.89	$52.89	N	
J0606			INJ, ETELCALCETIDE, 0.1 MG	$3.24	$3.24	$3.24	$3.24	N	
J0612			CALCIUM GLUCON (FRESENIUS)	$0.12	$0.12	$0.12	$0.12	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J0613			CALCIUM GLUCON (WG CRITICAL)	$0.16	$0.16	$0.16	$0.16	N	
J0620			CALCIUM GLYCER & LACT/10 ML	$12.58	$12.58	$12.58	$12.58	N	
J0630			CALCITONIN SALMON INJECTION	$48.09	$48.09	$48.09	$48.09	N	
J0636			INJECTION, CALCITRIOL 0.1 MCG	$1.34	$1.34	$1.34	$1.34	N	
J0637			INJ, CASPOFUNGIN ACETATE 5 MG	$30.89	$30.89	$30.89	$30.89	N	
J0638			CANAKINUMAB INJECTION	$41.25	$41.25	$41.25	$41.25	N	
J0640			LEUCOVORIN CALCIUM INJ 50 MG	$3.28	$3.28	$3.28	$3.28	N	
J0641			LEVOLEUCOVORIN INJECTION	$1.98	$1.98	$1.98	$1.98	N	
J0642			INJECTION, KHAPZORY, 0.5 MG	$1.98	$1.98	$1.98	$1.98	N	
J0650			INJ, LEVOTHYROXINE NOS 10MCG	$9.07	$9.07	$9.07	$9.07	N	
J0651			INJ, LEVOTHYROXINE, FRESKABI	$8.88	$8.88	$8.88	$8.88	N	
J0652			INJ, LEVOTHYROXINE, HIKMA	$7.42	$7.42	$7.42	$7.42	N	
J0665			INJ, BUPIVACAINE, NOS, 0.5MG	$0.04	$0.04	$0.04	$0.04	N	
J0670			MEPIVACAINE HCL INJECTION	$2.45	$2.45	$2.45	$2.45	N	
J0687			INJ CEFAZOLIN (WG CRIT CARE)	$1.21	$1.21	$1.21	$1.21	N	
J0688			INJ CEFAZOLIN SODIUM, HIKMA	$1.45	$1.45	$1.45	$1.45	N	
J0689			INJ CEFAZOLIN SODIUM, BAXTER	$2.45	$2.45	$2.45	$2.45	N	
J0690			INJECTION CEFAZOLIN SODIUM	$2.83	$2.83	$2.83	$2.83	N	
J0691			INJ LEFAMULIN 1 MG	$0.68	$0.68	$0.68	$0.68	N	
J0692			INJ, CEFEPIME HCL 500 MG	$9.13	$9.13	$9.13	$9.13	N	
J0694			CEFOXITIN SODIUM INJECTION	$10.23	$10.23	$10.23	$10.23	N	
J0695			INJ CEFTOLOZANE TAZOBACTAM	$2.15	$2.15	$2.15	$2.15	N	
J0696			CEFTRIAXONE INJECTION 250 MG	$12.97	$12.97	$12.97	$12.97	N	
J0696	FP		CEFTRIAXONE INJECTION 250 MG	$12.97	$12.97	$12.97	$12.97	N	
J0697			CEFUROXIME SOD. 750 MG	$5.92	$5.92	$5.92	$5.92	N	
J0698			CEFOTAXIME SODIUM INJECTION	$7.10	$7.10	$7.10	$7.10	N	
J0699			INJ, CEFIDEROCOL, 10 MG	$1.88	$1.88	$1.88	$1.88	N	
J0701			INJ. CEFEPIME HCL (BAXTER)	$11.95	$11.95	$11.95	$11.95	N	
J0702			BETAMETHASONE ACET&SOD PHOSP	$2.88	$2.88	$2.88	$2.88	N	
J0703			INJ, CEFEPIME HCL (B BRAUN)	$7.22	$7.22	$7.22	$7.22	N	
J0706			INJ, CAFFEINE CITRATE 5 MG	$3.53	$3.53	$3.53	$3.53	N	
J0710			CEPHAPIRIN SODIUM UP TO 1 GM.	$1.44	$1.44	$1.44	$1.44	N	
J0712			CEFTAROLINE FOSAMIL INJ	$1.01	$1.01	$1.01	$1.01	N	
J0713			INJECTION, CEFTAZIDIME 500 MG	$6.48	$6.48	$6.48	$6.48	N	
J0714			CEFTAZIDIME AND AVIBACTAM	$70.54	$70.54	$70.54	$70.54	N	
J0715			CEFTIZOXIME SODIUM / 500 MG	$5.89	$5.89	$5.89	$5.89	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J0716			CENTRUROIDES IMMUNE F(AB)	$3,465.00	$3,465.00	$3,465.00	$3,465.00	N	
J0717			CERTOLIZUMAB PEGOL INJ 1MG	$13.71	$13.71	$13.71	$13.71	N	
J0720			CHLORAMPHENICOL SODIUM INJEC	$14.62	$14.62	$14.62	$14.62	N	
J0735			INJ CLONIDINE HYDROCHL 1 MG	$70.58	$70.58	$70.58	$70.58	N	
J0736			INJ, CLINDAMYCIN PHOSP 300MG	$5.19	$5.19	$5.19	$5.19	N	
J0737			INJ, CLINDAMYCIN (BAXTER)	$5.53	$5.53	$5.53	$5.53	N	
J0739			INJECTION, CABOTEGRAVIR 1 MG	$6.11	$6.11	$6.11	$6.11	N	
J0740			INJ CIDOFOVIR 375 MG	$818.27	$818.27	$818.27	$818.27	N	
J0741			INJ, CABOTE RILPIVIR 2MG 3MG	$19.60	$19.60	$19.60	$19.60	N	
J0742			INJ IMIP 4 CILAS 4 RELEB 2MG	$2.12	$2.12	$2.12	$2.12	N	
J0743			INJ CILASTATIN SOD IMIPENEM	$18.77	$18.77	$18.77	$18.77	N	
J0744			INJ, CIPROFLOXACIN IV 200 MG	$14.22	$14.22	$14.22	$14.22	N	
J0745			INJ CODEINE PHOSPHATE /30 MG	$1.07	$1.07	$1.07	$1.07	N	
J0750			HIV PREP, FTC/TDF 200/300MG	$1.78	$1.78	$1.78	$1.78	N	
J0751			HIV PREP, FTC/TAF 200/25MG	$71.25	$71.25	$71.25	$71.25	N	
J0770			COLISTIMETHATE SODIUM INJ	$49.88	$49.88	$49.88	$49.88	N	
J0775			COLLAGENASE, CLOST HIST INJ	$35.75	$35.75	$35.75	$35.75	N	
J0780			PROCHLORPERAZINE INJ UP TO 10M	$8.37	$8.37	$8.37	$8.37	N	
J0791			INJ CRIZANLIZUMAB-TMCA 5 MG	$116.68	$116.68	$116.68	$116.68	N	
J0795			CORTICORELIN OVINE TRIFLUTAL	$4.75	$4.75	$4.75	$4.75	N	
J0801			INJ. ACTHAR GEL TO 40 UNITS	$4,227.60	$4,227.60	$4,227.60	$4,227.60	N	
J0802			INJ. (ANI), UP TO 40 UNITS	$3,355.21	$3,355.21	$3,355.21	$3,355.21	N	
J0834			COSYNTROPIN CORTROSYN INJ	$107.44	$107.44	$107.44	$107.44	N	
J0840			CROTALIDAE POLY IMMUNE FAB	$1,433.07	$1,433.07	$1,433.07	$1,433.07	N	
J0841			INJ CROTALIDAE IM F(AB')2 EQ	$1,207.80	$1,207.80	$1,207.80	$1,207.80	N	
J0850			CYTOMEGALOVIRUS IMM IV /VIAL	$925.32	$925.32	$925.32	$925.32	N	
J0872			DAPTOMYCIN (XELLIA) UNREFRIG	$0.14	$0.14	$0.14	$0.14	N	
J0873			INJ, DAPTOMYCIN (XELLIA)	$0.38	$0.38	$0.38	$0.38	N	
J0874			INJ, DAPTOMYCIN (BAXTER)	$0.08	$0.08	$0.08	$0.08	N	
J0875			INJECTION, DALBAVANCIN	$14.75	$14.75	$14.75	$14.75	N	
J0877			INJ, DAPTOMYCIN (HOSPIRA)	$0.15	$0.15	$0.15	$0.15	N	
J0878			DAPTOMYCIN INJECTION	$0.35	$0.35	$0.35	$0.35	N	
J0879			DIFELIKEFALIN, ESRD ON DIALY	$0.23	$0.23	$0.23	$0.23	N	
J0881			DARBEPOETIN ALFA, NON-ESRD	$5.01	$5.01	$5.01	$5.01	N	
J0882			DARBEPOETIN ALFA, ESRD USE	$5.01	$5.01	$5.01	$5.01	N	
J0883			ARGATROBAN NONESRD USE 1MG	$5.20	$5.20	$5.20	$5.20	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J0884			ARGATROBAN ESRD DIALYSIS 1MG	$5.20	$5.20	$5.20	$5.20	N	
J0885			EPOETIN ALFA, NON-ESRD	$13.69	$13.69	$13.69	$13.69	N	
J0887			EPOETIN BETA ESRD USE	$1.78	$1.78	$1.78	$1.78	N	
J0888			EPOETIN BETA NON ESRD	$1.78	$1.78	$1.78	$1.78	N	
J0889			DAPRODUSTAT ORAL 1MG ESRD	$3.87	$3.87	$3.87	$3.87	N	
J0890			PEGINESATIDE INJECTION	$10.70	$10.70	$10.70	$10.70	N	
J0891			ARGATROBAN NONESRD (ACCORD)	$3.92	$3.92	$3.92	$3.92	N	
J0892			ARGATROBAN DIALYSIS (ACCORD)	$3.92	$3.92	$3.92	$3.92	N	
J0893			INJ, DECITABINE (SUN PHARMA)	$4.95	$4.95	$4.95	$4.95	N	
J0894			DECITABINE INJECTION	$26.25	$26.25	$26.25	$26.25	N	
J0895			DEFEROXAMINE MESYLATE INJ	$16.92	$16.92	$16.92	$16.92	N	
J0896			INJ LUSPATERCEPT-AAMT 0.25MG	$34.07	$34.07	$34.07	$34.07	N	
J0897			DENOSUMAB INJECTION	$13.61	$13.61	$13.61	$13.61	N	
J0898			ARGATROBAN NONESRD (AUROMED)	$3.86	$3.86	$3.86	$3.86	N	
J0899			ARGATROBAN DIALYSIS, AUROMED	$3.86	$3.86	$3.86	$3.86	N	
J0911			INST TAURO 1.35MG/HEP 100U	$8.25	$8.25	$8.25	$8.25	N	
J0945			BROMPHENIRAMINE MALEATE INJ	$0.62	$0.62	$0.62	$0.62	N	
J1000			DEPO-ESTRADIOL CYPIONATE INJ	$6.59	$6.59	$6.59	$6.59	N	
J1010			INJ, METHYLPRED ACETATE 1 MG	$0.28	$0.28	$0.28	$0.28	N	
J1050			MEDROXYPROGESTERONE INJ 1 MG	$0.67	$0.67	$0.67	$0.67	N	
J1071			INJ TESTOSTERONE CYPIONATE	$0.01	$0.01	$0.01	$0.01	N	
J1094			INJ, DEXAMETHASONE ACETATE 1MG	$0.53	$0.53	$0.53	$0.53	N	
J1100			DEXAMETHASONE SOD PHOS INJECT	$0.13	$0.13	$0.13	$0.13	N	
J1105			DEXMEDETOMIDINE FILM, 1 MCG	$0.61	$0.61	$0.61	$0.61	N	
J1110			DEHYDROERGOTAMINE MESY. 1MG/ML	$31.94	$31.94	$31.94	$31.94	N	
J1120			ACETAZOLAMID SODIUM INJECTIO	$22.97	$22.97	$22.97	$22.97	N	
J1130			INJ DICLOFENAC SODIUM 0.5MG	$0.21	$0.21	$0.21	$0.21	N	
J1160			DIGOXIN INJECTION UP TO 0.5MG	$2.49	$2.49	$2.49	$2.49	N	
J1162			DIGOXIN IMMUNE FAB (OVINE)	$594.23	$594.23	$594.23	$594.23	N	
J1165			PHENYTOIN SODIUM INJECTION	$0.70	$0.70	$0.70	$0.70	N	
J1171			INJ, HYDROMORPHONE, 0.1 MG	$0.04	$0.04	$0.04	$0.04	N	
J1180			DYPHYLLINE INJECTION	$8.30	$8.30	$8.30	$8.30	N	
J1190			INJECTION, DEXRAZOXANE HCL	$224.47	$224.47	$224.47	$224.47	N	
J1200			DIPHENHYDRAMINE HCL 50MG/ML	$1.16	$1.16	$1.16	$1.16	N	
J1201			INJ. CETIRIZINE HCL 0.5MG	$14.85	$14.85	$14.85	$14.85	N	
J1202			MIGLUSTAT ORAL 65 MG	$32.67	$32.67	$32.67	$32.67	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J1203			INJ, CIPAGLUCOSIDASE, 5 MG	$84.15	$84.15	$84.15	$84.15	N	
J1205			CHLOROTHIAZIDE SODIUM INJ	$149.94	$149.94	$149.94	$149.94	N	
J1212			DIMETHYL SULFOXIDE 50% 50 ML	$52.50	$52.50	$52.50	$52.50	N	
J1230			METHADONE HCL INJECTION	$2.14	$2.14	$2.14	$2.14	N	
J1240			DIMENHYDRINATE INJECTION	$2.74	$2.74	$2.74	$2.74	N	
J1245			DIPYRIDAMOLE INJECTION PER 10M	$7.66	$7.66	$7.66	$7.66	N	
J1250			INJECTION,DOBUTAMINE HYDROCHL	$43.51	$43.51	$43.51	$43.51	N	
J1260			INJECTION DOLASETRON MESYLATE	$4.27	$4.27	$4.27	$4.27	N	
J1265			DOPAMINE INJECTION	$0.32	$0.32	$0.32	$0.32	N	
J1267			DORIPENEM INJECTION	$0.81	$0.81	$0.81	$0.81	N	
J1270			INJ, DOXERCALCIFEROL 1 MCG	$6.31	$6.31	$6.31	$6.31	N	
J1290			ECALLANTIDE INJECTION	$262.35	$262.35	$262.35	$262.35	N	
J1300			ECULIZUMAB INJECTION	$182.00	$182.00	$182.00	$182.00	N	
J1301			INJECTION, EDARAVONE, 1 MG	$18.26	$18.26	$18.26	$18.26	N	
J1302			INJ, SUTIMLIMAB-JOME, 10 MG	$16.20	$16.20	$16.20	$16.20	N	
J1303			INJ., RAVULIZUMAB-CWVZ 10 MG	$211.34	$211.34	$211.34	$211.34	N	
J1304			INJ TOFERSEN INTRATHEC 1 MG	$9.39	$9.39	$9.39	$9.39	N	
J1305			INJ, EVINACUMAB-DGNB, 5MG	$154.69	$154.69	$154.69	$154.69	N	
J1306			INJECTION, INCLISIRAN, 1 MG	$11.33	$11.33	$11.33	$11.33	N	
J1320			AMITRIPTYLINE INJECTION	$2.05	$2.05	$2.05	$2.05	N	
J1322			ELOSULFASE ALFA, INJECTION	$211.46	$211.46	$211.46	$211.46	N	
J1323			INJ, ELRANATAMAB-BCMM, 1 MG	$170.00	$170.00	$170.00	$170.00	N	
J1324			ENFUVIRTIDE INJECTION	$19.70	$19.70	$19.70	$19.70	N	
J1325			INJ EPOPROSTENOL 0.5 MG	$19.47	$19.47	$19.47	$19.47	N	
J1327			INJECTION, EPIFIBATIDE 5 MG	$21.13	$21.13	$21.13	$21.13	N	
J1330			ERGONOVINE MALEATE INJECTION	$5.08	$5.08	$5.08	$5.08	N	
J1335			ERTAPENEM INJECTION	$27.27	$27.27	$27.27	$27.27	N	
J1364			ERYTHRO LACTOBIONATE /500 MG	$9.09	$9.09	$9.09	$9.09	N	
J1380			ESTRADIOL VALERATE 10 MG INJ	$14.81	$14.81	$14.81	$14.81	N	
J1410			INJ ESTROGEN CONJUGATE 25 MG	$70.83	$70.83	$70.83	$70.83	N	
J1411			INJ, HEMGENIX, PER TX DOSE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J1412			INJ ROCTAVIAN ML 2X10□13VC G	$11,214.84	$11,214.84	$11,214.84	$11,214.84	N	
J1413			INJ DELANDISTROGENE MOX ROKL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J1426			INJECTION, CASIMERSEN, 10 MG	$158.40	$158.40	$158.40	$158.40	N	
J1427			INJ. VILTOLARSEN	$55.84	$55.84	$55.84	$55.84	N	
J1428			INJ, ETEPLIRSEN, 10 MG	$158.40	$158.40	$158.40	$158.40	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J1429			INJ. GOLODIRSEN 10 MG	$158.40	$158.40	$158.40	$158.40	N	
J1430			ETHANOLAMINE OLEATE 100 MG	$84.99	$84.99	$84.99	$84.99	N	
J1434			INJ, FOCINVEZ, 1MG	$3.02	$3.02	$3.02	$3.02	N	
J1435			INJECTION ESTRONE PER 1 MG	$0.25	$0.25	$0.25	$0.25	N	
J1436			ETIDRONATE DISODIUM INJ	$70.88	$70.88	$70.88	$70.88	N	
J1437			INJ. FE DERISOMALTOSE 10 MG	$24.35	$24.35	$24.35	$24.35	N	
J1438			INJECTION, ETANERCEPT 25 MG	$180.50	$180.50	$180.50	$180.50	N	
J1439			INJ FERRIC CARBOXYMALTOS 1MG	$1.08	$1.08	$1.08	$1.08	N	
J1440			FECAL MICROBIOTA JSLM 1 ML	$59.40	$59.40	$59.40	$59.40	N	
J1442			INJ, FILGRASTIM G-CSF 1MCG	$1.02	$1.02	$1.02	$1.02	N	
J1443			INJ FERRIC PYROPHOSPHATE CIT	$0.02	$0.02	$0.02	$0.02	N	
J1444			FE PYRO CIT POW 0.1 MG IRON	$34.94	$34.94	$34.94	$34.94	N	
J1445			INJ TRIFERIC AVNU 0.1MG IRON	$0.00	$0.00	$0.00	$0.00	N	
J1447			INJ TBO FILGRASTIM 1 MICROG	$0.82	$0.82	$0.82	$0.82	N	
J1448			INJECTION, TRILACICLIB, 1MG	$4.67	$4.67	$4.67	$4.67	N	
J1449			INJ EFLAPEGRASTIM-XNST 0.1MG	$33.75	$33.75	$33.75	$33.75	N	
J1450			INJECTION, FLUCONAZOLE 200 MG	$20.81	$20.81	$20.81	$20.81	N	
J1451			FOMEPIZOLE, 15 MG	$12.11	$12.11	$12.11	$12.11	N	
J1452			INJECTION, FOMIVIRSEN SOD 1.65	$875.00	$875.00	$875.00	$875.00	N	
J1453			FOSAPREPITANT INJECTION	$1.70	$1.70	$1.70	$1.70	N	
J1454			INJ FOSNETUPITANT, PALONOSET	$504.90	$504.90	$504.90	$504.90	N	
J1455			FOSCARNET SODIUM INJ 1000 MG	$12.00	$12.00	$12.00	$12.00	N	
J1456			INJ, FOSAPREPITANT (TEVA)	$1.91	$1.91	$1.91	$1.91	N	
J1457			GALLIUM NITRATE INJECTION	$1.71	$1.71	$1.71	$1.71	N	
J1458			GALSULFASE INJECTION	$327.91	$327.91	$327.91	$327.91	N	
J1459			INJ IVIG PRIVIGEN 500 MG	$45.94	$45.94	$45.94	$45.94	N	
J1460			GAMMA GLOBULIN 1 CC INJ IM	$49.21	$49.21	$49.21	$49.21	N	
J1551			INJ CUTAQUIG 100 MG	$19.53	$19.53	$19.53	$19.53	N	
J1554			INJ. ASCENIV	$449.96	$449.96	$449.96	$449.96	N	
J1555			INJ, CUVITRU, 100 MG	$16.96	$16.96	$16.96	$16.96	N	
J1556			INJ, IMM GLOB BIVIGAM, 500MG	$60.27	$60.27	$60.27	$60.27	N	
J1557			GAMMAPLEX INJECTION	$56.43	$56.43	$56.43	$56.43	N	
J1558			INJ. XEMBIFY, 100 MG	$16.93	$16.93	$16.93	$16.93	N	
J1559			HIZENTRA INJECTION	$12.47	$12.47	$12.47	$12.47	N	
J1561			IMMUNE GLOBULIN INJ (GAMUNEX)	$47.28	$47.28	$47.28	$47.28	N	
J1562			IMMUNE GLOBULIN SC 100 MG	$13.13	$13.13	$13.13	$13.13	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J1566			IMMUNE GLOBULIN, POWDER	$43.89	$43.89	$43.89	$43.89	N	
J1568			OCTAGAM INJECTION	$55.61	$55.61	$55.61	$55.61	N	
J1569			GAMMAGARD LIQUID INJECTION	$59.17	$59.17	$59.17	$59.17	N	
J1570			GANCICLOVIR SODIUM 500 MG	$54.38	$54.38	$54.38	$54.38	N	
J1571			HEPAGAM B IM INJECTION	$75.00	$75.00	$75.00	$75.00	N	
J1572			FLEBOGAMMA INJECTION	$44.10	$44.10	$44.10	$44.10	N	
J1573			HEPAGAM B INTRAVENOUS, INJ	$75.00	$75.00	$75.00	$75.00	N	
J1574			INJ, GANCICLOVIR (EXELA)	$64.35	$64.35	$64.35	$64.35	N	
J1575			HYQVIA 100MG IMMUNEGLOBULIN	$18.32	$18.32	$18.32	$18.32	N	
J1576			INJ, PANZYGA, 500 MG	$99.42	$99.42	$99.42	$99.42	N	
J1580			GENTAMICIN UP TO 80 MG	$2.12	$2.12	$2.12	$2.12	N	
J1596			INJ, GLYCOPYRROLATE, 0.1 MG	$0.94	$0.94	$0.94	$0.94	N	
J1597			INJ GLYCOPYRROLATE, GLYRX-PF	$1.74	$1.74	$1.74	$1.74	N	
J1598			INJ GLYCOPYRROLATE FRES KABI	$3.00	$3.00	$3.00	$3.00	N	
J1599			IVIG NON-LYOPHILIZED, NOS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J1600			GOLD SOD THIOMALATE INJ 50 MG	$13.69	$13.69	$13.69	$13.69	N	
J1602			GOLIMUMAB FOR IV USE 1MG	$28.87	$28.87	$28.87	$28.87	N	
J1610			GLUCAGON HCL PER 1 MG	$76.56	$76.56	$76.56	$76.56	N	
J1611			INJ GLUCAGON HCL, FRESENIUS	$193.75	$193.75	$193.75	$193.75	N	
J1620			GONADORELIN HCL INJ 100 MCG	$186.03	$186.03	$186.03	$186.03	N	
J1626			GRANISETRON HCL INJECTION	$17.08	$17.08	$17.08	$17.08	N	
J1627			INJ, GRANISETRON, XR, 0.1 MG	$1.96	$1.96	$1.96	$1.96	N	
J1628			INJ., GUSELKUMAB, 1 MG	$107.51	$107.51	$107.51	$107.51	N	
J1630			HALOPERIDOL INJ UP TO 5 MG	$6.55	$6.55	$6.55	$6.55	N	
J1631			HALOPERIDOL DECAN INJ 50 MG	$2.97	$2.97	$2.97	$2.97	N	
J1632			INJ., BREXANOLONE, 1 MG	$73.76	$73.76	$73.76	$73.76	N	
J1640			HEMIN, 1 MG	$7.52	$7.52	$7.52	$7.52	N	
J1642			HEPARIN SOD LOCK FLUSH 10 U	$0.07	$0.07	$0.07	$0.07	N	
J1643			INJ HEPARIN, PFIZER, 1000U	$1.37	$1.37	$1.37	$1.37	N	
J1644			HEPARIN SODIUM INJ PER 1000 U	$0.14	$0.14	$0.14	$0.14	N	
J1645			INJECTION,DALTEPARIN SOD 2500	$17.47	$17.47	$17.47	$17.47	N	
J1650			INJ ENOXAPARIN SOD PER 10 MG	$7.10	$7.10	$7.10	$7.10	N	
J1652			INJ, FONDAPARINUX SODIUM 0.5MG	$8.79	$8.79	$8.79	$8.79	N	
J1655			INJECTION, TINZAPARIN SOD 1000	$3.97	$3.97	$3.97	$3.97	N	
J1670			TETANUS IMMUNE GLOB UP TO 250U	$124.26	$124.26	$124.26	$124.26	N	
J1675			HISTRELIN ACETATE	$8.24	$8.24	$8.24	$8.24	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J1700			HYDROCORTISONE ACET UP TO 25MG	$0.61	$0.61	$0.61	$0.61	N	
J1710			HYDROCORT SOD PH UP TO 50 MG	$5.13	$5.13	$5.13	$5.13	N	
J1720			HYDROCORT SOD UP TO 100 MG	$1.74	$1.74	$1.74	$1.74	N	
J1729			INJ, HYDROXYPROGST CAPOAT NOS	$5.02	$5.02	$5.02	$5.02	N	
J1730			INJ, DIAZOXIDE UP TO 300 MG	$117.96	$117.96	$117.96	$117.96	N	
J1738			INJ.MELOXICAM 1 MG	$3.10	$3.10	$3.10	$3.10	N	
J1740			IBANDRONATE SODIUM INJECTION	$147.20	$147.20	$147.20	$147.20	N	
J1741			INJ, IBUPROFEN, 100 MG	$1.56	$1.56	$1.56	$1.56	N	
J1742			INJ IBUTILIDE FUMARATE 1 MG	$309.71	$309.71	$309.71	$309.71	N	
J1743			IDURSULFASE INJECTION	$517.41	$517.41	$517.41	$517.41	N	
J1744			ICATIBANT INJECTION	$243.47	$243.47	$243.47	$243.47	N	
J1745			INJECTION, INFLIXIMAB, 10 MG	$61.15	$61.15	$61.15	$61.15	N	
J1746			INJ., IBALIZUMAB-UIYK, 10 MG	$54.91	$54.91	$54.91	$54.91	N	
J1747			INJ, SPESOLIMAB-SBZO, 1 MG	$56.25	$56.25	$56.25	$56.25	N	
J1748			INJ, ZYMFENTRA, 10 MG	$509.94	$509.94	$509.94	$509.94	N	
J1749			INJ, ILOPROST, 0.1 MCG	$5.45	$5.45	$5.45	$5.45	N	
J1750			INJECTION, IRON DEXTRAN 50 MG	$13.41	$13.41	$13.41	$13.41	N	
J1756			INJECTION, IRON SUCROSE 1 MG	$0.60	$0.60	$0.60	$0.60	N	
J1786			IMUGLUCERASE INJECTION	$39.25	$39.25	$39.25	$39.25	N	
J1790			DROPERIDOL INJ UP TO 5 MG	$3.72	$3.72	$3.72	$3.72	N	
J1800			INJ, PROPRANOLOL HCL UP TO 1MG	$8.62	$8.62	$8.62	$8.62	N	
J1805			INJ, ESMOLOL HCL, 10MG	$0.96	$0.96	$0.96	$0.96	N	
J1806			INJ ESMOLOL HCL WG CRIT CARE	$0.53	$0.53	$0.53	$0.53	N	
J1810			DROPERIDOL/FENTANYL INJ	$14.67	$14.67	$14.67	$14.67	N	
J1811			FIASP FOR INSULIN PUMP USE	$14.32	$14.32	$14.32	$14.32	N	
J1812			INJ. INSULIN (FIASP)	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J1813			LYUMJEV FOR INSULIN PUMP USE	$13.60	$13.60	$13.60	$13.60	N	
J1814			INJ. INSULIN (LYUMJEV)	$13.60	$13.60	$13.60	$13.60	N	
J1815			INJECTION, INSULIN PER 5 UNITS	$0.34	$0.34	$0.34	$0.34	N	
J1817			INSULIN FOR INSULIN PUMP USE	$4.50	$4.50	$4.50	$4.50	N	
J1823			INJ. INEBILIZUMAB-CDON, 1 MG	$432.30	$432.30	$432.30	$432.30	N	
J1826			INTERFERON BETA-1A INJ	$714.78	$714.78	$714.78	$714.78	N	
J1830			INTERFERON BETA-1B/.25 MG(1ML)	$96.08	$96.08	$96.08	$96.08	N	
J1833			INJECTION, ISAVUCONAZONIUM	$0.63	$0.63	$0.63	$0.63	N	
J1835			INJECTION, ITRACONAZULE 50MG	$43.63	$43.63	$43.63	$43.63	N	
J1836			INJ, METRONIDAZOLE, 10 MG	$0.05	$0.05	$0.05	$0.05	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J1885			KETOROLAC TROMETHAMINE INJ	$3.05	$3.05	$3.05	$3.05	N	
J1890			CEPHALOTHIN SOD INJ UP TO 1 GM	$9.45	$9.45	$9.45	$9.45	N	
J1920			INJ, LABETALOL HCL, 5MG	$0.16	$0.16	$0.16	$0.16	N	
J1921			INJ LABETALOL HCL HIKMA, 5MG	$1.27	$1.27	$1.27	$1.27	N	
J1930			INJECTION, LANREOTIDE, 1 MG	$27.81	$27.81	$27.81	$27.81	N	
J1931			LARONIDASE INJ (ALDURAZYME)	$24.63	$24.63	$24.63	$24.63	N	
J1932			INJ, LANREOTIDE, (CIPLA) 1MG	$53.34	$53.34	$53.34	$53.34	N	
J1939			INJ, BUMETANIDE, 0.5 MG	$0.23	$0.23	$0.23	$0.23	N	
J1940			FUROSEMIDE INJ UP TO 20 MG	$0.63	$0.63	$0.63	$0.63	N	
J1941			INJ, FUROSCIX, 20 MG	$203.45	$203.45	$203.45	$203.45	N	
J1943			INJ., ARISTADA INITIO, 1 MG	$2.90	$2.90	$2.90	$2.90	N	
J1944			ARIPIRAZOLE LAUROXIL 1 MG	$2.91	$2.91	$2.91	$2.91	N	
J1945			LEPIRUDIN	$174.13	$174.13	$174.13	$174.13	N	
J1950			LEUPROLIDE ACETATE /3.75 MG	$544.60	$544.60	$544.60	$544.60	N	
J1951			INJ FENSOLVI 0.25 MG	$124.18	$124.18	$124.18	$124.18	N	
J1952			LEUPROLIDE INJ, CAMCEVI, 1MG	$91.93	$91.93	$91.93	$91.93	N	
J1953			LEVETIRACETAM INJECTION	$0.69	$0.69	$0.69	$0.69	N	
J1955			INJECTION, LEVOCARNITINE, 1 GM	$34.30	$34.30	$34.30	$34.30	N	
J1956			INJECTION, LEVOFLOXACIN 250 MG	$18.82	$18.82	$18.82	$18.82	N	
J1960			LEVORPHANOL TARTRATE INJ	$3.72	$3.72	$3.72	$3.72	N	
J1961			INJ, LENACAPAVIR, 1 MG	$20.83	$20.83	$20.83	$20.83	N	
J1980			HYOSCYAMINE SULFATE INJ	$10.35	$10.35	$10.35	$10.35	N	
J1990			CHLORDIAZEPOXIDE HCL INJECTION	$23.02	$23.02	$23.02	$23.02	N	
J2002			INJ, LIDOCAINE IN D5W, 1 MG	$0.02	$0.02	$0.02	$0.02	N	
J2003			INJ, LIDOCAINE HCL, 1 MG	$0.02	$0.02	$0.02	$0.02	N	
J2004			INJ, LIDOCAINE W EPINEPHRINE	$0.02	$0.02	$0.02	$0.02	N	
J2010			LINCOMYCIN HCL UP TO 300MG	$2.76	$2.76	$2.76	$2.76	N	
J2020			INJECTION, LINEZOLID 200 MG	$36.13	$36.13	$36.13	$36.13	N	
J2021			INJ, LINEZOLID (HOSPIRA)	$20.94	$20.94	$20.94	$20.94	N	
J2060			LORAZEPAM 2 MG/ML	$2.82	$2.82	$2.82	$2.82	N	
J2062			LOXAPINE FOR INHALATION 1 MG	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J2150			MANNITOL 25% IN 50 ML	$2.49	$2.49	$2.49	$2.49	N	
J2170			MECASERMIN INJECTION	$14.15	$14.15	$14.15	$14.15	N	
J2175			MEPERIDINE HCL INJ /100 MG/ML	$1.19	$1.19	$1.19	$1.19	N	
J2180			MEPERIDINE/PROMETHAZINE INJ	$8.00	$8.00	$8.00	$8.00	N	
J2182			INJECTION, MEPOLIZUMAB, 1MG	$26.51	$26.51	$26.51	$26.51	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J2183			INJ MEROPENEM (WG CRIT CARE)	$1.63	$1.63	$1.63	$1.63	N	
J2184			INJ, MEROPENEM (B. BRAUN)	$2.99	$2.99	$2.99	$2.99	N	
J2185			MEROPENEM	$6.21	$6.21	$6.21	$6.21	N	
J2210			METHYLERGONOVIN MALEATE INJ	$5.37	$5.37	$5.37	$5.37	N	
J2212			METHYLNALTREXONE INJECTION	$4.47	$4.47	$4.47	$4.47	N	
J2246			INJ, MICAFUNGIN (BAXTER)	$0.90	$0.90	$0.90	$0.90	N	
J2247			INJ, MICAFUNGIN (PAR PHARM)	$1.48	$1.48	$1.48	$1.48	N	
J2248			MICAFUNGIN SODIUM INJECTION	$2.05	$2.05	$2.05	$2.05	N	
J2249			INJ, REMIMAZOLAM, 1 MG	$2.05	$2.05	$2.05	$2.05	N	
J2250			INJEC MIDAZOLAM HYDROCHLORIDE	$0.56	$0.56	$0.56	$0.56	N	
J2251			INJ MIDAZOLAM (WG CRIT CARE)	$0.37	$0.37	$0.37	$0.37	N	
J2252			INJ MIDAZOLAM IN 0.8% NACL	$0.24	$0.24	$0.24	$0.24	N	
J2260			INJ MILRINONE LACTATE / 5 MG	$6.56	$6.56	$6.56	$6.56	N	
J2265			MINOCYCLINE HYDROCHLORIDE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J2267			INJ, MIRIKIZUMAB-MRKZ, 1 MG	$44.75	$44.75	$44.75	$44.75	N	
J2270			MORPHINE SULFATE UP TO 10 MG	$1.62	$1.62	$1.62	$1.62	N	
J2272			INJ, MORPHINE (FRESENIUS)	$7.37	$7.37	$7.37	$7.37	N	
J2274			INJECTION, MORPHINE SULFATE,	$4.36	$4.36	$4.36	$4.36	N	
J2277			INJ, MOTIXAFORTIDE, 0.25 MG	$23.55	$23.55	$23.55	$23.55	N	
J2278			ZICONOTIDE INJECTION	$6.99	$6.99	$6.99	$6.99	N	
J2280			INJ, MOXIFLOXACIN 100 MG	$9.57	$9.57	$9.57	$9.57	N	
J2281			INJ MOXIFLOXACIN (FRES KABI)	$11.39	$11.39	$11.39	$11.39	N	
J2300			INJECTION,NALBUPHINE HCL 10 MG	$1.76	$1.76	$1.76	$1.76	N	
J2305			INJ, NITROGLYCERIN, 5 MG	$2.03	$2.03	$2.03	$2.03	N	
J2310			INJECTION,NALOXONE HCL 1 MG	$5.12	$5.12	$5.12	$5.12	N	
J2311			INJ, NALOXONE HCL (ZIMHI)	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J2315			NALTREXONE, DEPOT FORM	$4.28	$4.28	$4.28	$4.28	N	
J2320			NANDROLONE DECANOATE 50 MG	$6.15	$6.15	$6.15	$6.15	N	
J2323			NATALIZUMAB INJECTION	$10.86	$10.86	$10.86	$10.86	N	
J2325			NESIRITIDE INJECTION	$34.99	$34.99	$34.99	$34.99	N	
J2326			INJ, NUSINERSEN, 0.1 MG	$1,031.25	$1,031.25	$1,031.25	$1,031.25	N	
J2327			INJ RISANKIZUMAB-RZAA 1 MG	$94.77	$94.77	$94.77	$94.77	N	
J2329			INJ UBLITUXIMAB-XIIY, 1 MG	$64.90	$64.90	$64.90	$64.90	N	
J2350			INJECTION, OCRELIZUMAB, 1 MG	$53.63	$53.63	$53.63	$53.63	N	
J2353			OCTREOTIDE INJECTION, DEPOT	$104.36	$104.36	$104.36	$104.36	N	
J2354			OCTREOTIDE INJ, NON-DEPOT	$4.89	$4.89	$4.89	$4.89	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J2355			INJECTION, OPRELVEKIN, 5 MG	$267.75	$267.75	$267.75	$267.75	N	
J2356			INJ TEZEPELUMAB-EKKO, 1MG	$17.04	$17.04	$17.04	$17.04	N	
J2357			OMALIZUMAB INJECTION	$18.11	$18.11	$18.11	$18.11	N	
J2358			OLANZAPINE LONG-ACTING INJ	$2.62	$2.62	$2.62	$2.62	N	
J2359			INJ. OLANZAPINE, 0.5MG	$1.90	$1.90	$1.90	$1.90	N	
J2360			ORPHENADRINE INJECTION	$17.94	$17.94	$17.94	$17.94	N	
J2371			INJ PHENYLEPHRINE HCL 20 MCG	$0.01	$0.01	$0.01	$0.01	N	
J2372			INJ, BIORPHEN, 20 MICROGRAMS	$0.20	$0.20	$0.20	$0.20	N	
J2373			INJ, IMMPHENTIV, 20 MCG	$0.20	$0.20	$0.20	$0.20	N	
J2401			CHLOROPROCAINE HCL INJECTION	$0.05	$0.05	$0.05	$0.05	N	
J2402			CHLOROPROCAINE (CLOROTEKAL)	$0.30	$0.30	$0.30	$0.30	N	
J2403			CHLOROPROCAINE OPHT GEL, 1MG	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J2404			INJ, NICARDIPINE 0.1 MG	$0.05	$0.05	$0.05	$0.05	N	
J2405			ONDANSETRON HCL INJ PER 1 MG	$1.23	$1.23	$1.23	$1.23	N	
J2406			INJECTION, ORITAVANCIN 10 MG	$40.29	$40.29	$40.29	$40.29	N	
J2407			INJECTION, ORITAVANCIN	$71.78	$71.78	$71.78	$71.78	N	
J2410			OXYMORPHONE HCL INJECTION	$2.85	$2.85	$2.85	$2.85	N	
J2425			PALIFERMIN INJECTION	$12.03	$12.03	$12.03	$12.03	N	
J2426			PALIPERIDONE PALMITATE INJ	$6.46	$6.46	$6.46	$6.46	N	
J2427			INJ, INVEGA HAFYERA/TRINZA	$12.14	$12.14	$12.14	$12.14	N	
J2430			PAMIDRONATE DISODIUM /30 MG	$92.70	$92.70	$92.70	$92.70	N	
J2440			PAPAVERINE HCL INJECTION	$4.77	$4.77	$4.77	$4.77	N	
J2460			OXYTETRACYCLINE INJECTION	$0.97	$0.97	$0.97	$0.97	N	
J2468			INJ, PALONOSETRON (AVYXA)	$57.42	$57.42	$57.42	$57.42	N	
J2469			PALONOSETRON HCL	$34.86	$34.86	$34.86	$34.86	N	
J2470			INJ PANTOPRAZOLE SODIUM 40MG	$4.97	$4.97	$4.97	$4.97	N	
J2471			INJ PANTOPRAZOLE(HIKMA) 40MG	$4.60	$4.60	$4.60	$4.60	N	
J2501			INJECTION, PARICALCITOL 1 MCG	$5.11	$5.11	$5.11	$5.11	N	
J2502			INJ, PASIREOTIDE LONG ACTING	$554.40	$554.40	$554.40	$554.40	N	
J2503			PEGAPTANIB SODIUM INJECTION	$1,088.28	$1,088.28	$1,088.28	$1,088.28	N	
J2504			PEGADEMASE BOVINE, 25 IU	$204.17	$204.17	$204.17	$204.17	N	
J2506			INJ PEGFILGRAST EX BIO 0.5MG	$529.48	$529.48	$529.48	$529.48	N	
J2507			PEGLOTICASE INJECTION	$284.63	$284.63	$284.63	$284.63	N	
J2508			PEGUNIGALSIDASE ALFA-IWXJ	$20.47	$20.47	$20.47	$20.47	N	
J2510			PENICILLIN G PROCAINE 600MU/ML	$10.50	$10.50	$10.50	$10.50	N	
J2513			PENTASTARCH 10% SOLUTION	$13.16	$13.16	$13.16	$13.16	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J2515			PENTOBARBITAL SODIUM INJ	$5.61	$5.61	$5.61	$5.61	N	
J2540			PENICILLIN G POTASSIUM INJ	$0.43	$0.43	$0.43	$0.43	N	
J2543			INJ, PIPERACILLIN SOD/TAZOBACT	$5.81	$5.81	$5.81	$5.81	N	
J2545			PENTAMIDINE 300MG SOL.FOR 1 NH	$86.41	$86.41	$86.41	$86.41	N	
J2547			INJECTION, PERAMIVIR	$1.57	$1.57	$1.57	$1.57	N	
J2550			PROMETHAZINE HCL INJECTION	$3.79	$3.79	$3.79	$3.79	N	
J2560			PHENOBARBITAL SOD INJ 120 MG	$2.96	$2.96	$2.96	$2.96	N	
J2561			INJ, SEZABY, 1 MG	NA	NA	$1.32	$1.32	N	
J2562			PLERIXAFOR INJECTION	$262.50	$262.50	$262.50	$262.50	N	
J2590			OXYTOCIN INJECTION	$2.56	$2.56	$2.56	$2.56	N	
J2597			INJECTION DESMOPRESSIN ACETATE	$5.01	$5.01	$5.01	$5.01	N	
J2598			INJ, VASOPRESSIN, 1 UNIT	$4.77	$4.77	$4.77	$4.77	N	
J2599			INJ VASOPRESSIN (AM REG) 1 U	$3.10	$3.10	$3.10	$3.10	N	
J2601			INJ, VASOPRESSIN (BAXTER)	$3.71	$3.71	$3.71	$3.71	N	
J2650			PREDNISOLONE ACETATE INJ	$0.68	$0.68	$0.68	$0.68	N	
J2670			TOTAZOLINE HCL INJECTION	$3.61	$3.61	$3.61	$3.61	N	
J2679			INJ FLUPHENAZINE HCL 1.25 MG	$9.51	$9.51	$9.51	$9.51	N	
J2680			INJ.FLUPHENAZINE DECANOATE	$4.38	$4.38	$4.38	$4.38	N	
J2690			PROCAINAMIDE HCL UP TO 1 GRAM	$3.45	$3.45	$3.45	$3.45	N	
J2700			OXACILLIN SODIUM INJECTION	$1.02	$1.02	$1.02	$1.02	N	
J2704			INJ, PROPOFOL, 10 MG	$0.12	$0.12	$0.12	$0.12	N	
J2710			NEOSTIGMINE METHYLSULFATE INJ	$0.44	$0.44	$0.44	$0.44	N	
J2720			PROTAMINE SULFATE/10 MG/ML	$0.93	$0.93	$0.93	$0.93	N	
J2724			PROTEIN C CONCENTRATE	$1.26	$1.26	$1.26	$1.26	N	
J2725			INJ PROTIRELIN PER 250 MCG	$22.47	$22.47	$22.47	$22.47	N	
J2730			PRALIDOXIME CHLORIDE INJ	$94.83	$94.83	$94.83	$94.83	N	
J2760			PHENTOLAMINE MESYLATE INJECTIO	$33.91	$33.91	$33.91	$33.91	N	
J2765			METOCLOPRAMIDE HCL INJECTION	$0.77	$0.77	$0.77	$0.77	N	
J2770			INJ, QUINUPRISTIN/DALFOPRISTIN	$137.00	$137.00	$137.00	$137.00	N	
J2777			INJ, FARICIMAB-SVOA, 0.1MG	$36.14	$36.14	$36.14	$36.14	N	
J2778			RANIBIZUMAB INJECTION	$386.10	$386.10	$386.10	$386.10	N	
J2779			INJ, SUSVIMO 0.1 MG	$79.20	$79.20	$79.20	$79.20	N	
J2781			INJ, PEGCETACOPLAN, 1MG	$144.54	$144.54	$144.54	$144.54	N	
J2782			INJ AVACINCAPTAD PEGOL 0.1MG	$103.95	$103.95	$103.95	$103.95	N	
J2783			RASBURICASE	$152.18	$152.18	$152.18	$152.18	N	
J2785			REGADENOSON INJECTION	$107.50	$107.50	$107.50	$107.50	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J2786			INJECTION, RESLIZUMAB, 1MG	$8.27	$8.27	$8.27	$8.27	N	
J2788			INJ, RHO IMMUN GLOB HUM MINIDO	$49.55	$49.55	$49.55	$49.55	N	
J2788	UD		INJ, RHO IMMUN GLOB HUM MINIDO	$49.55	$49.55	$49.55	$49.55	N	
J2790			INJECTION, RHO(D) FULL DOSE	$115.94	$115.94	$115.94	$115.94	N	
J2790	UD		INJECTION, RHO (D) FULL DOSE	$115.94	$115.94	$115.94	$115.94	N	
J2791			RHOPHYLAC INJECTION	$1.12	$1.12	$1.12	$1.12	N	
J2792			INJECTION, RHO(D)IMM GLOB IV	$20.71	$20.71	$20.71	$20.71	N	
J2793			RILONACEPT INJECTION	$22.91	$22.91	$22.91	$22.91	N	
J2794			RISPERIDONE, LONG ACTING	$5.10	$5.10	$5.10	$5.10	N	
J2795			INJ, ROPIVACAINE HCL 1 MG	$0.08	$0.08	$0.08	$0.08	N	
J2797			INJ., ROLAPITANT, 0.5 MG	$1.58	$1.58	$1.58	$1.58	N	
J2798			INJ., PERSERIS, 0.5 MG	$9.41	$9.41	$9.41	$9.41	N	
J2799			INJ, UZEDY, 1 MG	$25.37	$25.37	$25.37	$25.37	N	
J2800			METHOCARBAMOL INJECTION	$17.27	$17.27	$17.27	$17.27	N	
J2801			INJ, RYKINDO, 0.5 MG	$12.17	$12.17	$12.17	$12.17	N	
J2805			SINCALIDE INJECTION	$60.03	$60.03	$60.03	$60.03	N	
J2820			SARGRAMOSTIM INJECTION(GM-CSF)	$33.30	$33.30	$33.30	$33.30	N	
J2840			INJ SEBELIPASE ALFA 1 MG	$495.00	$495.00	$495.00	$495.00	N	
J2850			INJ SECRETIN SYNTHETIC HUMAN	$22.22	$22.22	$22.22	$22.22	N	
J2860			INJECTION, SILTUXIMAB	$84.94	$84.94	$84.94	$84.94	N	
J2910			AUROTHIOGLUCOSE INJECTION	$25.73	$25.73	$25.73	$25.73	N	
J2916			INJ, NA FERRIC GLUC COMP SUCRO	$7.53	$7.53	$7.53	$7.53	N	
J2919			INJ, METHYLPRED SOD SUCC 5MG	$0.52	$0.52	$0.52	$0.52	N	
J2941			INJECTION, SOMATROPIN 1 MG	$48.21	$48.21	$48.21	$48.21	N	
J2950			PROMAZINE HCL INJECITON	$0.22	$0.22	$0.22	$0.22	N	
J2993			INJECTION, RETEPLASE 18.1 MG	$1,319.55	$1,319.55	$1,319.55	$1,319.55	N	
J2995			INJ STREPTOKINASE /250,000 IU	$82.03	$82.03	$82.03	$82.03	N	
J2997			INJECTION, ALTEPLASE RECOMB	$33.47	$33.47	$33.47	$33.47	N	
J2998			INJ PLASMINOGEN TVMH 1MG	$29.70	$29.70	$29.70	$29.70	N	
J3000			STREPTOMYCIN INJECTION	$7.96	$7.96	$7.96	$7.96	N	
J3010			FENTANYL CITRATE INJECTION	$0.63	$0.63	$0.63	$0.63	N	
J3030			SUMATRIPTAN SUCCINATE INJ 6MG	$137.25	$137.25	$137.25	$137.25	N	
J3031			INJ., FREMANEZUMAB-VFRM 1 MG	$2.53	$2.53	$2.53	$2.53	N	
J3032			INJ. EPINEZUMAB-JJMR 1 MG	$14.80	$14.80	$14.80	$14.80	N	
J3055			INJ TALQUETAMAB-TGVS 0.25 MG	$64.10	$64.10	$64.10	$64.10	N	
J3060			INJ, TALIGLUCERACE ALFA 10 U	$29.45	$29.45	$29.45	$29.45	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J3070			PENTAZOCINE INJECITON	$4.43	$4.43	$4.43	$4.43	N	
J3090			INJ TEDIZOLID PHOSPHATE	$1.22	$1.22	$1.22	$1.22	N	
J3095			TELAVANCIN INJECTION	$2.05	$2.05	$2.05	$2.05	N	
J3101			TENECTEPLASE INJECTION	$51.09	$51.09	$51.09	$51.09	N	
J3105			TERBUTALINE SULFATE INJECTION	$15.86	$15.86	$15.86	$15.86	N	
J3111			INJ. ROMOSOZUMAB-AQQG 1 MG	$8.60	$8.60	$8.60	$8.60	N	
J3121			INJ TESTOSTERO ENANTHATE 1MG	$0.34	$0.34	$0.34	$0.34	N	
J3145			TESTOSTERONE UNDECANOATE 1MG	$1.09	$1.09	$1.09	$1.09	N	
J3230			CHLORPROMAZINE HCL INJECTION	$5.70	$5.70	$5.70	$5.70	N	
J3240			THYROTROPIN ALPHA INJECTION	$869.53	$869.53	$869.53	$869.53	N	
J3241			INJ. TEMPROTUMUMAB-TRBW 10 MG	$295.02	$295.02	$295.02	$295.02	N	
J3243			TIGECYCLINE INJECTION	$1.04	$1.04	$1.04	$1.04	N	
J3244			INJ. TIGECYCLINE (ACCORD)	$2.48	$2.48	$2.48	$2.48	N	
J3245			INJ. TILDRAKIZAMAB, 1 MG	$131.23	$131.23	$131.23	$131.23	N	
J3246			TIROFIBAN HCL (AGGRASTAT)	$9.29	$9.29	$9.29	$9.29	N	
J3247			INJ SECUKINUMAB INTRAV 1MG	$16.75	$16.75	$16.75	$16.75	N	
J3250			TRIMETHOBENZAMIDE HCL INJ	$2.88	$2.88	$2.88	$2.88	N	
J3260			TOBRAMYCIN SULFATE INJECTION	$3.71	$3.71	$3.71	$3.71	N	
J3262			TOCILIZUMAB INJECTION	$3.29	$3.29	$3.29	$3.29	N	
J3263			INJ, TORIPALIMAB-TPZI, 1 MG	$37.41	$37.41	$37.41	$37.41	N	
J3265			INJECTION, TORSEMIDE 10 MG/ML	$2.74	$2.74	$2.74	$2.74	N	
J3280			THIETHYLPERAZINE MALEATE INJ	$4.24	$4.24	$4.24	$4.24	N	
J3285			TREPROSTINIL INJECTION	$58.84	$58.84	$58.84	$58.84	N	
J3299			INJ XIPERE 1 MG	$45.37	$45.37	$45.37	$45.37	N	
J3300			TRIAMCINOLONE A INJ PRS-FREE	$0.06	$0.06	$0.06	$0.06	N	
J3301			TRIAMCINOLONE ACETONIDE 10 MG	$1.45	$1.45	$1.45	$1.45	N	
J3302			TRIAMCINOLONE DIACETATE INJ	$0.57	$0.57	$0.57	$0.57	N	
J3303			TRIAMCINOLONE HEXACETONIDE INJ	$2.97	$2.97	$2.97	$2.97	N	
J3304			INJ TRIAMCINOLONE ACE XR 1MG	$17.63	$17.63	$17.63	$17.63	N	
J3305			INJECTION,TRIMETREXATE GLUC	$154.48	$154.48	$154.48	$154.48	N	
J3310			PERPHENAZINE INJECTION	$6.38	$6.38	$6.38	$6.38	N	
J3315			INJ, TRIPTORELIN PAMOATE 3.75	$530.47	$530.47	$530.47	$530.47	N	
J3316			INJ., TRIPTORELIN XR 3.75 MG	$805.11	$805.11	$805.11	$805.11	N	
J3320			SPECTINOMYCN DI-HCL INJ	$31.05	$31.05	$31.05	$31.05	N	
J3350			UREA INJECTION	$77.77	$77.77	$77.77	$77.77	N	
J3357			USTEKINUMAB INJECTION	$112.89	$112.89	$112.89	$112.89	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J3358			USTEKINUMAB, IV INJECT, 1 MG	$226.43	$226.43	$226.43	$226.43	N	
J3360			DIAZEPAM INJECTION UP TO 5 MG	$1.25	$1.25	$1.25	$1.25	N	
J3364			UROKINASE 5000 IU INJECTION	$49.53	$49.53	$49.53	$49.53	N	
J3365			UROKINASE 250,000 IU INJ	$472.31	$472.31	$472.31	$472.31	N	
J3370			VANCOMYCIN HCL 500 MG	$4.01	$4.01	$4.01	$4.01	N	
J3371			INJ, VANCOMYCIN HCL (MYLAN)	$7.44	$7.44	$7.44	$7.44	N	
J3372			INJ, VANCOMYCIN HCL (XELLIA)	$7.73	$7.73	$7.73	$7.73	N	
J3380			INJECTION, VEDOLIZUMAB	$15.90	$15.90	$15.90	$15.90	N	
J3385			VELAGLUCERASE ALFA	$334.13	$334.13	$334.13	$334.13	N	
J3393			INJ, BETIBEGLOGENE AUTOTEMCE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J3394			INJ, LOVOTIBEGLOGENE AUTOTEM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J3396			VERTEPORFIN INJECTION	$10.14	$10.14	$10.14	$10.14	N	
J3397			INJ., VESTRONIDASE ALFA-VJBK	$209.39	$209.39	$209.39	$209.39	N	
J3400			TRIFLUPROMAZINE HCL INJ 20 MG	$11.38	$11.38	$11.38	$11.38	N	
J3401			VYJUVEK 5X10□9PFU/ML, 0.1 ML	$960.30	$960.30	$960.30	$960.30	N	
J3410			HYDROXYZINE HCL INJ UP TO 25MG	$0.39	$0.39	$0.39	$0.39	N	
J3411			THIAMINE HCL 100 MG	$1.89	$1.89	$1.89	$1.89	N	
J3415			PYRIDOXINE HCL 100 MG	$2.49	$2.49	$2.49	$2.49	N	
J3420			VITAMIN B12 INJECTION	$0.42	$0.42	$0.42	$0.42	N	
J3424			INJ HYDROXOCOBALAMIN IV 25MG	$4.80	$4.80	$4.80	$4.80	N	
J3425			INJ, HYDROXOCOBALAMIN	$0.01	$0.01	$0.01	$0.01	N	
J3430			VITAMIN K PHYTONADIONE 1 MG	$2.26	$2.26	$2.26	$2.26	N	
J3465			INJECTION, VORICONAZOLE	$5.54	$5.54	$5.54	$5.54	N	
J3470			HYALURONIDASE INJECTION	$21.88	$21.88	$21.88	$21.88	N	
J3471			OVINE, UP TO 999 USP UNITS	$0.12	$0.12	$0.12	$0.12	N	
J3472			OVINE, 1000 USP UNITS	$142.19	$142.19	$142.19	$142.19	N	
J3475			INJECTION,MAGNESIUM SULFATE	$3.13	$3.13	$3.13	$3.13	N	
J3480			INJECTION,POTASSIUM CHL 2 MEQ	$0.09	$0.09	$0.09	$0.09	N	
J3485			INJECTION, ZIDOVUDINE 10 MG	$1.19	$1.19	$1.19	$1.19	N	
J3486			ZIPRASIDONE MESYLATE 10 MG	$5.36	$5.36	$5.36	$5.36	N	
J3489			ZOLEDRONIC ACID 1MG	$142.98	$142.98	$142.98	$142.98	N	
J3490			DRUGS UNCLASSIFIED INJECTION	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J3490	FP		DRUGS UNCLASSIFIED INJECTION	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J3590			UNCLASSIFIED BIOLOGICS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J3591			ESRD ON DIALYSI DRUG/BIO NOC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J7030			SOD. CHLORIDE 0.9 % SOL.	$7.14	$7.14	$7.14	$7.14	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J7040			SOD. CHLORIDE 0.9 % 500 ML	$6.98	$6.98	$6.98	$6.98	N	
J7042			5% DEXTROSE/ SALINE 500 ML	$5.65	$5.65	$5.65	$5.65	N	
J7050			SOD. CHLORIDE 0.9 % 250 ML	$6.03	$6.03	$6.03	$6.03	N	
J7060			5% DEXTROSE/WATER 500 ML	$8.09	$8.09	$8.09	$8.09	N	
J7070			D5W INFUSION	$7.10	$7.10	$7.10	$7.10	N	
J7100			DEXTRAN 40 INFUSION	$54.49	$54.49	$54.49	$54.49	N	
J7110			DEXTRAN 75 INFUSION	$64.28	$64.28	$64.28	$64.28	N	
J7120			RINGERS LACTATE INFUSION	$10.39	$10.39	$10.39	$10.39	N	
J7121			5% DEXTROSE IN LAC RINGERS	$3.82	$3.82	$3.82	$3.82	N	
J7131			HYPERTONIC SALINE SOL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J7165			INJ, HUMAN-LANS, PER I.U	$3.12	$3.12	$3.12	$3.12	N	
J7168			PROTHROMBIN COMPLEX KCENTRA	$2.59	$2.59	$2.59	$2.59	N	
J7169			INJ ANDEXXA, 10 MG	$272.25	$272.25	$272.25	$272.25	N	
J7170			INJ., EMICIZUMAB-KXWH 0.5 MG	$49.11	$49.11	$49.11	$49.11	N	
J7171			INJ, ADZYNMA, 10 IU	$0.04	$0.04	$0.04	$0.04	N	
J7175			INJ, FACTOR X, (HUMAN), 1IU	$8.05	$8.05	$8.05	$8.05	N	
J7177			INJ., FIBRYGA, 1 MG	$1.09	$1.09	$1.09	$1.09	N	
J7178			HUMAN FIBRINOGEN CONC INJ	$0.45	$0.45	$0.45	$0.45	N	
J7179			INJ, VON WILLEBRAND FACTOR,IIU	$1.94	$1.94	$1.94	$1.94	N	
J7180			FACTOR XIII ANTI-HEM FACTOR	$7.72	$7.72	$7.72	$7.72	N	
J7181			FACTOR XIII RECOMB A-SUBUNIT	$13.17	$13.17	$13.17	$13.17	N	
J7182			FACTOR VIII RECOMB NOVOEIGHT	$0.66	$0.66	$0.66	$0.66	N	
J7183			WILATE INJECTION	$1.14	$1.14	$1.14	$1.14	N	
J7185			XYNTHA INJ	$1.39	$1.39	$1.39	$1.39	N	
J7186			ANTIHEMOPHILIC VIII/VWF COMP	$1.06	$1.06	$1.06	$1.06	N	
J7187			INJ VONWILLEBRAND FACTOR IU	$0.99	$0.99	$0.99	$0.99	N	
J7188			FACTOR VIII RECOMB OBIZUR	$5.11	$5.11	$5.11	$5.11	N	
J7189			FACTOR VIIA	$1.44	$1.44	$1.44	$1.44	N	
J7190			FACTOR VIII	$0.90	$0.90	$0.90	$0.90	N	
J7191			FACTOR VIII PORCINE	$1.93	$1.93	$1.93	$1.93	N	
J7192			FACTOR VIII RECOMBINANT PER IU	$1.48	$1.48	$1.48	$1.48	N	
J7193			FACTOR IX PER IU NON-RECOMB	$1.09	$1.09	$1.09	$1.09	N	
J7194			FACTOR IX COMPLEX	$0.59	$0.59	$0.59	$0.59	N	
J7195			FACTOR IX RECOMBINANT PER IU	$0.91	$0.91	$0.91	$0.91	N	
J7196			INJECTION,ANTITHROMBIN RECOMB	$0.06	$0.06	$0.06	$0.06	N	
J7198			ANTI-INHIBITOR, PER IU	$1.31	$1.31	$1.31	$1.31	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J7200			FACTOR IX RECOMBINAN RIXUBIS	$1.42	$1.42	$1.42	$1.42	N	
J7201			FACTOR IX FC FUSION RECOMB	$2.82	$2.82	$2.82	$2.82	N	
J7203			FACTOR IX RECOMB GLY REBINYN	$4.08	$4.08	$4.08	$4.08	N	
J7204			INJ RECOMBIN ESPEROCT PER IU	$2.21	$2.21	$2.21	$2.21	N	
J7205			FACTOR VIII FC FUSION RECOMB	$1.96	$1.96	$1.96	$1.96	N	
J7207			FACTOR VIII PEGYLATED RECOMB	$1.94	$1.94	$1.94	$1.94	N	
J7208			INJ. JIVI 1 IU	$2.17	$2.17	$2.17	$2.17	N	
J7209			INJ, FACTOR VIII ANTIHEMOPHILI	$1.67	$1.67	$1.67	$1.67	N	
J7210			INJ, AFSYLA, 1 I.U.	$1.63	$1.63	$1.63	$1.63	N	
J7211			INJ, KOVALTRY, 1 I.U.I, (ANT	$1.72	$1.72	$1.72	$1.72	N	
J7212			FACTOR VIIA RECOMB SEVENFACT	$2.27	$2.27	$2.27	$2.27	N	
J7213			INJ, IXINITY, 1 I.U.	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J7214			ALTUVIIIO PER FACTOR VIII IU	$5.06	$5.06	$5.06	$5.06	N	
J7294			SEG ACET AND ETH ESTR YEARLY	$2,069.10	$2,069.10	$2,069.10	$2,069.10	N	
J7295			ETH ESTR AND ETON MONTHLY	$161.00	$161.00	$161.00	$161.00	N	
J7296			KYLEENA, 19.5 MG	$1,202.48	$1,202.48	$1,202.48	$1,202.48	N	
J7297			LEVONORGESTREL IU 52MG 3 YR	$836.65	$836.65	$836.65	$836.65	N	
J7298			LEVONORGESTREL IU 52MG 5 YR	$1,202.48	$1,202.48	$1,202.48	$1,202.48	N	
J7300			INTRAUT COPPER CONTRACEPTIVE	$1,127.61	$1,127.61	$1,127.61	$1,127.61	N	
J7301			SKYLA 13.5MG	$1,001.27	$1,001.27	$1,001.27	$1,001.27	N	
J7303			CONTRACEPTIVE VAGINAL RING	$40.02	$40.02	$40.02	$40.02	N	
J7304			CONTRACEPTIVE HORMONE PATCH	$47.90	$47.90	$47.90	$47.90	N	
J7304	FP		CONTRACEPTIVE HORMONE PATCH	$15.72	$15.72	$15.72	$15.72	N	
J7307			ETONOGESTREL IMPLANT SYSTEM	$1,081.56	$1,081.56	$1,081.56	$1,081.56	N	
J7310			GANCICLOVIR, 4.5 MG LA IMPLANT	$4,725.00	$4,725.00	$4,725.00	$4,725.00	N	
J7311			FLUOCINOLONE ACETONIDE IMPLT	$319.23	$319.23	$319.23	$319.23	N	
J7312			DEXAMETHASONE INTRA IMPLANT	$188.52	$188.52	$188.52	$188.52	N	
J7313			FLUOCINOL ACET INTRAVIT IMP	$463.74	$463.74	$463.74	$463.74	N	
J7314			INJ., YUTIQ, 0.01 MG	$494.78	$494.78	$494.78	$494.78	N	
J7316			INJ, OCRIPLASMIN, 0.125 MG	$977.62	$977.62	$977.62	$977.62	N	
J7318			INJ, DUROLANE 1 MG	$16.09	$16.09	$16.09	$16.09	N	
J7320			HYALURONAN OR DERIVATIVE,GENVI	$91.20	$91.20	$91.20	$91.20	N	
J7321			HYALGAN SUPARTZ VISCO-3 DOSE	$126.88	$126.88	$126.88	$126.88	N	
J7322			HYALUR OR DERIV,HYM, INT ART I	$16.50	$16.50	$16.50	$16.50	N	
J7323			EUFLEXXA INJ PER DOSE	$133.96	$133.96	$133.96	$133.96	N	
J7324			ORTHOVISC INJ PER DOSE	$228.69	$228.69	$228.69	$228.69	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J7325			SYNVISC OR SYNVISC-ONE	$405.72	$405.72	$405.72	$405.72	N	
J7326			GEL-ONE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J7327			MONOVISC INJ PER DOSE	$965.25	$965.25	$965.25	$965.25	N	
J7328			GEL-SYN INJECTION 0.1 MG	$1.20	$1.20	$1.20	$1.20	N	
J7329			INJ, TRIVISC 1 MG	$6.72	$6.72	$6.72	$6.72	N	
J7331			SYNOJOYNT, INJ., 1 MG	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J7332			INJ., TRILURON, 1 MG	$24.21	$24.21	$24.21	$24.21	N	
J7336			CAPSAICIN 8% PATCH	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J7351			INJ BIMATOPROST ITC IMP1MCG	$193.05	$193.05	$193.05	$193.05	N	
J7352			AFAMELANOTIDE IMPLANT, 1 MG	$2,795.35	$2,795.35	$2,795.35	$2,795.35	N	
J7353			ANACAULASE-BCDB 8.8% GEL 1 G	$56.70	$56.70	$56.70	$56.70	N	
J7354			CANTHARIDIN TOP, APPLICATOR	$678.15	$678.15	$678.15	$678.15	N	
J7355			INJ TRAVOPROST INTRA IMPL	$184.14	$184.14	$184.14	$184.14	N	
J7402			MOMATASONE SINUS SINUVA	$10.06	$10.06	$10.06	$10.06	N	
J7500			AZATHIOPRINE ORAL 50MG 100	$1.15	$1.15	$1.15	$1.15	N	
J7501			AZATHIOPRINE PARENTERAL 100 MG	$74.38	$74.38	$74.38	$74.38	N	
J7502			CYCLOSPORIN ORAL 100MG	$5.34	$5.34	$5.34	$5.34	N	
J7504			LYMPHOCYTE IMMUNE GLOBULIN	$367.36	$367.36	$367.36	$367.36	N	
J7507			TACROLIMUS ORAL PER 1 MG	$3.97	$3.97	$3.97	$3.97	N	
J7509			METHYLPREDNISOLONE 4 MG ORAL	$0.58	$0.58	$0.58	$0.58	N	
J7510			PREDNISOLNE 5 MG ORAL	$0.12	$0.12	$0.12	$0.12	N	
J7511			LYMPHOCYTE IMM GLOB 25 MG	$426.56	$426.56	$426.56	$426.56	N	
J7512			PREDNISONE IR OR DR ORAL 1MG	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J7513			DACLIZUMAB, PARENTERAL, 25 MG	$449.66	$449.66	$449.66	$449.66	N	
J7515			CYCLOSPORINE 25 MG ORAL	$1.20	$1.20	$1.20	$1.20	N	
J7516			CYCLOSPORINE PARENTERAL 250 MG	$24.06	$24.06	$24.06	$24.06	N	
J7517			MYCOPHENOLATE MOFETIL 250 MG	$3.27	$3.27	$3.27	$3.27	N	
J7518			MYCOPHENOLIC ACID	$4.02	$4.02	$4.02	$4.02	N	
J7519			INJ. MYCOPHENOLATE MOFETIL	$1.67	$1.67	$1.67	$1.67	N	
J7520			SIROLIMUS, ORAL, 1 MG	$7.97	$7.97	$7.97	$7.97	N	
J7525			TACROLIMUS, PARENTERAL 5 MG	$149.43	$149.43	$149.43	$149.43	N	
J7599			IMMUNOSUPPRESSIVE DRUG NOC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J7604			ACETYLCYSTEINE COMP UNIT	$3.57	$3.57	$3.57	$3.57	N	
J7605			ARFORMOTEROL NON-COMP UNIT	$5.04	$5.04	$5.04	$5.04	N	
J7606			FORMOTEROL FUMARATE, INH	$5.60	$5.60	$5.60	$5.60	N	
J7607			LEVALBUTEROL COMP CON	$1.33	$1.33	$1.33	$1.33	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J7608			ACETYLCYSTEINE INH SOL U D	$1.80	$1.80	$1.80	$1.80	N	
J7609			ALBUTEROL COMP UNIT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J7610			ALBUTEROL, INHAL SOL 1 MG	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J7611			ALBUTEROL CONCENTRATED FORM	$0.15	$0.15	$0.15	$0.15	N	
J7612			LEVALBUTEROL CONCENTRATED	$1.19	$1.19	$1.19	$1.19	N	
J7613			ALBUTEROL UNIT DOSE	$0.54	$0.54	$0.54	$0.54	N	
J7614			LEVALBUTEROL UNIT DOSE	$2.61	$2.61	$2.61	$2.61	N	
J7615			LEVALBUTEROL INHAL SOL 0.5 MG	$1.89	$1.89	$1.89	$1.89	N	
J7620			ALBUTEROL 2.5MG/IPRATROP 0.5MG	$2.18	$2.18	$2.18	$2.18	N	
J7626			BUDESONIDE INHAL SOLUTION	$9.35	$9.35	$9.35	$9.35	N	
J7627			BUDESONIDE,POWDER,INHALATION	$161.35	$161.35	$161.35	$161.35	N	
J7628			BITOLTEROL MESYLATE CONC FORM	$0.48	$0.48	$0.48	$0.48	N	
J7631			CROMOLYN SODIUM UNIT DOSE FORM	$0.34	$0.34	$0.34	$0.34	N	
J7632			CROMOLYN SODIUM COMP UNIT	$0.31	$0.31	$0.31	$0.31	N	
J7634			BUDESONIDE COMP CON	$4.81	$4.81	$4.81	$4.81	N	
J7635			ATROPINE INHALATION SOLUTION	$1.23	$1.23	$1.23	$1.23	N	
J7636			ATROPINE INHALATION SOLUTION	$1.09	$1.09	$1.09	$1.09	N	
J7637			DEXAMETHASONE INHALATION SOL	$0.43	$0.43	$0.43	$0.43	N	
J7638			DEXAMETHASONE INHALATION SOL	$0.20	$0.20	$0.20	$0.20	N	
J7639			DORNASE ALPHA INHALATION SOL	$21.00	$21.00	$21.00	$21.00	N	
J7642			GLYCOPYRROLATE INHALATION SOL	$2.32	$2.32	$2.32	$2.32	N	
J7644			IPRATROPRIUM BROMIDE INHALATIO	$1.54	$1.54	$1.54	$1.54	N	
J7645			IPRATROPIUM BROMIDE INHAL SOL	$1.26	$1.26	$1.26	$1.26	N	
J7665			MANNITOL, ADMIN THRU INHALER	$3.94	$3.94	$3.94	$3.94	N	
J7669			METAPROTERENOL INH SOL U D	$0.49	$0.49	$0.49	$0.49	N	
J7674			METHACHOLINE CHLORIDE, NEB	$0.42	$0.42	$0.42	$0.42	N	
J7676			PENTAMIDINE COMP UNIT DOSE	$93.44	$93.44	$93.44	$93.44	N	
J7682			TOBRAMYCIN 300 MG INHAL SOL	$66.11	$66.11	$66.11	$66.11	N	
J7684			TRIAMCINOLONE INHAL SOLUTION	$0.61	$0.61	$0.61	$0.61	N	
J7686			TREPROSTINIL, NON-COMP UNIT	$136.55	$136.55	$136.55	$136.55	N	
J7699			INHALATION SOLUTION FOR DME	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J8501			ORAL APREPITANT	$4.71	$4.71	$4.71	$4.71	N	
J8510			BULSULFAN, ORAL, 2 MG	$2.59	$2.59	$2.59	$2.59	N	
J8522			CAPECITABINE, ORAL, 50 MG	$2.27	$2.27	$2.27	$2.27	N	
J8530			CYCLOPHOSPHAMIDE ORAL 25 MG	$3.15	$3.15	$3.15	$3.15	N	
J8540			ORAL DEXAMETHASONE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J8541			ORAL, HEMADY, 0.25 MG	$0.34	$0.34	$0.34	$0.34	N	
J8560			ETOPOSIDE ORAL 50 MG	$41.68	$41.68	$41.68	$41.68	N	
J8600			MELPHALAN ORAL 2 MG	$5.29	$5.29	$5.29	$5.29	N	
J8610			METHOTREXATE ORAL 2.5 MG	$3.19	$3.19	$3.19	$3.19	N	
J8611			ORAL METHOTREXATE (JYLAMVO)	$18.08	$18.08	$18.08	$18.08	N	
J8612			ORAL METHOTREXATE (XATMEP)	NA	NA	$19.40	$19.40	N	
J8700			TEMOZOLOMIDE	$9.74	$9.74	$9.74	$9.74	N	
J9000			DOXORUBICIN HCL 10 MG	$12.03	$12.03	$12.03	$12.03	N	
J9015			ALDESLEUKIN PER SING USE VIAL	$826.40	$826.40	$826.40	$826.40	N	
J9017			ARSENIC TRIOXIDE 1 MG	$36.79	$36.79	$36.79	$36.79	N	
J9019			ERWINAZE INJECTION	$324.47	$324.47	$324.47	$324.47	N	
J9020			ASPARAGINASE 10,000 UNITS	$55.02	$55.02	$55.02	$55.02	N	
J9021			INJ, ASPARA, RYLAZE, 0.1 MG	$43.46	$43.46	$43.46	$43.46	N	
J9022			INJ, ATEZOLITZUMAB, 10 MG	$72.18	$72.18	$72.18	$72.18	N	
J9023			INJECTION, AVELUMAB, 10 MG	$75.67	$75.67	$75.67	$75.67	N	
J9025			AZACITIDINE INJECTION	$4.42	$4.42	$4.42	$4.42	N	
J9027			CLOFARABINE INJECTION	$123.05	$123.05	$123.05	$123.05	N	
J9029			INJ, ADSTILADRIN, PER TX DOS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J9030			BCG LIVE INTRAVESICAL 1MG	$3.11	$3.11	$3.11	$3.11	N	
J9032			INJECTION, BELINOSTAT, 10MG	$31.63	$31.63	$31.63	$31.63	N	
J9033			BENDAMUSTINE INJECTION	$19.13	$19.13	$19.13	$19.13	N	
J9034			INJ., BENDEKA 1 MG	$23.02	$23.02	$23.02	$23.02	N	
J9035			BEVACIZUMAB INJECTION(AVASTIN)	$78.90	$78.90	$78.90	$78.90	N	
J9036			INJ. BELRAPZO/BENDAMUSTINE	$25.72	$25.72	$25.72	$25.72	N	
J9037			INJ BELANTAMAB MAFODONT BLMF	$40.97	$40.97	$40.97	$40.97	N	
J9039			INJECTION, BLINATUMOMAB	$94.31	$94.31	$94.31	$94.31	N	
J9040			BLEOMYCIN SULF. 15 UNITS	$77.11	$77.11	$77.11	$77.11	N	
J9041			BORTEZOMIB INJECTION (VELCADE)	$35.31	$35.31	$35.31	$35.31	N	
J9042			BRENTUXIMAB VEDOTIN INJ	$95.83	$95.83	$95.83	$95.83	N	
J9043			CABAZITAXEL INJECTION	$134.65	$134.65	$134.65	$134.65	N	
J9045			INJ. CARBOPLATIN PER 50MG	$76.42	$76.42	$76.42	$76.42	N	
J9046			INJ, BORTEZOMIB, DR. REDDY'S	$45.34	$45.34	$45.34	$45.34	N	
J9047			INJECTION, CARFILZOMIB, 1 MG	$27.36	$27.36	$27.36	$27.36	N	
J9048			INJ, BORTEZOMIB FRESENIUSKAB	$45.34	$45.34	$45.34	$45.34	N	
J9049			INJ, BORTEZOMIB, HOSPIRA	$7.60	$7.60	$7.60	$7.60	N	
J9050			CARMUSTINE, 100 MG	$163.91	$163.91	$163.91	$163.91	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J9051			INJ, BORTEZOMIB (MAIA)	$3.39	$3.39	$3.39	$3.39	N	
J9052			INJ, CARMUSTINE (ACCORD)	$242.55	$242.55	$242.55	$242.55	N	
J9055			CETUXIMAB INJECTION (ERBITUX)	$52.50	$52.50	$52.50	$52.50	N	
J9056			INJ, VIVIMUSTA, 1 MG	$32.41	$32.41	$32.41	$32.41	N	
J9057			INJ., COPANLISIB, 1 MG	$75.45	$75.45	$75.45	$75.45	N	
J9060			CISPLATIN,POWD.OR SOL.PER 10MG	$4.05	$4.05	$4.05	$4.05	N	
J9061			INJ, AMIVANTAMAB-VMJW	$16.89	$16.89	$16.89	$16.89	N	
J9063			INJ, ELAHERE, 1 MG	$61.58	$61.58	$61.58	$61.58	N	
J9064			INJ, CABAZITAXEL (SANDOZ)	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J9065			INJ CLADRIBINE PER 1 MG	$53.05	$53.05	$53.05	$53.05	N	
J9071			INJ CYCLOPHOSPHAMD AUROMEDIC	$3.61	$3.61	$3.61	$3.61	N	
J9072			INJ CYCLOPHOS DR.REDDY'S 5MG	$1.36	$1.36	$1.36	$1.36	N	
J9073			INJ CYCLOPHOSPHAMD (INGENUS)	$3.63	$3.63	$3.63	$3.63	N	
J9074			INJ, CYCLOPHOSPHAMD, SANDOZ	$4.17	$4.17	$4.17	$4.17	N	
J9075			INJ, CYCLOPHOSPHAMIDE, NOS	$2.65	$2.65	$2.65	$2.65	N	
J9098			CYTARABINE LIPOSOME	$437.50	$437.50	$437.50	$437.50	N	
J9100			CYTARABINE 100MG/ML	$3.17	$3.17	$3.17	$3.17	N	
J9118			INJ. CALASPARGASE PEGOL-MKNL	$66.09	$66.09	$66.09	$66.09	N	
J9119			INJ., CEMIPLIMAB-RWLC, 1 MG	$23.40	$23.40	$23.40	$23.40	N	
J9120			DACTINOMYCIN 0.5 MG	$519.53	$519.53	$519.53	$519.53	N	
J9130			DACARBAZINE 100MG/ML	$10.34	$10.34	$10.34	$10.34	N	
J9144			DARATUMUMAB, HYALURONIDASE	$41.68	$41.68	$41.68	$41.68	N	
J9145			INJECTION, DARATUMUMAB 10 MG	$45.80	$45.80	$45.80	$45.80	N	
J9150			DAUNORUBICIN HCL 10 MG	$70.57	$70.57	$70.57	$70.57	N	
J9151			DAUNORUBICIN CITRATE LIPO 10MG	$59.50	$59.50	$59.50	$59.50	N	
J9153			INJ DAUNORUBICIN, CYTARABINE	$179.60	$179.60	$179.60	$179.60	N	
J9155			DEGARELIX INJECTION	$3.92	$3.92	$3.92	$3.92	N	
J9165			DIETHYLSTILBESTROL INJECTION	$13.27	$13.27	$13.27	$13.27	N	
J9171			DOCETAXEL INJECTION	$19.51	$19.51	$19.51	$19.51	N	
J9172			DOCETAXEL (INGENUS), 1 MG	$1.98	$1.98	$1.98	$1.98	N	
J9173			INJ., DURVALUMAB, 10 MG	$70.44	$70.44	$70.44	$70.44	N	
J9175			ELLIOTTS B SOLUTION PER ML	$4.29	$4.29	$4.29	$4.29	N	
J9176			INJECTION, ELOTUZUMAB, 1MG	$5.95	$5.95	$5.95	$5.95	N	
J9177			INJ ENFORT VEDO-EJFV 0.25 MG	$26.11	$26.11	$26.11	$26.11	N	
J9178			INJ, EPIRUBICIN HCL, 2 MG	$26.22	$26.22	$26.22	$26.22	N	
J9179			ERIBULIN MESYLATE INJECTION	$86.72	$86.72	$86.72	$86.72	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J9181			ETOPOSIDE 10 MG INJ	$1.64	$1.64	$1.64	$1.64	N	
J9185			FLUDARABINE PHOSPHATE 50MG	$317.80	$317.80	$317.80	$317.80	N	
J9190			FLUOROURACIL 50OMG/ML	$3.28	$3.28	$3.28	$3.28	N	
J9196			INJ GEMCITABINE HCL (ACCORD)	$14.18	$14.18	$14.18	$14.18	N	
J9198			INJ. INFUGEM, 100 MG	$37.62	$37.62	$37.62	$37.62	N	
J9200			FLOXURIDINE INJECTION	$130.70	$130.70	$130.70	$130.70	N	
J9201			GEMCITABINE HCL 200 MG	$135.98	$135.98	$135.98	$135.98	N	
J9202			GOSERELIN ACET IMPLANT 3.6 MG	$411.24	$411.24	$411.24	$411.24	N	
J9203			GEMTUZUMAB OZOGAMICIN 0.1 MG	$180.40	$180.40	$180.40	$180.40	N	
J9204			INJ MOGAMULIZUMAB-KPKC, 1 MG	$187.61	$187.61	$187.61	$187.61	N	
J9205			INJ IRINOTECAN LIPOSOME 1 MG	$38.04	$38.04	$38.04	$38.04	N	
J9206			IRINOTECAN 20 MG	$134.24	$134.24	$134.24	$134.24	N	
J9207			IXABEPILONE INJECTION	$65.31	$65.31	$65.31	$65.31	N	
J9208			IFOSFAMIDE INJECTION	$63.49	$63.49	$63.49	$63.49	N	
J9209			MESNA INJECTION 200 MG/ML	$30.76	$30.76	$30.76	$30.76	N	
J9210			INJ., EMAPALUMAB-LZSG, 1 MG	$734.78	$734.78	$734.78	$734.78	N	
J9211			IDARUBICIN HCL INJECITON 5 MG	$386.79	$386.79	$386.79	$386.79	N	
J9212			INJECTION INTERFERON ALFACON-1	$8.50	$8.50	$8.50	$8.50	N	
J9213			INTERFERON ALFA-2A 3 MM UNITS	$40.53	$40.53	$40.53	$40.53	N	
J9214			INTERFERON ALFA-2B INJ	$14.84	$14.84	$14.84	$14.84	N	
J9215			INTERFERON ALFA-N3 INJ	$15.68	$15.68	$15.68	$15.68	N	
J9216			INTERFERON GAMMA 1-B 3 MMU	$344.41	$344.41	$344.41	$344.41	N	
J9217			LEUPROLIDE ACETATE 7.5 MG	$678.73	$678.73	$678.73	$678.73	N	
J9218			LEUPROLIDE ACETATE PER 1 MG	$271.53	$271.53	$271.53	$271.53	N	
J9219			LEUPROLIDE ACETATE IMPLANT 65	$4,973.50	$4,973.50	$4,973.50	$4,973.50	N	
J9223			INJ. LURBINECTEDIN, 0.1 MG	$164.17	$164.17	$164.17	$164.17	N	
J9225			HISTRELIN IMPLANT	$5,250.00	$5,250.00	$5,250.00	$5,250.00	N	
J9226			SUPPRELIN LA IMPLANT	$15,312.50	$15,312.50	$15,312.50	$15,312.50	N	
J9227			INJ. ISATUXIMAB-IRFC 10 MG	$65.96	$65.96	$65.96	$65.96	N	
J9228			IPILIMUMAB INJECTION	$126.09	$126.09	$126.09	$126.09	N	
J9229			INJ INOTUZUMAB OZOGAM 0.1 MG	$2,118.71	$2,118.71	$2,118.71	$2,118.71	N	
J9230			MECHLORETHAMINE HYDROC.10MG/ML	$152.08	$152.08	$152.08	$152.08	N	
J9245			INJ MELPHA HYDROCH NOS 50 MG	$1,267.39	$1,267.39	$1,267.39	$1,267.39	N	
J9246			INJ. EVOMELA, 1 MG	$39.60	$39.60	$39.60	$39.60	N	
J9247			INJ, MELPHALAN FLUFENAMI 1MG	$470.25	$470.25	$470.25	$470.25	N	
J9248			INJ MELPHALAN (HEPZATO) 1 MG	$722.70	$722.70	$722.70	$722.70	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J9249			INJ, MELPHALAN (APOTEX) 1 MG	$60.50	$60.50	$60.50	$60.50	N	
J9255			INJ, METHOTREXATE (ACCORD)	$2.67	$2.67	$2.67	$2.67	N	
J9260			METHOTREXATE SODIUM 50MG/ML	$4.16	$4.16	$4.16	$4.16	N	
J9260	UD		METHOTREXATE SODIUM, 50 MG	$4.16	$4.16	$4.16	$4.16	N	
J9261			NELARABINE INJECTION	$90.13	$90.13	$90.13	$90.13	N	
J9262			INJ, OMACETAXINE MEP, 0.01MG	$2.36	$2.36	$2.36	$2.36	N	
J9263			OXALIPLATIN	$9.32	$9.32	$9.32	$9.32	N	
J9264			PACLITAXEL INJECTION	$9.40	$9.40	$9.40	$9.40	N	
J9266			PEGASPARGASE PER SING DOSE VIA	$2,187.50	$2,187.50	$2,187.50	$2,187.50	N	
J9267			PACLITAXEL INJECTION	$0.43	$0.43	$0.43	$0.43	N	
J9268			PENTOSTATIN PER 10MG	$2,324.00	$2,324.00	$2,324.00	$2,324.00	N	
J9269			INJ. TAGRAXOFUSP-ERZS 10 MCG	$252.74	$252.74	$252.74	$252.74	N	
J9270			PLICAMYCIN (MITHRAMYCIN) INJ	$86.39	$86.39	$86.39	$86.39	N	
J9271			INJ PEMBROLIZUMAB	$42.73	$42.73	$42.73	$42.73	N	
J9272			INJ, DOSTARLIMAB-GXLY, 10 MG	$205.31	$205.31	$205.31	$205.31	N	
J9273			INJ TISOTU VEDOTIN-TFTV, 1MG	$145.65	$145.65	$145.65	$145.65	N	
J9274			INJ, TEBENTAFUSP-TEBN, 1 MCG	$185.72	$185.72	$185.72	$185.72	N	
J9280			MITOMYCIN 5MG/ML	$61.25	$61.25	$61.25	$61.25	N	
J9281			MITOMYCIN INSTILLATION	$264.53	$264.53	$264.53	$264.53	N	
J9285			INJ, OLARATUMAB, 10 MG	$47.67	$47.67	$47.67	$47.67	N	
J9286			INJ GLOFITAMAB GXBM, 2.5 MG	$2,529.18	$2,529.18	$2,529.18	$2,529.18	N	
J9293			MITOXANTRONE HCL 5 MG	$325.23	$325.23	$325.23	$325.23	N	
J9294			INJ PEMETREXED, HOSPIRA 10MG	$10.08	$10.08	$10.08	$10.08	N	
J9296			INJ PEMETREXED (ACCORD) 10MG	$9.56	$9.56	$9.56	$9.56	N	
J9297			INJ PEMETREXED (SANDOZ) 10MG	$9.50	$9.50	$9.50	$9.50	N	
J9298			INJ NIVOL RELATLIMAB 3MG/1MG	$169.47	$169.47	$169.47	$169.47	N	
J9299			INJECTION, NIVOLUMAB	$24.10	$24.10	$24.10	$24.10	N	
J9301			OBINUTUZUMAB INJ	$510.84	$510.84	$510.84	$510.84	N	
J9302			OFATUMUMAB INJECTION	$43.56	$43.56	$43.56	$43.56	N	
J9303			PANITUMUMAB INJECTION	$87.50	$87.50	$87.50	$87.50	N	
J9304			INJ. PEMETREXED, 10 MG	$0.00	$0.00	$0.00	$0.00	N	
J9305			PEMETREXED INJECTION (ALIMTA)	$50.86	$50.86	$50.86	$50.86	N	
J9306			INJECTION, PERTUZUMAB, 1 MG	$9.61	$9.61	$9.61	$9.61	N	
J9307			PRALATREXATE INJECTION	$154.69	$154.69	$154.69	$154.69	N	
J9308			INJECTION, RAMUCIRUMAB	$52.51	$52.51	$52.51	$52.51	N	
J9309			INJ, POLATUZUMAB VEDOTIN 1MG	$106.07	$106.07	$106.07	$106.07	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J9311			INJ RITUXIMAB, HYALURONIDASE	$0.40	$0.40	$0.40	$0.40	N	
J9312			INJ., RITUXIMAB, 10 MG	$93.01	$93.01	$93.01	$93.01	N	
J9313			INJ., LUMOXITI, 0.01 MG	$206.25	$206.25	$206.25	$206.25	N	
J9314			INJ PEMETREXED (TEVA) 10MG	$19.29	$19.29	$19.29	$19.29	N	
J9316			PERTUZU, TRASTUZU, 10 MG	$6.99	$6.99	$6.99	$6.99	N	
J9317			SACITUZUMAB GOVITECAN-HZIY	$28.50	$28.50	$28.50	$28.50	N	
J9318			INJ ROMIDEPSIN NON-LYO 0.1MG	$31.67	$31.67	$31.67	$31.67	N	
J9319			INJ ROMIDEPSIN LYOPHIL 0.1MG	$31.67	$31.67	$31.67	$31.67	N	
J9320			STREPTOZOCIN INJECTION	$113.78	$113.78	$113.78	$113.78	N	
J9321			INJ EPCORITAMAB-BYSP 0.16 MG	$50.24	$50.24	$50.24	$50.24	N	
J9322			INJ PEMETREXED (BLUEPOINT)	$9.51	$9.51	$9.51	$9.51	N	
J9323			INJ, PEMETREXED DITROMETHAMIN	$9.89	$9.89	$9.89	$9.89	N	
J9324			INJ, PEMRYDI RTU, 10 MG	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J9325			INJ TALIMOGENE LAHERPAREPVEC	$43.56	$43.56	$43.56	$43.56	N	
J9328			TEMOZOLOMIDE INJECTION	$4.75	$4.75	$4.75	$4.75	N	
J9329			INJ, TISLELIZUMAB-JSGR	$51.52	$51.52	$51.52	$51.52	N	
J9330			TEMSIROLIMUS INJECTION	$48.99	$48.99	$48.99	$48.99	N	
J9331			INJ SIROLIMUS PROT PART 1 MG	$67.17	$67.17	$67.17	$67.17	N	
J9332			INJ EFGARTIGIMOD 2MG	$29.45	$29.45	$29.45	$29.45	N	
J9333			INJ RONZANOLIXIZUM-NOLI 1 MG	$10.70	$10.70	$10.70	$10.70	N	
J9334			INJ EFGART-ALFA 2MG HYA-QVFC	$30.98	$30.98	$30.98	$30.98	N	
J9340			THIOTEPA INJECTION	$85.59	$85.59	$85.59	$85.59	N	
J9345			INJ, RETIFANLIMAB-DLWR, 1 MG	$28.48	$28.48	$28.48	$28.48	N	
J9347			INJ, TREMELIMUMAB-ACTL, 1 MG	$128.70	$128.70	$128.70	$128.70	N	
J9348			INJ. NAXITAMAB-GGGK, 1MG	$504.11	$504.11	$504.11	$504.11	N	
J9349			INJ., TAFASITAMAB-CXIX	$11.88	$11.88	$11.88	$11.88	N	
J9350			INJ MOSUNETUZUMAB-AXGB, 1 MG	$588.12	$588.12	$588.12	$588.12	N	
J9351			TOPOTECAN INJECTION	$27.37	$27.37	$27.37	$27.37	N	
J9352			INJECTION TRABECTEDIN 0.1MG	$267.30	$267.30	$267.30	$267.30	N	
J9353			INJ. MARGETUXIMAB-CMKB, 5 MG	$41.12	$41.12	$41.12	$41.12	N	
J9354			INJ, ADO-TRASTUZUMAB EMT 1MG	$27.46	$27.46	$27.46	$27.46	N	
J9355			TRASTUZUMAB 10 MG	$65.74	$65.74	$65.74	$65.74	N	
J9356			INJ. HERCEPTIN HYLECTA, 10MG	$77.14	$77.14	$77.14	$77.14	N	
J9357			VALRUBICIN INTRAVESICAL 200 MG	$485.10	$485.10	$485.10	$485.10	N	
J9358			INJ FAM-TRASTU DERU-NXKI 1 MG	$22.73	$22.73	$22.73	$22.73	N	
J9359			INJ LON TESIRIN-LPYL 0.075MG	$176.49	$176.49	$176.49	$176.49	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
J9360			VINBLASTINE SULFATE 1MG	$2.90	$2.90	$2.90	$2.90	N	
J9361			INJ, EFBEMALENOGRASTIM ALFA-	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
J9370			VINCRISTINE SULFATE 1 MG	$12.60	$12.60	$12.60	$12.60	N	
J9376			INJ POZELIMAB-BBFG, 1 MG	$85.67	$85.67	$85.67	$85.67	N	
J9380			INJ TECLISTAMAB CQYV 0.5 MG	$29.21	$29.21	$29.21	$29.21	N	
J9381			INJ TEPLIZUMAB MZWV 5 MCG	$35.67	$35.67	$35.67	$35.67	N	
J9390			VINORELBINE TARTRATE PER 10 MG	$82.25	$82.25	$82.25	$82.25	N	
J9393			INJ, FULVESTRANT (TEVA)	$19.80	$19.80	$19.80	$19.80	N	
J9394			INJ, FULVESTRANT (FRESENIUS)	$49.50	$49.50	$49.50	$49.50	N	
J9395			INJECTION, FULVESTRANT	$86.93	$86.93	$86.93	$86.93	N	
J9400			INJ, ZIV-AFLIBERCEPT, 1MG	$15.84	$15.84	$15.84	$15.84	N	
J9600			PORFIMER SODIUM 75 MG	$2,637.93	$2,637.93	$2,637.93	$2,637.93	N	
J9999			CHEMOTHERAPY DRUG	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
K0001			STANDARD WHEELCHAIR	NA	$29.93	NA	$29.93	A	
K0002			STANDARD HEMI LOW SEAT WC	NA	$49.27	NA	$49.27	A	
K0003			LIGHTWEIGHT WHEELCHAIR	NA	$46.37	NA	$46.37	A	
K0004			HIG STRENGTH, LIGHTWEIGHT WC	NA	$59.94	NA	$59.94	A	
K0005			ULTRALIGHTWEIGHT WHEELCHAIR	$1,808.17	$216.98	$1,808.17	$216.98	A	
K0006			HEAVY DUTY WHEELCHAIR	NA	$76.30	NA	$76.30	A	
K0007			EXTRA HEAVY DUTY WHEELCHAIR	NA	BY REPORT	NA	BY REPORT	A	
K0008			CUSTOM MANUAL WHEELCHAIR/BASE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
K0009			OTHER MANUAL WHEELCHAIR/BASE	NA	BY REPORT	NA	BY REPORT	A	
K0010			STD WGT FRM-MTR PWR WHEELCHAIR	NA	$401.40	NA	$401.40	A	
K0011			STD WGT FRM-MTR PWR WC PROGCTL	NA	BY REPORT	NA	BY REPORT	A	
K0012			LGHTWT PORTABLE MOTOR/PWC	NA	BY REPORT	NA	BY REPORT	A	
K0013			CUSTOM MOTORIZED/PWR WC BASE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
K0014			OTHER MOTORIZED/PWR WC BASE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
K0015			DETACH NON-ADJUST HGT ARMRT EA	NA	$14.04	NA	$14.04	N	
K0017			DETACH ADJ-HGT AMRT BASE EACH	$40.22	$8.04	$40.22	$8.04	N	
K0018			DETACH ADJ HGT AMRT UP PTN EA	$22.73	$4.55	$22.73	$4.55	N	
K0019			ARM PAD, EACH	$11.15	$2.23	$11.15	$2.23	N	
K0020			FIXED ADJ HGT ARMREST PAIR	$39.17	$7.83	$39.17	$7.83	N	
K0037			HIGH MOUNT FLIP-UP FT REST EA	$37.84	$7.57	$37.84	$7.57	N	
K0038			LEG STRAP, EACH	$20.10	$4.02	$20.10	$4.02	N	
K0039			LEG STRAP, H STYLE, EACH	$43.16	$8.63	$43.16	$8.63	N	
K0040			ADJUSTABLE ANGLE FOOT PLATE EA	$41.70	$8.34	$41.70	$8.34	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
K0041			LARGE SIZE FOOTPLATE, EACH	$41.24	$8.25	$41.24	$8.25	N	
K0042			STANDARD SIZE FOOTPLATE EACH	$26.49	$5.30	$26.49	$5.30	N	
K0043			FOOTREST, LOWER EXTENSION EA	$16.35	$3.27	$16.35	$3.27	N	
K0044			FOOTREST, UPPER HANGER BRAC EA	$14.03	$2.81	$14.03	$2.81	N	
K0045			FOOTREST, COMPLETE ASSEMBLY	$46.80	$9.36	$46.80	$9.36	N	
K0046			ELEV LEGREST, LOWER EXT.TBE EA	$16.45	$3.29	$16.45	$3.29	N	
K0047			ELVTG LGRT UPR HGR BRACKET EA	$58.16	$11.63	$58.16	$11.63	N	
K0050			RATCHET ASSEMBLY	$26.99	$5.40	$26.99	$5.40	N	
K0051			CAM RELEASE ASSEMBLY,	$42.69	$8.54	$42.69	$8.54	N	
K0052			SWINGAWAY, DETACHABLE FTRT EA	$54.64	$10.93	$54.64	$10.93	N	
K0053			ELEV FOOTRESTS, ARTICULATE EA	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
K0056			SEAT HGT TP TO21IN HST/LTWT UL	$74.12	$14.82	$74.12	$14.82	N	
K0065			SPOKE PROTECTORS	$37.81	$7.56	$37.81	$7.56	N	
K0069			R.WHEEL ASSEM.SOLID TIRE, EACH	$77.76	$15.55	$77.76	$15.55	N	
K0070			R.WHEEL ASSEM.W/PNEUM.TIRE, EA	NA	$15.68	NA	$15.68	N	
K0071			FR.CAST.ASSEM.W/PNUEM.TIRE,EA.	$88.35	$17.67	$88.35	$17.67	N	
K0072			FR.CAST.ASSEM.W/SEMI PNEUM. EA	$55.41	$11.08	$55.41	$11.08	N	
K0073			CASTER PIN LOCK, EACH	$28.86	$5.77	$28.86	$5.77	N	
K0077			FRNT CSTR ASSEM.W/SOL.TIRE EA	$41.45	$8.29	$41.45	$8.29	N	
K0098			DRIVE BELT FOR POWER WC	$19.42	$3.88	$19.42	$3.88	N	
K0105			IV HANGER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
K0108			OTHER ACCESSORIES	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
K0195			ELEV. LEGRESTS, PAIR	NA	$19.12	NA	$19.12	N	
K0606			AED GARMENT W ELEC ANALYSIS	NA	$1,762.79	NA	$1,762.79	A	
K0672			REMOVABLE SOFT INTERFACE LE	$69.80	$13.96	$69.80	$13.96	N	
K0733			12-24HR SEALED LEAD ACID BATT	$23.20	$4.64	$23.20	$4.64	A	
K0738			PORTABLE GAS OXYGEN SYSTEM	NA	$32.93	NA	$32.93	A	
K0739			REPAIR/SVC DME NON-OXYGEN EQ	$10.00	$2.00	$10.00	$2.00	A	
K0800			POV GROUP1 STD UP TO 300 LBS	$682.10	$81.85	$682.10	$81.85	A	
K0801			POV GROUP 1 HD 301-450 LBS	$1,249.24	$149.91	$1,249.24	$149.91	A	
K0802			POV GROUP 1 VHD 451-600 LBS	$1,680.20	$201.62	$1,680.20	$201.62	A	
K0806			POV GROUP 2 STD UP TO 300 LBS	$1,192.00	$143.04	$1,192.00	$143.04	A	
K0807			POV GROUP 2 HD 301-450 LBS	$1,847.31	$221.68	$1,847.31	$221.68	A	
K0808			POV GROUP 2 VHD 451-600 LBS	$2,855.63	$342.68	$2,855.63	$342.68	A	
K0812			POWER OPERATED VEHICLE NOC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
K0813			PWC GP 1 STD PORT SEAT/BACK	NA	BY REPORT	NA	BY REPORT	A	

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER
W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.
MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS
MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS
N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
K0814			PWC GP 1 STD PORT CAP CHAIR	NA	BY REPORT	NA	BY REPORT	A	
K0815			PWC GP 1 STD SEAT/BACK	NA	BY REPORT	NA	BY REPORT	A	
K0816			PWC GP 1 STD CAP CHAIR	NA	BY REPORT	NA	BY REPORT	A	
K0820			PWC GP 2 STD PORT SEAT/BACK	NA	BY REPORT	NA	BY REPORT	A	
K0821			PWC GP 2 STD PORT CAP CHAIR	NA	BY REPORT	NA	BY REPORT	A	
K0822			PWC GP 2 STD SEAT/BACK	NA	BY REPORT	NA	BY REPORT	A	
K0823			PWC GP 2 STD CAP CHAIR	NA	BY REPORT	NA	BY REPORT	A	
K0824			PWC GP 2 HD SEAT/BACK	NA	BY REPORT	NA	BY REPORT	A	
K0825			PWC GP 2 HD CAP CHAIR	NA	BY REPORT	NA	BY REPORT	A	
K0826			PWC GP2 VHD SEAT/BACK	NA	BY REPORT	NA	BY REPORT	A	
K0827			PWC GP 2 VHD CAP CHAIR	NA	BY REPORT	NA	BY REPORT	A	
K0828			PWC GP 2 XTRA HD SEAT/BACK	NA	BY REPORT	NA	BY REPORT	A	
K0829			PWC GP 2 XTRA HD CAP CHAIR	NA	BY REPORT	NA	BY REPORT	A	
K0830			PWC GP2 STD SEAT ELEVATE S/B	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
K0831			PWC GP2 STD SEAT ELEVATE CAP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
K0835			PWC GP2 STD SING POW OPT S/B	NA	BY REPORT	NA	BY REPORT	A	
K0836			PWC GP2 STD SING POW OPT CAP	NA	BY REPORT	NA	BY REPORT	A	
K0837			PWC GP2 HD SING POW OPT S/B	NA	BY REPORT	NA	BY REPORT	A	
K0838			PWC GP2 HD SING POW OPT CAP	NA	BY REPORT	NA	BY REPORT	A	
K0839			PWC GP2 VHD SING POW OPT S/B	NA	BY REPORT	NA	BY REPORT	A	
K0840			PWC GP2 XHD SING POW OPT S/B	NA	BY REPORT	NA	BY REPORT	A	
K0841			PWC GP2 STD MULT POW OPT S/B	NA	BY REPORT	NA	BY REPORT	A	
K0842			PWC GP2 STD MULT POW OPT CAP	NA	BY REPORT	NA	BY REPORT	A	
K0843			PWC GP2 HD MULT POW OPT S/B	NA	BY REPORT	NA	BY REPORT	A	
K0848			PWC GP3 STD SEAT/BACK	NA	BY REPORT	NA	BY REPORT	A	
K0849			PWC GP3 STD CAP CHAIR	NA	BY REPORT	NA	BY REPORT	A	
K0850			PWC GP3 HD SEAT/BACK	NA	BY REPORT	NA	BY REPORT	A	
K0851			PWC GP3 HD CAP CHAIR	NA	BY REPORT	NA	BY REPORT	A	
K0852			PWC GP3 VHD SEAT/BACK	NA	BY REPORT	NA	BY REPORT	A	
K0853			PWC GP3 VHD CAP CHAIR	NA	BY REPORT	NA	BY REPORT	A	
K0854			PWC GP3 XHD SEAT/BACK	NA	BY REPORT	NA	BY REPORT	A	
K0855			PWC GP3 XHD CAP CHAIR	NA	BY REPORT	NA	BY REPORT	A	
K0856			PWC GP3 STD POW OPT S/B	NA	BY REPORT	NA	BY REPORT	A	
K0857			PWC GP3 STD SING POW OPT S/B	NA	BY REPORT	NA	BY REPORT	A	
K0858			PWC GP3 HD SING POW OPT S/B	NA	BY REPORT	NA	BY REPORT	A	
K0859			PWC GP3 HD SING POW OPT CAP	NA	BY REPORT	NA	BY REPORT	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
K0860			PWC GP3 VHD SING POW OPT S/B	NA	BY REPORT	NA	BY REPORT	A	
K0861			PWC GP3 STD MULT POW OPT S/B	NA	BY REPORT	NA	BY REPORT	A	
K0862			PWC GP3 HD MULT POW OPT S/B	NA	BY REPORT	NA	BY REPORT	A	
K0863			PWC GP3 VHD MULT POW OPT S/B	NA	BY REPORT	NA	BY REPORT	A	
K0864			PWC GP3 XHD MULT POW OPT S/B	NA	BY REPORT	NA	BY REPORT	A	
K0868			PWC GP4 STD SEAT/BACK	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
K0869			PWC GP 4 STD CAP CHAIR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
K0870			PWC GP 4 HD SEAT/BACK	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
K0871			PWC GP 4 VHD SEAT/BACK	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
K0877			PWC GP4 STD SING POW OPT S/B	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
K0878			PWC GP4 STD SING POW OPT CAP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
K0879			PWC GP4 HD SING POW OPT S/B	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
K0880			PWC GP4 VHD SING POW OPT S/B	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
K0884			PWC GP4 STD MULT POW OPT S/B	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
K0885			PWC GP4 STD MULT POW OPT CAP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
K0886			PWC GP4 HD MULT POW S/B	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
K0890			PWC GP5 PED SING POW OPT S/B	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
K0891			PWC GP5 PED MULT POW OPT S/B	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
K0898			POWER WHEELCHAIR NOC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
K0900			CSTM DME OTHER THAN WHEELCHR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
K1004			LO FREQ US DIATHERMY DEVICE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
K1027			ORAL DEV WITHOUT FIX MECH	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
K1030			EXT RECHARGE BAT REPLACEMENT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
K1035			MOL DIAG READER SELF-ADMN	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
K1037			DOCKING STATION FOR ORAL DEV	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
L0112			CRANIAL CERVICAL ORTHOSIS	$1,152.16	$1,152.16	$1,152.16	$1,152.16	N	
L0113			CRANIAL CERVICAL TORTICOLLIS	$234.75	$234.75	$234.75	$234.75	A	
L0120			CERV/FLEX/NON-ADJ.FOAM COLLAR	$20.93	$20.93	$20.93	$20.93	N	
L0130			CERVICAL, FLEXIBLE, THERMOPLAS	$171.55	$171.55	$171.55	$171.55	N	
L0140			CERV.SIMI-RIGID ADJ.PLASTCOLLA	$50.48	$50.48	$50.48	$50.48	N	
L0150			CERVICAL, SEMI-RIGID, ADJUSTAB	$97.52	$97.52	$97.52	$97.52	N	
L0160			CERVICAL, SEMI-RIGID, WIRE FRA	$132.15	$132.15	$132.15	$132.15	N	
L0170			CERVICAL, COLLAR, MOLDED TO PA	$508.59	$508.59	$508.59	$508.59	N	
L0172			2 PC.CERV.COLL.SIMI-RIG.THERMA	$115.41	$115.41	$115.41	$115.41	N	
L0174			2 PIECE/THORAC EXT-CERVICAL CO	$216.64	$216.64	$216.64	$216.64	N	
L0180			NECK BR FORRESTER - NON SWIVEL	$319.84	$319.84	$319.84	$319.84	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
L0190			CERVICAL, MULTIPLE POST COLLAR	$428.38	$428.38	$428.38	$428.38	N	
L0200			CERVICAL, MULTIPLE POST COLLAR	$412.52	$412.52	$412.52	$412.52	N	
L0220			THORACIC, RIB BELT, CUSTOM FAB	$121.73	$121.73	$121.73	$121.73	N	
L0450			TLSO FLEX TRUNK SUPP UP THORAC	$86.78	$86.78	$86.78	$86.78	N	
L0452			TLSO FLEX UPPER THOR SUPP CUST	$264.68	$264.68	$264.68	$264.68	N	
L0454			TLSO FLEX TRUNK SUPPORT	$285.50	$285.50	$285.50	$285.50	N	
L0455			TLSO FLEX TRNK SJ-T9 PRE OTS	$161.09	$161.09	$161.09	$161.09	N	
L0456			TLSO FLEX THOR REG PREFAB	$818.72	$818.72	$818.72	$818.72	N	
L0457			TLSO FLEX TRNK SJ-SS PRE OTS	$461.95	$461.95	$461.95	$461.95	N	
L0458			TLSO TRIPLANAR CONT PREFAB	$734.14	$734.14	$734.14	$734.14	N	
L0460			TLSO TRIPLANAR CONT PREFAB	$826.33	$826.33	$826.33	$826.33	N	
L0462			TLSO TRIPLANAR CONT 3 RIG PLAS	$1,027.82	$1,027.82	$1,027.82	$1,027.82	N	
L0464			TLSO TRIPLAN CONT 4 RIG PLAST	$1,223.61	$1,223.61	$1,223.61	$1,223.61	N	
L0466			TLSO SAG CONT PREFAB FIT & ADJ	$294.64	$294.64	$294.64	$294.64	N	
L0467			TLSO R FRAM SOFT PRE OTS	$180.66	$180.66	$180.66	$180.66	N	
L0468			TLSO SAG-CORON CONT PREFABRIC	$361.49	$361.49	$361.49	$361.49	N	
L0469			TLSO RIG FRAM PELVIC PRE OTS	$230.20	$230.20	$230.20	$230.20	N	
L0470			TLSO TRIPLANER CONT RIG POST F	$586.21	$586.21	$586.21	$586.21	N	
L0472			TLSO TRIPLAN CONT HYPEREXTENS	$381.88	$381.88	$381.88	$381.88	N	
L0474			TLSO TRIPLAN CONT RIG POST FR	$499.65	$499.65	$499.65	$499.65	N	
L0480			TLSO TRIPLAN CONT CUST FABRIC	$1,355.81	$1,355.81	$1,355.81	$1,355.81	N	
L0482			TLSO TRIPLAN CONT INCL CAD-CAM	$1,510.96	$1,510.96	$1,510.96	$1,510.96	N	
L0484			TLSO TRIPLAN CONT CUST FABRIC	$1,501.09	$1,501.09	$1,501.09	$1,501.09	N	
L0486			TLSO TRIPLAN CONT INCL CAD-CAM	$1,595.98	$1,595.98	$1,595.98	$1,595.98	N	
L0488			TLSO TRIPLAN CONT PREFABRICAT	$826.33	$826.33	$826.33	$826.33	N	
L0490			TLSO SAG COR CONT PREFABRICAT	$232.88	$232.88	$232.88	$232.88	N	
L0491			TLSO 2 PIECE RIGID SHELL	$632.21	$632.21	$632.21	$632.21	N	
L0492			TLSO 3 PIECE RIGID SHELL	$415.32	$415.32	$415.32	$415.32	N	
L0621			SIO FLEX PELVISACRAL PREFAB	$45.75	$45.75	$45.75	$45.75	N	
L0622			SIO FLEX PELVISACRAL CUSTOM	$203.73	$203.73	$203.73	$203.73	N	
L0623			SIO PANEL PREFAB	$82.01	$82.01	$82.01	$82.01	N	
L0624			SIO PANEL CUSTOM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
L0625			LO FLEXIBL L1-BELOW L5 PRE	$25.59	$25.59	$25.59	$25.59	N	
L0626			LO SAG STAYS/PANELS PRE-FAB	$64.16	$64.16	$64.16	$64.16	N	
L0627			LO SAGITT RIGID PANEL PREFAB	$338.39	$338.39	$338.39	$338.39	N	
L0628			LO FLEX W/O RIGID STAYS PRE	$38.97	$38.97	$38.97	$38.97	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
L0629			LSO FLEX W/RIGID STAYS CUST	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
L0630			LSO POST RIGID PANEL PRE	$133.32	$133.32	$133.32	$133.32	N	
L0631			LSO SAG-CORO RIGID FRAME PRE	$845.07	$845.07	$845.07	$845.07	N	
L0632			LSO SAG RIGID FRAME CUST	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
L0633			LSO FLEXION CONTROL PREFAB	$236.06	$236.06	$236.06	$236.06	N	
L0634			LSO FLEXION CONTROL CUSTOM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
L0635			LSO SAGIT RIGID PANEL PREFAB	$802.47	$802.47	$802.47	$802.47	N	
L0636			LSO SAGITTAL RIGID PANEL CUS	$1,190.13	$1,190.13	$1,190.13	$1,190.13	N	
L0637			LSO SAG-CORONAL PANEL PREFAB	$884.33	$884.33	$884.33	$884.33	N	
L0638			LSO SAG-CORONAL PANEL CUSTOM	$1,085.70	$1,085.70	$1,085.70	$1,085.70	N	
L0639			LSO S/C SHELL/PANEL PREFAB	$884.33	$884.33	$884.33	$884.33	N	
L0640			LSO S/C SHELL/PANEL CUSTOM	$861.41	$861.41	$861.41	$861.41	N	
L0641			LO RIG POS PNL L1-L5 PRE OTS	$36.21	$36.21	$36.21	$36.21	N	
L0642			LO SAG RI AN/POS PNL PRE OTS	$190.97	$190.97	$190.97	$190.97	N	
L0643			LSO SAG CTR RIGI POS PRE OTS	$75.24	$75.24	$75.24	$75.24	N	
L0648			LSO SAG R AN/POS PNL PRE OTS	$476.92	$476.92	$476.92	$476.92	N	
L0649			LSO SC R POS/LAT PNL PRE OTS	$133.22	$133.22	$133.22	$133.22	N	
L0650			LSO SC R ANT/POS PNL PRE OTS	$551.83	$551.83	$551.83	$551.83	N	
L0651			LSO SAG-CO SHELL PNL PRE OTS	$551.83	$551.83	$551.83	$551.83	N	
L0700			CERVICAL-THORACIC-LUMBAR-SACRA	$1,594.34	$1,594.34	$1,594.34	$1,594.34	A	
L0710			CTLSO, ANTERIOR-POSTERIOR-LATE	$1,655.03	$1,655.03	$1,655.03	$1,655.03	A	
L0810			HALO PROCEDURES, CERVICAL HALO	$2,065.72	$2,065.72	$2,065.72	$2,065.72	A	
L0820			HALO PROCEDURES, CERVICAL HALO	$1,703.47	$1,703.47	$1,703.47	$1,703.47	N	
L0830			SPINAL BR MILW SCOL BR W/HALO	$2,472.92	$2,472.92	$2,472.92	$2,472.92	A	
L0859			MRI COMPATIBLE SYSTEM	$960.72	$960.72	$960.72	$960.72	N	
L0861			HALO REPL LINER/INTERFACE	$177.42	$177.42	$177.42	$177.42	N	
L0970			TLSO, CORSET FRONT	$93.28	$93.28	$93.28	$93.28	N	
L0972			LSO, CORSET FRONT	$89.92	$89.92	$89.92	$89.92	N	
L0974			TLSO, FULL CORSET	$141.19	$141.19	$141.19	$141.19	N	
L0976			LSO, FULL CORSET	$126.10	$126.10	$126.10	$126.10	N	
L0978			AXILLARY CRUTCH EXTENSION	$151.80	$151.80	$151.80	$151.80	N	
L0980			PERONEAL STRAPS, PAIR	$13.77	$13.77	$13.77	$13.77	N	
L0982			STOCKING SUPPORT.GRIPS SET OF4	$12.85	$12.85	$12.85	$12.85	N	
L0984			PROTECTIVE BODY SOCK, EACH	$51.64	$51.64	$51.64	$51.64	N	
L0999			ADD TO SPINAL ORTHOSIS NOS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
L1000			CERVICAL-THORACIC-LUMBAR-SACRA	$1,601.06	$1,601.06	$1,601.06	$1,601.06	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
L1001			CTLSO INFANT IMMOBILIZER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
L1005			TENS BASED SCOLIOSIS ORTH	$2,634.74	$2,634.74	$2,634.74	$2,634.74	N	
L1006			SCOLIOSIS ORTH SAG/ COR	$898.39	$898.39	$898.39	$898.39	A	
L1010			ADDITIONS TO CERVICAL-THORACIC	$52.93	$52.93	$52.93	$52.93	N	
L1020			ADDITIONS TO CTLSO OR SCOLIOSI	$68.17	$68.17	$68.17	$68.17	N	
L1025			ADDITION TO CTLSO/SCOLIOSIS OR	$131.12	$131.12	$131.12	$131.12	N	
L1030			ADDITIONS TO CTLSO OR SCOLIOSI	$50.17	$50.17	$50.17	$50.17	N	
L1040			ADDITIONS TO CTLSO OR SCOLIOSI	$61.52	$61.52	$61.52	$61.52	N	
L1050			ADDITIONS TO CTLSO OR SCOLIOSI	$65.66	$65.66	$65.66	$65.66	N	
L1060			ADDITIONS TO CTLSO OR SCOLIOSI	$75.42	$75.42	$75.42	$75.42	N	
L1070			ADDITIONS TO CTLSO OR SCOLIOSI	$70.97	$70.97	$70.97	$70.97	N	
L1080			ADDITIONS TO CTLSO OR SCOLIOSI	$43.64	$43.64	$43.64	$43.64	N	
L1085			ADDIT.TO CTLSO/SCOLIOSIS ORTHO	$121.39	$121.39	$121.39	$121.39	N	
L1090			ADDITIONS TO CTLSO OR SCOLIOSI	$79.33	$79.33	$79.33	$79.33	N	
L1100			ADDITIONS TO CTLSO OR SCOLIOSI	$128.75	$128.75	$128.75	$128.75	N	
L1110			ADDITIONS TO CTLSO OR SCOLIOSI	$201.41	$201.41	$201.41	$201.41	N	
L1120			ADDITIONS TO CTLSO OR SIO, SCO	$31.32	$31.32	$31.32	$31.32	N	
L1200			THORACIC-LUMBAR-SACAL-ORTHOSES	$1,235.61	$1,235.61	$1,235.61	$1,235.61	A	
L1210			ADDITIONS TO TLSO, (LOW PROFIL	$275.13	$275.13	$275.13	$275.13	N	
L1220			ADDITIONS TO TLSO, (LOW PROFIL	$232.95	$232.95	$232.95	$232.95	N	
L1230			ADDITIONS TO TLSO, (LOW PROFIL	$597.72	$597.72	$597.72	$597.72	N	
L1240			ADDIT.TO TLSO LUMBAR DEROTATIO	$61.80	$61.80	$61.80	$61.80	N	
L1250			ADDIT.TO TLSO ANTERIOR ASIS PA	$56.97	$56.97	$56.97	$56.97	N	
L1260			ADDIT TO TLSO,ANTERIOR THORAC	$59.66	$59.66	$59.66	$59.66	N	
L1270			ADDIT TO TLSO,ABDOMINAL PAD(LO	$61.10	$61.10	$61.10	$61.10	N	
L1280			ADDIT TO TLSO,RIB GUSSET(ELAST	$73.08	$73.08	$73.08	$73.08	N	
L1290			ADDIT TO TLSO,LATERAL TROCHANT	$61.99	$61.99	$61.99	$61.99	N	
L1300			OTHER SCOLIOSIS PROCEDURES, BO	$1,756.43	$1,756.43	$1,756.43	$1,756.43	A	
L1310			OTHER SCOLIOSIS PROCEDURES, PO	$1,749.38	$1,749.38	$1,749.38	$1,749.38	A	
L1320			PECTUS CARINATUM ORTHO CUST	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
L1499			UNLISTED PROCEDURE SPINAL ORTH	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
L1600			HIP ORTHOSES (HO), ABDUCTION C	$101.62	$101.62	$101.62	$101.62	N	
L1610			HO, ABDUCTION CONTROL OF HIP J	$37.83	$37.83	$37.83	$37.83	N	
L1620			HO, ABDUCTION CONTROL OF HIP J	$116.91	$116.91	$116.91	$116.91	N	
L1630			HO, ABDUCTION CONTROL OF HIP J	$133.63	$133.63	$133.63	$133.63	N	
L1640			HO, ABDUCTION CONTROL OF HIP J	$425.17	$425.17	$425.17	$425.17	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
L1650			HO, ABDUCTION CONTROL OF HIP J	$182.59	$182.59	$182.59	$182.59	N	
L1652			HIP ORTHOSIS ADULT PREFABRICAT	$293.43	$293.43	$293.43	$293.43	N	
L1653			HO ABDUCTION STATIC OTS	$293.43	$293.43	$293.43	$293.43	A	
L1660			HO, ABDUCTION CONTROL OF HIP J	$134.96	$134.96	$134.96	$134.96	N	
L1680			HO, ABDUCTION CONTROL OF HIP J	$960.86	$960.86	$960.86	$960.86	A	
L1681			HO BILATERAL HIP ABDUCTION	$1,918.32	$1,918.32	$1,918.32	$1,918.32	A	
L1685			HO ABDUCTION CONTROL OF HIP JO	$938.04	$938.04	$938.04	$938.04	N	
L1686			HO,ABDUCTION CONTROL OF HIP	$959.16	$959.16	$959.16	$959.16	N	
L1690			BIL LUMBO-SAC HIP FEMUR ORTHOS	$1,591.84	$1,591.84	$1,591.84	$1,591.84	N	
L1700			LEGG PERTHES ORTHOSIS, TORONTO	$1,204.30	$1,204.30	$1,204.30	$1,204.30	A	
L1710			LEGG PERTHES ORTHOSIS, NEWINGT	$1,409.77	$1,409.77	$1,409.77	$1,409.77	A	
L1720			LEGG PERTHES ORTHOSIS, TRILATE	$1,039.16	$1,039.16	$1,039.16	$1,039.16	A	
L1730			LEGG PERTHES ORTHOSIS, SCOTTIS	$916.45	$916.45	$916.45	$916.45	A	
L1755			LEG PERTHES ORTHOSIS,PATTEN BO	$1,285.14	$1,285.14	$1,285.14	$1,285.14	A	
L1810			KO, ELASTIC WITH JOINTS	$84.71	$84.71	$84.71	$84.71	N	
L1812			KO ELASTIC W/JOINTS PRE OTS	$52.91	$52.91	$52.91	$52.91	N	
L1820			KO, ELASTIC W/CONDYLE PADS&JTS	$116.08	$116.08	$116.08	$116.08	N	
L1821			KO ELAS W/ CONDYLE PADS OTF	$116.08	$116.08	$116.08	$116.08	A	
L1830			KO, IMMOBILIZER: CANVAS LONGIT	$47.68	$47.68	$47.68	$47.68	N	
L1831			KNEE ORTH POS LOCKING JOINT	$242.28	$242.28	$242.28	$242.28	N	
L1832			KO ADJ KNEE JOINTS POSIT ORTHO	$639.27	$639.27	$639.27	$639.27	N	
L1833			KO ADJ JNT POS R SUP PRE OTS	$343.43	$343.43	$343.43	$343.43	N	
L1834			KO WITHOUT KNEE JOINT RIGID	$693.08	$693.08	$693.08	$693.08	N	
L1836			KNEE ORTHOSIS PREFABRICATED	$67.41	$67.41	$67.41	$67.41	N	
L1840			KO, DEROTATION, FABRICATED TO	$816.08	$816.08	$816.08	$816.08	A	
L1843			KO SING UPRIGHT THIGH/CALF CUS	$738.61	$738.61	$738.61	$738.61	N	
L1844			KO,SINGLE UPR TH&CALF W ADJ.	$1,289.40	$1,289.40	$1,289.40	$1,289.40	N	
L1845			KO,DBL UPRIGHT,THIGH/CALF/ADJU	$810.15	$810.15	$810.15	$810.15	N	
L1846			KO,DBL UPRIGHT THIGH/CALF MOLD	$1,063.02	$1,063.02	$1,063.02	$1,063.02	A	
L1847			KO DBL UPRIGHT, W/ADJUST JOINT	$473.47	$473.47	$473.47	$473.47	N	
L1848			KO DBL UPRIGHT W/AIR PRE OTS	$473.47	$473.47	$473.47	$473.47	N	
L1850			KO, SWEDISH TYPE	$155.27	$155.27	$155.27	$155.27	N	
L1851			KO SINGLE UPRIGHT PREFAB OTS	$453.31	$453.31	$453.31	$453.31	A	
L1852			KO DOUBLE UPRIGHT PREFAB OTS	$432.45	$432.45	$432.45	$432.45	A	
L1860			KO, MODIFICATION OF SUPRACONDY	$1,030.72	$1,030.72	$1,030.72	$1,030.72	A	
L1900			SHORT LEG BRACE, SPRING WIRE	$212.75	$212.75	$212.75	$212.75	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
L1902			AFO,ANKLE GAUNTLET,CUSTOM FITT	$82.38	$82.38	$82.38	$82.38	A	
L1904			AFO,MOLDED ANKLE GAUNTLET,MOLD	$383.51	$383.51	$383.51	$383.51	A	
L1906			AFO,MULTILIGAMENTUS ANKLE SUPP	$95.79	$95.79	$95.79	$95.79	A	
L1907			AFO SUPRAMALLEOLAR CUSTOM	$463.20	$463.20	$463.20	$463.20	N	
L1910			SHORT LEG BRACE, SINGLE UPRIGH	$262.34	$262.34	$262.34	$262.34	A	
L1920			AFO, SINGLE UPRIGHT WITH STATI	$294.94	$294.94	$294.94	$294.94	A	
L1930			AFO, CUSTOM FITTED, PLASTIC	$186.56	$186.56	$186.56	$186.56	A	
L1932			AFO RIG ANT TIB PREFAB TCF/=	$734.58	$734.58	$734.58	$734.58	N	
L1940			AFO, MOLDED TO PATIENT MODEL,	$495.06	$495.06	$495.06	$495.06	A	
L1945			AFO MOLDED TO PATIENT FL REACT	$730.01	$730.01	$730.01	$730.01	A	
L1950			AFO, SPIRAL, MOLDED TO PATIENT	$783.20	$783.20	$783.20	$783.20	A	
L1951			AFO SPIRAL PREFABRICATED	$691.33	$691.33	$691.33	$691.33	N	
L1960			AFO, POSTERIOR SOLID ANKLE, MO	$582.83	$582.83	$582.83	$582.83	A	
L1970			AFO, PLASTIC MOLDED TO PATIENT	$744.28	$744.28	$744.28	$744.28	A	
L1971			AFO W/ANKLE JOINT, PREFAB	$385.85	$385.85	$385.85	$385.85	N	
L1980			AFO, SINGLE UPRIGHT FREE PLANT	$324.88	$324.88	$324.88	$324.88	A	
L1990			SHT LEG BR 2 BAR UP-RIGHT LOWE	$419.22	$419.22	$419.22	$419.22	A	
L2000			KNEE-ANKLE-FOOT-ORTHOSES (KAFO	$901.97	$901.97	$901.97	$901.97	A	
L2005			KAFO SNG/DBL MECHANICAL ACT	$3,373.18	$3,373.18	$3,373.18	$3,373.18	N	
L2006			KAF SNG/DBL SWG/STN MCPR CUS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
L2010			KAFO, SINGLE UPRIGHT, FREE KNE	$972.22	$972.22	$972.22	$972.22	A	
L2020			KAFO, DOUBLE UPRIGHT, FREE KNE	$1,000.42	$1,000.42	$1,000.42	$1,000.42	A	
L2030			LONG LEG BRACE, FULL-LENGTH W/	$1,025.74	$1,025.74	$1,025.74	$1,025.74	A	
L2034			KAFO PLA SIN UP W/WO K/A CUS	$1,716.00	$1,716.00	$1,716.00	$1,716.00	N	
L2035			KAFO PLAST PREFAB PEDIATRIC	$145.04	$145.04	$145.04	$145.04	N	
L2036			KAFO FULL PLASTIC MOLDED TO PT	$1,950.84	$1,950.84	$1,950.84	$1,950.84	A	
L2037			KAFO,FULL PLASTIC,SINGLE UPRIG	$1,726.19	$1,726.19	$1,726.19	$1,726.19	N	
L2038			KAFO,FULL PLASTIC,WITHOUT KNEE	$1,481.21	$1,481.21	$1,481.21	$1,481.21	N	
L2040			HIP-KNEE-ANKLE-FOOT, ORTHOSES	$140.01	$140.01	$140.01	$140.01	N	
L2050			HKAFO, TORSION CONTROL, BILATE	$385.12	$385.12	$385.12	$385.12	N	
L2060			HKAFO, TORSION CONTROL, BILATE	$484.77	$484.77	$484.77	$484.77	N	
L2070			HKAFO, TORSION CONTROL, UNILAT	$106.74	$106.74	$106.74	$106.74	N	
L2080			HKAFO, TORSION CONTROL, UNILAT	$300.97	$300.97	$300.97	$300.97	N	
L2090			HKAFO, TORSION CONTROL, UNILAT	$345.80	$345.80	$345.80	$345.80	N	
L2106			AFO FRACTURE ORTHOSIS TIBIAL T	$687.95	$687.95	$687.95	$687.95	N	
L2108			AFO,FRACTURE ORTHOSIS,TICIAL M	$1,022.60	$1,022.60	$1,022.60	$1,022.60	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
L2112			AFO TIBIAL FRACTURE ORTHOSIS-S	$467.33	$467.33	$467.33	$467.33	N	
L2114			AFO FRACTURE ORTHOSIS TIBIAL S	$609.85	$609.85	$609.85	$609.85	N	
L2116			AFO,TIBIAL FRACTURE ORTHO.RIGI	$670.92	$670.92	$670.92	$670.92	N	
L2126			KAFO FRACTURE ORTHOSIS MOLDED	$1,259.11	$1,259.11	$1,259.11	$1,259.11	N	
L2128			KAFO,FEMORAL FRACTURE CAST ORT	$1,629.15	$1,629.15	$1,629.15	$1,629.15	N	
L2132			SOFT CUST.FIT,KAFO-FEMORAL FRA	$848.22	$848.22	$848.22	$848.22	N	
L2134			KAFO FRACTURE ORTHOSIS FEMORAL	$1,016.97	$1,016.97	$1,016.97	$1,016.97	N	
L2136			KAFO,FEMORAL FRACTURE CAST RIG	$1,243.49	$1,243.49	$1,243.49	$1,243.49	N	
L2180			PLAS SHOE INSERT W ANK JOINT	$92.36	$92.36	$92.36	$92.36	N	
L2182			ADD TO LOW EXTREMITY FX ORTH D	$72.28	$72.28	$72.28	$72.28	N	
L2184			LIMITED MOTION KNEE JOINT,ADDI	$97.69	$97.69	$97.69	$97.69	N	
L2186			ADJ.MOTION KNEE JOINT,ADDIT.TO	$130.55	$130.55	$130.55	$130.55	N	
L2188			QUADRILATERAL BRIM-ADDIT.TO LO	$314.91	$314.91	$314.91	$314.91	N	
L2190			WAIST BELT-ADDIT.TO LOWER ESTR	$74.15	$74.15	$74.15	$74.15	N	
L2192			HIP JOINT,PELVIC BAND.FLANGE,P	$358.84	$358.84	$358.84	$358.84	N	
L2200			ADDITIONS TO LOWER EXTREMITY,	$38.84	$38.84	$38.84	$38.84	N	
L2210			ADDITIONS TO LOWER EXTREMITY,	$57.93	$57.93	$57.93	$57.93	N	
L2220			ADDITIONS TO LOWER EXTREMITY,	$73.26	$73.26	$73.26	$73.26	N	
L2230			ADDITIONS TO LOWER EXTREMITY,	$60.51	$60.51	$60.51	$60.51	N	
L2232			ROCKER BOTTOM, CONTACT AFO	$81.93	$81.93	$81.93	$81.93	N	
L2240			ADDITIONS TO LOWER EXTREMITY,	$65.96	$65.96	$65.96	$65.96	N	
L2250			ADDITIONS TO LOWER EXTREMITY,	$280.22	$280.22	$280.22	$280.22	N	
L2260			ADDITIONS TO LOWER EXTREMITY,	$210.78	$210.78	$210.78	$210.78	N	
L2265			ADD TO LOWER EXTREM LONG TONGU	$92.88	$92.88	$92.88	$92.88	N	
L2270			ADDITIONS TO LOWER EXTREMITY,	$43.29	$43.29	$43.29	$43.29	N	
L2275			ADD.LOWER EXT.VARUS/VALGUS COR	$99.40	$99.40	$99.40	$99.40	N	
L2280			ADDITIONS TO LOWER EXTREMITY,	$411.75	$411.75	$411.75	$411.75	N	
L2300			ADDITIONS TO LOWER EXTREMITY,	$283.10	$283.10	$283.10	$283.10	N	
L2310			ADDITIONS TO LOWER EXTREMITY,	$97.02	$97.02	$97.02	$97.02	N	
L2320			BRACE: LONG BOWLEG OR KNOCK-KN	$194.22	$194.22	$194.22	$194.22	N	
L2330			ADDITIONS TO LOWER EXTREMITY,	$412.87	$412.87	$412.87	$412.87	N	
L2335			ANTERIOR SWING BAND-ADDIT.TO L	$179.15	$179.15	$179.15	$179.15	N	
L2340			ADDITIONS TO LOWER EXTREMITY,	$383.08	$383.08	$383.08	$383.08	N	
L2350			ADDITIONS TO LOWER EXTREMITY,	$933.91	$933.91	$933.91	$933.91	N	
L2360			ADDITIONS TO LOWER EXTREMITY,	$54.40	$54.40	$54.40	$54.40	N	
L2370			PATTEM BOTTOM-ADDIT TO LOWER E	$269.92	$269.92	$269.92	$269.92	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
L2375			TORSON CTRL,ANKLE JOINT/HALF S	$89.10	$89.10	$89.10	$89.10	N	
L2380			TORSION STRAIGHT KNEE JOINT	$97.09	$97.09	$97.09	$97.09	N	
L2385			ADDITION TO LOWER EXTREMITY ST	$105.63	$105.63	$105.63	$105.63	N	
L2387			ADD LE POLY KNEE CUSTOM KAFO	$130.51	$130.51	$130.51	$130.51	N	
L2390			ADDITION TO LOWER EXTREMITY OF	$92.02	$92.02	$92.02	$92.02	N	
L2395			ADDITION TO LOWER EXTREMITY OF	$123.39	$123.39	$123.39	$123.39	N	
L2397			ADD LOWER EXTR ORTH SUSP SLEEV	$93.09	$93.09	$93.09	$93.09	N	
L2405			DROP LOCK,EACH JOINT ADD TO ST	$71.76	$71.76	$71.76	$71.76	N	
L2415			ADD.TO KNEE JOINT,CAM LOCK,EA.	$99.98	$99.98	$99.98	$99.98	N	
L2425			ADD.TO KNEE JOINT,DISC/DIAL LO	$117.99	$117.99	$117.99	$117.99	N	
L2492			ADDITION TO LOWER EXTREMITY OF	$91.61	$91.61	$91.61	$91.61	N	
L2500			ADDITIONS LOWER EXTREMITY BRAC	$248.79	$248.79	$248.79	$248.79	N	
L2510			ADDITIONS TO LOWER EXTREMITY,	$666.74	$666.74	$666.74	$666.74	N	
L2520			ADDITIONS TO LOWER EXTREMITY,	$447.62	$447.62	$447.62	$447.62	N	
L2525			ADDITION TO LOWER EXTREMITY	$1,106.43	$1,106.43	$1,106.43	$1,106.43	N	
L2526			ADDITION TO LOWER EXTREMITY	$540.16	$540.16	$540.16	$540.16	N	
L2530			ADDITION/LOWER EXTREMITY BRACE	$241.45	$241.45	$241.45	$241.45	N	
L2540			ADDITIONS TO LOWER EXTREMITY,	$340.59	$340.59	$340.59	$340.59	N	
L2550			ADDITIONS TO LOWER EXTREMITY,	$275.26	$275.26	$275.26	$275.26	N	
L2570			ADDITIONS TO LOWER EXTREMITY,	$375.62	$375.62	$375.62	$375.62	N	
L2580			ADDS TO LOWER EXT.BRACE PELVIC	$419.94	$419.94	$419.94	$419.94	N	
L2600			ADDITIONS TO LOWER EXTREMITY,	$161.97	$161.97	$161.97	$161.97	N	
L2610			ADDITIONS TO LOWER EXTREMITY,	$223.50	$223.50	$223.50	$223.50	N	
L2620			PELVIC CONTROL HIP HEAVY DUT	$281.14	$281.14	$281.14	$281.14	N	
L2622			PELVIC CTRL,HIP JOINT,ADJ.FLEX	$241.84	$241.84	$241.84	$241.84	N	
L2624			PELVIC CTRL,HIP JOINT,ADJ.FLEX	$279.63	$279.63	$279.63	$279.63	N	
L2627			ADD LOWER EXTR PELVIC CONT PLA	$1,644.78	$1,644.78	$1,644.78	$1,644.78	N	
L2628			ADD LOWER EXTR PELVIC CONT MET	$1,698.26	$1,698.26	$1,698.26	$1,698.26	N	
L2630			ADDITIONS TO LOWER EXTREMITY,	$237.82	$237.82	$237.82	$237.82	N	
L2640			PELVIC CONTROL BAND & BELT B	$353.35	$353.35	$353.35	$353.35	N	
L2650			PELV & THOR CONTROL GLUTEAL	$97.18	$97.18	$97.18	$97.18	N	
L2660			ADDITIONS TO LOWER EXTREMITY,	$146.98	$146.98	$146.98	$146.98	N	
L2670			THORAC CONT PARASPINAL UPRIG	$166.15	$166.15	$166.15	$166.15	N	
L2680			ADDITIONS TO LOWER EXTREMITY,	$154.44	$154.44	$154.44	$154.44	N	
L2750			ADDITION TO LOWER EXTREMITY OR	$77.58	$77.58	$77.58	$77.58	N	
L2755			ADD LOW EXTREM HI STR PER SEGM	$107.53	$107.53	$107.53	$107.53	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
L2760			ADDITIONS TO LOWER EXTREMITY O	$58.93	$58.93	$58.93	$58.93	N	
L2768			ORTHOTIC SIDE BAR DISCONN DEV	$107.24	$107.24	$107.24	$107.24	N	
L2780			ADDITIONS TO LOWER EXTREMITY,	$64.25	$64.25	$64.25	$64.25	N	
L2785			ADD.TO LOWER EXTREM.ORTH,DROP	$29.44	$29.44	$29.44	$29.44	N	
L2795			ADD TO LOWER EXTREMITY FULL KN	$75.29	$75.29	$75.29	$75.29	N	
L2800			KNEE CTRL,KNEE CAP,MEDIAL/PULL	$84.12	$84.12	$84.12	$84.12	N	
L2810			KNEE CTRL,CONDYLAR PAD-ADD.TO	$61.59	$61.59	$61.59	$61.59	N	
L2820			SOFT INTERFACE FOR MOLD PLASTI	$78.65	$78.65	$78.65	$78.65	N	
L2830			ADDIT TO LOWER EXTREMITY-SOFT	$91.23	$91.23	$91.23	$91.23	N	
L2840			ADD.LOWER EXTR.ORTH,TIBAL LENG	$40.75	$40.75	$40.75	$40.75	N	
L2850			ADD.LOWER EXTR.ORTH,FEMORAL	$52.41	$52.41	$52.41	$52.41	N	
L2861			TORSION MECHANISM KNEE/ANKLE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
L2999			UNLISTED PROCEDURES FOR LOWER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
L3000			FOOT, INSERT, REMOVABLE, MOLDE	$258.59	$258.59	$258.59	$258.59	A	
L3001			FOOT, INSERT, REMOVABLE, MOLD	$108.89	$108.89	$108.89	$108.89	A	
L3002			FOOT, INSERT, REMOVABLE, MOLD	$132.95	$132.95	$132.95	$132.95	A	
L3003			FOOT, INSERT, REMOVABLE, MOLD	$143.46	$143.46	$143.46	$143.46	A	
L3010			FOOT, INSERT, REMOVABLE, MOLDE	$143.46	$143.46	$143.46	$143.46	A	
L3020			FOOT, INSERT, REMOVABLE, MOLDE	$163.31	$163.31	$163.31	$163.31	A	
L3030			FOOT, INSERT, REMOVABLE, FORME	$62.83	$62.83	$62.83	$62.83	N	
L3031			FOOT LAMIN/PREPREG COMPOSITE	$100.83	$100.83	$100.83	$100.83	N	
L3040			FOOT, ARCH SUPPORT, REMOVABLE,	$38.74	$38.74	$38.74	$38.74	N	
L3050			FOOT, ARCH SUPPORT, REMOVABLE,	$38.74	$38.74	$38.74	$38.74	N	
L3060			FOOT, ARCH SUPPORT, REMOVABLE,	$60.70	$60.70	$60.70	$60.70	N	
L3070			FOOT, ARCH SUPPORT, NON-REMOVA	$26.15	$26.15	$26.15	$26.15	N	
L3080			METATARSAL PAD	$26.15	$26.15	$26.15	$26.15	N	
L3090			FOOT, ARCH SUPPORT, NON-REMOVA	$33.51	$33.51	$33.51	$33.51	N	
L3100			HALLUS-VALGUS NIGHT DYN.SPLINT	$35.59	$35.59	$35.59	$35.59	A	
L3140			FOOT, ABDUCTION ROTATION BARS	$73.30	$73.30	$73.30	$73.30	A	
L3150			FOOT, ABDUCTION ROTATION BARS	$67.00	$67.00	$67.00	$67.00	A	
L3160			FOOT,ADJ.SHOE-STYLE POS.DEVICE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
L3161			FOOT, ADDUCTUS POSITION, ADJ	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
L3170			FOOT, PLASTIC HEEL STABILZER	$41.89	$41.89	$41.89	$41.89	A	
L3201			ORTHOPEDIC SHOE, OXFORD WITH	$48.00	$48.00	$48.00	$48.00	N	
L3202			ORTHOPEDIC SHOE, OXFORD WITH	$48.00	$48.00	$48.00	$48.00	N	
L3203			ORTHOPEDIC SHOE, OXFORD WITH	$48.00	$48.00	$48.00	$48.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
L3204			ORTHOPEDIC SHOE, HIGHTOP WITH	$48.00	$48.00	$48.00	$48.00	N	
L3206			ORTHOPEDIC SHOE, HIGHTOP WITH	$48.00	$48.00	$48.00	$48.00	N	
L3207			ORTHOPEDIC SHOE, HIGHTOP WITH	$48.00	$48.00	$48.00	$48.00	N	
L3208			SURGICAL BOOT, EACH, INFANT	$24.00	$24.00	$24.00	$24.00	A	
L3209			SURGICAL BOOT, EACH, CHILD	$24.00	$24.00	$24.00	$24.00	A	
L3211			SURGICAL BOOT, EACH, JUNIOR	$24.00	$24.00	$24.00	$24.00	A	
L3212			BENESCH BOOT, PAIR, INFANT	$48.00	$48.00	$48.00	$48.00	A	
L3213			BENESCH BOOT, PAIR, CHILD	$48.00	$48.00	$48.00	$48.00	A	
L3214			BENESCH BOOT, PAIR, JUNIOR	$48.00	$48.00	$48.00	$48.00	A	
L3215			ORTHOPEDIC FOOTWEAR, LADIES SH	$38.00	$38.00	$38.00	$38.00	N	
L3216			ORTHOPEDIC FOOTWEAR, LADIES SH	$86.25	$86.25	$86.25	$86.25	N	
L3217			ORTH.FTWEAR, LADIES SHOES, HIG	$84.97	$84.97	$84.97	$84.97	N	
L3219			ORTHOPEDIC FOOTWEAR, MENS SHO	$38.00	$38.00	$38.00	$38.00	N	
L3221			ORTHOPEDIC FOOTWEAR, MENS SHO	$95.09	$95.09	$95.09	$95.09	N	
L3222			ORTHOPEDIC FOOTWEAR, MENS SHO	$93.45	$93.45	$93.45	$93.45	N	
L3224			ORTH.FOOTWEAR,WOMAN'S SHOE,OXF	$51.08	$51.08	$51.08	$51.08	N	
L3225			ORTH.FOOTWEAR,MAN'S SHOE,OXFOR	$57.37	$57.37	$57.37	$57.37	N	
L3230			ORTHOPEDIC FOOTWEAR, CUSTOM SH	$262.91	$262.91	$262.91	$262.91	A	
L3250			ORTHOPEDIC FOOTWEAR, CUSTOM M	$250.00	$250.00	$250.00	$250.00	A	
L3251			FOOT, SHOE MOLDED TO PATIENT	$280.00	$280.00	$280.00	$280.00	A	
L3252			FOOT, SHOE MOLDED TO PATIENT	$256.00	$256.00	$256.00	$256.00	A	
L3253			FOOT, MOLDED SHOE PLASTAZOTE	$112.00	$112.00	$112.00	$112.00	A	
L3254			ORTH.FTWEAR,NON-STAND.SZ.OR WD	$20.00	$20.00	$20.00	$20.00	A	
L3255			NON-STANDARD SIZE OR LENGTH	$20.00	$20.00	$20.00	$20.00	A	
L3257			ORTHO FOOTWEAR,ADDIT CHARGE/SP	$50.00	$50.00	$50.00	$50.00	A	
L3260			AMBULATORY SURGICAL BOOT, EAC	$88.00	$88.00	$88.00	$88.00	A	
L3265			PLASTAZOTE SANDAL, EACH	$56.00	$56.00	$56.00	$56.00	A	
L3300			LIFTS, ELEVATION, HEEL, TAPERE	$42.92	$42.92	$42.92	$42.92	A	
L3310			LIFT ELEV.HEEL&SOLE/NEOPR.@IN.	$67.00	$67.00	$67.00	$67.00	A	
L3320			LIFT,ELEV.HEEL&SOLE,CORK,@ IN.	$100.00	$100.00	$100.00	$100.00	A	
L3330			LIFT ELEV.METAL EXTENSION(SKAT	$465.89	$465.89	$465.89	$465.89	A	
L3332			LIFT,ELEV.INSIDE SHOE <1/2 IN.	$60.70	$60.70	$60.70	$60.70	A	
L3334			LIFTS, ELEVATION, HEEL, PER IN	$31.42	$31.42	$31.42	$31.42	A	
L3340			HEEL WEDGE, SACH	$70.18	$70.18	$70.18	$70.18	N	
L3350			HEEL WEDGE	$18.86	$18.86	$18.86	$18.86	N	
L3360			SOLE WEDGE, OUTSIDE SOLE	$29.32	$29.32	$29.32	$29.32	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
L3370			SOLE WEDGE, BETWEEN SOLE	$40.80	$40.80	$40.80	$40.80	N	
L3380			CLUBFOOT WEDGE	$40.80	$40.80	$40.80	$40.80	N	
L3390			OUTFLARE WEDGE	$40.80	$40.80	$40.80	$40.80	N	
L3400			METATARSAL BAR WEDGE, ROCKER	$33.51	$33.51	$33.51	$33.51	A	
L3410			METATARSAL BAR WEDGE, BETWEEN	$76.42	$76.42	$76.42	$76.42	N	
L3420			FULL SOLE & HEEL WEDGE BTW.SOL	$45.03	$45.03	$45.03	$45.03	A	
L3430			HEEL, COUNTER, PLASTIC REINFOR	$131.92	$131.92	$131.92	$131.92	A	
L3440			HEEL, COUNTER, LEATHER REINFOR	$62.83	$62.83	$62.83	$62.83	N	
L3450			HEEL, SACH CUSHION TYPE	$86.91	$86.91	$86.91	$86.91	N	
L3455			HEEL, NEW LEATHER, STANDARD	$33.51	$33.51	$33.51	$33.51	N	
L3460			HEEL, NEW RUBBER, STANDARD	$28.25	$28.25	$28.25	$28.25	N	
L3465			HEEL, THOMAS WITH WEDGE	$48.15	$48.15	$48.15	$48.15	N	
L3470			HEEL, THOMAS EXTENDED TO BALL	$51.29	$51.29	$51.29	$51.29	N	
L3480			HEEL, PAD AND DEPRESSION FOR S	$51.29	$51.29	$51.29	$51.29	N	
L3485			HEEL, PAD, REMOVABLE FOR SPUR	$32.00	$32.00	$32.00	$32.00	N	
L3500			ORTHO SHOE ADD LEATHER INSOL	$24.08	$24.08	$24.08	$24.08	N	
L3510			ORTHOPEDIC SHOE ADD RUB INSL	$24.08	$24.08	$24.08	$24.08	A	
L3520			O SHOE ADD FELT W LEATH INSL	$26.15	$26.15	$26.15	$26.15	N	
L3530			ORTHO SHOE ADD HALF SOLE	$26.15	$26.15	$26.15	$26.15	N	
L3540			ORTHO SHOE ADD FULL SOLE	$41.89	$41.89	$41.89	$41.89	N	
L3550			O SHOE ADD STANDARD TOE TAP	$7.31	$7.31	$7.31	$7.31	N	
L3560			O SHOE ADD HORSESHOE TOE TAP	$18.86	$18.86	$18.86	$18.86	N	
L3570			O SHOE ADD INSTEP EXTENSION	$70.18	$70.18	$70.18	$70.18	N	
L3580			O SHOE ADD INSTEP VELCRO CLO	$53.40	$53.40	$53.40	$53.40	S	
L3580	52		VELCRO STRAPS ATTACHED TO A PA	$53.40	$53.40	$53.40	$53.40	A	
L3590			O SHOE CONVERT TO SOF COUNTE	$43.97	$43.97	$43.97	$43.97	N	
L3595			ORTHO SHOE AD MARCH BAR	$34.54	$34.54	$34.54	$34.54	N	
L3600			TRANS.ORTH.TO NEW SHOE EXIST C	$62.83	$62.83	$62.83	$62.83	N	
L3610			BR REPAIR NEW CALIPER BOX OR T	$82.71	$82.71	$82.71	$82.71	N	
L3620			TRANS.ORTH.TO NEW SHOE/EXIST S	$62.83	$62.83	$62.83	$62.83	N	
L3630			TRAN.ORTH.TO NEW SHOE/NEW STIR	$82.71	$82.71	$82.71	$82.71	N	
L3640			TRANSFERS OF AN ORTHOSIS FROM	$35.59	$35.59	$35.59	$35.59	N	
L3649			ORTHOPEDIC SHOE MODIFICA NOS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
L3649	22		CASTING, FOOT, ANKLE	$65.00	$65.00	$65.00	$65.00	N	
L3649	52		CASTING, FOOT	$50.00	$50.00	$50.00	$50.00	N	
L3650			SHOULDER ORTHOSES, (SO), FIGUR	$52.56	$52.56	$52.56	$52.56	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
L3660			SO, FIGURE OF "8" DESIGN ABDUC	$81.17	$81.17	$81.17	$81.17	N	
L3670			SO, ACROMIO/CLAVICULAR (CANVAS	$103.47	$103.47	$103.47	$103.47	N	
L3671			SO CAP DESIGN W/O JNTS CF	$675.07	$675.07	$675.07	$675.07	N	
L3674			SO AIRPLANE W/WO JOINT CF	$885.55	$885.55	$885.55	$885.55	N	
L3675			SO, VEST TYPE ABDUCT RESTRAIN	$131.47	$131.47	$131.47	$131.47	N	
L3677			SHLDER ORTHOSIS PREFABRICATED	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
L3678			SO HARD PLAS STABILI PRE OTS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
L3702			EO W/O JOINTS CF	$216.32	$216.32	$216.32	$216.32	N	
L3710			EO, ELASTIC WITH METAL JOINTS	$99.57	$99.57	$99.57	$99.57	N	
L3720			EO, DOUBLE UPRIGHT WITH FOREAR	$673.00	$673.00	$673.00	$673.00	N	
L3730			EO, DOUBLE UPRIGHT WITH FOREAR	$907.24	$907.24	$907.24	$907.24	N	
L3740			EO, DOUBLE UPRIGHT WITH FOREAR	$1,017.46	$1,017.46	$1,017.46	$1,017.46	N	
L3760			ELBOW ORTHOSIS PREFABRICATED	$374.64	$374.64	$374.64	$374.64	N	
L3761			EO, ADJLOCK PRE FAB OT	$374.64	$374.64	$374.64	$374.64	A	
L3762			ELBOW ORTH RIGID WO JOINTS	$80.56	$80.56	$80.56	$80.56	N	
L3763			EWHO RIGID W/O JNTS CF	$577.29	$577.29	$577.29	$577.29	N	
L3764			EWHO W/JOINT(S) CF	$726.52	$726.52	$726.52	$726.52	N	
L3765			EWHFO RIGID W/O JNTS CF	$960.62	$960.62	$960.62	$960.62	N	
L3766			EWHFO W/JOINT(S) CF	$1,017.23	$1,017.23	$1,017.23	$1,017.23	N	
L3806			WHFO W/JOINT(S) CUSTOM FAB	$340.32	$340.32	$340.32	$340.32	N	
L3807			WHFO EXTENS ASSIST	$187.33	$187.33	$187.33	$187.33	N	
L3808			WHFO, RIGID W/O JOINTS	$303.98	$303.98	$303.98	$303.98	N	
L3809			WHFO W/O JOINTS PRE OTS	$187.33	$187.33	$187.33	$187.33	N	
L3891			TORSION MECHANISM WRIST/ELBO	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
L3900			HAND SPLINT	$998.54	$998.54	$998.54	$998.54	N	
L3901			WHFO, DYNAMIC FLEXOR HINGE, RE	$1,372.01	$1,372.01	$1,372.01	$1,372.01	N	
L3904			WHFO, EXTERNAL POWERED, ELECTR	$2,259.87	$2,259.87	$2,259.87	$2,259.87	N	
L3905			WHO W/NONTORSION JNT(S) CF	$742.97	$742.97	$742.97	$742.97	N	
L3906			WHFO, WRIST (GAUNTLET), MOLDED	$315.10	$315.10	$315.10	$315.10	N	
L3908			WHFO, WRIST EXTENSION CONTROL	$61.64	$61.64	$61.64	$61.64	N	
L3912			WHFO, FLEXION GLOVE WITH ELAST	$73.19	$73.19	$73.19	$73.19	N	
L3913			HFO W/O JOINTS CF	$202.90	$202.90	$202.90	$202.90	N	
L3915			WHO W NONTOR JNT(S) PREFAB	$398.23	$398.23	$398.23	$398.23	N	
L3916			WRIST HAND ORTH PRE-FAB	$398.23	$398.23	$398.23	$398.23	N	
L3917			PREFAB METACARPL FX ORTHOSIS	$79.18	$79.18	$79.18	$79.18	N	
L3918			HAND ORTH,METACARP FX ORTH	$79.18	$79.18	$79.18	$79.18	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
L3919			HO W/O JOINTS CF	$202.90	$202.90	$202.90	$202.90	N	
L3921			HFO W/JOINT(S) CF	$240.65	$240.65	$240.65	$240.65	N	
L3923			HAND FINGER ORTHOSIS WO JOINT	$67.13	$67.13	$67.13	$67.13	N	
L3924			HAND FINGER ORTH,W/O JOINTS	$67.13	$67.13	$67.13	$67.13	N	
L3925			FO PIP/DIP WITH JOINT/SPRING	$38.09	$38.09	$38.09	$38.09	N	
L3927			FO PIP/DIP W/O JOINT/SPRING	$26.18	$26.18	$26.18	$26.18	N	
L3929			HFO NONTORSION JOINT, PREFAB	$60.33	$60.33	$60.33	$60.33	N	
L3930			HAND FINGER ORTH, PRE-FAB	$60.33	$60.33	$60.33	$60.33	N	
L3931			WHFO NONTORSION JOINT PREFAB	$147.36	$147.36	$147.36	$147.36	N	
L3933			FO W/O JOINTS CF	$159.82	$159.82	$159.82	$159.82	N	
L3935			FO NONTORSION JOINT CF	$165.49	$165.49	$165.49	$165.49	N	
L3960			SHOULDER-ELBOW-WRIST-HAND ORTH	$581.74	$581.74	$581.74	$581.74	N	
L3961			SEWHO CAP DESIGN W/O JNTS CF	$1,258.69	$1,258.69	$1,258.69	$1,258.69	N	
L3962			ERBS PALSY SPLINT	$553.69	$553.69	$553.69	$553.69	N	
L3967			SEWHO AIRPLANE W/O JNTS CF	$1,486.10	$1,486.10	$1,486.10	$1,486.10	N	
L3971			SEWHO CAP DESIGN W/JNT(S) CF	$1,410.66	$1,410.66	$1,410.66	$1,410.66	N	
L3973			SEWHO AIRPLANE W/JNT(S) CF	$1,486.10	$1,486.10	$1,486.10	$1,486.10	N	
L3975			SEWHFO CAP DESIGN W/O JNT CF	$1,258.69	$1,258.69	$1,258.69	$1,258.69	N	
L3976			SEWHFO AIRPLANE W/O JNTS CF	$1,258.69	$1,258.69	$1,258.69	$1,258.69	N	
L3977			SEWHFO CAP DESGN W/JNT(S) CF	$1,410.66	$1,410.66	$1,410.66	$1,410.66	N	
L3978			SEWHFO AIRPLANE W/JNT(S) CF	$1,486.10	$1,486.10	$1,486.10	$1,486.10	N	
L3980			UP EXT FX ORTHOS HUMERAL NOS	$272.79	$272.79	$272.79	$272.79	N	
L3981			UE FX ORTH SHOUL CAP FOREARM	$754.10	$754.10	$754.10	$754.10	N	
L3982			UP.EXTR.FRACTURE ORTH.RAD/ULNE	$384.12	$384.12	$384.12	$384.12	N	
L3984			UP.EXTR.FRACT.ORTH,WRIST	$284.14	$284.14	$284.14	$284.14	N	
L3995			ADD.UP.EXTR.ORTH,SOCK,FRACT.	$33.64	$33.64	$33.64	$33.64	N	
L3999			UNLISTED PROCEDURES	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
L4000			REPL GIRDLE MILWAUKEE ORTH	$1,005.52	$1,005.52	$1,005.52	$1,005.52	N	
L4002			REPLACE STRAP, ANY ORTHOSIS	$18.00	$18.00	$18.00	$18.00	N	
L4010			REPLACE TRILATERAL SOCKET BRIM	$624.10	$624.10	$624.10	$624.10	N	
L4020			REPLACE QUADRILATERAL SOCKET B	$866.30	$866.30	$866.30	$866.30	N	
L4030			REPLACE QUADRILATERAL SOCKET B	$530.87	$530.87	$530.87	$530.87	N	
L4040			REPLACE MOLDED THIGH LACER	$380.61	$380.61	$380.61	$380.61	N	
L4045			REPLACE NON-MOLDED THIGH LACER	$258.69	$258.69	$258.69	$258.69	N	
L4050			REPLACE MOLDED CALF LACER	$434.09	$434.09	$434.09	$434.09	N	
L4055			REPLACE NON-MOLDED CALF LACER	$210.82	$210.82	$210.82	$210.82	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
L4060			REPLACE HIGH ROLL CUFF	$250.62	$250.62	$250.62	$250.62	N	
L4070			REPLACE PROXIMAL AND DISTAL UP	$221.94	$221.94	$221.94	$221.94	N	
L4080			METAL THIGH BAND	$81.52	$81.52	$81.52	$81.52	N	
L4090			BR REPAIR METAL CALF BAND	$84.76	$84.76	$84.76	$84.76	N	
L4100			BR REPAIR LEATHER THIGH BAND	$102.18	$102.18	$102.18	$102.18	N	
L4110			BR REPAIR LEATHER CALF BAND	$88.16	$88.16	$88.16	$88.16	N	
L4130			REPLACE PRETIBIAL SHELL	$391.26	$391.26	$391.26	$391.26	N	
L4205			ORTHO DVC REPAIR PER 15 MIN	$10.60	$10.60	$10.60	$10.60	A	
L4210			REPAIR OF ORTHOTIC DEVICE, REP	$69.00	$69.00	$69.00	$69.00	N	
L4350			PNEUMATIC ANKLE CONTROL SPLINT	$70.49	$70.49	$70.49	$70.49	N	
L4360			PNEUMATIC WALKING SPLINT	$226.53	$226.53	$226.53	$226.53	A	
L4361			PNEUMA/VAC WALK BOOT PRE OTS	$226.53	$226.53	$226.53	$226.53	N	
L4370			PNEUMATIC FULL LEG SPLINT	$148.88	$148.88	$148.88	$148.88	N	
L4386			NON-PNEUMATIC WALKING SPLINT	$130.50	$130.50	$130.50	$130.50	N	
L4387			NON-PNEUM WALK BOOT PRE OTS	$130.50	$130.50	$130.50	$130.50	N	
L4392			REPL INTERFACE ANKLE CONTR SPL	$19.37	$19.37	$19.37	$19.37	N	
L4394			REPL INTERF FOOT DROP SPLINT	$14.13	$14.13	$14.13	$14.13	N	
L4396			ANKLE CONTRACTURE SPLINT	$138.12	$138.12	$138.12	$138.12	N	
L4397			STATIC OR DYNAMI AFO PRE OTS	$138.12	$138.12	$138.12	$138.12	N	
L4398			FT DROP SPLINT RECUM POS DEVIC	$63.60	$63.60	$63.60	$63.60	N	
L4631			AFO, WALK BOOT TYPE, CUS FAB	$1,482.68	$1,482.68	$1,482.68	$1,482.68	N	
L5000			PARTIAL FOOT, SHOE INSERT WITH	$424.50	$424.50	$424.50	$424.50	N	
L5010			PARTIAL FOOT, MOLDED SOCKET, A	$1,298.44	$1,298.44	$1,298.44	$1,298.44	N	
L5020			PARTIAL FOOT, MOLDED SOCKET, T	$1,665.01	$1,665.01	$1,665.01	$1,665.01	N	
L5050			ANKLE, SYMES, MOLDED SOCKET, S	$2,055.26	$2,055.26	$2,055.26	$2,055.26	N	
L5060			ANKLE, SYMES, METAL FRAME, MOL	$3,094.08	$3,094.08	$3,094.08	$3,094.08	N	
L5100			BELOW KNEE, MOLDED SOCKET, SHI	$2,129.33	$2,129.33	$2,129.33	$2,129.33	N	
L5105			BELOW KNEE,PLAST.SOCK.JOINTS	$3,557.08	$3,557.08	$3,557.08	$3,557.08	N	
L5150			KNEE DISARTICULATION (OR THROU	$3,277.04	$3,277.04	$3,277.04	$3,277.04	N	
L5160			KNEE DISARTICULATION (OR THROU	$3,209.11	$3,209.11	$3,209.11	$3,209.11	N	
L5200			ABOVE KNEE, MOLDED SOCKET, SIN	$2,776.72	$2,776.72	$2,776.72	$2,776.72	N	
L5210			ABOVE KNEE, SHORT PROSTHESIS,	$2,718.32	$2,718.32	$2,718.32	$2,718.32	N	
L5220			ABOVE KNEE, SHORT PROSTHESIS,	$2,481.14	$2,481.14	$2,481.14	$2,481.14	N	
L5230			ABOVE KNEE, FOR PROXIMAL FEMOR	$3,196.14	$3,196.14	$3,196.14	$3,196.14	N	
L5250			HIP DISARTICULATION, CANADIAN	$4,656.27	$4,656.27	$4,656.27	$4,656.27	N	
L5270			HIP DISARTICULATION, TILT TABL	$4,321.07	$4,321.07	$4,321.07	$4,321.07	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
L5280			HEMIPELVECTOMY, CANADIAN TYPE:	$4,277.87	$4,277.87	$4,277.87	$4,277.87	N	
L5301			BELOW KNEE MOLDED SOCK SHIN	$1,929.05	$1,929.05	$1,929.05	$1,929.05	N	
L5312			KNEE DISART, SACH FT, ENDO	$2,819.29	$2,819.29	$2,819.29	$2,819.29	N	
L5321			ABOVE KNEE MOLDED SOCK OPEN EN	$2,761.39	$2,761.39	$2,761.39	$2,761.39	N	
L5331			HIP DISARTIC CANADIAN TYPE	$3,907.46	$3,907.46	$3,907.46	$3,907.46	N	
L5341			HEMIPELVECTOMY CANAD TYPE HIP	$4,278.02	$4,278.02	$4,278.02	$4,278.02	N	
L5400			IMMEDIATE POST SURGICAL OR EAR	$1,011.18	$1,011.18	$1,011.18	$1,011.18	N	
L5410			IMMEDIATE POST SURGICAL OR EAR	$351.04	$351.04	$351.04	$351.04	N	
L5420			IMMEDIATE POST SURGICAL OR EAR	$1,277.07	$1,277.07	$1,277.07	$1,277.07	N	
L5430			IMMEDIATE POST SURGICAL OR EAR	$563.72	$563.72	$563.72	$563.72	N	
L5450			IMMEDIATE POST SURGICAL OR EAR	$380.77	$380.77	$380.77	$380.77	N	
L5460			IMMEDIATE POST SURGICAL OR EAR	$458.13	$458.13	$458.13	$458.13	N	
L5500			PREPARATORY, BELOW KNEE ("PTB"	$1,079.05	$1,079.05	$1,079.05	$1,079.05	N	
L5505			PREPARATORY, ABOVE KNEE DISART	$1,461.32	$1,461.32	$1,461.32	$1,461.32	N	
L5510			PREPARATORY, BELOW KNEE ("PTB"	$1,223.18	$1,223.18	$1,223.18	$1,223.18	N	
L5520			PREPARATORY, BELOW KNEE, ("PTB	$1,476.12	$1,476.12	$1,476.12	$1,476.12	N	
L5530			PREPARATORY, BELOW KNEE ("PTB"	$1,451.17	$1,451.17	$1,451.17	$1,451.17	N	
L5535			PREP.BEL.KNEE"PTB"SOCK.USMC	$1,593.63	$1,593.63	$1,593.63	$1,593.63	N	
L5540			PREPARATORY, BELOW KNEE ("PTB"	$1,520.67	$1,520.67	$1,520.67	$1,520.67	N	
L5560			PREPARATORY, ABOVE KNEE, DISAR	$1,908.07	$1,908.07	$1,908.07	$1,908.07	N	
L5570			PREPARATORY, ABOVE KNEE, DISAR	$1,921.91	$1,921.91	$1,921.91	$1,921.91	N	
L5580			PREPARATORY, ABOVE KNEE DISART	$2,178.39	$2,178.39	$2,178.39	$2,178.39	N	
L5585			KNEE DISART SACH FOOT ISCHIAL	$2,149.63	$2,149.63	$2,149.63	$2,149.63	N	
L5590			PREPARATORY, ABOVE KNEE DISART	$2,241.32	$2,241.32	$2,241.32	$2,241.32	N	
L5595			PREP.HIP DIS.HEM.PYLON MOLDED	$3,734.58	$3,734.58	$3,734.58	$3,734.58	N	
L5600			PREP.HIP DIS.HEM.PYLON LAMINAT	$4,131.46	$4,131.46	$4,131.46	$4,131.46	N	
L5610			ADDITIONS TO LOWER EXTREMITY,	$1,739.47	$1,739.47	$1,739.47	$1,739.47	N	
L5611			ADD.LOW.EXTR.ABOVE KNEE,FRICTI	$1,353.66	$1,353.66	$1,353.66	$1,353.66	N	
L5613			ADD.LOW.EXTR.HYDRAULIC SWING	$2,059.00	$2,059.00	$2,059.00	$2,059.00	N	
L5614			ADD LW EXTR ABOVE KNEE DIS 4BA	$1,391.80	$1,391.80	$1,391.80	$1,391.80	N	
L5615			AK 4 BAR LINK HYDL SWG/STANC	$5,170.59	$5,170.59	$5,170.59	$5,170.59	A	
L5616			ADDITIONS TO LOWER EXTREMITY,	$1,141.08	$1,141.08	$1,141.08	$1,141.08	N	
L5617			ADD TO LOWER EXTREM	$470.74	$470.74	$470.74	$470.74	N	
L5618			ADDITIONS TO LOWER EXTREMITY,	$249.03	$249.03	$249.03	$249.03	N	
L5620			BELOW KNEE ADD TEST SOCKETS	$276.35	$276.35	$276.35	$276.35	N	
L5622			ADDITIONS TO LOWER EXTREMITY,	$406.11	$406.11	$406.11	$406.11	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
L5624			OPEN-END SOCKET FOR TEMP. A/K	$352.91	$352.91	$352.91	$352.91	N	
L5626			ADDITIONS TO LOWER EXTREMITY,	$400.58	$400.58	$400.58	$400.58	N	
L5628			ADDITIONS TO LOWER EXTREMITY,	$418.84	$418.84	$418.84	$418.84	N	
L5629			ADD LOW EXTR BELOW KNEE ACR SO	$356.00	$356.00	$356.00	$356.00	N	
L5630			ADDITIONS TO LOWER EXTREMITY,	$380.89	$380.89	$380.89	$380.89	N	
L5631			ADD.LOW.EXTR.ACRYLIC SOCKET	$492.21	$492.21	$492.21	$492.21	N	
L5632			PLASTIC HARD SOCKET FOR PTB EN	$203.20	$203.20	$203.20	$203.20	N	
L5634			ADDITIONS TO LOWER EXTREMITY,	$299.59	$299.59	$299.59	$299.59	N	
L5636			ADDITIONS TO LOWER EXTREMITY,	$285.43	$285.43	$285.43	$285.43	N	
L5637			ADD LOW EXTR BELOW TOT CONTACT	$309.67	$309.67	$309.67	$309.67	N	
L5638			ADDITIONS TO LOWER EXTREMITY,	$491.93	$491.93	$491.93	$491.93	N	
L5639			ADD.LOW.EXTR. WOOD SOCKET	$1,200.03	$1,200.03	$1,200.03	$1,200.03	N	
L5640			ADDITIONS TO LOWER EXTREMITY,	$716.31	$716.31	$716.31	$716.31	N	
L5642			SOCKET/THIGH: MOLDED GLUTEAL C	$621.22	$621.22	$621.22	$621.22	N	
L5643			ADD TO LOW EXT HIP DISARTIC FL	$1,307.67	$1,307.67	$1,307.67	$1,307.67	N	
L5644			SOCKET/THIGH: WOOD, OPEN-END (	$496.24	$496.24	$496.24	$496.24	N	
L5645			ADD TO LOW EXT BELOW KNEE FLEX	$670.36	$670.36	$670.36	$670.36	N	
L5646			AIR-CUSHION PTB SOCKET FOR END	$487.45	$487.45	$487.45	$487.45	N	
L5647			ADD TO LOW EXT BELOW KNEE SUCT	$699.55	$699.55	$699.55	$699.55	N	
L5648			SOCKET/THIGH: PLASTIC, A/K, TO	$614.74	$614.74	$614.74	$614.74	N	
L5649			ADD TO LOW EXT CAT-CAM SOCKET	$1,599.63	$1,599.63	$1,599.63	$1,599.63	N	
L5650			PLASTIC TOTAL CONTACT STD A/K	$546.88	$546.88	$546.88	$546.88	N	
L5651			ADD TO LOW EXT ABOVE KNEE FLEX	$1,008.97	$1,008.97	$1,008.97	$1,008.97	N	
L5652			ADDITIONS TO LOWER EXTREMITY,	$366.30	$366.30	$366.30	$366.30	N	
L5653			ADDITIONS TO LOWER EXTREMITY,	$488.98	$488.98	$488.98	$488.98	N	
L5654			ADDITIONS TO LOWER EXTREMITY,	$295.08	$295.08	$295.08	$295.08	N	
L5655			ADDITIONS TO LOWER EXTREMITY,	$286.71	$286.71	$286.71	$286.71	N	
L5656			ADDITIONS TO LOWER EXTREMITY,	$407.32	$407.32	$407.32	$407.32	N	
L5658			ADDITIONS TO LOWER EXTREMITY,	$328.87	$328.87	$328.87	$328.87	N	
L5661			ADD TO LOW EXT SOCKET INSERT M	$512.79	$512.79	$512.79	$512.79	N	
L5665			ADD TO LOW EXT BELOW KNEE SOCK	$430.19	$430.19	$430.19	$430.19	N	
L5666			ADDITIONS TO LOWER EXTREMITY,	$66.07	$66.07	$66.07	$66.07	N	
L5668			BK MOLDED DISTAL CUSHION	$88.44	$88.44	$88.44	$88.44	N	
L5670			ADDITIONS TO LOWER EXTREMITY,	$235.87	$235.87	$235.87	$235.87	N	
L5671			ADD TO LOW EXTREM BEL/ABOVE KN	$417.91	$417.91	$417.91	$417.91	N	
L5672			ADDITIONS TO LOWER EXTREMITY,	$250.53	$250.53	$250.53	$250.53	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
L5673			SOCKET INSERT W LOCK MECH	$561.41	$561.41	$561.41	$561.41	N	
L5676			ADDITIONS TO LOWER EXTREMITY,	$304.46	$304.46	$304.46	$304.46	N	
L5677			ADD TO LOW EXT BELOW KNEE,KNEE	$414.25	$414.25	$414.25	$414.25	N	
L5678			ADDITIONS TO LOWER EXTREMITY,	$33.36	$33.36	$33.36	$33.36	N	
L5679			SOCKET INSERT W/O LOCK MECH	$467.83	$467.83	$467.83	$467.83	N	
L5680			ADD.LOW.EXTR.BEL.KNEE,THIGH LA	$327.48	$327.48	$327.48	$327.48	N	
L5681			INTL CUSTM CONG/LATYP INSERT	$1,084.93	$1,084.93	$1,084.93	$1,084.93	N	
L5682			BK THIGH LACER GLUT/ISCHIA M	$547.73	$547.73	$547.73	$547.73	N	
L5683			INITIAL CUSTOM SOCKET INSERT	$1,084.93	$1,084.93	$1,084.93	$1,084.93	N	
L5684			ADDITIONS TO LOWER EXTREMITY,	$41.52	$41.52	$41.52	$41.52	N	
L5685			BELOW KNEE SUS/SEAL SLEEVE	$105.64	$105.64	$105.64	$105.64	N	
L5686			ADDITIONS TO LOWER EXTREMITY,	$57.23	$57.23	$57.23	$57.23	N	
L5688			ADDITIONS TO LOWER EXTREMITY,	$68.43	$68.43	$68.43	$68.43	N	
L5690			HVY. DUTY UNILATERAL B/K BELT	$86.99	$86.99	$86.99	$86.99	N	
L5692			ADDITIONS TO LOWER EXTREMITY,	$111.64	$111.64	$111.64	$111.64	N	
L5694			ADDITIONS TO LOWER EXTREMITY,	$152.42	$152.42	$152.42	$152.42	N	
L5695			ADD.LOW.EXTR.SLEEVE SUSP.NEOP.	$159.36	$159.36	$159.36	$159.36	N	
L5696			ADDITIONS TO LOWER EXTREMITY,	$168.85	$168.85	$168.85	$168.85	N	
L5697			ADDITIONS TO LOWER EXTREMITY,	$67.45	$67.45	$67.45	$67.45	N	
L5698			AK/KNEE DISARTIC SILENSIAN BA	$110.04	$110.04	$110.04	$110.04	N	
L5699			ALL LOWER EXTREMITY PROSTHESIS	$159.80	$159.80	$159.80	$159.80	N	
L5700			REPL,SOCKET,BEL.KNEE,MOLDED	$2,343.70	$2,343.70	$2,343.70	$2,343.70	N	
L5701			REPL.SOCKET,ABOVE KNEE DISART.	$2,907.58	$2,907.58	$2,907.58	$2,907.58	N	
L5702			REPL,SOCKET,HIP DIS,INCL.HIP	$3,664.56	$3,664.56	$3,664.56	$3,664.56	N	
L5703			ANKLE,SYMES,MOLDED TO MODEL	$1,954.30	$1,954.30	$1,954.30	$1,954.30	N	
L5704			CUSTOM SHAPE COVER BK	$477.88	$477.88	$477.88	$477.88	N	
L5705			CUSTOM SHAPE COVER AK	$876.10	$876.10	$876.10	$876.10	N	
L5706			CUSTOM SHAPE CVR KNEE DISART	$854.53	$854.53	$854.53	$854.53	N	
L5707			CUSTOM SHAPE CVR HIP DISART	$1,148.06	$1,148.06	$1,148.06	$1,148.06	N	
L5710			KNEE, ARTIFICIAL: BOCK, 3P4 W/	$318.00	$318.00	$318.00	$318.00	N	
L5711			ADD EXOSKEL KNEE-SHIN SYSTEM S	$477.46	$477.46	$477.46	$477.46	N	
L5712			KNEE-SHIN EXO FRICT SWG & ST	$413.77	$413.77	$413.77	$413.77	N	
L5714			ADDITIONS, KNEE-SHIN SYSTEM, S	$364.54	$364.54	$364.54	$364.54	N	
L5716			ADDITIONS, KNEE-SHIN SYSTEM, P	$612.35	$612.35	$612.35	$612.35	N	
L5718			ADDITIONS, KNEE-SHIN SYSTEM, P	$765.37	$765.37	$765.37	$765.37	N	
L5722			ADDITIONS, KNEE-SHIN SYSTEM, S	$758.57	$758.57	$758.57	$758.57	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
L5724			ADDITIONS, KNEE-SHIN SYSTEM, S	$1,579.45	$1,579.45	$1,579.45	$1,579.45	N	
L5726			ADDITIONS, KNEE-SHIN SYSTEM, S	$1,461.53	$1,461.53	$1,461.53	$1,461.53	N	
L5728			ADDITIONS, KNEE-SHIN SYSTEM, S	$2,224.38	$2,224.38	$2,224.38	$2,224.38	N	
L5780			ADDITIONS, KNEE-SHIN SYSTEM, S	$961.92	$961.92	$961.92	$961.92	N	
L5781			ADD TO LOW LIMB PROSTH VACUUM	$3,300.14	$3,300.14	$3,300.14	$3,300.14	N	
L5782			ADD LOW LIMB PROSTH VAC PUMP	$3,479.08	$3,479.08	$3,479.08	$3,479.08	N	
L5783			ADD LOW EXT MEC LIMB VOL SYS	$2,161.81	$2,161.81	$2,161.81	$2,161.81	A	
L5785			ADD TO EXOSKEL SYS BELOW KNEE	$436.51	$436.51	$436.51	$436.51	N	
L5790			ABOVE KNEE ADD TO EXOSKEL SYS	$604.10	$604.10	$604.10	$604.10	N	
L5795			HIP DISARTICULATION ULTRA-LIGH	$902.08	$902.08	$902.08	$902.08	N	
L5810			ENDOSKEL KNEE-SHIN SYS SINGLE	$422.65	$422.65	$422.65	$422.65	N	
L5811			ULTRA-LIGHT ADD TO ENDOSKEL KN	$612.75	$612.75	$612.75	$612.75	N	
L5812			ENDOSKELETAL SINGLE AXIS VARIF	$474.95	$474.95	$474.95	$474.95	N	
L5814			ADD TO ENDOSKEL KNEE-SHIN POLY	$3,063.14	$3,063.14	$3,063.14	$3,063.14	N	
L5816			ADD TO ENDOSKEL KNEE-SHIN POLY	$714.52	$714.52	$714.52	$714.52	N	
L5818			POLYCENTRIC KNEE	$864.70	$864.70	$864.70	$864.70	N	
L5822			ADD ENDOSKEL KNEE-SHIN SINGLE	$1,774.00	$1,774.00	$1,774.00	$1,774.00	N	
L5824			ADD ENDOSKEL KNEE-SHIN FLUID S	$1,595.26	$1,595.26	$1,595.26	$1,595.26	N	
L5826			ADDIT ENDOSKEL KNEE-SHIN SYS	$2,619.56	$2,619.56	$2,619.56	$2,619.56	N	
L5828			ENDOSKEL KNEE-SHIN SYS-SGL AXI	$2,899.25	$2,899.25	$2,899.25	$2,899.25	N	
L5830			PNEUMATIC/HYDRAPNEU SWING CTRL	$1,710.86	$1,710.86	$1,710.86	$1,710.86	N	
L5840			ADD END KNEE/SHIN MULT PNEUM	$2,979.73	$2,979.73	$2,979.73	$2,979.73	N	
L5841			ADDITION ENDOSKLETL KNEE-SHI	$2,055.03	$2,055.03	$2,055.03	$2,055.03	A	
L5845			ADD ENDOSKEL KNEE SHIN SYSTEM	$1,478.34	$1,478.34	$1,478.34	$1,478.34	N	
L5848			ADD ENDOSKEL KNEE-SHIN SYSTEM	$886.93	$886.93	$886.93	$886.93	N	
L5850			ABOVE KNEE/HIP DISARTICULATE K	$112.63	$112.63	$112.63	$112.63	N	
L5855			ADD.END.SYSTEM,HIP DIS.MECH.HP	$259.48	$259.48	$259.48	$259.48	N	
L5856			ELEC KNEE-SHIN SWING/STANCE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
L5857			ELEC KNEE-SHIN SWING ONLY	$7,115.48	$7,115.48	$7,115.48	$7,115.48	N	
L5858			STANCE PHASE ONLY	$15,328.95	$15,328.95	$15,328.95	$15,328.95	N	
L5859			KNEE-SHIN PRO FLEX/EXT CONT	$11,967.19	$11,967.19	$11,967.19	$11,967.19	N	
L5910			ADD ENDOSKEL SYS BELOW KNEE AL	$332.89	$332.89	$332.89	$332.89	N	
L5920			ABOVE KNEE OR HIP DIS ALIGNABL	$445.79	$445.79	$445.79	$445.79	N	
L5925			ADD END ST ABOVE KNEE DIS HP	$282.30	$282.30	$282.30	$282.30	N	
L5926			ENDOSKEL POSIT ROTAT UNIT	$478.62	$478.62	$478.62	$478.62	A	
L5930			ADD ENDOSKEL SYS KNEE CONT FRA	$2,831.91	$2,831.91	$2,831.91	$2,831.91	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
L5940			ULTRA-LIGHT ADD ENDOSKEL SYS B	$457.83	$457.83	$457.83	$457.83	N	
L5950			ULTRA-LIGHT ABOVE KNEE ADD END	$742.20	$742.20	$742.20	$742.20	N	
L5960			ULTRA-LIGHT MATERIAL FOR HIP D	$1,075.21	$1,075.21	$1,075.21	$1,075.21	N	
L5961			ENDO POLY HIP, PNEU/HYD/ROT	$3,636.98	$3,636.98	$3,636.98	$3,636.98	A	
L5962			ADD END ST BEL KNEE FL PROT OU	$493.84	$493.84	$493.84	$493.84	N	
L5964			ADD END ST AB KNEE FL PR OUTER	$856.53	$856.53	$856.53	$856.53	N	
L5966			ADD END ST HP DIS FL PROT OUTE	$1,103.33	$1,103.33	$1,103.33	$1,103.33	N	
L5968			MULTIAXIAL ANKLE W DORSIFLEX	$2,997.24	$2,997.24	$2,997.24	$2,997.24	N	
L5969			AK/FT POWER ASST INCL MOTORS	$9,366.38	$9,366.38	$9,366.38	$9,366.38	A	
L5970			ALL LOW.EXTR.PROTH.SACH FOOT	$170.63	$170.63	$170.63	$170.63	N	
L5971			SACH FOOT, REPLACEMENT	$170.63	$170.63	$170.63	$170.63	N	
L5972			ALL LOW.EXTR.PROSTH.FLEX.KEEL	$296.10	$296.10	$296.10	$296.10	N	
L5974			ALL LOW.EXTR.PROSTH.SING.AXIS	$195.78	$195.78	$195.78	$195.78	N	
L5975			ALL LOW EXTREM PROSTH ANK/FOOT	$382.36	$382.36	$382.36	$382.36	N	
L5976			ALL LOW.EXTR.PROSTH.ENER.STOR.	$593.71	$593.71	$593.71	$593.71	N	
L5978			ALL LOW.EXTR.PROSTH.FOOT,MULT.	$245.18	$245.18	$245.18	$245.18	N	
L5979			ALL LW EXTR PROTH MULT ANKLE/F	$1,917.06	$1,917.06	$1,917.06	$1,917.06	N	
L5980			ALL LOW.EXTR.PROSTH.FLEX FOOT	$4,090.64	$4,090.64	$4,090.64	$4,090.64	N	
L5981			ALL LW EXTR PROSTH FL-WK SYS =	$2,607.19	$2,607.19	$2,607.19	$2,607.19	N	
L5982			MULTIAXIAL ANKLE W DORSIFLEX	$485.71	$485.71	$485.71	$485.71	N	
L5984			ALL END.LOW.EXTR.PROSTH.AXIAL	$478.62	$478.62	$478.62	$478.62	N	
L5985			ALL ENDOSKEL LOW EXTREM PROSTH	$237.57	$237.57	$237.57	$237.57	N	
L5986			ALL LOW.EXTR.PROSTH.MULTI-AXIA	$532.41	$532.41	$532.41	$532.41	N	
L5987			ALL LOW EXTREM PROST SHANK FT	$5,933.33	$5,933.33	$5,933.33	$5,933.33	N	
L5988			VERTICAL SHOCK REDUCING PYLO	$1,647.70	$1,647.70	$1,647.70	$1,647.70	N	
L5990			ADD TO LOW EXTREM PROSTHESIS	$1,496.36	$1,496.36	$1,496.36	$1,496.36	N	
L5991			LOW PROS EXT OSSEO CONNECTOR	$8,067.19	$8,067.19	$8,067.19	$8,067.19	A	
L5999			UNLISTED PROCEDURES FOR LOWER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
L6000			PART HAND THUMB REM	$1,141.73	$1,141.73	$1,141.73	$1,141.73	N	
L6010			PART HAND LITTLE/RING	$1,304.37	$1,304.37	$1,304.37	$1,304.37	N	
L6020			PART HAND NO FINGER	$1,158.23	$1,158.23	$1,158.23	$1,158.23	N	
L6026			PART HAND MYO EXCLU TERM DEV	$3,307.09	$3,307.09	$3,307.09	$3,307.09	N	
L6050			WRIST DISARTICULATION, MOLDED	$1,861.97	$1,861.97	$1,861.97	$1,861.97	N	
L6055			WRIST DISARTICULATION MOLDED S	$2,426.45	$2,426.45	$2,426.45	$2,426.45	N	
L6100			BELOW ELBOW, MOLDED SOCKET, FL	$2,155.99	$2,155.99	$2,155.99	$2,155.99	N	
L6110			BELOW ELBOW, MOLDED SOCKET, (M	$2,286.80	$2,286.80	$2,286.80	$2,286.80	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
L6120			BELOW ELBOW, MOLDED DOUBLE WAL	$2,484.27	$2,484.27	$2,484.27	$2,484.27	N	
L6130			BELOW ELBOW, MOLDED DOUBLE WAL	$2,688.57	$2,688.57	$2,688.57	$2,688.57	N	
L6200			ELBOW DISARTICULATION, MOLDED	$2,292.05	$2,292.05	$2,292.05	$2,292.05	N	
L6205			ELBOW DISARTICULATION MOLDED S	$3,439.80	$3,439.80	$3,439.80	$3,439.80	N	
L6250			ABOVE ELBOW, MOLDED DOUBLE WAL	$2,377.65	$2,377.65	$2,377.65	$2,377.65	N	
L6300			SHOULDER DISARTICULATION, MOLD	$3,799.24	$3,799.24	$3,799.24	$3,799.24	N	
L6310			SHOULDER DISARTICULATION, PASS	$2,712.79	$2,712.79	$2,712.79	$2,712.79	N	
L6320			SHOULDER DISARTICULATION, PASS	$1,435.79	$1,435.79	$1,435.79	$1,435.79	N	
L6350			INTERSCAPULAR THORACIC, MOLDED	$4,387.85	$4,387.85	$4,387.85	$4,387.85	N	
L6360			INTERSACPULAR THORACIC, PASSIV	$2,676.09	$2,676.09	$2,676.09	$2,676.09	N	
L6370			INTERSCAPULAR THORACIC, PASSIV	$2,275.27	$2,275.27	$2,275.27	$2,275.27	N	
L6380			IMMED POST SURGICAL EARLY FITT	$1,163.29	$1,163.29	$1,163.29	$1,163.29	N	
L6382			ELBOW/ABOVE KNEE IMMED POST SU	$1,658.68	$1,658.68	$1,658.68	$1,658.68	N	
L6384			SHOULDER/INTRASCAPULAR-IMMED P	$2,135.83	$2,135.83	$2,135.83	$2,135.83	N	
L6386			EA ADD CAST CHANGE REALIGNMENT	$449.87	$449.87	$449.87	$449.87	N	
L6388			APPLICATION OF RIGID DRESSING	$369.36	$369.36	$369.36	$369.36	N	
L6400			BELOW ELBOW, MOLDED SOCKET, EN	$2,269.05	$2,269.05	$2,269.05	$2,269.05	N	
L6450			ELBOW DISARTICULATION, MOLDED	$2,606.79	$2,606.79	$2,606.79	$2,606.79	N	
L6500			ABOVE ELBOW, MOLDED SOCKET, EN	$2,686.20	$2,686.20	$2,686.20	$2,686.20	N	
L6550			SHOULDER DISARTICULATION, MOLD	$3,203.77	$3,203.77	$3,203.77	$3,203.77	N	
L6570			INTERSCAPULAR THORACIC, MOLDED	$3,915.93	$3,915.93	$3,915.93	$3,915.93	N	
L6580			PREP WRIST DISARTIC/BELOW ELBO	$1,316.56	$1,316.56	$1,316.56	$1,316.56	N	
L6582			DIRECT FORMED PREP WRIST DISAR	$1,163.29	$1,163.29	$1,163.29	$1,163.29	N	
L6584			MOLDED/PREP ELBOW DISARTICULAT	$1,765.60	$1,765.60	$1,765.60	$1,765.60	N	
L6586			DIRECT FORMED PREP ELBOW/ABOVE	$1,582.40	$1,582.40	$1,582.40	$1,582.40	N	
L6588			PREP SHOULDER DISARTICULATE/IN	$2,424.11	$2,424.11	$2,424.11	$2,424.11	N	
L6590			DIRECT FORMED PREP SHOULDER/IN	$2,257.85	$2,257.85	$2,257.85	$2,257.85	N	
L6600			HOSMER POLYCENTRIC HINGE	$210.13	$210.13	$210.13	$210.13	N	
L6605			HOSMER ELBOW HINGES FOR WD OR	$207.48	$207.48	$207.48	$207.48	N	
L6610			FLEXIBLE METAL HINGES FOR WD O	$139.88	$139.88	$139.88	$139.88	N	
L6611			ADDITIONAL SWITCH, EXT POWER	$339.61	$339.61	$339.61	$339.61	N	
L6615			FM WRIST DISCONNECT,FM-100	$154.41	$154.41	$154.41	$154.41	N	
L6616			UPP.EXTR.ADD.DISC.INSERT LOCK.	$63.55	$63.55	$63.55	$63.55	N	
L6620			HOSMER FLEXION WRIST,FW-500	$254.74	$254.74	$254.74	$254.74	N	
L6621			FLEX/EXT WRIST W/WO FRICTION	$1,886.56	$1,886.56	$1,886.56	$1,886.56	N	
L6623			UPPER EXTREMITY SPRING ASSISTE	$538.94	$538.94	$538.94	$538.94	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
L6624			FLEX/EXT/ROTATION WRIST UNIT	$3,106.26	$3,106.26	$3,106.26	$3,106.26	N	
L6625			ECONOMY FRICTION WRIST,WE-500	$446.85	$446.85	$446.85	$446.85	N	
L6628			UPPER EXTREMITY QUICK RELEASE	$402.49	$402.49	$402.49	$402.49	N	
L6629			UPPER EXTREMITY QUICK DISCONNE	$147.22	$147.22	$147.22	$147.22	N	
L6630			OVAL FRICTION WRIST,OW-100N	$181.08	$181.08	$181.08	$181.08	N	
L6632			UPPER EXTREMITY LATEX SUSP SLE	$54.59	$54.59	$54.59	$54.59	N	
L6635			HOSMER FOREARM LIFT ASSIST ELB	$169.78	$169.78	$169.78	$169.78	N	
L6637			UPPER EXTREMITY NUDGE CONTROL	$308.50	$308.50	$308.50	$308.50	N	
L6638			UPPER EXTREM ADDIT PROSTHESIS	$2,062.59	$2,062.59	$2,062.59	$2,062.59	N	
L6640			HOSMER SHOULDER ABDUCTION JOIN	$313.78	$313.78	$313.78	$313.78	N	
L6641			UPPER EXTREMITY EXCURSION AMPL	$179.71	$179.71	$179.71	$179.71	N	
L6642			LEVER TYPE EXCURSION AMP UPPER	$243.59	$243.59	$243.59	$243.59	N	
L6645			HOSMER FLEXION-ABDUCTION JOINT	$271.15	$271.15	$271.15	$271.15	N	
L6646			UPPER EXTREM ADD SHLDER JOINT	$2,601.40	$2,601.40	$2,601.40	$2,601.40	N	
L6647			UPPER EXTREM ADD SHLDER LOCK	$428.26	$428.26	$428.26	$428.26	N	
L6648			UPPER EXTREM ADD SHLDER LOCK	$2,682.96	$2,682.96	$2,682.96	$2,682.96	N	
L6650			UPPER EXTREMITY ADDS,UNIVERSAL	$325.70	$325.70	$325.70	$325.70	N	
L6655			UPPER EXTREMITY ADDITIONS, STA	$67.17	$67.17	$67.17	$67.17	N	
L6660			UPPER EXTREMITY ADDITIONS, HEA	$77.12	$77.12	$77.12	$77.12	N	
L6665			UPPER EXTREMITY ADDITIONS, TEF	$44.81	$44.81	$44.81	$44.81	N	
L6670			UPPER EXTREMITY ADDITIONS, HOO	$49.65	$49.65	$49.65	$49.65	N	
L6672			UPPER EXTREMITY ADDITIONS, HAR	$172.21	$172.21	$172.21	$172.21	N	
L6675			UNI. SWTCH CNTRL-RING/FIG.8 HA	$114.20	$114.20	$114.20	$114.20	N	
L6676			UNILATERAL FIG.& HARNESS FOR W	$122.57	$122.57	$122.57	$122.57	N	
L6677			UE TRIPLE CONTROL HARNESS	$244.67	$244.67	$244.67	$244.67	N	
L6680			SOCKET & FOREARM FOR BE, PLAST	$245.64	$245.64	$245.64	$245.64	N	
L6682			SOCKET&UPPER ARM FORED,AE W,W/	$263.45	$263.45	$263.45	$263.45	N	
L6684			ADJUSTABLE-FRICTION BULKHEAD J	$373.98	$373.98	$373.98	$373.98	N	
L6686			UPPER EXTREMITY ADDIT SUCTION	$503.27	$503.27	$503.27	$503.27	N	
L6687			FRAME TYPE SOCKET BELOW UPPER	$493.20	$493.20	$493.20	$493.20	N	
L6688			FRAME TYPE SOCKET ABOVE ELBOW	$457.97	$457.97	$457.97	$457.97	N	
L6689			FRAME TYPE SOCKET SHOULDER DIS	$754.81	$754.81	$754.81	$754.81	N	
L6690			FRAME TYPE SOCKET INTERSCAPULA	$649.22	$649.22	$649.22	$649.22	N	
L6691			UPPER EXTREMITY ADDIT REMOVABL	$309.66	$309.66	$309.66	$309.66	N	
L6692			UP.EXTR.ADD.SIL.GEL INS.OR = 1	$476.56	$476.56	$476.56	$476.56	N	
L6693			UP EXTREM ADD EXT LOCK ELBOW	$2,341.59	$2,341.59	$2,341.59	$2,341.59	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
L6694			ELBOW SOCKET INS USE W/LOCK	$561.41	$561.41	$561.41	$561.41	N	
L6695			ELBOW SOCKET INS USE W/O LCK	$467.83	$467.83	$467.83	$467.83	N	
L6696			CUS ELBO SKT IN FOR CON/ATYP	$1,084.93	$1,084.93	$1,084.93	$1,084.93	N	
L6697			CUS ELBO SKT IN NOT CON/ATYP	$1,084.93	$1,084.93	$1,084.93	$1,084.93	N	
L6698			BELOW/ABOVE ELBOW LOCK MECH	$417.91	$417.91	$417.91	$417.91	N	
L6703			TERM DEV, PASSIVE HAND MITT	$364.18	$364.18	$364.18	$364.18	N	
L6704			TERM DEV, SPORT/REC/WORK ATT	$492.97	$492.97	$492.97	$492.97	N	
L6706			TERM DEV MECH HOOK VOL OPEN	$293.15	$293.15	$293.15	$293.15	N	
L6707			TERM DEV MECH HOOK VOL CLOSE	$1,151.74	$1,151.74	$1,151.74	$1,151.74	N	
L6708			TERM DEV MECH HAND VOL OPEN	$771.82	$771.82	$771.82	$771.82	N	
L6709			TERM DEV MECH HAND VOL CLOSE	$1,033.28	$1,033.28	$1,033.28	$1,033.28	N	
L6711			PED TERM DEV, HOOK, VOL OPEN	$554.51	$554.51	$554.51	$554.51	N	
L6712			PED TERM DEV, HOOK, VOL CLOS	$1,020.96	$1,020.96	$1,020.96	$1,020.96	N	
L6713			PED TERM DEV, HAND, VOL OPEN	$1,288.60	$1,288.60	$1,288.60	$1,288.60	N	
L6714			PED TERM DEV, HAND, VOL CLOS	$1,091.42	$1,091.42	$1,091.42	$1,091.42	N	
L6721			HOOK/HAND, HVY DTY, VOL OPEN	$1,939.87	$1,939.87	$1,939.87	$1,939.87	N	
L6722			HOOK/HAND, HVY DTY, VOL CLOS	$1,672.32	$1,672.32	$1,672.32	$1,672.32	N	
L6805			TERMINAL DEVICE, MODIFIER WRIS	$335.55	$335.55	$335.55	$335.55	N	
L6810			TERMINAL DEVICE PINCHER TOOL O	$156.72	$156.72	$156.72	$156.72	N	
L6881			AUTO GRASP FEATURE ADD UPPER	$3,371.96	$3,371.96	$3,371.96	$3,371.96	N	
L6882			MICROPROC CONT FEAT ADD UPPER	$2,557.79	$2,557.79	$2,557.79	$2,557.79	N	
L6883			REPLC SOCKT BELOW E/W DISA	$1,777.66	$1,777.66	$1,777.66	$1,777.66	N	
L6884			REPLC SOCKT ABOVE ELBOW DISA	$1,954.91	$1,954.91	$1,954.91	$1,954.91	N	
L6885			REPLC SOCKT SHLDR DIS/INTERC	$2,676.09	$2,676.09	$2,676.09	$2,676.09	N	
L6890			REALASTIC GLOVES: PRODUCTION M	$190.53	$190.53	$190.53	$190.53	N	
L6895			REALASTIC GLOVES: CUSTOM MADE	$469.14	$469.14	$469.14	$469.14	N	
L6900			HAND RESTORATION (CASTS, SHADI	$1,491.27	$1,491.27	$1,491.27	$1,491.27	N	
L6905			HAND RESTORATION (CASTS, SHADI	$1,473.49	$1,473.49	$1,473.49	$1,473.49	N	
L6910			HAND RESTORATION (CASTS, SHADI	$1,532.07	$1,532.07	$1,532.07	$1,532.07	N	
L6915			HAND RESTORATION (SHADING, AND	$525.97	$525.97	$525.97	$525.97	N	
L6920			WRIST DISARTICULATION EXTERNAL	$5,607.06	$5,607.06	$5,607.06	$5,607.06	N	
L6925			WRIST DISARTICULATION EXT POWE	$6,473.28	$6,473.28	$6,473.28	$6,473.28	N	
L6930			BELOW ELBOW EXTERNAL POWER	$5,641.83	$5,641.83	$5,641.83	$5,641.83	N	
L6935			BELOW ELBOW ETT PWR SELF-SUSP	$6,594.46	$6,594.46	$6,594.46	$6,594.46	N	
L6940			ELBOW DISARTIC EXT PWR MOLDED	$7,814.81	$7,814.81	$7,814.81	$7,814.81	N	
L6945			ELBOW DISARTIC EXT MOLDED INNE	$8,761.69	$8,761.69	$8,761.69	$8,761.69	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
L6950			ABOVE ELBOW EXTERNAL POWER	$8,378.66	$8,378.66	$8,378.66	$8,378.66	N	
L6955			ABOVE ELBOW EXTERNAL POWER	$10,034.58	$10,034.58	$10,034.58	$10,034.58	N	
L6960			SHOU PROSTH EXTERNAL POWER	$10,120.63	$10,120.63	$10,120.63	$10,120.63	N	
L6965			SHOU PROST EXT POWER MOLDED MY	$11,907.40	$11,907.40	$11,907.40	$11,907.40	N	
L6970			INTERSCAPULAR-THORACIC EXT PWR	$12,253.81	$12,253.81	$12,253.81	$12,253.81	N	
L6975			INTERSCAPULAR-THORACIC EXT PWR	$13,426.29	$13,426.29	$13,426.29	$13,426.29	N	
L7008			PEDIATRIC ELECTRIC HAND	$5,163.12	$5,163.12	$5,163.12	$5,163.12	N	
L7009			ADULT ELECTRIC HOOK	$3,124.94	$3,124.94	$3,124.94	$3,124.94	N	
L7040			PREHENSILE ACTUATOR HOSMER/EQU	$2,563.44	$2,563.44	$2,563.44	$2,563.44	N	
L7045			ELEC HOOK CHILD MICH OR EQUAL	$1,357.99	$1,357.99	$1,357.99	$1,357.99	N	
L7170			SWITCH CTRL ELEC ELBOW HOSMER/	$4,926.34	$4,926.34	$4,926.34	$4,926.34	N	
L7180			MYOELEC CTRL ELBOW UTAH OR EQU	$30,202.18	$30,202.18	$30,202.18	$30,202.18	N	
L7181			ELECTRONIC ELBO SIMULTANEOUS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
L7185			SWITCH CTRL ELEC ELBOW VARIETY	$6,024.58	$6,024.58	$6,024.58	$6,024.58	N	
L7186			ELECTR.ELB.CHILD VAR.VILL.OR =	$9,178.23	$9,178.23	$9,178.23	$9,178.23	N	
L7190			MYOELEC CTRL ELBOW VARIETY VIL	$8,462.70	$8,462.70	$8,462.70	$8,462.70	N	
L7191			ELECTR.ELBOW CHILD VAR.OR =	$9,489.38	$9,489.38	$9,489.38	$9,489.38	N	
L7259			ELECTRONIC WRIST ROTATOR ANY	$2,685.11	$2,685.11	$2,685.11	$2,685.11	N	
L7360			SIX VOLT BATTERY OTTO BOCK/EQU	$254.74	$254.74	$254.74	$254.74	N	
L7362			BATTERY CHARGER 6 VOLT OTTO BO	$234.77	$234.77	$234.77	$234.77	N	
L7364			TWELVE VOLT BATTERY UTAH OR EQ	$446.38	$446.38	$446.38	$446.38	N	
L7366			BATTERY CHARGER 12 VOLT UTAH O	$601.29	$601.29	$601.29	$601.29	N	
L7367			LITHIUM BATTERY REPLACEMNET	$321.11	$321.11	$321.11	$321.11	N	
L7368			LITHIUM ION BATTERY CHARGER	$416.27	$416.27	$416.27	$416.27	N	
L7400			ADD UE PROST BE/WD, ULTLITE	$252.79	$252.79	$252.79	$252.79	N	
L7401			ADD UE PROST A/E ULTLITE MAT	$283.01	$283.01	$283.01	$283.01	N	
L7402			ADD UE PROST S/D ULTLITE MAT	$305.62	$305.62	$305.62	$305.62	N	
L7403			ADD UE PROST B/E ACRYLIC	$303.73	$303.73	$303.73	$303.73	N	
L7404			ADD UE PROST A/E ACRYLIC	$458.44	$458.44	$458.44	$458.44	N	
L7405			ADD UE PROST S/D ACRYLIC	$599.56	$599.56	$599.56	$599.56	N	
L7499			UPPER EXTREMITY PROSTHES NOS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
L7510			REPAIR PROSTHETIC DEVICE, REPA	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
L7600			PROSTHETIC DONNING SLEEVE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
L7700			PROS SOC INSERT GASKET/SEAL	$114.64	$114.64	$114.64	$114.64	A	
L7902			TENSION RING, VAC ERECT DEV	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
L8000			BREAST PROSTH/MASTECTOMY BRA	$30.95	$30.95	$30.95	$30.95	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
L8001			BREAST PROSTH MASTEC BRA W/FOR	$103.47	$103.47	$103.47	$103.47	N	
L8002			BREAST PROSTH MASTEC BRA W/FOR	$136.07	$136.07	$136.07	$136.07	N	
L8010			BREAST PROSTHESES, MASTECTOMY	$40.56	$40.56	$40.56	$40.56	N	
L8015			EXT BREAST PROSTH GARMENT	$49.45	$49.45	$49.45	$49.45	N	
L8020			BREAST PROSTHESES, MASTECTOMY	$201.49	$201.49	$201.49	$201.49	N	
L8030			BREAST PROSTH.SILICONE OR EQUA	$271.73	$271.73	$271.73	$271.73	N	
L8035			CUST BRST PROSTH POST MASTECT	$3,021.74	$3,021.74	$3,021.74	$3,021.74	N	
L8039			BREAST PROSTHESIS NOS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
L8300			TRUSS, SINGLE WITH STANDARD	$70.88	$70.88	$70.88	$70.88	N	
L8310			TRUSS, DOUBLE WITH STANDARD	$148.38	$148.38	$148.38	$148.38	N	
L8320			TRUSSES, ADDITION TO STANDARD	$44.91	$44.91	$44.91	$44.91	N	
L8330			TRUSSES, ADDITION TO STANDARD	$41.48	$41.48	$41.48	$41.48	N	
L8400			PROSTHETIC SHEATH, BELOW KNEE,	$17.63	$17.63	$17.63	$17.63	N	
L8410			PROSTHETIC SHEATH, ABOVE KNEE,	$21.38	$21.38	$21.38	$21.38	N	
L8415			PROSTHETIC SHEATH UPPER LIMB E	$20.20	$20.20	$20.20	$20.20	N	
L8417			PROS SHEATH/SOCK BELOW/ABOVE	$61.94	$61.94	$61.94	$61.94	N	
L8420			PROSTHETIC SOCK, WOOL, BELOW K	$18.94	$18.94	$18.94	$18.94	N	
L8430			PROSTHETIC SOCK WOOL ABOVE KNE	$21.88	$21.88	$21.88	$21.88	N	
L8435			PROSTHETIC SOCK WOOL UPPER LIM	$18.47	$18.47	$18.47	$18.47	N	
L8440			PROST.SHRINKER,BELOW KNEE, EA.	$45.46	$45.46	$45.46	$45.46	N	
L8460			PROSTH.SHRINKER,ABOVE KNEE, EA	$55.99	$55.99	$55.99	$55.99	N	
L8465			PROSTHETIC SHRINKER UPPER LIMB	$40.98	$40.98	$40.98	$40.98	N	
L8470			PROS SOCK SINGLE PLY BK	$5.61	$5.61	$5.61	$5.61	N	
L8480			STUMP SOCK SINGLE PLY FITTING	$7.74	$7.74	$7.74	$7.74	N	
L8485			PROS SOCK SINGLE PLY UPPER L	$9.38	$9.38	$9.38	$9.38	N	
L8499			UNLISTED PROCEDURE FOR MISCELL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
L8500			ARTIFICIAL LARYNX	$638.51	$638.51	$638.51	$638.51	A	
L8501			TRACHEOSTOMY SPEAKING VALVE	$101.49	$101.49	$101.49	$101.49	A	
L8509			TRACH-ESOPH VOICE PROS MD IN	$90.07	$90.07	$90.07	$90.07	A	
L8605			INJ BULKING AGENT DEXTRAN/HYAL	$590.74	$590.74	$590.74	$590.74	A	
L8607			INJ VOCAL CORD BULKING AGENT	$35.36	$35.36	$35.36	$35.36	A	
L8608			ARG II EXT COM/SUP/ACC MISC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
L8615			REPL HEADSET COCH IMPL DEVICE	$371.99	$371.99	$371.99	$371.99	N	
L8616			REPL MICROPHONE COCH IMPL DEVI	$86.65	$86.65	$86.65	$86.65	N	
L8617			REPL TRANSMIT COIL COCH IMPL	$75.68	$75.68	$75.68	$75.68	N	
L8618			REPL TRANSMIT CABLE	$21.62	$21.62	$21.62	$21.62	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
L8619			COCHLEAR IMPL EXT SPEECH PROC	$6,911.67	$6,911.67	$6,911.67	$6,911.67	A	
L8621			REPL ZINC AIR BATTERY	$0.52	$0.52	$0.52	$0.52	N	
L8622			REPL ALK BATTERY COCH IMPLANT	$0.27	$0.27	$0.27	$0.27	N	
L8623			LITHIUM ION BATTERY	$53.36	$53.36	$53.36	$53.36	N	
L8624			LITHIUM ION BATTERY	$133.01	$133.01	$133.01	$133.01	N	
L8625			CHARGER COCH IMP/AOIBATTERY	$155.76	$155.76	$155.76	$155.76	A	
L8627			COCHLEAR IMPLANT: EXTERN SPEEC	$5,891.33	$5,891.33	$5,891.33	$5,891.33	A	
L8628			COCHLEAR IMPLANT, EXTERN CONTR	$1,020.34	$1,020.34	$1,020.34	$1,020.34	A	
L8628	TR		COCHLEAR IMPLANT, EXTERN CONTR	$20.00	$20.00	$20.00	$20.00	N	
L8628	U9		COCHLEAR IMPLANT, EXTERN CONTR	$20.00	$20.00	$20.00	$20.00	N	
L8629			TRANSMITTING COIL & CABLE, INT	$147.67	$147.67	$147.67	$147.67	A	
L8678			EXT SPLY IMPLT NEUROSTIM	$8.78	$8.78	$8.78	$8.78	N	
L8679			IMP NEUROSTI PLS GN ANY TYPE	$6,882.09	$6,882.09	$6,882.09	$6,882.09	N	
L8690			AUDITORY OSSEOINT DEVICE	$3,923.69	$3,923.69	$3,923.69	$3,923.69	N	
L8691			OSSEOINTEGRATED SND PROC RPL	$1,420.41	$1,420.41	$1,420.41	$1,420.41	A	
L8692			NON-OSSEOINTEGRATED SND PROC	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
L8693			AUD OSSEO DEV, ABUTMENT	$1,250.66	$1,250.66	$1,250.66	$1,250.66	N	
L8694			AUDITORY OSSEOINTEGRATED DEV	$778.91	$778.91	$778.91	$778.91	A	
L8696			EXT ANTENNA PHREN NERVE STIM	$178.77	$178.77	$178.77	$178.77	A	
L8698			MISC USED WITH TOT ART HEART	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
L8699			PROSTHETIC IMPLANT NOS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
L8701			POW UE ROM DEV EWH UPRT CUST	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
L8702			POW UE ROM DEV EWHF UPRT CUS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
L9900			O&P SUPPLY ACCESSORY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
M1341			PT NO F/U 30-180 DYS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
M1345			PT BSLN PAM, 2ND SCR 6-12 MO	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
P3000			SCREENING PAP SMEAR,UP TO 3	$9.10	$9.10	$9.10	$9.10	N	
P3001			SCREENING PAP SMEAR,UP TO 3,RE	$17.48	$17.48	$17.48	$17.48	N	
P9031			PLATELETS LEVK RED,EACH UNIT	$8.00	$8.00	$8.00	$8.00	N	
P9032			PLATELETS IRRADIATED EACH UNIT	$8.00	$8.00	$8.00	$8.00	N	
P9033			PLATELETS LEUKOCYTES IRR EACH	$16.00	$16.00	$16.00	$16.00	N	
P9034			PLATELETS,PHERESIS,EACH UNIT	$25.00	$25.00	$25.00	$25.00	N	
P9035			PLATELETS,PHERESIS,LEUKOCYTES	$16.00	$16.00	$16.00	$16.00	N	
P9036			PLATELETS,PHERESIS,IRRADIATED	$8.00	$8.00	$8.00	$8.00	N	
P9037			PLATELETS,PHERESIS,LEUK.RE IRR	$8.00	$8.00	$8.00	$8.00	N	
P9038			RED BL CELL,IRRADIATED,EA UNIT	$8.00	$8.00	$8.00	$8.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
P9039			RED BL CELLS DEGLYCEROLIZED EA	$8.00	$8.00	$8.00	$8.00	N	
P9040			RED BL,CELLS,LEUK RE IRR EA UN	$8.00	$8.00	$8.00	$8.00	N	
P9041			INFUSION,ALBUMIN,5%,50ML	$10.00	$10.00	$10.00	$10.00	N	
P9043			INFUSION,PLASMA PROTEIN FR 50	$10.00	$10.00	$10.00	$10.00	N	
P9044			PLASMA,CRYOPRECIPITATE RE EA	$20.00	$20.00	$20.00	$20.00	N	
P9046			ALBUMIN (HUMAN), 25%, 20 ML	$10.00	$10.00	$10.00	$10.00	N	
P9073			PLATELETS PHERESIS PATH REDU	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
P9603			ONE-WAY ALLOW PRORATED MILES	$1.01	$1.01	$1.01	$1.01	N	
P9604			ONE-WAY ALLOW PRORATED TRIP	$10.10	$10.10	$10.10	$10.10	N	
Q0091			OBTAINING SCREEN PAP SMEAR	$31.84	$27.06	$31.84	$27.06	N	
Q0092			SET UP PORTABLE XRAY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q0111			WET MOUNT,PREP OF VAG.CERV.SK	$9.10	$9.10	$9.10	$9.10	N	
Q0111	FP		WET MOUNT,PREP OF VAG.CERV.SK	$32.74	$32.74	$32.74	$32.74	N	
Q0112			ALL POTASSIUM HYDROXIDE PREP.	$2.92	$2.92	$2.92	$2.92	N	
Q0113			PINWORM EXAMINATION	$2.14	$2.14	$2.14	$2.14	N	
Q0114			FERN TEST	$4.87	$4.87	$4.87	$4.87	N	
Q0115			POST-COITAL DIRECT,QUAL EX VAG	$12.50	$12.50	$12.50	$12.50	N	
Q0138			FERUMOXYTOL, NON-ESRD	$0.78	$0.78	$0.78	$0.78	N	
Q0139			FERUMOXYTOL, ESRD USE	$0.78	$0.78	$0.78	$0.78	N	
Q0161			CHLORPROMAZINE HCL 5 MG ORAL	$8.65	$8.65	$8.65	$8.65	N	
Q0162			ONDANSETRON 1 MG. ORAL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q0163			DIPHENHYDRAMINE HCL 50 MG ORAL	$0.15	$0.15	$0.15	$0.15	N	
Q0164			PROCHLORPERAZINE MALEATE 5 MG	$0.54	$0.54	$0.54	$0.54	N	
Q0166			GRANISETRON HCL 1 MG ORAL	$57.37	$57.37	$57.37	$57.37	N	
Q0167			DRONABINOL 2.5 MG ORAL	$5.73	$5.73	$5.73	$5.73	N	
Q0169			PROMETHAZINE HCL 12.5 MG ORAL	$0.43	$0.43	$0.43	$0.43	N	
Q0173			TRIMETHOBENZAMIDE HCL 250 MG	$0.60	$0.60	$0.60	$0.60	N	
Q0174			THIETHYLPERAZINE MALEATE 10 MG	$0.71	$0.71	$0.71	$0.71	N	
Q0175			PERPHENAZINE 4 MG ORAL	$0.78	$0.78	$0.78	$0.78	N	
Q0177			HYDROZYZINE PAMOATE 25 MG ORAL	$0.31	$0.31	$0.31	$0.31	N	
Q0180			DOLASETRON MESYLATE 100 MG	$66.71	$66.71	$66.71	$66.71	N	
Q0220			INJECTION, TIXAGEVIMAB & CLIGA	$0.01	$0.01	$0.01	$0.01	N	
Q0221			TIXAGEV AND CILGAV, 600MG	$0.01	$0.01	$0.01	$0.01	N	
Q0222			BEBTELOVIMAB 175 MG	$0.01	$0.01	$0.01	$0.01	N	
Q0224			INJ, PEMIVIBART, 4500 MG	$6,583.50	$6,583.50	$6,583.50	$6,583.50	N	
Q0249			TOCILIZUMAB FOR COVID-19	$6.57	$6.57	$6.57	$6.57	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
Q0477			PWR MODULE PT CABLE/VAD RPL	$457.06	$457.06	$457.06	$457.06	A	
Q2009			FOSPHENYTOIN, 50 MG	$10.19	$10.19	$10.19	$10.19	N	
Q2041			AXICABTAGENE CILOLEUCEL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q2042			TISAGENLECLEUCEL CAR-POS T	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q2043			SIPULEUCEL-T AUTO CD54+	$61,976.49	$61,976.49	$61,976.49	$61,976.49	N	
Q2049			IMPORTED LIPODOX INJ	$474.85	$474.85	$474.85	$474.85	N	
Q2050			DOXORUBICIN INJ 10MG	$533.56	$533.56	$533.56	$533.56	N	
Q2053			BREXUCABTAGENE CAR POS T	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q2054			LISOCABTAGENE MARA CAR POS T	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q2055			IDECABTAGENE VICLEUCEL CAR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q2056			CILTACABTAGENE CAR-POS T	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q3027			INJ BETA INTERFERON IM 1 MCG	$37.50	$37.50	$37.50	$37.50	N	
Q3028			INJ BETA INTERFERON SQ 1 MCG	$13.61	$13.61	$13.61	$13.61	N	
Q4081			EPOETIN ALFA, 100 UNITS ESRD	$1.33	$1.33	$1.33	$1.33	N	
Q4100			SKIN SUBSTITUTE, NOS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4101			APLIGRAF SKIN SUB	$30.94	$30.94	$30.94	$30.94	N	
Q4102			OASIS WOUND MATRIX SKIN SUB	$5.02	$5.02	$5.02	$5.02	N	
Q4103			OASIS BURN MATRIX SKIN SUB	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4104			INTEGRA BMWD SKIN SUB	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4105			INTEGRA DRT SKIN SUB	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4106			DERMAGRAFT SKIN SUB	$15.99	$15.99	$15.99	$15.99	N	
Q4107			GRAFTJACKET SKIN SUB	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4108			INTEGRA MATRIX SKIN SUB	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4110			PRIMATRIX SKIN SUB	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4111			GAMMAGRAFT SKIN SUB	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4112			CYMETRA ALLOGRAFT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4113			GRAFTJACKET EXPRESS ALLOGRAF	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4114			INTEGRA FLOWABLE WOUND MATRI	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4116			ALLODERM SKIN SUBSTITUTE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4117			HYALOMATRIX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4121			THERASKIN	$32.69	$32.69	$32.69	$32.69	N	
Q4122			DERMACELL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4123			ALLOSKIN	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4124			OASIS TRI-LAYER WOUND MATRIX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4125			ARTHROFLEX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4126			MEMODERM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
Q4127			TALYMED	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4128			FLEXHD OR ALLOPATCH HD	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4130			STRATTICE TM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4132			GRAFIX CORE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4133			GRAFIX PRIME	$68.23	$68.23	$68.23	$68.23	N	
Q4134			HMATRIX	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4135			MEDISKIN	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4136			EZDERM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4150			ALLOWRAP DS OR DRY 1 SQ CM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4151			AMNIOBAND, GUARDIAN 1 SQ CM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4152			DERMAPURE 1 SQUARE CM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4153			DERMAVEST 1 SQUARE CM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4154			BIOVANCE 1 SQUARE CM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4155			NEOXFLO OR CLARIXFLO 1 MG	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4156			NEOX 100 1 SQUARE CM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4157			REVITALON 1 SQUARE CM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4158			MARIGEN 1 SQUARE CM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q4159			AFFINITY1 SQUARE CM	$291.83	$291.83	$291.83	$291.83	N	
Q4160			NUSHIELD 1 SQUARE CM	$64.86	$64.86	$64.86	$64.86	N	
Q4186			EPIFIX 1 SQ CM	$160.59	$160.59	$160.59	$160.59	N	
Q4195			PURAPLY 1 SQ CM	$37.93	$37.93	$37.93	$37.93	N	
Q4196			PURAPLY AM 1 SQ CM	$108.34	$108.34	$108.34	$108.34	N	
Q5101			INJ FILGRASTIM GCSF BIOSIMIL	$0.91	$0.91	$0.91	$0.91	N	
Q5103			INJECTION, INFLECTRA	$20.03	$20.03	$20.03	$20.03	N	
Q5104			INJECTION, RENFLEXIS	$19.78	$19.78	$19.78	$19.78	N	
Q5105			INJ RETACRIT ESRD ON DIALYSI	$1.09	$1.09	$1.09	$1.09	N	
Q5106			INJ RETACRIT NON-ESRD USE	$10.92	$10.92	$10.92	$10.92	N	
Q5107			INJ MVASI 10 MG	$67.06	$67.06	$67.06	$67.06	N	
Q5108			INJECTION, FULPHILA	$574.06	$574.06	$574.06	$574.06	N	
Q5109			INJECTION, IXIFI, 10 MG	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q5110			NIVESTYM	$1.45	$1.45	$1.45	$1.45	N	
Q5111			INJECTION, UDENYCA 0.5 MG	$344.44	$344.44	$344.44	$344.44	N	
Q5112			INJ ONTRUZANT 10 MG	$36.04	$36.04	$36.04	$36.04	N	
Q5113			INJ HERZUMA 10 MG	$33.38	$33.38	$33.38	$33.38	N	
Q5114			INJ OGIVRI 10 MG	$87.43	$87.43	$87.43	$87.43	N	
Q5115			INJ TRUXIMA 10 MG	$83.81	$83.81	$83.81	$83.81	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
Q5116			INJ., TRAZIMERA, 10 MG	$32.39	$32.39	$32.39	$32.39	N	
Q5117			INJ., KANJINTI, 10 MG	$87.15	$87.15	$87.15	$87.15	N	
Q5118			INJ., ZIRABEV, 10 MG	$60.73	$60.73	$60.73	$60.73	N	
Q5119			INJ RUXIENCE, 10 MG	$70.96	$70.96	$70.96	$70.96	N	
Q5120			INJ PEGFILGRASTIM-BMEZ 0.5 MG	$323.86	$323.86	$323.86	$323.86	N	
Q5121			INJ. AVSOLA, 10 MG	$49.50	$49.50	$49.50	$49.50	N	
Q5122			INJ, NYVEPRIA	$323.81	$323.81	$323.81	$323.81	N	
Q5123			INJ. RIABNI, 10 MG	$70.96	$70.96	$70.96	$70.96	N	
Q5124			INJ. BYOOVIZ, 0.1 MG	$223.74	$223.74	$223.74	$223.74	N	
Q5125			INJ, RELEUKO 1 MCG	$0.52	$0.52	$0.52	$0.52	N	
Q5126			INJ ALYMSYS 10 MG	$0.00	$0.00	$0.00	$0.00	N	
Q5127			INJ, STIMUFEND, 0.5 MG	$344.44	$344.44	$344.44	$344.44	N	
Q5128			INJ, CIMERLI, 0.1 MG	$269.28	$269.28	$269.28	$269.28	N	
Q5129			INJ, VEGZELMA, 10 MG	$67.06	$67.06	$67.06	$67.06	N	
Q5130			INJ, FYLNETRA, 0.5 MG	$206.25	$206.25	$206.25	$206.25	N	
Q5133			INJ, TOFIDENCE, 1 MG	$5.49	$5.49	$5.49	$5.49	N	
Q5135			INJ, TYENNE, 1 MG	$4.79	$4.79	$4.79	$4.79	N	
Q5137			INJ, WEZLANA, SUB CU, 1 MG	$61.25	$61.25	$61.25	$61.25	N	
Q5138			INJ, WEZLANA, IV, 1 MG	$10.79	$10.79	$10.79	$10.79	N	
Q9953			INJ FE-BASED MR CONTRAST, 1 ML	$32.02	$32.02	$32.02	$32.02	N	
Q9957			INJ PERFLUTREN LIP MICROS, ML	$46.33	$46.33	$46.33	$46.33	N	
Q9958			HOCM<=149 MG/ML IODINE	$0.17	$0.17	$0.17	$0.17	N	
Q9960			HOCM 200-249MG/ML IODINE, 1 ML	$0.15	$0.15	$0.15	$0.15	N	
Q9961			HOCM 250-299MG/ML IODINE, 1 ML	$0.27	$0.27	$0.27	$0.27	N	
Q9962			HOCM 300-349MG/ML IODINE, 1ML	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q9963			HOCM 350-399 MG/ML IODINE, 1ML	$0.23	$0.23	$0.23	$0.23	N	
Q9964			HOCM >=400MG/ML IODINE, 1 ML	$0.33	$0.33	$0.33	$0.33	N	
Q9965			LOCM 100-199MG/ML IODINE,1ML	$2.45	$2.45	$2.45	$2.45	N	
Q9966			LOCM 200-299MG/ML IODINE,1ML	$0.83	$0.83	$0.83	$0.83	N	
Q9967			LOCM 300-399MG/ML IODINE,1ML	$0.99	$0.99	$0.99	$0.99	N	
Q9969			NON-HEU TC-99M ADD-ON/DOSE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Q9979			INJECTION ALEMTUZUMAB 1 MG	$0.00	$0.00	$0.00	$0.00	N	
Q9991			BUPRENORPH XR 100 MG OR LESS	$1,996.35	$1,996.35	$1,996.35	$1,996.35	N	
Q9992			BUPRENORPHINE XR OVER 100 MG	$1,901.30	$1,901.30	$1,901.30	$1,901.30	N	
R0070			TRANSPORTATION OF PORTABLE X-R	$26.00	$26.00	$110.16	$110.16	N	
S0013			ESKETAMINE, NASAL SPRAY	$13.00	$13.00	$13.00	$13.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
S0023			INJECTION, CIMETADINE HCL 300	$2.44	$2.44	$2.44	$2.44	N	
S0104			ZIDOVUDINE, ORAL, 100 MG	$1.68	$1.68	$1.68	$1.68	N	
S0140			SAQUINAVIR, 200 MG	$3.81	$3.81	$3.81	$3.81	N	
S0190	UD		MIFEPRISTONE, ORAL 200 MG	$128.30	$128.30	$128.30	$128.30	N	
S0191	UD		MISOPROSTOL, ORAL, 200 MCG	$2.26	$2.26	$2.26	$2.26	N	
S0197			PRENATAL VITAMINS 30 DAY SUPP	$12.26	$12.26	$12.26	$12.26	N	
S0215	HA		CSOC NON-EMG TRSPT (AMBU/LIV)	$9.15	$9.15	$9.15	$9.15	A	
S0215	HA	22	CSOC NON-EMG TRSPT-WC/ASST LV	$26.91	$26.91	$26.91	$26.91	A	
S0215	HA	52	NON-MEDICAID TRSPT WC/LIVERY	$12.92	$12.92	$12.92	$12.92	A	
S0220	HH		MED CONF BY MD W/INTERDI TEAM	$0.00	$0.00	$0.00	$0.00	N	
S0221	HH		MEDICAL CONFERENCE, 60 MIN	$0.00	$0.00	$0.00	$0.00	N	
S0596			PHAKIC IOL REFRACTIVE ERROR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
S1040			CRANIAL REMOLDING ORTHOSIS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
S4005			BIRTH CENTER FACILITY FEE WITH	$500.00	$500.00	$500.00	$500.00	N	
S5101	ST		TBI-STRUC'D DAY PROG. HALF DAY	$44.00	$44.00	$44.00	$44.00	N	
S5102			MEDICAL DAY CARE	$92.08	$92.08	$92.08	$92.08	A	
S5102	ST		TBI-STRUC'D DAY PROG. FULL DAY	$87.00	$87.00	$87.00	$87.00	N	
S5105	HA	52	DAY CARE SERVICES	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
S5109			HOMECARE TRAIN PT SESSION -HR	$40.00	$40.00	$40.00	$40.00	N	
S5110	HA		HOME CARE TRAINING(NATURAL SUP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
S5110	HA	52	HOME CARE TRAINING(NAT SUPPORT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
S5110	HI		NATURAL SUPPORTS TRAINING	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
S5111	SE		PPP-PART/CARE GIVER TRAINING	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	N	
S5115			NONFAMILY HOMECARE TRAIN/15MIN	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
S5120	SE		PPP-CHORE SERVICES	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	N	
S5120	ST		TBI-CHORE SERVICE PER HOUR	$10.00	$10.00	$10.00	$10.00	N	
S5120	22		INITIAL CHORE SERVICE PER HOUR	$30.75	$30.75	NA	NA	N	
S5120	52		CHORE SERVICE PER HOUR	$15.00	$15.00	NA	NA	N	
S5125	HQ	SE	PCA GROUP SELF-DIRECTED	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	A	
S5125	SE	U3	ATTENDANT CARE SER PER 15 MINS	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	N	
S5125	SE	XU	PPP-PCA-GROUP DIR SICK LEAVE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	N	
S5125	TJ		INDIV BEHAV ASSIST SERVICES	$9.75	$9.75	$9.75	$9.75	A	
S5125	TJ	UN	GRP BEHAV ASSIST SERV 2 CHILD	$5.62	$5.62	$5.62	$5.62	A	
S5125	TJ	UP	GRP BEHAV ASSIST SERV 3 CHILD	$4.25	$4.25	$4.25	$4.25	A	
S5125	22		INITIAL ATTENDENT CARE HOURLY	$32.75	$32.75	NA	NA	N	
S5125	52		ATTENDANT CARE PER HOUR	$17.00	$17.00	NA	NA	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
S5130	HA	22	HOMEMAKER ASSISTANCE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
S5130	TV	22	HOMEMAKER SERVICE GO	$17.00	$17.00	$17.00	$17.00	N	
S5130	22		HOMEMAKER SERVICE GO	$15.50	$15.50	$15.50	$15.50	N	
S5150	HA		UNSKILLED RESPITE CARE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
S5160			PERS INSTAL & EQUIP	$78.00	$78.00	NA	NA	N	
S5160	HI		PERSONAL EMERG RESPONSE SYSTEM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
S5160	22		PERS INSTAL & EQUIP W/PILL DIS	$78.00	$78.00	NA	NA	N	
S5161			PERS MONTHLY FEE	$48.00	$48.00	NA	NA	N	
S5161	HI		PERSONAL EMERG RESPONSE SYSTEM	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
S5161	22		PERS W/PILL DISPENSOR MONTH FE	$75.00	$75.00	NA	NA	N	
S5165			HOME MODIFICATIONS PER MONTH	$5,000.00	$5,000.00	$5,000.00	$5,000.00	N	
S5165	HA		HOME MODIFICATIONS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
S5165	HI		ENVIRONMENTAL MODIFICATION	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
S5165	SE		PPP-HOME MODIFICATIONS	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	N	
S5165	52		HOME MOD TRANS FEE MO	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
S5170			HOME MEALS PER MEAL	$15.00	$15.00	NA	NA	N	
S5170	SE		PPP-MEAL SERVICE & SUPPORTS	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	N	
S5170	22		INITIAL HOME MEAL PER MEAL	$18.00	$18.00	NA	NA	N	
S5199	HI		1X CLOTHING MFP	$500.00	$500.00	$500.00	$500.00	N	
S8990	HI		PHYSICAL THERAPY INDIVIDUAL	$28.62	$28.62	$28.62	$28.62	A	
S8990	HI	UN	PHYSICAL THERAPY GRP BLENDED	$8.18	$8.18	$8.18	$8.18	A	
S8990	HI	UP	PHYSICAL THERAPY GRP 3 SERVED	$9.20	$9.20	$9.20	$9.20	A	
S8990	HI	UQ	PHYSICAL THERAPY GRP 4 SERVED	$6.90	$6.90	$6.90	$6.90	A	
S8990	HI	UR	PHYSICAL THERAPY GRP 5 SERVED	$5.52	$5.52	$5.52	$5.52	A	
S8990	ST		TBI-PHYSICAL THERAPY PER VISIT	$73.00	$73.00	$73.00	$73.00	N	
S8990	22		PHYSICAL THERAPY CCPED/HCEP	$98.29	$98.29	$98.29	$98.29	N	
S9122			HHA/CNA PER HR WEEKDAY	$25.50	$25.50	$25.50	$25.50	A	
S9122	HA		HOME HEALTH AIDE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
S9122	TV		HHA/CNA PER HOUR WEEKENDS	$25.16	$25.16	$25.16	$25.16	A	
S9123			NURSING CARE IN HOME RN	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
S9123	EP		RN/HR/PDN/EPSDT	NA	NA	$63.00	$63.00	A	
S9123	EP	22	RN/HR/PDN/EPSDT/ENHANCED	NA	NA	$50.00	$50.00	A	
S9123	EP	52	RN/PDN/EPSDT PER 15 MINUTES	NA	NA	$12.50	$12.50	A	
S9123	TD	52	PRIVATE DUTY NURSING	$15.75	$15.75	$15.75	$15.75	N	
S9123	TV	52	PRIVATE DUTY NURSING	$15.75	$15.75	$15.75	$15.75	N	
S9123	52		PRIVATE DUTY NURSING WEEKDAYS	$15.75	$15.75	$15.75	$15.75	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
S9124	EP		LPN/HR/PDN/EPSDT	NA	NA	$51.16	$51.16	A	
S9124	EP	52	LPN/PDN/EPSDT PER 15 MINUTES	NA	NA	$12.00	$12.00	A	
S9124	TE	52	PRIVATE DUTY NURSING	$12.79	$12.79	$12.79	$12.79	N	
S9124	TV	52	PRIVATE DUTY NURSING	$12.79	$12.79	$12.79	$12.79	N	
S9124	52		PRIVATE DUTY NURSING WEEKDAYS	$12.79	$12.79	$12.79	$12.79	N	
S9125			RESPITE, DAILY,	$250.00	$250.00	$250.00	$250.00	N	
S9125	HA		RESPITE CARE IN HOME(OVERNIGHT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
S9125	HA	52	RESPITE CARE IN THE HOME, 15MI	$10.69	$10.69	$10.69	$10.69	A	
S9125	HI		RESPITE IN-HOME PER DIEM CCR	$200.32	$200.32	$200.32	$200.32	A	
S9125	HI	22	CONTRACTED GROUP HOME RESPITE	$526.71	$526.71	$526.71	$526.71	A	
S9128	HQ	ST	TBI SPEECH GROUP THERAPY	$48.00	$48.00	NA	NA	N	
S9129			OCCUPATIONAL THERAPY CCPED/HCE	$101.42	$101.42	$101.42	$101.42	N	
S9129	HQ	ST	TBI OCCUPATIONAL GROUP THERAPY	$48.00	$48.00	NA	NA	N	
S9131	HQ	ST	TBI PHYSICAL GROUP THERAPY	$48.00	$48.00	NA	NA	N	
S9140	TH		DIABETIC MANAGEMENT PROGRAM,	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
S9152	TR		SPEECH THERAPY, RE-VALUATION	$20.00	$20.00	$20.00	$20.00	N	
S9152	U9		SPEECH THERAPY, RE-VALUATION	$20.00	$20.00	$20.00	$20.00	N	
S9208	TH		PRETERM LABOR MANAGEMENT PROG	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
S9211	TH		HOME MGMT GEST HYPERTENSION	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
S9213	TH		HM PREECLAMP PER DIEM	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
S9214	TH		OBSTET DIAB MANAGEMENT INSULIN	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
S9336	TH		CONTIN HEPARIN INFUS THERAPY	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
S9349	TH		SUBCUTANEOUS TOCOLYTIC THERAPY	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
S9351	TH		CONTIN ONDANSETRON INFUS THER	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
S9353	TH		OBSTET DIABETES SUBCU INSULIN	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
S9374	TH		HIT HYDRA 1 LITER DIEM	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
S9375	TH		HIT HYDRA 2 LITER DIEM	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
S9376	TH		HIT HYDRA 3 LITER DIEM	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
S9377	TH		HIT HYDRA OVER 3L DIEM	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
S9379	TH		CONTIN METOCLOPRAMIDE INFUSION	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
S9443			PERINATAL BREASTFEEDING EDUCAT	$15.64	$15.64	$15.64	$15.64	N	
S9445			INDIVIDUAL SERVICE SUPPORTING	$19.55	$19.55	$19.55	$19.55	N	
S9445	HH		PT EDUCATION NOC INDIVIDUAL	$0.00	$0.00	$0.00	$0.00	N	
S9445	TT		INDIVIDUAL SERVICE SUPPORTING	$19.55	$19.55	$19.55	$19.55	N	
S9446			PERINATAL BREASTFEEDING PEER S	$7.82	$7.82	$7.82	$7.82	N	
S9475	HA		AMBULATORY SUBSTANCE ABUSE TX	$71.00	$71.00	$71.00	$71.00	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
S9480			INTENSIVE OUTPATIENT PSYCHIA	$820.80	$820.80	$820.80	$820.80	N	
S9480	HH		INTENSIVE OUTPATIENT PSYCHIA	$0.00	$0.00	$0.00	$0.00	N	
S9482	HH		FAMILY STABILIZATION, 15 MIN	$0.00	$0.00	$0.00	$0.00	N	
S9484			CRISIS INTERVENTION PER HOUR	$27.23	$27.23	$27.23	$27.23	N	
S9484	HH		CRISIS INTERVENTION PER HOUR	$0.00	$0.00	$0.00	$0.00	N	
S9485	HH		MOBILE RESPONSE INITIAL	$0.00	$0.00	$0.00	$0.00	N	
S9485	TJ		MOBILE RESPONSE - INITIAL	$1,759.04	$1,759.04	$1,759.04	$1,759.04	A	
S9529			VENIPUNCTURE HOME/SNF	$1.80	$1.80	$1.80	$1.80	N	
S9529	22		HOUSE CALL TO HOME/SNF BY LAB	$10.00	$10.00	$10.00	$10.00	N	
S9560	TH		17 ALPHA-HYDROXYPROGEST CAPRON	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
S9970	HA		HEALTH CLUB MEMBERSHIP(RECREAT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
S9977	HI		1X GROCERIES MFP	$400.00	$400.00	$400.00	$400.00	N	
T1001			NURSING ASSESSMENT/EVALUATN	$51.00	$51.00	$51.00	$51.00	N	
T1001	TR		NUSING ASSESSMENT / EVAL	$20.00	$20.00	$20.00	$20.00	N	
T1001	U9		NURSING ASSESSMET / EVAL	$20.00	$20.00	$20.00	$20.00	N	
T1001	76		NURSING REASSESSMENT/EVALUATIO	$48.00	$48.00	$48.00	$48.00	N	
T1002	TR		RN SERVICES, UP TO 15 MINUTES	$20.00	$20.00	$20.00	$20.00	N	
T1002	U9		RN SERVICES, UP TO 15 MINUTES	$20.00	$20.00	$20.00	$20.00	N	
T1003	TR		LPN/LVN SERVICES, UP TO 15 MIN	$20.00	$20.00	$20.00	$20.00	N	
T1003	U9		LPN/LVN SERVICES, UP TO 15 MIN	$20.00	$20.00	$20.00	$20.00	N	
T1004	22		HOME HEALTH AIDE/HR GO	$25.76	$25.76	$25.76	$25.76	N	
T1005	HA	22	RESPITE CARE SERVICE(PER 15M)	$7.06	$7.06	$7.06	$7.06	A	
T1005	HI		RESPITE UP TO 15 MINUTES	$7.22	$7.22	$7.22	$7.22	A	
T1005	HI	UN	RESP/DY OOH OVNGT TIER F	$651.03	$651.03	$651.03	$651.03	A	
T1005	HI	UP	RESP/DY OOH OVNGT TIER E	$488.80	$488.80	$488.80	$488.80	A	
T1005	HI	UQ	RESP/DY OOH OVNGT TIER D	$380.16	$380.16	$380.16	$380.16	A	
T1005	HI	UR	RESP/DY OOH OVNGT TIER C	$271.54	$271.54	$271.54	$271.54	A	
T1005	HI	US	RESP/DY OOH OVNGT TIER B	$162.93	$162.93	$162.93	$162.93	A	
T1005	HI	U1	RESP/DY OOH OVNGT TIER A A/D	$143.82	$143.82	$143.82	$143.82	A	
T1005	HI	U2	RESP/DY OOH OVNGT TIER B A/D	$287.64	$287.64	$287.64	$287.64	A	
T1005	HI	U3	RESP/DY OOH OVNGT TIER C A/D	$479.41	$479.41	$479.41	$479.41	A	
T1005	HI	U4	RESP/DY OOH OVNGT TIER D A/D	$671.15	$671.15	$671.15	$671.15	A	
T1005	HI	U5	RESP/DY OOH OVNGT TIER E A/D	$862.94	$862.94	$862.94	$862.94	A	
T1005	HI	U7	RESP/DY OOH OVNGT TIER F A/C	$1,149.38	$1,149.38	$1,149.38	$1,149.38	A	
T1005	HI	U8	RESPITE SELF DIR EMPLY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
T1005	HI	52	RESP/DAY-OOH OVNGT TIER A	$81.46	$81.46	$81.46	$81.46	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	**MOD1**	**MOD2**	**SHORT DESCRIPTION**	**FEE- SPECIALIST**	**FEE- NON-SPECIALIST**	**CHILDREN SPECIALIST**	**CHILDREN NON-SPECIALIST**	**PA- IND**	**ANESTHESIA BASE- UNITS**
				PURCHASE	**RENTAL**	**PURCHASE**	**RENTAL**		
T1005	22		RESPITE, HOURLY, DDD□CCW	$35.00	$35.00	$35.00	$35.00	N	
T1006	HA		FAMILY COUNSELING/EDUCATION	$24.50	$24.50	$24.50	$24.50	A	
T1006	HH		FAMILY/COUPLE COUNSELING	$0.00	$0.00	$0.00	$0.00	N	
T1007	HH		TREATMENT PLAN DEVELOPMENT	$0.00	$0.00	$0.00	$0.00	N	
T1012	HH		ALCOHOL/SUBSTANCE ABUSE SKIL	$0.00	$0.00	$0.00	$0.00	N	
T1013	HA		INTERPRET SERV-OTH SPK LNG 15M	$6.55	$6.55	$6.55	$6.55	A	
T1013	HA	22	SIGN LANG/INTERPRETER SERV	$17.49	$17.49	$17.49	$17.49	A	
T1013	HA	52	INTERPRET SERV-SELF-DIRECT 15M	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
T1013	HI		INTERPRETER SERVICES OTH LGE	$6.32	$6.32	$6.32	$6.32	A	
T1013	HI	22	INTERPRETER SERVICES ASL	$16.86	$16.86	$16.86	$16.86	A	
T1013	HI	52	INTERPRETER SERVICES SELF HIRE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
T1015	EP	HU	CHEC SERVICES ENCOUNTER (FQHC)	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
T1015	HD		OB/GYN ENCOUNTER	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
T1015	HE		MENTAL HEALTH ENCOUNTER(FQHC)	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
T1015	HF		FQHC VISIT LPC IND COUNSELING	$228.66	$228.66	$228.66	$228.66	N	
T1015	HH		CLINIC SERVICE	$0.00	$0.00	$0.00	$0.00	N	
T1015	HK		FQHC VISIT LMFT IND COUNSELING	$228.66	$228.66	$228.66	$228.66	N	
T1016	HD	V1	PARENTS AS TEACHERS	$54.24	$54.24	$54.24	$54.24	A	
T1016	TD	V1	NURSE FAMILY PARTNERSHIP	$78.15	$78.15	$78.15	$78.15	A	
T1016	TJ		CASE MANAGEMENT PER 15 MINUTES	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
T1016	V1		HEALTHY FAMILIES AMERICA	$57.13	$57.13	$57.13	$57.13	A	
T1017	HE		TARGETED CASE MANAGEMENT	$31.50	$31.50	$31.50	$31.50	N	
T1017	HH		TARGETED CASE MGT, 15 MINS	$0.00	$0.00	$0.00	$0.00	N	
T1017	TJ		YOUTH CASE MANAGEMENT SERVICES	$20.50	$20.50	$20.50	$20.50	A	
T1017	52		CLINICAL CASE MANAGEMENT SVC	$42.31	$42.31	$42.31	$42.31	N	
T1018	TR		SCHOOL-BASED IEP SER BUNDLED	$92.97	$92.97	$92.97	$92.97	N	
T1019			PERSONAL CARE SER PER 15 MIN	$6.67	$6.67	$6.67	$6.67	A	
T1019	SE		PERSONAL CARE SER PER 15 MIN	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	N	
T1019	SE	U1	PERSONAL CARE SER PER 15 MIN	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	N	
T1019	SE	XU	PPP-PCA-GROUP DIR SICK LEAVE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	N	
T1019	TR		PERSONAL CARE ASSISTANT SERVIC	$20.00	$20.00	$20.00	$20.00	N	
T1019	U9		PERSONAL CARE ASSISTANT SERVIC	$20.00	$20.00	$20.00	$20.00	N	
T1021			HOME HEALTH AIDE 4TH CCPED/HCE	$66.66	$66.66	$66.66	$66.66	N	
T1021	22		HOME HEALTH AIDE 8H CCPED/HCEP	$133.32	$133.32	$133.32	$133.32	N	
T1023	HH		PROGRAM INTAKE ASSESSMENT	$0.00	$0.00	$0.00	$0.00	N	
T1028	HA		NON-LICENSED ASSESSMENT/15MINS	$7.69	$7.69	$7.69	$7.69	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	**MOD1**	**MOD2**	**SHORT DESCRIPTION**	**FEE- SPECIALIST**	**FEE- NON-SPECIALIST**	**CHILDREN SPECIALIST**	**CHILDREN NON-SPECIALIST**	**PA- IND**	**ANESTHESIA BASE- UNITS**
				PURCHASE	**RENTAL**	**PURCHASE**	**RENTAL**		
T1028	HA	22	LICENSED ASSESS/15MINS	$7.69	$7.69	$7.69	$7.69	A	
T1028	HI		ENVIRONMENTAL ASSESS FOR INDIV	$750.00	$750.00	$750.00	$750.00	N	
T1041	HA	HH	SED (CHILD ADOLESCENT PROGRAM)	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
T1041	HE	HH	SMI (MENTAL HEALTH)	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
T1041	HF	HH	SUD (SUBSTANCE USE DISORDER)PG	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
T1041	HH		CCBHC PER DIEM	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
T1041	HH	HK	VETERANS WITH PTSD	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
T1502	HH		MEDICATION ADMIN VISIT	$0.00	$0.00	$0.00	$0.00	N	
T1999	HI		INDIVIDUAL GOODS & SERVICES	$438.00	$438.00	$438.00	$438.00	N	
T1999	HI	22	GOODS AND SERVICES	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
T1999	SE		PPP-EMERGENCY CASH	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	N	
T1999	SE	U1	NOC RETAIL ITEMS AND SUPPLIES	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	N	
T2001			NON-EMERG TRANSP EXTRA CREW	$10.00	$10.00	$10.00	$10.00	A	
T2002	HI		TRANSPORTATION NON-MEDICAL	$5.00	$5.00	$5.00	$5.00	N	
T2003	SE		PPP-TRANSPORTATION	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	N	
T2012	HQ	ST	TBI COGNITIVE REHAB THERAPY	$48.00	$48.00	NA	NA	N	
T2013	HA	UG	HABILITATION EDUC(AFTER SCHOOL	$7.40	$7.40	$7.40	$7.40	A	
T2013	HA	22	HABILITATION EDUC(AFTER SCHOOL	$7.40	$7.40	$7.40	$7.40	A	
T2015	HI		HABILITATION HOURLY	$20.36	$20.36	$20.36	$20.36	N	
T2015	HI	UN	PREVOC TRAINING TIER E GROUP	$12.49	$12.49	$12.49	$12.49	A	
T2015	HI	UP	PREVOC TRAINING TIER D GROUP	$9.41	$9.41	$9.41	$9.41	A	
T2015	HI	UQ	PREVOC TRAINING TIER C GROUP	$6.35	$6.35	$6.35	$6.35	A	
T2015	HI	UR	PREVOC TRAINING TIER B GROUP	$5.13	$5.13	$5.13	$5.13	A	
T2015	HI	US	PREVOC TRAINING TIER A GROUP	$4.03	$4.03	$4.03	$4.03	A	
T2015	HI	22	PREVOCATIONAL TRAIN INDIVIDUAL	$18.73	$18.73	$18.73	$18.73	A	
T2015	SE		PPP-MILEAGE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	N	
T2016	HA	U1	HABILITATION RESIDENTIAL	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
T2016	HA	U2	HABILITATION RESIDENTIAL	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
T2016	HA	U3	HABILITATION RESIDENTIAL	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
T2016	HA	U4	HABILITATION RESIDENTIAL	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
T2016	HA	U5	HABILITATION RESIDENTIAL	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
T2018			SUPPORTED EMPLOYMENT DDD CCW	$36.59	$36.59	$36.59	$36.59	N	
T2018	HI		JOB DEVELOPMENT SPECIALIST MFP	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
T2019	HI		SUPPORTED EMPLOYMENT INDIVIDUA	$21.19	$21.19	$21.19	$21.19	A	
T2019	HI	UN	SUPPORTED EMPLOY GRP TIER E	$14.13	$14.13	$14.13	$14.13	A	
T2019	HI	UP	SUPPORTED EMPLOY GRP TIER D	$10.65	$10.65	$10.65	$10.65	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
T2019	HI	UQ	SUPPORTED EMPLOY GRP TIER C	$7.18	$7.18	$7.18	$7.18	A	
T2019	HI	UR	SUPPORTED EMPLOY TIER B GRP	$5.81	$5.81	$5.81	$5.81	A	
T2019	HI	US	SUPPORTED EMPLOY GRP TIER A	$4.56	$4.56	$4.56	$4.56	A	
T2020			DAY HABIL WAIVER PER DIEM	$71.63	$71.63	$71.63	$71.63	N	
T2021	HA	HN	COMMUN BASED WRAP AROUND SERV	$29.18	$29.18	$29.18	$29.18	A	
T2021	HA	HO	COMMUN BASED WRAP AROUND SERV	$30.59	$30.59	$30.59	$30.59	A	
T2021	HA	22	COMMUN BASED WRAP AROUND SERV	$33.18	$33.18	$33.18	$33.18	A	
T2021	HI	UN	DAY HABILITATION TIER E	$11.18	$11.18	$11.18	$11.18	A	
T2021	HI	UP	DAY HABILITATION TIER D	$8.43	$8.43	$8.43	$8.43	A	
T2021	HI	UQ	DAY HABILITATION TIER C	$5.68	$5.68	$5.68	$5.68	A	
T2021	HI	UR	DAY HABILITATION TIER B	$4.59	$4.59	$4.59	$4.59	A	
T2021	HI	US	DAY HABILITATION TIER A	$3.61	$3.61	$3.61	$3.61	A	
T2021	HI	U1	DAY HABILITATION TIERA/ACU DIF	$5.02	$5.02	$5.02	$5.02	A	
T2021	HI	U2	DAY HABILITATION TIERB ACU DIF	$6.39	$6.39	$6.39	$6.39	A	
T2021	HI	U3	DAY HABILITATION TIERC/ACU DIF	$7.91	$7.91	$7.91	$7.91	A	
T2021	HI	U4	DAY HABILITATION TIERD/ACU DIF	$11.72	$11.72	$11.72	$11.72	A	
T2021	HI	U5	DAY HABILITATION TIER E/ACUDIF	$15.56	$15.56	$15.56	$15.56	A	
T2021	HI	U7	DAY HABILITATION TIERF/ACU DIF	$23.33	$23.33	$23.33	$23.33	A	
T2021	HI	22	DAY HABILITATION TIER F	$16.77	$16.77	$16.77	$16.77	A	
T2021	HO	52	COMMUN BASED WRAP AROUND SERV	$30.93	$30.93	$30.93	$30.93	A	
T2022	AJ		GO/SW MANAGEMENT INITIAL MONTH	$122.00	$122.00	NA	NA	N	
T2022	HA		CARE MANAGEMENT	$1,032.09	$1,032.09	$1,032.09	$1,032.09	A	
T2022	HC		GO/RN MANAGEMENT INITIAL MONTH	$200.00	$200.00	NA	NA	N	
T2023	TJ		CSOCI CARE MGMT (CMO) SERVICES	$1,032.09	$1,032.09	$1,032.09	$1,032.09	A	
T2024			SERV ASMNT/CARE PLAN WAIVER	$122.00	$122.00	NA	NA	N	
T2024	HC		TRANSITION CARE MANAGEMENT	$840.00	$840.00	NA	NA	N	
T2024	HI		SUPPORTS COORDINATION MONTHLY	$376.48	$376.48	$376.48	$376.48	A	
T2024	HI	52	SUPPORTS COORDINATION DAILY	$12.56	$12.56	$12.56	$12.56	A	
T2025	SE	UB	WAIVER SERVICES, NOS	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	N	
T2025	SE	UC	WAIVER SERVICES, NOS	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	N	
T2025	SE	U2	WAIVER SERVICES, NOS	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	N	
T2025	ST		TBI SERVICE PROVIDER RETENTION	$100.00	$100.00	NA	NA	N	
T2028	HA		SPECIALIZED SUPPLY(ASSIST TECH	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
T2028	HA	22	SPECIALIZED SUPPLY(ASSESS DEVI	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
T2028	HI		ASSIST TECHNOLOGY EVALUATION	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
T2028	HI	22	ASSIST TECH PUR/CUST/REP/REPLE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
T2028	SE		PPP-ADAPTIVE EQUIPMENT	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	N	
T2029	HA		SPEC MED EQUIP(ASSIST TECH DEV	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
T2029	HI		ASSISTIVE TECH REMOTE MONITOR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
T2031			ASSIST LIVING WAIVER/DIEM	$89.50	$89.50	NA	NA	N	
T2033	HA	U1	RESIDENTIAL CARE NOS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
T2033	HA	U2	RESIDENTIAL CARE NOS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
T2033	HA	U3	RESIDENTIAL CARE NOS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
T2033	HA	U4	RESIDENTIAL CARE NOS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
T2033	HA	U5	RESIDENTIAL CARE NOS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
T2034			CRISIS INTERVEN WAIVER/DIEM	$862.19	$862.19	$862.19	$862.19	N	
T2034	HH		CRISIS INTERVENTION WAIVE/DIE	$0.00	$0.00	$0.00	$0.00	N	
T2035	SE		PPP-TECHNOLOGY	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	N	
T2036	HA		THERAPEUTIC CAMPING OVERNIGHT	$133.00	$133.00	$133.00	$133.00	A	
T2036	HI		RESPITE DAY/OVNGT CAMP	$325.52	$325.52	$325.52	$325.52	A	
T2036	HI	22	DAY CAMP ONLY-UP TO 6HRS/DAY	$162.93	$162.93	$162.93	$162.93	A	
T2037	HA		THERAPEUTIC CAMPING PER DAY	$80.00	$80.00	$80.00	$80.00	A	
T2038			COMM TRANS WAIVER/SERVICE	$5,000.00	$5,000.00	$5,000.00	$5,000.00	A	
T2038	HA		COMMUNITY TRANSITION PER 15 MI	$9.75	$9.75	$9.75	$9.75	A	
T2038	HA	HU	HOSPTL LV RM&BD NON-JCAHO DYFS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
T2038	HA	HW	HOSPTL LV RM&BD NON-JCAHO DMHS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
T2038	HA	22	COMMUNITY TRANSITION, PER 15 M	$9.75	$9.75	$9.75	$9.75	A	
T2038	HC		TRANSITION SERVICES	$5,000.00	$5,000.00	$5,000.00	$5,000.00	N	
T2038	HE	HU	HOSPTL LV REHAB NON-JCAHO DYFS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
T2038	HE	HW	HOSPTL LV REHAB NON-JCAHO DMHS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
T2038	HI		COMMUNITY TRANSITION SERVICES	$4,000.00	$4,000.00	$4,000.00	$4,000.00	N	
T2038	HI	22	COMMUNITY TRANSITION SERVICES	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
T2038	HU		HOSPITAL LEAVE JCAHO RTC/DYFS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
T2038	HW		HOSPTL LV JCAHO RTC/DMHS/DMAHS	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
T2038	TJ		CSOCI CARE MGMT (CMO) SERVICES	$1,004.00	$1,004.00	$1,004.00	$1,004.00	N	
T2039	HA		VEHICLE MODIFICATIONS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
T2039	HI		VEHICLE MODIFICATION SINGLE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
T2039	SE		PPP-VEHICAL MODIFICATIONS	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	N	
T2040	HI	22	FINANCIAL MANAGEMENT SERVICES	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
T2041	HI		SUPPORT COORDINATION MFP	$167.00	$167.00	$167.00	$167.00	N	
T2041	HI	U7	SUPPORTS BROKERAGE SELF-HIRE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
T2041	HI	22	SUPPORTS BROKERAGE	$10.05	$10.05	$10.05	$10.05	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
T2041	HI	52	PEER & FAMILY MENTOR MFP	$10.00	$10.00	$10.00	$10.00	N	
T2041	SE		PPP-ADM/PERSONNEL FEES	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	N	
T2041	SE	UA	SUPPORT BROKER, WAIVER/15MINS	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	N	
T2043	1		CONTINUOUS HOME CARE (REG 01)	NA	NA	$1,785.19	$1,785.19	N	
T2043	2		CONTINUOUS HOME CARE (REG 02)	NA	NA	$2,127.33	$2,127.33	N	
T2043	3		CONTINUOUS HOME CARE (REG 03)	NA	NA	$1,616.79	$1,616.79	N	
T2043	4		CONTINUOUS HOME CARE (REG 04)	NA	NA	$1,669.90	$1,669.90	N	
T2043	5		CONTINUOUS HOME CARE (REG 05)	NA	NA	$1,673.14	$1,673.14	N	
T2043	6		CONTINUOUS HOME CARE (REG 06)	NA	NA	$1,678.00	$1,678.00	N	
T2043	7		CONTINUOUS HOME CARE (REG 07)	NA	NA	$1,635.09	$1,635.09	N	
T2043	8		CONTINUOUS HOME CARE (REG 08)	NA	NA	$1,764.63	$1,764.63	N	
T2043	9		CONTINUOUS HOME CARE (REG 09)	NA	NA	$1,668.28	$1,668.28	N	
T2043	10		CONTINUOUS HOME CARE (REG 10)	$1,805.43	$1,805.43	$1,805.43	$1,805.43	N	
T2044	1		INPATIENT RESPITE CARE (REG01)	NA	NA	$602.05	$602.05	N	
T2044	2		INPATIENT RESPITE CARE (REG02)	NA	NA	$717.44	$717.44	N	
T2044	3		INPATIENT RESPITE CARE (REG03)	NA	NA	$545.26	$545.26	N	
T2044	4		INPATIENT RESPITE CARE (REG04)	NA	NA	$563.17	$563.17	N	
T2044	5		INPATIENT RESPITE CARE (REG05)	NA	NA	$564.26	$564.26	N	
T2044	6		INPATIENT RESPITE CARE (REG06)	NA	NA	$565.90	$565.90	N	
T2044	7		INPATIENT RESPITE CARE (REG07)	NA	NA	$551.43	$551.43	N	
T2044	8		INPATIENT RESPITE CARE (REG08)	NA	NA	$595.12	$595.12	N	
T2044	9		INPATIENT RESPITE CARE (REG09)	NA	NA	$562.63	$562.63	N	
T2044	10		INPATIENT RESPITE CARE(REG10)	$608.88	$608.88	$608.88	$608.88	N	
T2046			ROOM/BOARD FOR HOPICE PATIENT	$125.00	$125.00	$125.00	$125.00	N	
T4521			ADULT SIZE BRIEF/DIAPER SM	$0.63	$0.63	$0.63	$0.63	A	
T4522			ADULT SIZE BRIEF/DIAPER MED	$0.63	$0.63	$0.63	$0.63	A	
T4523			ADULT SIZE BRIEF/DIAPER LG	$0.63	$0.63	$0.63	$0.63	A	
T4524			ADULT SIZE BRIEF/DIAPER XL	$0.81	$0.81	$0.81	$0.81	A	
T4525			ADULT SIZE PULL-ON SM	$0.63	$0.63	$0.63	$0.63	A	
T4526			ADULT SIZE PULL-ON MED	$0.63	$0.63	$0.63	$0.63	A	
T4527			ADULT SIZE PULL-ON LG	$0.81	$0.81	$0.81	$0.81	A	
T4528			ADULT SIZE PULL-ON XL	$0.81	$0.81	$0.81	$0.81	A	
T4529			PED SIZE BRIEF/DIAPER SM/MED	$0.45	$0.45	$0.45	$0.45	A	
T4530			PED SIZE BRIEF/DIAPER LG	$0.45	$0.45	$0.45	$0.45	A	
T4531			PED SIZE PULL-ON SM/MED	$0.45	$0.45	$0.45	$0.45	A	
T4532			PED SIZE PULL-ON LG	$0.45	$0.45	$0.45	$0.45	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
T4533			YOUTH SIZE BRIEF/DIAPER	$0.63	$0.63	$0.63	$0.63	A	
T4534			YOUTH SIZE PULL-ON	$0.63	$0.63	$0.63	$0.63	A	
T4535			DISPOSABLE LINER/SHIELD/PAD	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
T5999	SE		PPP-HOUSEHOLD APPLIANCES	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	COST TO CHARGE	N	
T5999	52		HOSPICE DRUG AND BIO CO-PAY	$5.00	$5.00	$5.00	$5.00	N	
U0001			2019-NCOV DIAGNOSTIC P	$28.74	$28.74	$28.74	$28.74	N	
U0002			COVID-19 LAB TEST NON-CDC	$41.05	$41.05	$41.05	$41.05	N	
V2020			FRAMES,PURCHASE	$52.68	$52.68	$52.68	$52.68	N	
V2020	RB		REPAIR OF FRAMES	$15.00	$15.00	$15.00	$15.00	N	
V2100			SPHERE, SINGLE VISION, PLANO T	$43.88	$43.88	$43.88	$43.88	N	
V2101			SPHERE, SINGLE VISION, PLUS OR	$46.24	$46.24	$46.24	$46.24	N	
V2102			SPHERE, SINGLE VISION, PLUS OR	$53.55	$53.55	$53.55	$53.55	N	
V2103			SPHEROCYLINDER, SINGLE VISION,	$38.09	$38.09	$38.09	$38.09	N	
V2104			SPHEROCYLINDER, SINGLE VISION,	$42.20	$42.20	$42.20	$42.20	N	
V2105			SPHEROCYLINDER, SINGLE VISION,	$45.95	$45.95	$45.95	$45.95	N	
V2106			SPHEROCYLINDER SIN VIS PL TO	$50.74	$50.74	$50.74	$50.74	A	
V2107			SPHEROCYLINDER, SINGLE VISION,	$48.48	$48.48	$48.48	$48.48	N	
V2108			SPHEROCYLINDER, SINGLE VISION,	$48.26	$48.26	$48.26	$48.26	N	
V2109			SPHEROCYLINDER, SINGLE VISION,	$53.67	$53.67	$53.67	$53.67	N	
V2110			SPHEROCYLINDER SINGLE VISION	$54.80	$54.80	$54.80	$54.80	A	
V2111			SPHEROCYLINDER, SINGLE VISION,	$57.13	$57.13	$57.13	$57.13	N	
V2112			SPHEROCYLINDER, SINGLE VISION,	$62.37	$62.37	$62.37	$62.37	N	
V2113			SPHEROCYLINDER, SINGLE VISION,	$68.53	$68.53	$68.53	$68.53	N	
V2114			SPHEROCYLINDER, SINGLE VISION,	$76.14	$76.14	$76.14	$76.14	N	
V2115			LENTICULAR MYODISC PER LENS SI	$64.18	$64.18	$64.18	$64.18	N	
V2118			ANISEIKONIA LENS SINGLE VISION	$70.41	$70.41	$70.41	$70.41	A	
V2121			LENTICULAR LENS, SINGLE	$70.83	$70.83	$70.83	$70.83	N	
V2199			NOT OTHERWISE CLASSIFIED SIN V	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
V2200			SPHERE, BIFOCAL, PLANO TO PLUS	$57.44	$57.44	$57.44	$57.44	N	
V2200	52		SPHERE, BIFOCAL, PLANO TO PLUS	$57.44	$57.44	$57.44	$57.44	N	
V2201			SPHERE, BIFOCAL, PLUS OR MINUS	$62.20	$62.20	$62.20	$62.20	N	
V2201	52		SPHERE, BIFOCAL, PLUS OR MINUS	$62.20	$62.20	$62.20	$62.20	N	
V2202			SPHERE, BIFOCAL, PLUS OR MINUS	$70.55	$70.55	$70.55	$70.55	N	
V2203			SPHEROCYLINDER,BIFOCAL,PLANO T	$57.94	$57.94	$57.94	$57.94	N	
V2204			SPHEROCYLINDER, BIFOCAL, PLANO	$59.47	$59.47	$59.47	$59.47	N	
V2205			SPHEROCYLINDER, BIFOCAL, PLANO	$64.86	$64.86	$64.86	$64.86	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
V2206			SPHEROCYLINDER, BIFOCAL, PLANO	$65.51	$65.51	$65.51	$65.51	A	
V2207			SPHEROCYLINDER, BIFOCAL, PLUS	$60.31	$60.31	$60.31	$60.31	N	
V2208			SPHEROCYLINDER, BIFOCAL, PLUS	$62.27	$62.27	$62.27	$62.27	N	
V2209			SPHEROCYLINDER,BIFOCAL, PLUS O	$63.31	$63.31	$63.31	$63.31	N	
V2210			SPHEROCYLINDER BIFOCAL PLUS OR	$67.63	$67.63	$67.63	$67.63	A	
V2211			SPHEROCYLINDER, BIFOCAL, PLUS	$70.24	$70.24	$70.24	$70.24	N	
V2212			SPHEROCYLINDER, BIFOCAL, PLUS	$71.37	$71.37	$71.37	$71.37	N	
V2213			SPHEROCYLINDER, BIFOCAL, PLUS	$74.03	$74.03	$74.03	$74.03	N	
V2214			SPHEROCYLINDER, BIFOCAL, SPHER	$90.18	$90.18	$90.18	$90.18	N	
V2215			LENTICULAR MYODISC PER LENS BI	$83.84	$83.84	$83.84	$83.84	N	
V2218			ANISEKONIA PER LENS BIFOCAL	$109.06	$109.06	$109.06	$109.06	A	
V2219			BIFOCAL SEG WIDTH OVER 28MM	$46.94	$46.94	$46.94	$46.94	A	
V2220			BIFOCAL ADD OVER 3.25D	$40.45	$40.45	$40.45	$40.45	N	
V2221			LENTICULAR LENS, BIFOCAL	$81.24	$81.24	$81.24	$81.24	N	
V2299			SPECIALTY BIFOCAL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
V2300			SPHERE, TRIFOCAL, PLANO TO PLU	$70.83	$70.83	$70.83	$70.83	N	
V2301			SPHERE, TRIFOCAL, PLUS OR MINU	$68.42	$68.42	$68.42	$68.42	N	
V2302			SPHERE, TRIFOCAL, PLUS OR MINU	$69.39	$69.39	$69.39	$69.39	N	
V2303			SPHEROCYLINDER, TRIFOCAL, PLAN	$67.63	$67.63	$67.63	$67.63	N	
V2304			SPHEROCYLINDER, TRIFOCAL, PLA	$72.93	$72.93	$72.93	$72.93	N	
V2305			SPHEROCYLINDER, TRIFOCAL, PLAN	$75.24	$75.24	$75.24	$75.24	N	
V2306			SPHEROCYLINDER TRIFOCAL PIANO	$77.22	$77.22	$77.22	$77.22	N	
V2307			SPHEROCYLINDER, TRIFOCAL, PLUS	$74.42	$74.42	$74.42	$74.42	A	
V2308			SPHEROCYLINDER, TRIFOCAL, PLUS	$74.52	$74.52	$74.52	$74.52	A	
V2309			SPHEROCYLINDER, TRIFOCAL, PLUS	$76.66	$76.66	$76.66	$76.66	A	
V2310			SPHEROCYLINDER, TRIFOCAL, PLUS	$77.97	$77.97	$77.97	$77.97	A	
V2311			SPHEROCYLINDER, TRIFOCAL, PLUS	$75.14	$75.14	$75.14	$75.14	A	
V2312			SPHEROCYLINDER, TRIFOCAL, PLUS	$75.61	$75.61	$75.61	$75.61	A	
V2313			SPHEROCYLINDER, TRIFOCAL, PLUS	$85.16	$85.16	$85.16	$85.16	A	
V2314			SPHEROCYLINDER, TRIFOCAL, SPHE	$97.10	$97.10	$97.10	$97.10	A	
V2315			LENTICULAR MYODISC PER LENS TR	$120.96	$120.96	$120.96	$120.96	A	
V2318			ANISEIKONIA PER LENS TRIFOCAL	$164.33	$164.33	$164.33	$164.33	A	
V2319			TRIFOCAL SEG WIDTH OVER 28MM	$47.81	$47.81	$47.81	$47.81	A	
V2320			TRIFOCAL ADD OVER 325D	$58.69	$58.69	$58.69	$58.69	N	
V2321			LENTICULAR LENS, TRIFOCAL	$119.51	$119.51	$119.51	$119.51	A	
V2399			SPECIALTY TRIFOCAL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
V2410			VARIABLE SPHERICITY LENS SINGL	$92.90	$92.90	$92.90	$92.90	A	
V2430			VARIABLE SPHERICITY LENS BIFOC	$121.05	$121.05	$121.05	$121.05	A	
V2499			VARIABLE SPHERICITY LENS OTHER	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
V2500			CONTACT LENS, PMMA, SPHERICAL,	$91.05	$91.05	$91.05	$91.05	A	
V2501			CONTACT LENS, PMMA, TORIC OR P	$138.69	$138.69	$138.69	$138.69	A	
V2502			CONTACT LENS PMMA, BIFOCAL, PE	$170.86	$170.86	$170.86	$170.86	A	
V2503			CONTACT LENS PMMA, COLOR VISIO	$157.36	$157.36	$157.36	$157.36	A	
V2510			CONTACT LENS, GAS PERMEABLE, S	$106.13	$106.13	$106.13	$106.13	N	
V2511			CONTACT LENS, GAS PERMEABLE, T	$178.59	$178.59	$178.59	$178.59	A	
V2512			CONTACT LENS, GAS PERMEABLE, B	$211.02	$211.02	$211.02	$211.02	A	
V2513			CONTACT LENS, GAS PERMEABLE, E	$177.16	$177.16	$177.16	$177.16	N	
V2520			CONTACT LENS HYDROPHILIC, SPHE	$116.82	$116.82	$116.82	$116.82	N	
V2521			CONTACT LENS HYDROPHILIC, TORI	$203.40	$203.40	$203.40	$203.40	A	
V2522			CONTACT LENS HYDROPHILLIC, BI	$197.95	$197.95	$197.95	$197.95	A	
V2523			CONTACT LENS HYDROPHILIC, EXTE	$157.68	$157.68	$157.68	$157.68	N	
V2525			CL, HYDROPHILIC, DUAL FOCUS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
V2530			CONTACT LENS, SCLERAL, PER LEN	$187.38	$187.38	$187.38	$187.38	A	
V2599			NOT OTHERWISE CLASSIFIED, CONT	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
V2600			HAND HELD LOW VISION AIDS AND	$75.00	$75.00	$75.00	$75.00	N	
V2610			SINGLE LENS SPECTACLE MOUNTED	$150.00	$150.00	$150.00	$150.00	N	
V2615			TELESCOPIC AND OTHER COMPOUND	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
V2623			PROSTHETIC EYE, PLASTIC, CUSTO	$973.72	$973.72	$973.72	$973.72	N	
V2624			POLISH/RESURFACE OCULAR PROSTH	$51.15	$51.15	$51.15	$51.15	N	
V2625			ENL.OF OCULAR PROSTHESIS	$310.96	$310.96	$310.96	$310.96	A	
V2626			REDUCTION OF OCULAR PROSTHESIS	$167.62	$167.62	$167.62	$167.62	A	
V2627			SCLERAL COVERED SHELL	$1,328.27	$1,328.27	$1,328.27	$1,328.27	A	
V2628			FABRICATION OF FITTING OF CONF	$259.64	$259.64	$259.64	$259.64	A	
V2629			PROSTHETIC EYE,INTRAOCULAR LEN	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
V2630			ANTERIOR CHAMBER INTRAOCULAR L	$100.01	$100.01	$100.01	$100.01	N	
V2631			IRIS SUPPORTED INTRAOCULAR LEN	$100.01	$100.01	$100.01	$100.01	N	
V2632			POSTERIOR CHAMBER INTRAOCULAR	$100.01	$100.01	$100.01	$100.01	N	
V2700			BALANCE LENS SINGLE VISION	$42.41	$0.00	$42.41	$0.00	N	
V2700	22		BALANCE LENS BIFOCAL PER LENS	$10.00	$10.00	$10.00	$10.00	N	
V2710			SLAB OFF PRISM, GLASS OR PLAST	$71.83	$71.83	$71.83	$71.83	A	
V2715			PRISM, PER LENS	$13.02	$13.02	$13.02	$13.02	N	
V2718			PRESS ON LENS FRESNELL PRISM	$29.70	$29.70	$29.70	$29.70	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
V2730			SPECIAL BASE CURVE GLASS OR PL	$17.72	$17.72	$17.72	$17.72	A	
V2744			TINT PHOTOCHROMATIC LENS/ES	$13.95	$13.95	$13.95	$13.95	N	
V2745			TINT, ANY COLOR/SOLID/GRAD	$11.21	$11.21	$11.21	$11.21	N	
V2755			UV LENS PER PAIR	$13.96	$13.96	$13.96	$13.96	N	
V2770			OCCLUDER LENS, PER LENS	$21.03	$21.03	$21.03	$21.03	N	
V2781			PROGRESSIVE LENS PER LENS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
V2784			LENS POLYCARB OR EQUAL PER LEN	$38.93	$38.93	$38.93	$38.93	N	
V2785			PROCESSING PRESERVING AND TRAN	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
V2799			NOT OTHERWISE CLASSIFIED	BY REPORT	BY REPORT	BY REPORT	BY REPORT	A	
V5014			HEARING AID REPAIR/MODIFYING	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
V5014	52		HEARING AID REPAIR DISP.'S SER	INVOICE PRICING	INVOICE PRICING	INVOICE PRICING	INVOICE PRICING	N	
V5030			HEARING AID, MONAURAL, BODY WO	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
V5040			HEARING AID, MONAURAL, BODY WO	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
V5050			HEARING AID, MONAURAL, IN THE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
V5050	52		RETURNED HEARING AID	$30.00	$30.00	$30.00	$30.00	N	
V5060			HEARING AID, MONAURAL, BEHIND	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
V5070			GLASSES, AIR CONDUCTION	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
V5080			GLASSES, BONE CONDUCTION	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
V5090			DISPENSING FEE, UNSPEC. HEARIN	$175.00	$175.00	$175.00	$175.00	N	
V5100			HEARING AID, BIL. BOD. WORN,	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
V5110			DISPENSING FEE, BILATERAL	$175.00	$175.00	$175.00	$175.00	N	
V5120			BINAURAL, BODY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
V5130			BINAURAL, IN THE EAR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
V5130	TR		BINAURAL IN THE EAR	$20.00	$20.00	$20.00	$20.00	N	
V5130	U9		BINAURAL IN THE EAR	$20.00	$20.00	$20.00	$20.00	N	
V5140			BINAURAL, BEHIND THE EAR	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
V5150			BINAURAL, GLASSES	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
V5160			DISPENSING FEE, BINAURAL	$280.00	$280.00	$280.00	$280.00	N	
V5190			HEARING AID CROS GLASSES	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
V5200			DISPENSING FEE CROS	$175.00	$175.00	$175.00	$175.00	N	
V5230			HEARING AID BICROS GLASSES	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
V5240			DISPENSING FEE, BICROS	$175.00	$175.00	$175.00	$175.00	N	
V5265			EARMOLD LAB INVOICE COST	INVOICE PRICING	INVOICE PRICING	INVOICE PRICING	INVOICE PRICING	N	
V5265	52		EARMOLD DISPENSING'S SERV. FEE	$10.00	$10.00	$10.00	$10.00	N	
V5266			BATTERIES FOR HEARING AIDS	$0.80	$0.80	$0.80	$0.80	N	
V5267			HEARING AID SUPPLY/ACCESSORY	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
V5299			HEARING AID NOT OTHERWISE CLAS	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
W9840			MEDICAL ENCOUNTER	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
W9843			MEDICAL ENCOUNTER EPSDT	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
X8334			PARENTERAL INFUSION BY GRAVITY	$39.00	$39.00	$39.00	$39.00	A	
X8335			PARENTERAL INFUS.DISPOS. PUMPS	$39.00	$39.00	$39.00	$39.00	A	
X8336			PARENTERAL INFUS W/EXT AMB INF	$60.00	$60.00	$60.00	$60.00	A	
X8337			PARENTERAL LINE MAINTENANCE	$8.00	$8.00	$8.00	$8.00	A	
Y0010			WAITING TIME-MAV- ONE WAY ONLY	$1.25	$1.25	$1.25	$1.25	N	
Y3433			INIT VS BY CHIROPRACTOR	NA	NA	$31.74	$26.98	N	
Y3533			DAY TRAINING - REHABILITATION	$71.63	$71.63	$71.63	$71.63	N	
Y3534			DAY TRAINING TRANS (ROUNDTRIP)	$96.12	$96.12	$96.12	$96.12	N	
Y4620			USE OF ELECTRIC TEST BOX TO TE	INVOICE PRICING	INVOICE PRICING	INVOICE PRICING	INVOICE PRICING	N	
Y4630			HEARING AID MONAURAL IN THE	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Y4640			HEARING AID BINAURAL IN CANAL	BY REPORT	BY REPORT	BY REPORT	BY REPORT	N	
Y5100			LENS SERVICE (CATARACT BIFOCAL	$40.00	$40.00	$40.00	$40.00	N	
Y5105			LENS SERVICE (CATARACT OVER +	$20.00	$20.00	$20.00	$20.00	N	
Y5110			LENS SERVICE (SINGLE VISION LE	$12.00	$12.00	$12.00	$12.00	N	
Y5112			LENS SERVICE (BIFOCAL LENS)	$15.00	$15.00	$15.00	$15.00	N	
Y5114			LENS SERVICE (TRIFOCAL LENS)	$17.00	$17.00	$17.00	$17.00	N	
Y5165			FRAMES, (DISPENSING FEE)	$8.00	$8.00	$8.00	$8.00	N	
Y7433			TBI-CASE MANAGEMENT-INITAL	$200.00	$200.00	$200.00	$200.00	N	
Y7434			TBI-CASE MANAGEMENT-CONTINUING	$135.00	$135.00	$135.00	$135.00	N	
Y7437			TBI-COMMUNITY RESID'HIGH LEV S	$220.00	$220.00	$220.00	$220.00	N	
Y7443			TBI-SUPPORTED DAY PROGRAM	$30.00	$30.00	$30.00	$30.00	N	
Y7456			TBI-RESPITE 8 HR. DAY	$88.00	$88.00	$88.00	$88.00	N	
Y7458			TBI-RESPITE OVER 8 TO 12 DAY	$128.00	$128.00	$128.00	$128.00	N	
Y7463			TBI-RESPITE OVER 12 TO 24 DAY	$160.00	$160.00	$160.00	$160.00	N	
Y7556			TBI-SPEECH THERAPY PER 1/2 HR	$73.00	$73.00	$73.00	$73.00	N	
Y7559			TBI-COUNSELING(INDIV'L FAMILY)	$65.00	$65.00	$65.00	$65.00	N	
Y7564			TBI-BEHAVIOR PROGRAM(ASSESS'T)	$75.00	$75.00	$75.00	$75.00	N	
Y7566			TBI-BEHAVIOR SPECIALIST	$35.00	$35.00	$35.00	$35.00	N	
Y7568			TBI-ENVIRONMENTAL MODIFICATION	$5,000.00	$5,000.00	$5,000.00	$5,000.00	N	
Y7573			ALTERNATE FC DAILY RATE	$50.00	$50.00	NA	NA	N	
Y7574			CPCH DAILY RATE	$79.50	$79.50	NA	NA	N	
Y8363			TO AND/OR FROM A CLINIC,	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	
Y8370			LOAD CHARGE-LIVERY ONE WAY	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
Y9533			PSYCH EVAL CHLD PRO/PERM PSYCH	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
Y9534			PSYCH/COUN CHLD PROT/PERM PSYC	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
Y9535			GRP PSYCH/COUN CHLD PROT/PERM	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
Y9536			PROF CONSULT CHLD PROT/PERM	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
Y9537			PSY INTER ASSESS/EVAL CHD PROT	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
Y9538			PSY/COUN CHD PRO/PER BY PHYSIC	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
Y9539			GRP PSYCH/COUN CHD PRO/PERM	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
Y9543			PROF CONSUL CHLD PROT/PERM	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	CONTRACT PRICING	N	
Y9633			ALR DAILY RATE	$89.50	$89.50	NA	NA	N	
Y9634			ALP DAILY RATE	$89.50	$89.50	NA	NA	N	
Y9733			ENVIRONMENTAL LEAD INSPEC/INIT	$130.00	$130.00	$130.00	$130.00	N	
Y9734			ENVIRONMENTAL LEAD INSPEC/REIN	$50.00	$50.00	$50.00	$50.00	N	
Y9735			SCHOOL BASED REHABILITATION	$4,132.96	$4,132.96	$4,132.96	$4,132.96	N	
Y9792			RESPITE CARE AL FACILITY	$100.00	$100.00	NA	NA	N	
Y9793			RESPITE CARE 8HR DAY	$250.00	$250.00	NA	NA	N	
Y9794			RESPITE CARE HRLY RATE	$6.00	$6.00	NA	NA	N	
Y9795			ENVIRON MODIF PER JOB	$10,000.00	$10,000.00	NA	NA	N	
Y9835			TRANSPORTATION OTHER	$53.00	$53.00	NA	NA	N	
Y9836			SPECIAL MEDICAL EQUIP	$15,000.00	$15,000.00	NA	NA	N	
Y9837			CHORE PER JOB	$153.00	$153.00	NA	NA	N	
Y9845			HOME BASED SUPPORTIVE CARE	$16.00	$16.00	NA	NA	N	
Y9846			HOME BASED SUPPORTIVE CARE	$15.40	$15.40	NA	NA	N	
Y9848			TRAINING PER CURRICULUM	$103.00	$103.00	NA	NA	N	
Y9849			CAREGIVER-RECIPIENT TRAINING	$103.00	$103.00	NA	NA	N	
Y9853			SOCIAL ADULT DAY CARE ECO	$31.12	$31.12	NA	NA	N	
Y9854			ENVIRONMENTAL ACCESS EVAL	$103.00	$103.00	NA	NA	N	
Y9855			SPECIAL MED EQUIP/SUPPLIES EVL	$103.00	$103.00	NA	NA	N	
Y9856			ATTENDANT CARE EVALUATION	$103.00	$103.00	NA	NA	N	
Y9898			ECO CASE MANAGEMENT INITIAL	$200.00	$200.00	NA	NA	N	
Z0310			INITIAL COMPREHENSIVE SPEECH/L	NA	NA	$116.29	$98.84	N	
Z0330			TRANSPORTATION, ONE WAY	$5.00	$5.00	$5.00	$5.00	N	
Z1086	TR		I&P AURICULAR PROSTHESIS	$20.00	$20.00	$20.00	$20.00	N	
Z1086	U9		I&P AURICULAR PROSTHESIS	$20.00	$20.00	$20.00	$20.00	N	
Z1205			INITIAL NURSING ASSESSMENT VIS	$35.00	$35.00	$35.00	$35.00	N	
Z1210			RESPITE CARE 8HR DAY CCPD/HCEP	$55.00	$55.00	$55.00	$55.00	N	
Z1215			RESPITE CARE 8HR NIGHT CCP/HCP	$65.00	$65.00	$65.00	$65.00	N	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
Z1220			RESPITE CARE OVER 8HR CCPD/HCP	$80.00	$80.00	$80.00	$80.00	N	
Z1225			RESPITE CARE 8-12HR/NIGHT CCPD	$90.00	$90.00	$90.00	$90.00	N	
Z1230			RESPITE CARE 12-24HR CCPD/HCEP	$100.00	$100.00	$100.00	$100.00	N	
Z1235			SOCIAL ADULT DAY CARE,CCPED	$31.12	$31.12	$31.12	$31.12	N	
Z1240			CCPED OR HCEP CASE MANAGEMENT	$95.00	$95.00	$95.00	$95.00	N	
Z1243			CCPED CASE MANAGEMENT INITIAL	$200.00	$200.00	$200.00	$200.00	N	
Z1260			SPEECH THERAPY CCPED,HCEP	$109.44	$109.44	$109.44	$109.44	N	
Z1270			MEDICAL SOCIAL SERVICE CCP/HCE	$80.00	$80.00	$80.00	$80.00	N	
Z1275			SKILLED NURSING CARE CCPED/HCE	$106.00	$106.00	$106.00	$106.00	N	
Z1280			MEDICAL SUPPLIES CCPED/HCEP	$50.00	$50.00	$50.00	$50.00	N	
Z1285			RESPITE CARE IN NF CCPED/HCEP	$560.95	$560.95	$560.95	$560.95	N	
Z1290			HOME BASE SUPP CARE NURSE REAS	$35.00	$35.00	$35.00	$35.00	N	
Z1400			CASE MANAGEMENT DDD\CCW	$72.00	$72.00	$72.00	$72.00	N	
Z1405			HABILITATION, AA DDD□CCW	$69.00	$69.00	$69.00	$69.00	N	
Z1410			PERS. CARE, GR. HM., DDD□CCW	$111.00	$111.00	$111.00	$111.00	N	
Z1413			PERS. CARE IND. LIVE. DDD□CCW	$40.10	$40.10	$40.10	$40.10	N	
Z1435			PERS. CARE, SD HM., DDD□CCW	$24.09	$24.09	$24.09	$24.09	N	
Z1435	22		PERSONAL CARE, SD HM., DDD□CCW	$24.09	$24.09	$24.09	$24.09	N	
Z1467			HABILITATION, NON-AA, DDD□CCW	$72.00	$72.00	$72.00	$72.00	N	
Z1520			PERS. CARE, SSD HM., DDD□CCW	$102.00	$102.00	$102.00	$102.00	N	
Z1535			ITN HABILATIVE THERPIES	$18.24	$18.24	$18.24	$18.24	N	
Z1541			HABILITATION SVCES KEYSTONE PA	$52.72	$52.72	$52.72	$52.72	N	
Z1720			PRIVATE DUTY NURSING	$63.00	$63.00	$63.00	$63.00	S	
Z1725			PRIVATE DUTY NURSING	$51.16	$51.16	$51.16	$51.16	S	
Z1730			PRIVATE DUTY NURSING	$63.00	$63.00	$63.00	$63.00	S	
Z1735			LPN/PRIVATE DUTY NURSING	$51.16	$51.16	$51.16	$51.16	S	
Z1740			PRIVATE DUTY NURSING	$63.00	$63.00	$63.00	$63.00	S	
Z1745			PRIVATE DUTY NURSING	$51.16	$51.16	$51.16	$51.16	S	
Z1800			ACCAP CASE MANAGEMENT	$125.00	$125.00	$125.00	$125.00	N	
Z1863			MDC TECHNOLOGY DEPENDENT CHILD	NA	NA	$425.08	$425.08	A	
Z1864			MDC MEDICALLY UNSTABLE CHILD	NA	NA	$425.08	$425.08	A	
Z2000			FAMILY THERAPY RENDERED IN A N	$113.94	$113.94	$113.94	$113.94	A	
Z2001			FAMILY CONFERENCE RENDERED IN	$22.91	$22.91	$22.91	$22.91	A	
Z2004			GROUP THERAPY RENDERED IN A NA	$27.50	$27.50	$27.50	$27.50	A	
Z2005			PSYCHOLOGICAL TESTING RENDERED	$37.00	$37.00	$37.00	$37.00	A	
Z2006			METHADONE TREATMENT RENDERED I	$4.25	$4.25	$4.25	$4.25	A	

THIS FILE IS FOR INFORMATIONAL PURPOSES ONLY.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2025

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

Rates Effective January 1, 2025									
*Rates are proposed until CMS approval									
CPT/HCPCS/CDT	MOD1	MOD2	SHORT DESCRIPTION	FEE- SPECIALIST	FEE- NON-SPECIALIST	CHILDREN SPECIALIST	CHILDREN NON-SPECIALIST	PA- IND	ANESTHESIA BASE- UNITS
				PURCHASE	RENTAL	PURCHASE	RENTAL		
Z2010			URINE ANALYSIS FOR DRUG ADDICT	$4.50	$4.50	$4.50	$4.50	N	
Z4334			PLAN B CONTRACEPTIVE KIT	$15.09	$15.09	$15.09	$15.09	N	
Z5005			INITIAL EVALUATION SERVICES	$19.92	$19.92	$19.92	$19.92	N	
Z5006			CLINICAL CASE MANAGEMENT SVC	$42.31	$42.31	$42.31	$42.31	N	
Z5007			LIAISON CASE MANAGEMENT SVC	$19.25	$19.25	$19.25	$19.25	N	
Z6001			AMB SURG CENTER - GROUP 1	$195.00	$195.00	$195.00	$195.00	N	
Z6002			AMB SURG CENTER - GROUP 2	$261.00	$261.00	$261.00	$261.00	N	
Z6003			AMB SURG CENTER - GROUP 3	$300.00	$300.00	$300.00	$300.00	N	
Z6004			AMB SURG CENTER - GROUP 4	$369.00	$369.00	$369.00	$369.00	N	
Z6005			AMB SURG CENTER - GROUP 5	$421.00	$421.00	$421.00	$421.00	N	
Z6006			AMB SURG CENTER - GROUP 6	$541.00	$541.00	$541.00	$541.00	N	
Z6007			AMB SURG CENTER - GROUP 7	$585.00	$585.00	$585.00	$585.00	N	
Z6008			AMB SURG CENTER - GROUP 8	$627.00	$627.00	$627.00	$627.00	N	
Z6009			AMB SURG. CENTER GROUP 9	$794.00	$794.00	$794.00	$794.00	N	