

PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES
NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER DECEMBER 1, 2024

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CODE	MOD 1	MOD 2	SHORT - DESCRIPTION	SPECIALIST	NON-SPECIALIST
G0101			CERV/VAG CA SCREEN,PELV/BREAST	\$27.73	\$23.57
G0102			PROSTATE CANCER SCREENING: DIG	\$16.60	\$14.11
G0102	26		PROSTATE CANCER SCREENING:DIGI	\$6.01	\$5.11
G0105			COLONOSCOPY ON INDIV AT HIGH R	\$240.53	\$204.45
G0105	26		COLONOSCOPY ON INDIV AT HIGH R	\$126.37	\$107.42
G0108			DIABETES OP SELF MNGMT TX SERV	\$37.98	\$32.28
G0109			DIABETES SELF MNGMT SERV GRP S	\$10.97	\$9.32
G0121			COLONOSCOPY NON HIGH RISK INDI	\$240.76	\$204.64
G0121	26		COLONOSCOPY NON HIGH RISK INDI	\$126.60	\$107.61
G0124			SCREENING CYTOPATHOLOGY, CERV	\$16.97	\$14.42
G0447			FACE-TO-FACE BEHAVIORAL COUNSE	\$17.65	\$15.00
P3001			SCREENING PAP SMEAR,UP TO 3,RE	NA	\$16.97
11043			REMOVAL OF MUSCLE AND/OR TISSU	\$23.47	\$19.95
11446			REMOVAL OF NONCANCER SKIN GROW	\$38.77	\$32.96
11730			SIMPLE SEPARATION OF FINGERNAI	\$11.68	\$9.93
11732			SIMPLE SEPARATION OF FINGERNAI	\$3.33	\$2.83
13100			COMPLICATED REPAIR OF WOUND OF	\$34.55	\$29.37
15050			SKIN GRAFT TO TIP OF FINGER OR	\$59.57	\$50.63
15781			REPAIR OF DETACHED RETINA, 1 O	\$54.41	\$46.25
15782			DERMABRASION OF SKIN OTHER THA	\$49.43	\$42.02
15783			DERMABRASION OF SUPERFICIAL SC	\$45.79	\$38.92
15786			SCRAPING OF SKIN GROWTH, FIRST	\$23.30	\$19.80
15792			CHEMICAL PEEL OF OUTER LAYER O	\$34.39	\$29.23

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15793			CHEMICAL PEEL OF DEEP LAYER OF	\$48.46	\$41.19
16035			INITIAL INCISION OF DEAD BURN	\$19.24	\$16.36
19030			INJEC FOR MAMM DUCTOG OR GALAC	\$16.57	\$14.09
19287	26		PLACEMENT OF BREAST LOCALIZATI	\$63.24	\$53.75
19288	26		PLACEMENT OF BREAST LOCALIZATI	\$31.53	\$26.80
19340			PLACEMENT OF IMPLANT ON SAME D	\$76.36	\$64.91
19396			PREP MOULAGE FOR CUSTOM IMPLAN	\$27.63	\$23.49
20101			EXPLORATION OF WOUND OF CHEST	\$58.61	\$49.82
20225			DEEP BONE BIOPSY: TROCAR/ NEED	\$38.43	\$32.66
20660			PLACEMENT OF DEVICE TO SKULL	\$23.83	\$20.25
20670			REMOVAL OF SURFACE IMPLANT FRO	\$36.36	\$30.90
20690			PLACEMENT OF SINGLE DIRECTION	\$60.12	\$51.10
20816			REATTACHMENT OF CUTOFF FINGER	\$204.60	\$173.91
20822			REATTACHMENT OF PART OF CUTOFF	\$177.23	\$150.64
20824			REATTACHMENT OF CUTOFF THUMB	\$205.02	\$174.26
20827			REATTACHMENT OF PART OF CUTOFF	\$181.90	\$154.61
21100			PLACEMENT OF STABILIZING DEVIC	\$62.96	\$53.52
21125			ENLARGEMENT OF LOWER JAW WITH	\$264.26	\$224.62
21127			AUGMENTATION,MANDI BODY/ANGLE:	\$409.99	\$348.49
21150			RECONSTRUCTION OF MIDFACE BONE	\$163.87	\$139.29
21210			BONE GRAFT: NASAL, MAXILLARY,	\$178.64	\$151.85
21215			BONE GRAFT: MANDIBLE	\$415.68	\$353.33
21337			CLOSED TREATMENT OF BROKEN BON	\$42.68	\$36.28

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21343			TREATMENT OF DEPRESSED BROKEN	\$109.62	\$93.17
21344			TREATMENT OF COMPLICATED BROKE	\$139.29	\$118.40
21355			TREATMENT OF BROKEN CHEEK BONE	\$45.80	\$38.93
21440			CLOSED TREATMENT OF BROKEN UPP	\$77.78	\$66.12
21445			TREATMENT OF BROKEN UPPER OR L	\$78.87	\$67.04
21450			CLOSED TREATMENT OF BROKEN LOW	\$60.18	\$51.16
21451			CLOSED TREATMENT OF BROKEN LOW	\$78.12	\$66.40
21452			TREATMENT OF BROKEN LOWER JAW	\$75.05	\$63.79
21453			CLOSED TREATMENT OF BROKEN LOW	\$111.49	\$94.76
21461			TREATMENT OF BROKEN LOWER JAW	\$187.26	\$159.17
21462			TREATMENT OF BROKEN LOWER JAW	\$199.32	\$169.42
21485			COMPLICATED REPAIR OF DISLOCAT	\$97.84	\$83.16
21550			EXCISIONAL BIOPSY SOFT TISSUES	\$27.21	\$23.12
21555			REMOVAL OF GROWTH UNDER SKIN O	\$44.26	\$37.62
21920			BIOPSY OF SURFACE SOFT TISSUE	\$26.17	\$22.25
23031			I&D INFECTED SHOULDER BURSA	\$44.24	\$37.61
23065			BIOPSY OF SURFACE TISSUE OF SH	\$22.93	\$19.49
23066			BIOPSY OF DEEP TISSUE OF SHOUL	\$58.70	\$49.89
23330			REMOVAL OF FOREIGN BODY OF SHO	\$30.89	\$26.25
23650			CLOSED TREATMENT OF DISLOCATED	\$35.06	\$29.80
23931			DRAINAGE OF FLUID FILLED SAC I	\$31.11	\$26.44
24065			BIOPSY OF SURFACE TISSUE OF UP	\$26.44	\$22.48
24066			BIOPSY OF DEEP TISSUE OF UPPER	\$64.10	\$54.49

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24160			REMOVAL OF ELBOW JOINT PROSTHE	\$126.17	\$107.25
24925			SECONDARY CLOSURE OR REVISION	\$58.31	\$49.56
25031			DRAINAGE OF FLUID FILLED SAC I	\$38.10	\$32.39
25065			BIOPSY OF SURFACE TISSUE OF FO	\$26.15	\$22.23
25263			SECONDARY REPAIR OF TENDON OR	\$64.95	\$55.21
25265			REPAIR OF FOREARM AND/OR WRIST	\$76.74	\$65.23
26010			SIMPLE DRAINAGE OF ABSCESS OF	\$35.30	\$30.00
26020			DRAIN HAND TENDON SHEATH	\$57.01	\$48.46
26060			INCISION OF FINGER TENDON	\$26.44	\$22.47
26115			EXCISION BENIGN TUMOR,HAND,SUB	\$56.41	\$47.95
26160			REMOVE TENDON SHEATH LESION	\$63.20	\$53.72
26587			RECONSTRUCT SUPERNUMERARY DIGI	\$105.63	\$89.78
26600			CLOSED TREATMENT OF BROKEN HAN	\$32.01	\$27.21
26641			CLOSED TREATMENT OF DISLOCATED	\$44.11	\$37.50
26670			CLOSED TREATMENT OF DISLOCATED	\$36.93	\$31.39
26700			CLOSED TREATMENT OF DISLOCATED	\$35.76	\$30.39
26770			TRMT OF CLOS INTERPHAL JOINT D	\$30.54	\$25.96
26951			AMPUTATION OF FINGER OR THUMB	\$72.29	\$61.44
26952			AMPUTATION OF FINGER OR THUMB	\$70.13	\$59.61
26991			DRAINAGE OF INFECTED FLUID-FIL	\$72.22	\$61.39
27040			BIOPSY OF SURFACE TISSUE OF PE	\$34.46	\$29.29
27041			BIOPSY OF DEEP TISSUE OF PELVI	\$71.57	\$60.84
27086			REMOVAL OF FOREIGN BODY IN TIS	\$31.91	\$27.12

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27087			REMOVE FOREIGN BODY, PELVIS/HIP	\$62.27	\$52.93
27093			INJECTION OF CONTRAST FOR IMAG	\$23.46	\$19.94
27095			INJECTION OF CONTRAST FOR IMAG	\$31.19	\$26.51
27220			CLOSED TREATMENT OF BROKEN HIP	\$42.81	\$36.39
27323			BIOPSY OF SURFACE TISSUE OF TH	\$27.98	\$23.78
27324			BIOPSY OF DEEP TISSUE OF THIGH	\$42.04	\$35.73
27327			REMOVAL OF GROWTH UNDER SKIN O	\$51.17	\$43.49
27328			REMOVAL OF GROWTH OF MUSCLE OF	\$63.17	\$53.70
27372			REMOVAL OF FOREIGN BODY DEEP I	\$59.83	\$50.86
27594			SECONDARY CLOSURE OR REVISION	\$50.72	\$43.11
27604			DRAIN LOWER LEG BURSA	\$45.69	\$38.84
27605			INCISION OF ACHILLES TENDON US	\$33.41	\$28.40
27613			BIOPSY OF SURFACE TISSUE OF LE	\$25.88	\$21.99
27614			BIOPSY OF DEEP TISSUE OF LEG O	\$60.01	\$51.01
27618			REMOVAL OF GROWTH UNDER SKIN O	\$49.66	\$42.21
27884			SECONDARY CLOSURE OR REVISION	\$57.85	\$49.17
28001			DRAINAGE OF FLUID FILLED SAC I	\$17.23	\$14.65
28002			DRAINAGE OF FLUID FILLED SAC B	\$24.74	\$21.03
28010			REPAIR OF TOE TENDON	\$23.77	\$20.21
28024			INCISION OF TOE JOINT FOR EXPL	\$46.80	\$39.78
28043			EXCISION OF FOOT LESION	\$38.77	\$32.95
28190			REMOVAL OF FOREIGN BODY OF FOO	\$24.42	\$20.75
28192			REMOVAL OF FOREIGN BODY OF FOO	\$46.34	\$39.39

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28193			COMPLICATED REMOVAL OF FOREIGN	\$52.47	\$44.60
28230			INCISION TO LENGTHEN FOOT TEND	\$43.71	\$37.15
28272			CAPSULOTOMY.....INTERPHAL.,EACH	\$38.68	\$32.88
28312			INCISION OR PARTIAL REMOVAL OF	\$55.32	\$47.02
28344			REMOVAL OF EXTRA TOES WITH REC	\$42.36	\$36.01
28470			CLOSED TREATMENT OF BROKEN BON	\$22.85	\$19.43
28675			TREATMENT OF DISLOCATED TOE JO	\$58.62	\$49.83
28820			AMPUTATION OF TOE AT JOINT BET	\$29.84	\$25.36
28825			AMPUTATION OF TOE AT TOE JOINT	\$29.38	\$24.97
29740			INSERTION OF WEDGE IN CAST	\$10.14	\$8.62
29750			INSERTION OF WEDGE IN CLUBFOOT	\$10.90	\$9.27
30000			DRAINAGE OF ABSCESS OR BLOOD A	\$27.17	\$23.09
30100			INTRANASAL BIOPSY	\$14.39	\$12.23
30140			REMOVAL OF NASAL AIR PASSAGE U	\$30.01	\$25.51
30220			INSERTION,NASAL SEPTAL PROSTHE	\$31.17	\$26.50
30300			REMOVE NASAL FOREIGN BODY	\$21.58	\$18.34
30320			REMOVAL OF FOREIGN BODY IN NOS	\$49.88	\$42.40
30430			REVISION TO RESHAPE NOSE OR SM	\$109.66	\$93.21
30435			REVISION WORK WITH OSTEOTOMIES	\$135.98	\$115.59
30540			REPAIR OF NASAL PASSAGE THROUG	\$75.22	\$63.93
30560			RELEASE OF NASAL ADHESIONS	\$33.05	\$28.10
30801			CAUTERIZATION/ABLATION,MUCOSA	\$22.43	\$19.06
30802			DESTRUCTION OF SURFACE SOFT TI	\$28.38	\$24.12

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30906			SUBSEQUENT CONTROL OF NOSEBLEE	\$38.28	\$32.53
31000			IRRIGATION OF NASAL SINUS	\$19.04	\$16.19
31231			DIAGNOSTIC EXAM OF NASAL PASSA	\$19.13	\$16.26
31611			CREATION OF OPENING OF WINDPIP	\$54.47	\$46.30
31717			INSERTION OF TUBE INTO AIRWAY	\$28.97	\$24.63
31730			INSERTION OF NEEDLE WIRE DILAT	\$107.43	\$91.32
36470			INJECTION OF CHEMICAL AGENT IN	\$11.74	\$9.98
36471			INJECTION OF CHEMICAL AGENT IN	\$20.28	\$17.23
36514			MECHANICAL SEPARATION OF PLASM	\$68.22	\$57.99
37236	26		INSERTION OF INTRAVASCULAR STE	\$219.51	\$186.58
37237	26		INSERTION OF INTRAVASCULAR STE	\$105.05	\$89.29
37238	26		INSERTION OF INTRAVASCULAR STE	\$152.97	\$130.02
37241	26		OCCLUSION OF VENOUS MALFORMATI	\$212.54	\$180.66
37242	26		OCCLUSION OF ARTERY (OTHER THA	\$236.53	\$201.05
37243	26		OCCLUSION OF TUMORS OR OBSTRUC	\$278.00	\$236.30
37244	26		OCCLUSION OF ARTERIAL OR VENOU	\$327.82	\$278.65
37785			TYING, INCISION, AND/OR REMOVA	\$35.06	\$29.80
38500			BIOPSY OR REMOVAL OF LYMPH NOD	\$34.06	\$28.95
39503			REPAIR OF CONGENITAL DEFECT OF	\$563.53	\$479.00
40490			BIOPSY OF LIP	\$12.40	\$10.54
40800			SIMPLE DRAINAGE OF ABSCESS, CY	\$20.66	\$17.56
40804			SIMPLE REMOVAL OF EMBEDDED FOR	\$19.33	\$16.43
40805			COMPLICATED REMOVAL OF EMBEDDE	\$28.83	\$24.51

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40808			BIOPSY OF MOUTH LESION	\$17.32	\$14.72
40819			EXCISE LIP OR CHEEK FOLD	\$27.41	\$23.30
40830			REPAIR OF LACERATED MOUTH, 2.5	\$22.77	\$19.35
41009			DRAINAGE OF ABSCESS, CYST, OR	\$43.08	\$36.61
41100			BIOPSY OF FRONT 2/3 OF TONGUE	\$19.13	\$16.26
41110			REMOVAL OF GROWTH OF TONGUE WI	\$23.51	\$19.98
41800			DRAINAGE OF ABSCESS, CYST, OR	\$29.86	\$25.38
41823			EXCISION OF GUM LESION	\$54.11	\$46.00
42140			REMOVAL OF SOFT TISSUE OF ROOF	\$31.91	\$27.12
42405			BIOPSY OF SALIVA GLAND	\$30.97	\$26.32
42845			EXTENSIVE REMOVAL OF TONSILS,	\$219.46	\$186.54
42870			EXCISION OF LINGUAL TONSIL	\$59.81	\$50.84
42970			SIMPLE CONTROL OF BLEEDING OF	\$41.65	\$35.40
43220			BALLOON DILATION OF ESOPHAGUS	\$91.40	\$77.69
43453			DILATION OF ESOPHAGUS WITH A G	\$81.34	\$69.14
43761			REPOSITIONING OF ORAL OR NASAL	\$12.29	\$10.44
44312			SIMPLE REVISION OF SUPERFICIAL	\$59.76	\$50.80
44340			SIMPLE REVISION OF SUPERFICIAL	\$63.28	\$53.79
45303			DILATION OF RECTUM AND/OR LOWE	\$96.27	\$81.83
45317			CONTROL OF BLEEDING OF LOWER L	\$22.40	\$19.04
45900			MANUAL REPLACEMENT OF PROLAPSE	\$21.40	\$18.19
46083			INCISION OF EXTERNAL HEMORRHOI	\$21.25	\$18.06
46220			REMOVAL OF SINGLE EXTERNAL NON	\$25.66	\$21.81

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46500			INJECTION OF HEMORRHOID	\$31.90	\$27.11
46604			ANOSCOPY WITH DIRECT DILATION	\$65.87	\$55.99
46606			ANOSCOPY WITH BIOPSY	\$28.64	\$24.34
46917			LASER DESTRUCTION OF GROWTH OF	\$45.41	\$38.60
46945			TYING OF SINGLE INTERNAL HEMOR	\$34.56	\$29.38
47000			NEEDLE BIOPSY OF LIVER THROUGH	\$30.38	\$25.82
47382			DESTRUCTION OF GROWTH OF LIVER	\$365.82	\$310.95
48510			INSERTION OF DRAIN FROM CYST O	\$109.54	\$93.11
49605			REPAIR OF LARGE DEFECT OF ABDO	\$484.65	\$411.95
50200			NEEDLE BIOPSY OF KIDNEY	\$51.79	\$44.02
50972			INSERTION OF TUBE INTO URETER	\$34.76	\$29.55
52214			DESTRUCTION OF TISSUE OF BLADD	\$76.01	\$64.61
52224			DESTRUCTION OF GROWTH OF BLADD	\$79.33	\$67.43
54001			INCISION OF FORESKIN	\$20.17	\$17.14
54015			DRAIN PENIS LESION	\$30.23	\$25.70
54100			BIOPSY OF PENIS	\$20.59	\$17.50
54150			REMOVAL OF FORESKIN USING CLAM	\$14.94	\$12.70
55120			REMOVAL OF FOREIGN BODY IN SCR	\$35.66	\$30.31
55873			DESTRUCTION OF PROSTATE USING	\$582.60	\$495.21
57170			FITTING OF DIAPHRAGM	\$39.26	\$33.37
58353			ENDOMET ABLATION THERM WO NUST	\$94.31	\$80.16
58555			DIAGNOSTIC EXAM OF UTERUS USIN	\$36.72	\$31.21
58558			BIOPSY OF LINING OF UTERUS AND	\$135.16	\$114.88

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58562			SURG HYSTEROSCOPY W/REMOV FORI	\$43.71	\$37.16
59400			VAGINAL DELIVERY WITH CARE BEF	\$2,426.12	\$2,062.20
59400	SB		OBSTETRICAL CARE	NA	\$2,475.31
59410			VAGINAL DELIVERY WITH POST DEL	\$1,075.21	\$913.93
59410	SB		VAGINAL DELIVERY PLUS POST PAR	NA	\$1,088.01
59425			PREDELIVERY CARE, 4 TO 6 VISIT	\$566.87	\$481.84
59426			PREDELIVERY CARE, 7 OR MORE VI	\$1,036.93	\$881.39
59430			POST DELIVERY CARE	\$267.44	\$227.32
59430	SA		CARE AFTER DELIVERY	NA	\$219.82
59430	SB		CARE AFTER DELIVERY	NA	\$1,088.01
59510			CESAREAN DELIVERY WITH CARE BE	\$2,696.50	\$2,292.03
59515			CESAREAN DELIVERY WITH CARE AF	\$1,335.61	\$1,135.27
59610			VAGINAL DELIVERY AND CARE BEFO	\$2,542.20	\$2,160.87
59610	SB		ROUTINE OB CARE/VAG DEL POST/P	NA	\$2,581.92
59614			VAGINAL DELIVERY AND CARE AFTE	\$1,161.33	\$987.13
59614	SB		VAG DEL POST PREV C/S W/PP CAR	NA	\$1,173.69
59618			CESAREAN DELIVERY AND CARE BEF	\$2,725.07	\$2,316.31
59622			CESAREAN DELIVERY WITH CARE AF	\$1,385.14	\$1,177.37
61151			BURR HOLE WITH SUBSEQUENT ASPI	\$101.29	\$86.10
64600			DESTRUCTION OF FIRST DIVISION	\$48.69	\$41.38
64605			DESTRUCTION OF SECOND AND THIR	\$92.53	\$78.65
64774			REMOVE SKIN NERVE LESION	\$43.47	\$36.95
64907			TRANSFER OF NERVE TO INJURED N	\$129.71	\$110.26

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65450			DESTRUCTION OF GROWTH OF CORNE	\$33.24	\$28.25
67700			INCISION AND DRAINAGE OF ABSCE	\$28.88	\$24.55
67715			INCISION OF CORNER OF EYE AT E	\$26.56	\$22.58
67810			INCISIONAL BIOPSY OF EYELID SK	\$18.68	\$15.87
67840			REMOVAL OF GROWTH OF EYELID	\$28.36	\$24.11
67914			SUTURE REPAIR OF TURNING-OUTWA	\$49.55	\$42.12
67915			REPAIR OF TURNING-OUTWARD DEFE	\$32.16	\$27.33
67921			REPAIR ENTROPIAN: SUTURE	\$48.48	\$41.21
67922			REPAIR OF TURNING-INWARD EYELI	\$31.23	\$26.54
67930			SUTURE OF RECENT WOUND OF EYEL	\$37.43	\$31.81
67935			SUTURE RECENT WOUND EYELID..FU	\$60.32	\$51.27
67975			RECONSTRUCTION OF EYELID BY TR	\$67.51	\$57.38
68115			REMOVAL OF GROWTH OF EYELID LI	\$33.66	\$28.61
68130			REMOVAL OF GROWTH OF EYELID LI	\$55.78	\$47.41
68135			DESTRUCTION OF GROWTH OF EYELI	\$15.81	\$13.44
68510			BIOPSY OF TEAR PRODUCING GLAND	\$45.32	\$38.52
68705			REVISE TEAR DUCT OPENING	\$26.43	\$22.47
68801			DILATION OF TEAR DRAINAGE OPEN	\$9.77	\$8.31
68810			INSERTION OF PROBE INTO NASAL	\$16.26	\$13.82
68840			PROBING OF NASAL TEAR DUCT	\$13.46	\$11.44
69020			DRAINAGE OF ABSCESS OF EAR CAN	\$23.79	\$20.22
69145			REMOVAL OF GROWTH IN SOFT TISS	\$42.11	\$35.80
69200			REMOVAL OF FOREIGN BODY IN EAR	\$8.16	\$6.94

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69610			REPAIR OF EAR DRUM	\$38.87	\$33.04
77078			CT SCAN FOR MEASURING CALCIUM	NA	\$71.64
77078	TC		CT SCAN FOR MEASURING CALCIUM	NA	\$60.89
77078	26		CT SCAN FOR MEASURING CALCIUM	NA	\$6.11
77080			DXA BONE DENSITY MEASUREMENT O	NA	\$27.88
77080	TC		DXA BONE DENSITY MEASUREMENT O	NA	\$23.70
77080	26		DXA BONE DENSITY MEASUREMENT O	NA	\$4.88
77081			DXA BONE DENSITY MEASUREMENT O	NA	\$22.58
77081	TC		DXA BONE DENSITY MEASUREMENT O	NA	\$19.19
77081	26		DXA BONE DENSITY MEASUREMENT O	NA	\$5.07
82705			STOOL FAT OR LIPIDS ANALYSIS,	NA	\$4.08
84578			UROBILINOGEN (METABOLISM SUBST	NA	\$0.45
86000			AGGLUTININS: FEBRILE EACH ANTI	NA	\$5.58
87190			ANTIMICROBIAL STUDY, MYCOBACTE	\$0.73	\$0.62
88106	TC		CYTOPATHOLOGY	NA	\$5.14
88108	TC		CYTOPATHOLOGY, FLUIDS, WASHING	NA	\$4.46
88160			SCREENING EXAMINATION OF SPECI	NA	\$7.61
88160	TC		CYTOPATHOLOGY	NA	\$4.99
88173	TC		FINE NEEDLE ASPIRATE...INTERP/	NA	\$9.25
88307	TC		SURGICAL PATHOLOGY, COMPLETE	NA	\$22.40
88309	TC		SURGICAL PATHOLOGY, COMPLETE	NA	\$31.94
88312	TC		SPECIAL STAINS	NA	\$9.34
88313	TC		SPECIAL STAINS	NA	\$7.52

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88314	TC		GROSS & MICROSCOPIC EXAM 3 SPE	NA	\$8.65
88319			DETERMINATIVE HISTOCHEMISTRY T	NA	\$13.91
88319	TC		DETERMINATIVE HISTOCHEMISTRY T	NA	\$11.14
88342			SPECIAL STAINED SPECIMEN SLIDE	NA	\$86.39
88342	TC		IMMUNOCYTOCHEMISTRY (INCLUDING	NA	\$7.67
90473			ADMINISTRATION OF NASAL OR ORA	\$8.87	\$7.45
91030	TC		ACID PERFUSION FOR ESOPHAGITIS	NA	\$10.35
91132			RECORDING AND INTERPRETATION O	\$45.03	\$38.28
91133			RECORDING AND INTERPRETATION O	\$47.31	\$40.21
92240	TC		INDOCYANINE-GREEN ANGIOGRAPHY	NA	\$17.36
92250	TC		OPHTHALMOSCOPY W/FUNDUS PHOTO	NA	\$2.00
92507			TREATMENT OF SPEECH, LANGUAGE,	\$7.62	\$6.47
92562			TEST TO DETECT LOUDNESS DIFFER	\$4.99	\$4.24
92563			TEST TO ASSESS DEFECTS IN ADAP	\$3.58	\$3.04
92583			TEST TO ASSESS HEARING USING P	\$5.88	\$5.00
93623	26		PROGRAM STIM&PACING W IV INFUS	\$34.29	\$29.15
93926	TC		DUPLEX SCAN...7/U OR LIMITED S	NA	\$11.83
95060			TEST FOR ALLERGY USING ALLERGE	\$4.06	\$3.45
95065			TEST FOR ALLERGY USING ALLERGE	\$2.99	\$2.54
95805	TC		SLEEP LATENCY TESTING	NA	\$38.79
95812	TC		EEF EXTENDED MONITORING UP TO	NA	\$32.01
95813	TC		EEG EXTENDED MONITORING >1 HOU	NA	\$37.53
95816			MEASUREMENT OF BRAIN WAVE ACTI	\$40.54	\$34.46

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95816	TC		EEG,INCL RECOR AWAKE&D,SAME FA	NA	\$35.60
95819			MEASUREMENT OF BRAIN WAVE ACTI	\$46.73	\$39.72
95819	TC		EEG-STD/PORT: SAME FACILITY	NA	\$43.92
95822			MEASUREMENT OF BRAIN WAVE ACTI	\$42.44	\$36.07
95822	TC		EEG: SLEEP ONLY	NA	\$39.50
95829			MEASUREMENT OF BRAIN WAVE ACTI	\$181.37	\$154.16
95860	TC		ELECTROMYOGRAPH:1 EXTREMITY&PA	NA	\$7.56
95867	TC		MYOGRAPHY: CRANIAL NERVE: UNIL	NA	\$7.82
95875	26		ISCHEMIC LIMB EXERCISE,EMG,...	\$29.60	\$25.16
95923			TESTING AUTO NERV SYST FUNCTIO	\$12.41	\$10.55
95923	TC		TESTING AUTO NERV SYST FUNCTIO	NA	\$9.53
95930	TC		VISUAL EVOKED POTENTIAL TESTIN	NA	\$5.40
95954	TC		PHARM/PHYSICAL ACTIVATION DUR	NA	\$31.55
96372			INJECTION OF DRUG OR SUBSTANCE	\$7.51	\$6.38
96425			ADMINISTRATION OF PROLONGED CH	\$17.33	\$14.73
97802			THERAPY PROCEDURE FOR NUTRITIO	\$25.50	\$21.68
97803			THERAPY PROCEDURE REASSESSMENT	\$22.25	\$18.91
99202			NEW PATIENT OFFICE OR OTHER OU	\$37.81	\$32.14
99202	FP	SB	E/M INITIAL VS BY CNM IN FP CL	NA	\$142.04
99202	SA		E/M OFFICE/OP NEW PATIENT	NA	\$30.53
99202	SB		E/M OFFICE/OP NEW PATIENT BY C	NA	\$58.39
99202	SB	52	E/M INITIAL VS BY CNM IN FP CL	NA	\$26.47
99202	UC		E/M OFFICE/OP NEW PATIENT	\$92.13	\$78.31

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99203			NEW PATIENT OFFICE OR OTHER OU	\$58.18	\$49.45
99203	FP	SB	E/M INITIAL FP VISIT BY CNM IN	NA	\$218.86
99203	SA		E/M OFFICE/OP NEW PATIENT..MIN	NA	\$46.98
99203	SA	UD	E/M OFFICE/OP NEW PATIENT.CNP/	NA	\$201.38
99203	SB		E/M OFFICE/OP NEW PATIENT BY C	NA	\$85.11
99203	SB	52	E/M INITIAL FP VISIT BY CNM IN	NA	\$40.72
99203	UC		E/M OFFICE/OP NEW PATIENT..MIN	\$111.88	\$95.10
99203	UD		E/M OFFICE/OP NEW PATIENT..MIN	\$201.38	\$171.18
99204			NEW PATIENT OFFICE OR OTHER OU	\$86.98	\$73.93
99204	FP		E/M OFFICE/OP NEW VISIT FP CL	\$301.07	\$255.91
99204	FP	SB	E/M OFFICE/OP NEW VISIT IN FL	NA	\$323.66
99204	SA		E/M OFFICE/OP NEW PATIENT	NA	\$70.23
99204	SB		E/M OFFICE/OP NEW PATIENT BY C	NA	\$125.87
99204	UC		E/M OFFICE/OP NEW PATIENT	\$167.26	\$142.17
99205			NEW PATIENT OFFICE OR OTHER OU	\$114.61	\$97.42
99205	FP		E/M OFFICE/OP NEW IN FL CL	\$396.74	\$337.23
99205	FP	SB	E/M OFFICE/OP NEW IN FL CL CNM	NA	\$426.78
99205	FP	52	E/M INITIAL FP VISIT IN FP CLI	\$396.74	\$337.23
99205	SB	52	E/M INITIAL FP VS IN FP CL CNM	NA	\$80.23
99205	UC		E/M OFFICE OP NEW PATIENT..MIN	\$114.61	\$97.42
99212			ESTABLISHED PATIENT OFFICE OR	\$29.66	\$25.21
99212	FP	SB	E/M FOLLOW UP VS BY CNM IN FP	NA	\$111.15
99212	SA		E/M OFFICE/OP - ESTABLISHED PA	NA	\$27.29

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99212	SB		E/M ESTABLISHED PT. VS BY CNM	NA	\$43.23
99212	SB	52	E/M FOLLOW UP VS BY CNM IN FP	NA	\$20.76
99212	UC		E/M OFFICE/OP - ESTABLISHED PA	\$62.30	\$52.96
99213			ESTABLISHED PATIENT OFFICE OR	\$47.43	\$40.32
99213	FP	SB	E/M F/U VISIT-FP CLINIC BY CNM	NA	\$176.33
99213	SA		E/M OFFICE/OP ESTAB PATIENT	NA	\$43.30
99213	SA	UD	E/M OFFICE/OP ESTAB PATIENT CN	NA	\$164.20
99213	SB		E/M ESTABLISHES PT VISIT BY CN	NA	\$68.57
99213	SB	52	E/M F/U VISIT-FP CLINIC BY CNM	NA	\$33.20
99213	UC		E/M OFFICE/OP ESTAB PATIENT	\$100.56	\$85.48
99213	UD		E/M OFFICE/OP ESTAB PATIENT	\$164.20	\$139.57
99214			ESTABLISHED PATIENT OFFICE OR	\$66.80	\$56.78
99214	FP		E/M FOLLOW UP VISIT - FAMILY P	\$231.25	\$196.56
99214	FP	SB	E/M FP VISIT BY CNM - FP CLINI	NA	\$248.96
99214	FP	52	E/M FOLLOW UP VISIT - FAMILY P	\$231.25	\$196.56
99214	SA		E/M OFFICE/OP ESTABLISHED PATI	NA	\$61.13
99214	SB		E/M FOLLOW UP VISIT EST PT BY	NA	\$96.82
99214	SB	52	E/M FP VISIT BY CNM - FP CLINI	NA	\$46.76
99214	UC		E/M OFFICE/OP ESTABLISHED PATI	\$142.43	\$121.07
99215			ESTABLISHED PATIENT OFFICE OR	\$98.63	\$79.84
99215	FP		E/M FP VISIT-ESTAB PT IN FP CL	\$325.15	\$276.38
99215	FP	SB	E/M FP VISIT BY CNM IN FP CLIN	NA	\$348.19
99215	FP	52	E/M FU VISIT IN FP CLINIC	\$325.15	\$276.38

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99215	SA		E/M OFFICE/OP ESTAB PT VISIT B	NA	\$85.50
99215	SB		E/M VISIT-ESTABLISHED PT-BY CN	NA	\$135.41
99215	SB	52	E/M FP VISIT BY CNM IN FP CLIN	NA	\$65.75
99215	UC		E/M OFFICE/OP ESTAB PT VISIT	\$198.34	\$168.58
99221			INITIAL HOSPITAL CARE WITH STR	\$42.22	\$35.89
99221	SA		E/M INITIAL HOSPITAL CARE	NA	\$34.10
99221	SB		E/M INITIAL HOSPITAL CARE BY C	NA	\$52.70
99222			INITIAL HOSPITAL INPATIENT OR	\$66.59	\$56.60
99223			INITIAL HOSPITAL CARE WITH MOD	\$88.18	\$74.95
99232			SUBSEQUENT HOSPITAL CARE WITH	\$40.15	\$34.13
99232	SA		E/M SUBSEQUENT HOSPITAL CARE	NA	\$30.45
99232	SB		E/M SUBSEQUENT HOSPITAL CARE C	NA	\$37.40
99233			SUBSEQUENT HOSPITAL INPATIENT	\$60.38	\$51.33
99234			HOSPITAL INPATIENT OR OBSERVAT	\$49.71	\$42.26
99235			HOSPITAL INPATIENT OR OBSERVAT	\$81.13	\$68.96
99236			HOSPITAL INPATIENT OR OBSERVAT	\$105.92	\$90.03
99238			HOSPITAL INPATIENT OR OBSERVAT	\$41.50	\$35.27
99238	SA		HOSP DISCH DAY MNGMNT BY CNP/C	NA	\$33.51
99238	SB		HOSPITAL DISCHARGE DAY MNGMNT	NA	\$38.14
99239			HOSPITAL INPATIENT OR OBSERVAT	\$58.51	\$49.73
99283			EMERGENCY DEPARTMENT VISIT WIT	\$35.99	\$30.59
99283	SA		E.M EMERG DEPT. VISIT NEW/EST	NA	\$29.06
99284			EMERGENCY DEPARTMENT VISIT WIT	\$61.21	\$52.03

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99284	SA		E.M EMERG.DEPT. VISIT NEW/EST	NA	\$51.73
99285			EMERGENCY DEPARTMENT VISIT WIT	\$88.64	\$75.34
99291			CRITICAL CARE, FIRST 30-74 MIN	\$141.43	\$120.22
99292			CRITICAL CARE, EACH ADDITIONAL	\$61.58	\$52.35
99304			INITIAL NURSING FACILITY CARE	\$41.14	\$34.97
99304	SA		INITIAL NURSING FACILITY CARE,	NA	\$38.16
99305			INITIAL NURSING FACILITY CARE	\$68.33	\$58.08
99305	SA		INITIAL NURSING FACILITY CARE	NA	\$55.14
99306			INITIAL NURSING FACILITY CARE	\$93.20	\$79.22
99306	SA		INITIAL NURSING FACILITY CARE,	NA	\$70.82
99307			SUBSEQUENT NURSING FACILITY CA	\$20.71	\$17.60
99307	SA		SUBSEQUENT NURSING FAC CARE PE	NA	\$18.79
99308			SUBSEQUENT NURSING FACILITY CA	\$38.31	\$32.57
99308	SA		SUBSEQUENT NURSING FAC CARE,PE	NA	\$30.94
99309			SUBSEQUENT NURSING FACILITY CA	\$55.36	\$47.06
99309	SA		SUBSEQUENT NURSING FAC CARE,PE	NA	\$44.71
99310			SUBSEQUENT NURSING FACILITY CA	\$78.92	\$67.08
99310	SA		SUBSEQUENT NURSING FAC CARE,PE	NA	\$57.68
99315			NURSING FACILITY DISCHARGE DAY	\$41.86	\$35.58
99315	SA		NF DISCHARGE DAY MNGMT 30 MIN	NA	\$31.11
99316			NURSING FACILITY DISCHARGE MAN	\$67.08	\$57.02
99316	SA		NF DISCHARGE DAY MNGMT > 30 MI	NA	\$44.72
99341			RESIDENCE VISIT FOR NEW PATIEN	\$25.24	\$21.45

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99341	SA		E/M HOME VISIT NEW PATIENT	NA	\$23.19
99341	SB		E/M HOME VISIT NEW PATIENT	NA	\$28.48
99342			RESIDENCE VISIT FOR NEW PATIEN	\$39.93	\$33.94
99342	SA		E/M HOME VISIT - NEW PATIENT	NA	\$32.24
99342	SB		E/M HOME VISIT - NEW PATIENT	NA	\$40.36
99344			RESIDENCE VISIT FOR NEW PATIEN	\$72.61	\$61.72
99344	SA		E/M HOME VISIT NEW PATIENT 60	NA	\$58.63
99345			RESIDENCE VISIT FOR NEW PATIEN	\$103.36	\$87.85
99345	SA		E/M HOME VISIT NEW PATIENT 75	NA	\$93.67
99349			RESIDENCE VISIT FOR ESTABLISHE	\$65.18	\$55.40
99349	SA		E/M HOME VISIT ESTABLISHED PT	NA	\$55.01
99350			RESIDENCE VISIT FOR ESTABLISHE	\$94.88	\$80.65
99350	SA		E/M HOME VISIT ESTABLISHED PT	NA	\$76.01
99406			SMOKING AND TOBACCO USE INTENS	\$7.61	\$6.47
99406	HF		SMOKING AND TOBACCO USE CESSAT	\$14.64	\$12.44
99406	UC		SMOKING AND TOBACCO USE CESSAT	\$14.64	\$12.44
99406	26		SMOKING & TOBACCO USE CESSATIO	\$6.00	\$5.10
99407			SMOKING AND TOBACCO USE INTENS	\$14.13	\$12.01
99407	HF		SMOKING AND TOBACCO USE CESSAT	\$27.17	\$23.09
99407	UC		SMOKING AND TOBACCO USE CESSAT	\$27.17	\$23.09
99407	26		SMOKING & TOBACCO USE CESSATIO	\$12.70	\$10.79
99495			TRANSITIONAL CARE MANAGEMENT S	\$108.11	\$91.90
99495	26		TRANSITIONAL CARE MANAGEMENT S	\$71.44	\$60.72

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