

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| A4389                |                  |                  | OSTOMY POUCH, DRAINABLE, WITH     | NA                               | \$5.78                           |
| D0120                |                  |                  | PERIODIC ORAL EVALUATION          | \$37.00                          | \$37.00                          |
| D0140                |                  |                  | LIMITED ORAL EXAMINATION          | \$55.00                          | \$55.00                          |
| D0145                |                  |                  | ORAL EVALUATION FOR A PATIENT     | \$50.00                          | \$50.00                          |
| D0150                |                  |                  | COMPREHENSIVE ORAL EXAMINATION    | \$64.00                          | \$64.00                          |
| D0160                |                  |                  | DETAILED & EXTENSIVE ORAL EVAL    | \$110.00                         | \$110.00                         |
| D0170                |                  |                  | RE-EVALUATION-LIMITED, PROB FO    | \$51.00                          | \$51.00                          |
| D0190                |                  |                  | SCREENING OF A PATIENT            | \$10.00                          | \$10.00                          |
| D0210                |                  |                  | COMPLETE SERIES - INTRAORAL       | \$98.00                          | \$98.00                          |
| D0220                |                  |                  | INTRAORAL PERIAPICAL - FIRST F    | \$22.00                          | \$22.00                          |
| D0230                |                  |                  | INTRAORAL PERIAPICAL, EACH ADD    | \$18.00                          | \$18.00                          |
| D0240                |                  |                  | INTRAORAL RADIOGRAPH, OCCLUSAL    | \$31.00                          | \$31.00                          |
| D0250                |                  |                  | EXTRAORAL RADIOGRAPH, FIRST FI    | \$46.00                          | \$46.00                          |
| D0270                |                  |                  | BITEWING - SINGLE FILM            | \$22.00                          | \$22.00                          |
| D0272                |                  |                  | BITENINGS - TWO FILMS             | \$34.00                          | \$34.00                          |
| D0273                |                  |                  | BITEWINGS - THREE FILMS           | \$42.00                          | \$42.00                          |
| D0274                |                  |                  | BITENINGS - FOUR FILMS            | \$48.00                          | \$48.00                          |
| D0277                |                  |                  | VERTICAL BITEWINGS - 7 TO 8 FI    | \$74.00                          | \$74.00                          |
| D0310                |                  |                  | SIALOGRAPHY                       | \$206.00                         | \$206.00                         |
| D0320                |                  |                  | TEMPOROMAND JOINT ANTHROGRAM &    | \$420.00                         | \$420.00                         |
| D0330                |                  |                  | PANORAMIC FILM                    | \$85.00                          | \$85.00                          |
| D0340                |                  |                  | CEPHALOMETRIC RADIOGRAPH          | \$98.00                          | \$98.00                          |
| D0350                |                  |                  | ORAL/FACIAL PHOTOGRAPHIC IMAGE    | \$52.00                          | \$52.00                          |
| D0416                |                  |                  | VIRAL CULTURE                     | \$104.00                         | \$104.00                         |
| D0470                |                  |                  | DIAGNOSTIC CASTS                  | \$80.00                          | \$80.00                          |
| D0472                |                  |                  | ACCESSING OF TISSUE GROSS EXAM    | \$80.00                          | \$80.00                          |
| D0473                |                  |                  | ACCESS OF TISSUE GROSS/MICROSC    | \$104.00                         | \$104.00                         |
| D0474                |                  |                  | ACCESS TISSUE GROSS/MICRO EXAM    | \$125.00                         | \$125.00                         |
| D0480                |                  |                  | PROCESSING AND INTERPRETATION     | \$125.00                         | \$125.00                         |
| D1110                |                  |                  | PROPHYLAXIS - ADULT               | \$70.00                          | \$70.00                          |
| D1120                |                  |                  | PROPHYLAXIS - CHILD               | \$50.00                          | \$50.00                          |
| D1351                |                  |                  | SEALANT-PER TOOTH                 | \$41.00                          | \$41.00                          |
| D1353                |                  |                  | SEALANT REPAIR - PER TOOTH        | \$20.00                          | \$20.00                          |
| D1510                |                  |                  | SPACE MAINTAINER - FIXED, UNIL    | \$244.00                         | \$244.00                         |
| D1516                |                  |                  | SPACE MAINTAINER - FIXED - BIL    | NA                               | \$343.00                         |
| D1517                |                  |                  | SPACE MAINTAINER - FIXED - BIL    | NA                               | \$343.00                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| D1526                |                  |                  | SPACE MAINTAINER - REMOVABLE -    | NA                               | \$380.00                         |
| D1551                |                  |                  | RECEMENT OR REBOND BILATENAL S    | NA                               | \$63.00                          |
| D1552                |                  |                  | RECEMENT OR REBOND BILATENAL S    | NA                               | \$63.00                          |
| D1553                |                  |                  | RECEMENT OR REBOND UNILSTENAL     | NA                               | \$63.00                          |
| D1575                |                  |                  | DISTAL SHOE SPACE MAINTAINER -    | \$244.00                         | \$244.00                         |
| D2140                |                  |                  | AMALGAM-ONE SURFACE-PERMANENT     | \$98.00                          | \$98.00                          |
| D2150                |                  |                  | AMALGAM-TWO SURFACES-PERMANENT    | \$126.00                         | \$126.00                         |
| D2160                |                  |                  | AMALGAM-THREE SURFACES-PERMANE    | \$155.00                         | \$155.00                         |
| D2161                |                  |                  | AMALGAM-FOUR OR MORE SURFACES-    | \$182.00                         | \$182.00                         |
| D2330                |                  |                  | RESIN-ONE SURFACE                 | \$119.00                         | \$119.00                         |
| D2331                |                  |                  | RESIN-TWO SURFACES                | \$147.00                         | \$147.00                         |
| D2332                |                  |                  | RESIN-THREE SURFACES              | \$180.00                         | \$180.00                         |
| D2335                |                  |                  | RESIN-FOUR OR MORE SURFACES       | \$228.00                         | \$228.00                         |
| D2390                |                  |                  | RESIN-BASED COMPOSITE CROWN AN    | \$330.00                         | \$330.00                         |
| D2391                |                  |                  | RESIN-BASED COMPOSITE-1 SURF,     | \$133.00                         | \$133.00                         |
| D2392                |                  |                  | RESIN-BASED COMPOSITE-2SURF,PO    | \$175.00                         | \$175.00                         |
| D2393                |                  |                  | RESIN-BASED COMPOSITE-3 SURF P    | \$218.00                         | \$218.00                         |
| D2394                |                  |                  | RESIN-BASED COMPOSITE-4 OR MOR    | \$257.00                         | \$257.00                         |
| D2740                |                  |                  | CROWN PORCELAIN/CERAMIC SUBSTR    | \$780.00                         | \$780.00                         |
| D2750                |                  |                  | CROWN-PORCELAIN FUSED TO HIGH     | \$780.00                         | \$780.00                         |
| D2751                |                  |                  | CROWN-PORCELAIN FUSED TO BASE     | \$780.00                         | \$780.00                         |
| D2752                |                  |                  | CROWN-PORCELAIN FUSED TO NOBLE    | \$780.00                         | \$780.00                         |
| D2790                |                  |                  | CROWN-FULL CAST HIGH NOBLE MET    | \$846.00                         | \$846.00                         |
| D2791                |                  |                  | CROWN-FULL CAST PREDOMINATELY     | \$846.00                         | \$846.00                         |
| D2792                |                  |                  | CROWN-FULL CAST NOBLE METAL       | \$846.00                         | \$846.00                         |
| D2915                |                  |                  | RECEMENT CAST OR PREFABRICATED    | \$85.00                          | \$85.00                          |
| D2920                |                  |                  | RECEMENT CROWN                    | \$82.00                          | \$82.00                          |
| D2930                |                  |                  | PREFAB.STAINLESS STEEL CROWN-P    | \$207.00                         | \$207.00                         |
| D2931                |                  |                  | PREFAB.STAINLESS STEEL CROWN-P    | \$250.00                         | \$250.00                         |
| D2932                |                  |                  | PREFABRICATED RESIN CROWN         | \$265.00                         | \$265.00                         |
| D2933                |                  |                  | PREFAB STAINLESS STEEL CROWN W    | \$280.00                         | \$280.00                         |
| D2934                |                  |                  | PREFABRICATED ESTHETIC COATED     | \$300.00                         | \$300.00                         |
| D2940                |                  |                  | SEDATIVE FILLING                  | \$85.00                          | \$85.00                          |
| D2950                |                  |                  | CORE BUILDUP INCLUDING ANY PI     | \$210.00                         | \$210.00                         |
| D2951                |                  |                  | PIN RETENTION-PER TOOTH           | \$51.00                          | \$51.00                          |
| D2952                |                  |                  | CAST POST AND CORE IN ADD. TO     | \$325.00                         | \$325.00                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| D2954                |                  |                  | PREFAB. POST+CORE IN ADD. TO C    | \$260.00                         | \$260.00                         |
| D3220                |                  |                  | VITAL PULPOTOMY                   | \$149.00                         | \$149.00                         |
| D3221                |                  |                  | GROSS PULPAL DEBRIDE PRIM/PERM    | \$164.00                         | \$164.00                         |
| D3222                |                  |                  | PARTIAL PULPOTOMY FOR APEXOGEN    | \$28.00                          | \$26.00                          |
| D3230                |                  |                  | PULPAL THERAPY ANT PRIMARY TOO    | \$200.00                         | \$200.00                         |
| D3240                |                  |                  | PULPAL THERAPY POST PRIMARY TO    | \$236.00                         | \$236.00                         |
| D3310                |                  |                  | ANTERIOR(EXCLUDE FINAL RESTORA    | \$550.00                         | \$550.00                         |
| D3320                |                  |                  | BICUSPID(EXCLUDING FINAL RESTO    | \$650.00                         | \$650.00                         |
| D3330                |                  |                  | MOLAR(EXCLUDING FINAL RESTORAT    | \$795.00                         | \$795.00                         |
| D3346                |                  |                  | RETREATMENT PREV ROOT CANAL TH    | \$634.00                         | \$634.00                         |
| D3347                |                  |                  | RETREATMENT PREV ROOT CANAL TH    | \$729.00                         | \$729.00                         |
| D3348                |                  |                  | RETREAT PREV ROOT CANAL THER M    | \$865.00                         | \$865.00                         |
| D3351                |                  |                  | APEXIFICATION/RECALCIFICATION     | \$268.00                         | \$268.00                         |
| D3352                |                  |                  | APEXIFICATION/RECALCIFICATION     | \$195.00                         | \$195.00                         |
| D3410                |                  |                  | APICOECTOMY/PERIRAD SURGERY AN    | \$504.00                         | \$504.00                         |
| D3421                |                  |                  | APICOECTOMY/PERIRADICULAR SURG    | \$570.00                         | \$570.00                         |
| D3425                |                  |                  | APICOECTOMY/PERIRADICULAR SURG    | \$659.00                         | \$659.00                         |
| D3426                |                  |                  | APICOECTOMY/PERIRADICULAR SURG    | \$270.00                         | \$270.00                         |
| D3430                |                  |                  | RETROGRADE FILLING-PER ROOT IN    | \$205.00                         | \$205.00                         |
| D3471                |                  |                  | SURGICAL REPAIR OF ROOT RESORP    | NA                               | \$504.00                         |
| D3472                |                  |                  | SURGICAL REPAIR OF ROOT RESORP    | NA                               | \$570.00                         |
| D3473                |                  |                  | SURGICAL REPAIR OF ROOT RESORP    | NA                               | \$659.00                         |
| D3950                |                  |                  | CANAL PREPARATION AND FITTING     | \$193.00                         | \$193.00                         |
| D4210                |                  |                  | GINGIVECTOMY OR GINGIVOPLASTY     | \$182.00                         | \$182.00                         |
| D4211                |                  |                  | GINGIVECTOMY OR GINGIVOPLASTY     | \$179.00                         | \$179.00                         |
| D4240                |                  |                  | GINGIVAL FLAP PROCEDURE, INCLU    | \$568.00                         | \$568.00                         |
| D4241                |                  |                  | GINGIVAL FLAP PROCEDURE, INCLU    | \$480.00                         | \$480.00                         |
| D4249                |                  |                  | CLINICAL CROWN LENGTHENING-HAR    | \$580.00                         | \$580.00                         |
| D4260                |                  |                  | OSSEOUS SURGERY (INCLUDING FLA    | \$814.00                         | \$814.00                         |
| D4274                |                  |                  | DISTAL PROXIMAL WEDGE PROCEDUR    | \$530.00                         | \$530.00                         |
| D4286                |                  |                  | REMOVAL OF NON-RESORBABLE BARR    | NA                               | \$270.00                         |
| D4341                |                  |                  | PERIODONTAL SCALING AND ROOT P    | \$195.00                         | \$195.00                         |
| D4342                |                  |                  | PERIODONTAL SCALING & ROOT PLA    | \$125.00                         | \$125.00                         |
| D4355                |                  |                  | FULL MOUTH DEBRIDEMENT            | \$144.00                         | \$144.00                         |
| D5110                |                  |                  | COMPLETE DENTURE-MAXILLARY        | \$1,250.00                       | \$1,250.00                       |
| D5120                |                  |                  | COMPLETE DENTURE-MANDIBULAR       | \$1,250.00                       | \$1,250.00                       |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| D5211                |                  |                  | MAXILLARY PARTIAL DENTURE-RESI    | \$910.00                         | \$910.00                         |
| D5212                |                  |                  | MANDIBULAR PARTIAL DENTURE-RES    | \$927.00                         | \$927.00                         |
| D5213                |                  |                  | MAXILLARY PARTIAL DENTURE-CAST    | \$1,298.00                       | \$1,298.00                       |
| D5214                |                  |                  | MANDIBULAR PARTIAL DENTURE-CAS    | \$1,340.00                       | \$1,340.00                       |
| D5410                |                  |                  | ADJUST COMPLETE DENTURE-MAXILL    | \$68.00                          | \$68.00                          |
| D5411                |                  |                  | ADJUST COMPLETE DENTURE-MANDIB    | \$68.00                          | \$68.00                          |
| D5421                |                  |                  | ADJUST PARTIAL DENTURE-MAXILLA    | \$68.00                          | \$68.00                          |
| D5422                |                  |                  | ADJUST PARTIAL DENTURE-MANDIBU    | \$68.00                          | \$68.00                          |
| D5520                |                  |                  | REPLACE MISSING OR BROKEN TEET    | \$139.00                         | \$139.00                         |
| D5630                |                  |                  | REPAIR OR REPLACE BROKEN CLASP    | \$200.00                         | \$200.00                         |
| D5640                |                  |                  | REPLACE BROKEN TEETH-PER TOOTH    | \$140.00                         | \$140.00                         |
| D5650                |                  |                  | ADD TOOTH TO EXISTING PARTIAL     | \$170.00                         | \$170.00                         |
| D5660                |                  |                  | ADD CLASP TO EXISTING PARTIAL     | \$210.00                         | \$210.00                         |
| D5710                |                  |                  | REBASE COMPLETE MAXILLARY DENT    | \$450.00                         | \$450.00                         |
| D5711                |                  |                  | REBASE COMPLETE MANDIBULAR DEN    | \$450.00                         | \$450.00                         |
| D5720                |                  |                  | REBASE MAXILLARY PARTIAL DENTU    | \$430.00                         | \$430.00                         |
| D5721                |                  |                  | REBASE MANDIBULAR PARTIAL DENT    | \$430.00                         | \$430.00                         |
| D5730                |                  |                  | RELINE COMPLETE MAXILLARY DENT    | \$290.00                         | \$290.00                         |
| D5731                |                  |                  | RELINE COMPLETE MANDIBULAR DEN    | \$290.00                         | \$290.00                         |
| D5740                |                  |                  | RELINE MAXILLARY PARTIAL DENTU    | \$285.00                         | \$285.00                         |
| D5741                |                  |                  | RELINE MANDIBULAR PARTIAL DENT    | \$285.00                         | \$285.00                         |
| D5750                |                  |                  | RELINE MAXILLARY DENTURE-LABOR    | \$369.00                         | \$369.00                         |
| D5751                |                  |                  | RELINE COMPLETE MANDIBULAR DEN    | \$369.00                         | \$369.00                         |
| D5760                |                  |                  | RELINE MAXILLARY PARTIAL DENTU    | \$360.00                         | \$360.00                         |
| D5761                |                  |                  | RELINE MANDIBULAR PARTIAL DENT    | \$360.00                         | \$360.00                         |
| D5937                |                  |                  | TRISMUS APPLIANCE                 | \$478.00                         | \$478.00                         |
| D5951                |                  |                  | FEEDING AID                       | \$1,000.00                       | \$1,000.00                       |
| D5952                |                  |                  | SPEECH AID PROSTHESIS, PEDIATR    | \$450.00                         | \$450.00                         |
| D5982                |                  |                  | SURGICAL STENT                    | \$315.00                         | \$315.00                         |
| D5986                |                  |                  | FLUORIDE GEL CARRIER              | \$150.00                         | \$150.00                         |
| D5988                |                  |                  | SURGICAL SPLINT                   | \$597.00                         | \$597.00                         |
| D6105                |                  |                  | REMOVAL OF IMPLANT BODY NOT RE    | NA                               | \$63.88                          |
| D6240                |                  |                  | PONTIC-PORCELAIN FUSED TO HIGH    | \$787.00                         | \$787.00                         |
| D6241                |                  |                  | PONTIC-PORCELAIN FUSED TO PRED    | \$787.00                         | \$787.00                         |
| D6242                |                  |                  | PONTIC-PORCELAIN FUSED TO NOBL    | \$787.00                         | \$787.00                         |
| D6545                |                  |                  | RETAINER-CAST METAL RES BONDED    | \$575.00                         | \$575.00                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| D6750                |                  |                  | CROWN-PORCELAIN FUSED TO HIGH     | \$780.00                         | \$780.00                         |
| D6751                |                  |                  | CROWN-PORCELAIN FUSED TO PREDO    | \$780.00                         | \$780.00                         |
| D6752                |                  |                  | CROWN-PORCELAIN FUSED TO NOBLE    | \$780.00                         | \$780.00                         |
| D6790                |                  |                  | CROWN-FULL CAST HIGH NOBLE MET    | \$805.00                         | \$805.00                         |
| D6791                |                  |                  | CROWN-FULL CAST PREDOMINANTLY     | \$805.00                         | \$805.00                         |
| D6792                |                  |                  | CROWN-FULL CAST NOBLE METAL       | \$805.00                         | \$805.00                         |
| D6930                |                  |                  | RECEMENT BRIDGE, ONE ABUTMENT,    | \$125.00                         | \$125.00                         |
| D6970                |                  |                  | CAST POST AND CORE IN ADDITION    | \$335.00                         | \$335.00                         |
| D6972                |                  |                  | PREFABRICATED POST AND CORE IN    | \$260.00                         | \$260.00                         |
| D6973                |                  |                  | CORE BUILD UP FOR RETAINER WIT    | \$210.00                         | \$210.00                         |
| D6985                |                  |                  | PEDIATRIC PARTIAL DENTURE, FIX    | \$733.00                         | \$733.00                         |
| D7111                |                  |                  | EXTRACTION, CORONAL REMNANTS -    | \$100.00                         | \$100.00                         |
| D7140                |                  |                  | EXTRACT ERUPTED TOOTH/EXPOSED     | \$63.88                          | \$63.88                          |
| D7210                |                  |                  | SURGICAL REMOVAL OF ERUPTED TO    | \$116.05                         | \$116.05                         |
| D7220                |                  |                  | REMOVAL OF IMPACTED TOOTH-SOFT    | \$241.00                         | \$241.00                         |
| D7230                |                  |                  | REMOVAL OF IMPACTED TOOTH-PART    | \$305.00                         | \$305.00                         |
| D7240                |                  |                  | REMOVAL OF IMPACTED TOOTH-COMP    | \$337.03                         | \$337.03                         |
| D7250                |                  |                  | SURGICAL REMOVAL OF RESIDUAL T    | \$231.00                         | \$231.00                         |
| D7251                |                  |                  | CORONECTOMY                       | NA                               | \$337.03                         |
| D7260                |                  |                  | OROANTRAL FISTULA CLOSURE         | \$565.00                         | \$565.00                         |
| D7261                |                  |                  | PRIMARY CLOSURE SINUS PERFORAT    | \$556.00                         | \$556.00                         |
| D7280                |                  |                  | EXPOSURE OF AN UNERUPTED TOOTH    | \$369.00                         | \$369.00                         |
| D7282                |                  |                  | MOBILIZATION ERUPT/MALPOSIT TO    | \$400.00                         | \$400.00                         |
| D7283                |                  |                  | PLACEMENT OF DEVICE TO FACILIT    | \$415.00                         | \$415.00                         |
| D7285                |                  |                  | BIOPSY - ORAL TISSUE HARD - IN    | \$292.00                         | \$292.00                         |
| D7286                |                  |                  | BIOPSY OF ORAL TISSUE - SOFT      | \$231.00                         | \$231.00                         |
| D7287                |                  |                  | EXFOLIATIVE CYTOLOGICAL SAMPLE    | \$110.00                         | \$110.00                         |
| D7288                |                  |                  | BRUSH BIOPSY - TRANSEPIHELIAL     | \$125.00                         | \$125.00                         |
| D7290                |                  |                  | SURGICAL REPOSITIONING OF TEET    | NA                               | NA                               |
| D7291                |                  |                  | TRANSSEPTAL FIBEROTOMY/SUPRACR    | NA                               | NA                               |
| D7292                |                  |                  | PLACEMENT OF TEMPORARY ANCHORA    | NA                               | NA                               |
| D7293                |                  |                  | PLACEMENT OF TEMPORARY ANCHORA    | NA                               | NA                               |
| D7294                |                  |                  | PLACEMENT OF TEMPORARY ANCHORA    | NA                               | NA                               |
| D7310                |                  |                  | ALVEOPLASTY IN CONJUNCTION WIT    | \$220.00                         | \$220.00                         |
| D7311                |                  |                  | ALVEOLOPLASTY IN CONJUNCTION W    | \$240.00                         | \$240.00                         |
| D7320                |                  |                  | ALVEOLOPLASTY NOT IN CONJUNCTI    | \$321.00                         | \$321.00                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| D7321                |                  |                  | ALVEOLOPLASTY NOT IN CONJUNCTI    | \$336.00                         | \$336.00                         |
| D7410                |                  |                  | EXCISION OF BENIGN LESION UP T    | \$300.00                         | \$300.00                         |
| D7411                |                  |                  | EXCISION BENIGN LESION > 1.25     | \$452.00                         | \$452.00                         |
| D7412                |                  |                  | EXCISION BENIGN LESION, COMPLI    | \$596.00                         | \$596.00                         |
| D7413                |                  |                  | EXCISION MALIGNANT LESION UP T    | \$496.00                         | \$496.00                         |
| D7414                |                  |                  | EXCISION MALIGNANT LESION>1.25    | \$726.00                         | \$726.00                         |
| D7415                |                  |                  | EXCISION MALIGNANT LESION,COMP    | \$870.00                         | \$870.00                         |
| D7440                |                  |                  | EXCISION OF MALIGNANT TUMOR, U    | \$400.00                         | \$400.00                         |
| D7441                |                  |                  | EXCISION OF MALIGNANT TUMOR, O    | \$700.00                         | \$700.00                         |
| D7450                |                  |                  | REMOVAL OF ODONTOGENIC CYST OR    | \$380.00                         | \$380.00                         |
| D7451                |                  |                  | REMOVAL OF ODONTOGENIC CYST OR    | \$487.00                         | \$487.00                         |
| D7460                |                  |                  | REMOVAL OF NON-ODONTOGENIC CYS    | \$386.00                         | \$386.00                         |
| D7465                |                  |                  | DESTRUCT OF LESION BY ELECTROS    | \$299.00                         | \$299.00                         |
| D7471                |                  |                  | REMOVAL OF EXOSTOSIS PER SITE     | \$476.00                         | \$476.00                         |
| D7509                |                  |                  | MARSUPIALIZATION OF ODONTOGENI    | NA                               | \$500.00                         |
| D7510                |                  |                  | INCISION + DRAINAGE OF ABSCESS    | \$175.00                         | \$175.00                         |
| D7520                |                  |                  | INCISION + DRAINAGE OF ABSCESS    | \$290.00                         | \$290.00                         |
| D7530                |                  |                  | REMOVAL OF FOREIGN BODY, SKIN,    | \$270.00                         | \$270.00                         |
| D7540                |                  |                  | RMVL REACTION PRODUCING FOREIG    | \$500.00                         | \$500.00                         |
| D7550                |                  |                  | SEQUESTRECTOMY FOR OSTEOMYELIT    | \$395.00                         | \$395.00                         |
| D7560                |                  |                  | MAXILLARY SINUSOTOMY FOR REM O    | \$818.00                         | \$818.00                         |
| D7610                |                  |                  | MAXILLA-OPEN REDUCTION (TEETH     | \$3,275.00                       | \$3,275.00                       |
| D7620                |                  |                  | MAXILLA - CLOSED REDUCTION (TE    | \$2,573.00                       | \$2,573.00                       |
| D7630                |                  |                  | MANDIBLE - OPEN REDUCTION (TEE    | \$3,227.00                       | \$3,227.00                       |
| D7640                |                  |                  | MANDIBLE-CLOSED REDUCTION (TEE    | \$2,535.00                       | \$2,535.00                       |
| D7650                |                  |                  | MALAR AND/OR ZYGOMATIC ARCH -     | \$2,928.00                       | \$2,928.00                       |
| D7660                |                  |                  | MALAR AND/OR ZYGOMATIC ARCH -     | \$2,488.00                       | \$2,488.00                       |
| D7670                |                  |                  | ALVEOLUS-CLOSED REDUCTION/STAB    | \$1,018.00                       | \$1,018.00                       |
| D7671                |                  |                  | ALVEOLUS-OPEN REDUCTION           | \$572.00                         | \$572.00                         |
| D7680                |                  |                  | FACIAL BONES-COMPLCTD REDUCTN     | \$4,915.00                       | \$4,915.00                       |
| D7710                |                  |                  | MAXILLA - OPEN REDUCTION - TEE    | \$3,450.00                       | \$3,450.00                       |
| D7720                |                  |                  | MAXILLA - CLOSED REDUCTION - T    | \$2,512.00                       | \$2,512.00                       |
| D7730                |                  |                  | MANDIBLE - OPEN REDUCTION - TE    | \$3,500.00                       | \$3,500.00                       |
| D7740                |                  |                  | MANDIBLE - CLOSED REDUCTION -     | \$2,710.00                       | \$2,710.00                       |
| D7750                |                  |                  | MALAR AND/OR ZYGOMATIC ARCH -     | \$3,086.00                       | \$3,086.00                       |
| D7760                |                  |                  | MALAR AND/OR ZYGOMATIC ARCH -     | \$3,416.00                       | \$3,416.00                       |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| D7770                |              |              | ALVEOLUS-STABLZTN OF TEETH OPE    | \$2,000.00                   | \$2,000.00                   |
| D7771                |              |              | ALVEOLUS CLOSED REDUCTION         | \$1,105.00                   | \$1,105.00                   |
| D7780                |              |              | FACIAL BONES-COMPLCTED REDUCTN    | \$5,886.00                   | \$5,886.00                   |
| D7810                |              |              | OPEN REDUCTION OF DISLOCATION     | \$3,195.00                   | \$3,195.00                   |
| D7820                |              |              | CLOSED REDUCTION OF DISLOCATIO    | \$390.00                     | \$390.00                     |
| D7830                |              |              | MANUPULATION UNDER ANESTHESIA     | \$512.00                     | \$512.00                     |
| D7840                |              |              | CONDYLECTOMY                      | \$4,133.00                   | \$4,133.00                   |
| D7850                |              |              | MENISECTOMY                       | \$4,160.00                   | \$4,160.00                   |
| D7852                |              |              | DISC REPAIR                       | \$4,380.00                   | \$4,380.00                   |
| D7865                |              |              | ARTHROPLASTY                      | \$616.00                     | \$616.00                     |
| D7910                |              |              | SUTURE OF RECENT SMALL WOUNDS     | \$223.00                     | \$223.00                     |
| D7911                |              |              | COMPLICATED SUTURE-UP TO 5 CM     | \$351.00                     | \$351.00                     |
| D7912                |              |              | COMPLICATED SUTURE GREATER THA    | \$500.00                     | \$500.00                     |
| D7920                |              |              | SKIN GRAFT                        | \$1,827.00                   | \$1,827.00                   |
| D7940                |              |              | OSTEOPLASTY - FOR ORTHOGNATHIC    | \$2,697.00                   | \$2,697.00                   |
| D7941                |              |              | OSTEOTOMY-MANDIBULAR RAMI         | \$7,049.00                   | \$7,049.00                   |
| D7943                |              |              | OSTEOTOMY-MANDIBULAR RAMI W/BO    | \$6,492.00                   | \$6,492.00                   |
| D7944                |              |              | OSTEOTOMY-SEGMENTED PER QUADRA    | \$5,392.00                   | \$5,392.00                   |
| D7945                |              |              | OSTEOTOMY-BODY OF MANDIBLE        | \$5,600.00                   | \$5,600.00                   |
| D7946                |              |              | LEFORT I (MAXILLA TOTAL)          | \$6,568.00                   | \$6,568.00                   |
| D7947                |              |              | LEFORT I (MAXILLA-SEGMENTED)      | \$6,639.00                   | \$6,639.00                   |
| D7948                |              |              | LEFORT II OR LEFORT III           | \$7,602.00                   | \$7,602.00                   |
| D7949                |              |              | LEFORT II OR LEFORT III W/BONE    | \$8,731.00                   | \$8,731.00                   |
| D7950                |              |              | GRAFT OF MANDIBLE/FACIAL BONES    | \$2,055.00                   | \$2,055.00                   |
| D7951                |              |              | SINUS AUGMENTATION WITH BONE O    | \$1,816.00                   | \$1,816.00                   |
| D7955                |              |              | REPAIR OF MAXILLOFACIAL SOFT A    | \$1,750.00                   | \$1,750.00                   |
| D7961                |              |              | BUCCAL-LABIAL FRENECTOMY(FRENU    | NA                           | \$125.00                     |
| D7962                |              |              | LINGUAL FRENETOMY (FRENULECTOM    | NA                           | \$125.00                     |
| D7963                |              |              | FRENULOPLASTY                     | \$377.00                     | \$377.00                     |
| D7970                |              |              | EXCISION HYPERPLASTIC TISS PER    | \$380.00                     | \$380.00                     |
| D7971                |              |              | EXCISION PERCORONAL GINGIVA       | \$179.00                     | \$179.00                     |
| D7972                |              |              | SURGICAL REDUCTION FIBROUS TUB    | \$550.00                     | \$550.00                     |
| D7980                |              |              | SIALOLITHOTOMY                    | \$500.00                     | \$500.00                     |
| D7981                |              |              | EXCISION OF SALIVARY GLAND        | \$364.00                     | \$364.00                     |
| D7982                |              |              | SIALODOCHOPLASTY                  | \$1,247.00                   | \$1,247.00                   |
| D7983                |              |              | CLOSURE OF SALIVARY FISTULA       | \$820.00                     | \$820.00                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| D7990                |              |              | EMERGENCY TRACHEOTOMY             | \$925.00                     | \$925.00                     |
| D7991                |              |              | CORONECTOMY                       | \$2,940.00                   | \$2,940.00                   |
| D7997                |              |              | APPLIANCE REMOVAL W/ARCHBAR RE    | \$210.00                     | \$210.00                     |
| D8010                |              |              | LIMIT ORTHODONTIC RX PRIM DENT    | \$1,475.00                   | \$1,475.00                   |
| D8020                |              |              | LIMIT ORTHODONTIC RX TRANS DEN    | \$1,584.00                   | \$1,584.00                   |
| D8040                |              |              | LIMIT ORTHODONTIC RX ADULT DEN    | \$1,888.00                   | \$1,888.00                   |
| D8080                |              |              | COMPREHENS ORTHODONTIC APPLIAN    | \$493.00                     | \$493.00                     |
| D8660                |              |              | PRE-ORTHODONTIC TREATMENT VISI    | \$244.00                     | \$244.00                     |
| D8670                |              |              | PERIODIC ORTHODONTIC TREATMENT    | \$168.00                     | \$168.00                     |
| D8680                |              |              | ORTHODONTIC RETENTION (REMOVAL    | \$168.00                     | \$168.00                     |
| D8696                |              |              | REPAIR OF ORTHODONTIC APPLIANC    | NA                           | \$163.00                     |
| D8697                |              |              | REPAIR OF ORTHODONTIC APPLIANC    | NA                           | \$163.00                     |
| D8698                |              |              | RECEMENT OR REBOND FIXED RETAI    | NA                           | \$169.00                     |
| D8699                |              |              | RECEMENT OR REBOND FIXED RETAI    | NA                           | \$169.00                     |
| D8701                |              |              | REPAIRE OF FIXED RETAINER - IN    | NA                           | NA                           |
| D8702                |              |              | REPAIR OF FIXED DETAINER - INC    | NA                           | NA                           |
| D8703                |              |              | REPLACEMENT OF LOST OR BROKEN     | NA                           | \$213.71                     |
| D8704                |              |              | REPLACEMENT OF LOST OR BROKEN     | NA                           | \$213.71                     |
| D9110                |              |              | PALLIATIVE (EMERGENCY) TREATME    | \$91.00                      | \$91.00                      |
| D9210                |              |              | LOCAL ANESTHESIA NOT IN CONJUN    | \$53.00                      | \$53.00                      |
| D9211                |              |              | REGIONAL BLOCK ANESTHESIA         | \$75.00                      | \$75.00                      |
| D9212                |              |              | TRIGEMINAL DIVISION BLOCK ANES    | \$210.00                     | \$210.00                     |
| D9222                |              |              | DEEP SEDATION/GENERAL ANESTHES    | \$128.00                     | \$128.00                     |
| D9223                |              |              | DEEP SEDATION/GENERAL ANESTHES    | \$128.00                     | \$128.00                     |
| D9230                |              |              | ANALGESIA, ANXIOLYSIS, INHAL N    | \$53.00                      | \$53.00                      |
| D9239                |              |              | INTRAVENOUS MODERATE (CONSCIOU    | \$124.00                     | \$124.00                     |
| D9248                |              |              | NON-IV CONSCIOUS SEDATION         | \$227.00                     | \$227.00                     |
| D9310                |              |              | CONSULTATION                      | \$90.00                      | \$90.00                      |
| D9410                |              |              | HOUSE/EXTENDED CARE FACILITY C    | \$160.00                     | \$160.00                     |
| D9430                |              |              | OFFICE VISIT FOR OBSERVATION      | \$55.00                      | \$55.00                      |
| D9610                |              |              | THERAPEUTIC DRUG INJECTION, BY    | \$75.00                      | \$75.00                      |
| D9612                |              |              | THERAPEUTIC PARENTERAL DRUGS,     | \$124.00                     | \$124.00                     |
| D9613                |              |              | INFILTRATION OF THERA DRUG        | NA                           | \$124.00                     |
| D9910                |              |              | APPLICATION OF DESENSITIZING M    | \$45.00                      | \$45.00                      |
| D9911                |              |              | APPLICATION DESENSIT RESIN PER    | \$57.00                      | \$57.00                      |
| D9920                |              |              | BEHAVIOR MANAGEMENT, BY REPORT    | \$95.00                      | \$95.00                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| D9930                |              |              | TREATMENT OF COMPLICATIONS (PO    | \$105.00                     | \$105.00                     |
| D9941                |              |              | FABRICATION ATHLETIC GUARD        | NA                           | \$125.00                     |
| D9951                |              |              | OCCLUSAL ADJUSTMENT - LIMITED     | \$129.00                     | \$129.00                     |
| D9953                |              |              | RELIN CUSTOM SLEEP APNEA APPL     | NA                           | \$360.00                     |
| D9971                |              |              | ODONTOPLASTY 1-2 TEETH            | \$25.00                      | \$125.00                     |
| D9974                |              |              | INTERNAL BLEACHING - PER TOOTH    | \$214.00                     | \$214.00                     |
| G0101                |              |              | CERV/VAG CA SCREEN,PELV/BREAST    | \$30.47                      | \$25.90                      |
| G0102                |              |              | PROSTATE CANCER SCREENING: DIG    | \$18.90                      | \$16.07                      |
| G0102                | 26           |              | PROSTATE CANCER SCREENING:DIGI    | \$7.70                       | \$6.55                       |
| G0104                |              |              | FLEXIBLE SIGMOIDOSCOPY            | \$110.06                     | \$93.55                      |
| G0104                | TC           |              | FLEXIBLE SIGMOIDOSCOPY            | NA                           | \$60.38                      |
| G0104                | 26           |              | FLEXIBLE SIGMOIDOSCOPY            | \$49.68                      | \$42.23                      |
| G0105                |              |              | COLONOSCOPY ON INDIV AT HIGH R    | \$332.09                     | \$282.28                     |
| G0105                | TC           |              | COLONOSCOPY ON INDIV AT HIGH R    | NA                           | \$159.11                     |
| G0105                | 26           |              | COLONOSCOPY ON INDIV AT HIGH R    | \$175.41                     | \$149.10                     |
| G0106                |              |              | SCREENING SIGMOIDOSCOPY, BA EN    | \$123.17                     | \$104.69                     |
| G0106                | TC           |              | SCREENING SIGMOIDOSCOPY, BA EN    | NA                           | \$79.83                      |
| G0106                | 26           |              | SCREENING SIGMOIDOSCOPY, BA EN    | \$43.34                      | \$36.84                      |
| G0120                |              |              | SCREENING COLONOSCOPY, BARIUM     | \$123.17                     | \$104.69                     |
| G0120                | TC           |              | SCREENING COLONOSCOPY, BARIUM     | NA                           | \$79.83                      |
| G0120                | 26           |              | SCREENING COLONOSCOPY, BARIUM     | \$43.34                      | \$36.84                      |
| G0121                |              |              | COLONOSCOPY NON HIGH RISK INDI    | \$332.41                     | \$282.55                     |
| G0121                | TC           |              | COLONOSCOPY NON HIGH RISK INDI    | NA                           | \$159.11                     |
| G0121                | 26           |              | COLONOSCOPY NON HIGH RISK INDI    | \$175.41                     | \$149.10                     |
| G0127                |              |              | TRIMMING DYSTROPHIC NAILS, 1-1    | \$14.15                      | \$12.03                      |
| G0130                |              |              | BONE DENS STUDY 1 OR MORE SITE    | \$37.15                      | \$31.58                      |
| G0130                | TC           |              | BONE DENS STUDY 1 OR MORE SITE    | NA                           | \$25.70                      |
| G0130                | 26           |              | BONE DENS STUDY 1 OR MORE SITE    | \$9.62                       | \$8.18                       |
| G0141                |              |              | SCR C/V CYTO AUTOSYS AND MD       | NA                           | \$18.96                      |
| G0168                |              |              | WOUND CLOSURE UTILIZING TISSUE    | \$80.93                      | \$68.79                      |
| G0168                | 26           |              | WOUND CLOSURE UTILIZING TISSUE    | \$22.58                      | \$19.19                      |
| G0268                |              |              | REMOVAL OF IMPACTED CERUMEN (O    | \$41.26                      | \$35.07                      |
| G0268                | 26           |              | REMOVAL OF IMPACTED CERUMEN (O    | \$28.02                      | \$23.82                      |
| G0278                |              |              | ILIAC ARTERY ANGIOGRAPHY PERFO    | \$11.59                      | \$9.85                       |
| G0288                |              |              | RECONSTRUCTION, COMPUTED TOMOG    | \$37.04                      | \$31.48                      |
| G0289                |              |              | ARTHROSCOPY, KNEE, SURGICAL, F    | \$81.61                      | \$69.37                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| G0312                |              |              | IMMUNIZATION COUNSELING BY A P    | \$16.18                      | \$194.00                     |
| G0313                |              |              | IMMUNIZATION COUNSELING BY A P    | \$16.18                      | \$155.00                     |
| G0314                |              |              | IMMUNIZATION COUNSELING BY A P    | \$16.18                      | \$204.00                     |
| G0315                |              |              | IMMUNIZATION COUNSELING BY A P    | \$16.18                      | \$170.00                     |
| G0396                |              |              | ALCOHOL &/OR SUBSTANCE ABUSE A    | \$24.92                      | \$21.18                      |
| G0396                | 26           |              | ALCOHOL &/OR SUBSTANCE ABUSE A    | \$23.55                      | \$20.02                      |
| G0397                |              |              | ALCOHOL &/OR SUBSTANCE ABUSE A    | \$48.78                      | \$41.46                      |
| G0397                | 26           |              | ALCOHOL &/OR SUBSTANCE ABUSE A    | \$47.07                      | \$40.00                      |
| G9002                | TF           | 33           | COORDINATED CARE FEE MAINTENAN    | NA                           | \$80.00                      |
| G9002                | TG           | 33           | COORDINATED CARE FEE MAINTENAN    | NA                           | \$160.00                     |
| G9919                | SA           | 33           | SCREENING PERFORMED AND POSITI    | NA                           | \$35.00                      |
| G9919                | SB           | 33           | SCREENING PERFORMED AND POSITI    | NA                           | \$35.00                      |
| G9919                | 33           |              | SCREENING PERFORMED AND POSITI    | NA                           | \$35.00                      |
| G9920                | SA           | 33           | SCREENING PERFORMED AND NEGATI    | NA                           | \$35.00                      |
| G9920                | SB           | 33           | SCREENING PERFORMED AND NEGATI    | NA                           | \$35.00                      |
| G9920                | 33           |              | SCREENING PERFORMED AND NEGATI    | NA                           | \$35.00                      |
| H0035                |              |              | PARTIAL CARE PER HOUR             | NA                           | \$19.89                      |
| H0035                | UC           |              | PARTIAL CARE                      | NA                           | \$19.89                      |
| H0043                | HU           | 22           | RM/BD SERV NEWBORN IN MH REHAB    | NA                           | NA                           |
| J2561                |              |              | INJECTION, PHENOBARBITAL SODIU    | NA                           | \$1.32                       |
| P3001                |              |              | SCREENING PAP SMEAR,UP TO 3,RE    | \$16.02                      | \$13.61                      |
| R0070                |              |              | TRANSPORTATION OF PORTABLE X-R    | \$110.16                     | \$110.16                     |
| S9123                | EP           |              | RN/HR/PDN/EPSDT                   | NA                           | \$63.00                      |
| S9123                | EP           | 22           | RN/HR/PDN/EPSDT/ENHANCED          | NA                           | \$50.00                      |
| S9123                | EP           | 52           | RN/PDN/EPSDT PER 15 MINUTES       | NA                           | \$12.50                      |
| S9124                | EP           |              | LPN/HR/PDN/EPSDT                  | NA                           | \$51.00                      |
| S9124                | EP           | 52           | LPN/PDN/EPSDT PER 15 MINUTES      | NA                           | \$12.00                      |
| T2043                | 1            |              | CONTINUOUS HOME CARE (REG 01)     | NA                           | \$1,704.79                   |
| T2043                | 2            |              | CONTINUOUS HOME CARE (REG 02)     | NA                           | \$2,095.84                   |
| T2043                | 3            |              | CONTINUOUS HOME CARE (REG 03)     | NA                           | \$1,596.46                   |
| T2043                | 4            |              | CONTINUOUS HOME CARE (REG 04)     | NA                           | \$1,495.17                   |
| T2043                | 5            |              | CONTINUOUS HOME CARE (REG 05)     | NA                           | \$1,691.01                   |
| T2043                | 6            |              | CONTINUOUS HOME CARE (REG 06)     | NA                           | \$1,674.42                   |
| T2043                | 7            |              | CONTINUOUS HOME CARE (REG 07)     | NA                           | \$1,660.01                   |
| T2043                | 8            |              | CONTINUOUS HOME CARE (REG 08)     | NA                           | \$1,712.46                   |
| T2043                | 9            |              | CONTINUOUS HOME CARE (REG 09)     | NA                           | \$1,676.45                   |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| T2044                | 1            |              | RE SPITE CARE (REG01)             | NA                           | \$552.90                     |
| T2044                | 2            |              | RE SPITE CARE (REG02)             | NA                           | \$679.72                     |
| T2044                | 3            |              | RE SPITE CARE (REG03)             | NA                           | \$517.76                     |
| T2044                | 4            |              | RE SPITE CARE (REG04)             | NA                           | \$484.91                     |
| T2044                | 5            |              | RE SPITE CARE (REG05)             | NA                           | \$548.43                     |
| T2044                | 6            |              | RE SPITE CARE (REG06)             | \$543.05                     | \$193.05                     |
| T2044                | 7            |              | RE SPITE CARE (REG07)             | NA                           | \$538.38                     |
| T2044                | 8            |              | RE SPITE CARE (REG08)             | NA                           | \$555.38                     |
| T2044                | 9            |              | RE SPITE CARE (REG09)             | NA                           | \$543.71                     |
| V2525                |              |              | CONTACT LENS, HYDROPHILIC, DUA    | NA                           | NA                           |
| W9030                |              |              | (HEALTHSTART) TOTAL OBSTETRICA    | \$2,615.36                   | \$2,223.06                   |
| W9030                | SB           |              | (HEALTHSTART) TOTAL OBSTETRLIC    | NA                           | \$2,615.36                   |
| W9843                |              |              | MEDICAL ENCOUNTER EPSDT           | NA                           | NA                           |
| Y3433                |              |              | INITIAL VISIT BY CHIROPRACTOR     | \$31.74                      | \$26.98                      |
| Z0310                |              |              | INITIAL COMPREHENSIVE SPEECH/L    | \$116.29                     | \$98.84                      |
| Z1863                |              |              | MDC TECHNOLOGY DEPENDENT CHILD    | NA                           | \$419.11                     |
| Z1864                |              |              | MDC MEDICALLY UNSTABLE CHILDRN    | NA                           | \$419.11                     |
| Z3355                |              |              | GROUP THERAPY IN SA CENTER / P    | NA                           | \$28.99                      |
| 0075T                |              |              | TRANSCATHETER PLACEMENT OF EXT    | \$967.62                     | \$822.47                     |
| 0075T                | TC           |              | TRANSCATHETER PLACEMENT OF EXT    | \$526.40                     | \$526.40                     |
| 0075T                | 26           |              | TRANSCATHETER PLACEMENT OF EXT    | \$232.19                     | \$197.36                     |
| 0076T                |              |              | TRANSCATHETER PLACEMENT OF EXT    | \$750.28                     | \$637.74                     |
| 0076T                | TC           |              | TRANSCATHETER PLACEMENT OF EXT    | \$526.40                     | \$526.40                     |
| 0076T                | 26           |              | TRANSCATHETER PLACEMENT OF EXT    | \$210.26                     | \$178.72                     |
| 0362T                |              |              | BEHAVIOR IDENTIFICATION SUPPOR    | NA                           | \$25.00                      |
| 0373T                |              |              | ADAPTIVE BEHAVIOR TREATMENT WI    | NA                           | \$16.40                      |
| 10021                |              |              | FINE NEEDLE ASPIRATION WO IMAG    | \$102.51                     | \$87.13                      |
| 10021                | TC           |              | FINE NEEDLE ASPIRATION WO IMAG    | \$54.96                      | \$54.96                      |
| 10021                | 26           |              | FINE NEEDLE ASPIRATION WO IMAG    | \$57.52                      | \$48.89                      |
| 10040                |              |              | ACNE SURGERY                      | \$73.06                      | \$62.10                      |
| 10060                |              |              | DRAINAGE OF SKIN ABSCESS          | \$81.58                      | \$69.35                      |
| 10060                | SA           |              | DRAINAGE OF SKIN ABSCESS          | NA                           | \$65.88                      |
| 10061                |              |              | DRAIN SKIN ABSCESS COMPLICATED    | \$145.65                     | \$123.80                     |
| 10080                |              |              | I & D OF SIMPLE PILONIDAL CYST    | \$113.55                     | \$96.52                      |
| 10081                |              |              | I & D COMPLICATED PILONIDAL CY    | \$222.97                     | \$189.52                     |
| 10120                |              |              | SIMPLE REMOVAL FOREIGN BODY       | \$116.08                     | \$98.67                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 10120                | SA               |                  | SIMPLE REMOVAL FOREIGN BODY       | NA                               | \$93.73                          |
| 10121                |                  |                  | COMPLICATED REMOVAL FOREIGN BO    | \$214.22                         | \$182.08                         |
| 10140                |                  |                  | DRAINAGE HEMATOMA SIMPLE          | \$114.38                         | \$97.22                          |
| 10140                | SA               |                  | DRAINAGE HEMATOMA SIMPLE          | NA                               | \$92.36                          |
| 10160                |                  |                  | PUNCTURE DRAINAGE OF LESION       | \$96.36                          | \$81.91                          |
| 10160                | SA               |                  | PUNCTURE DRAINAGE OF LESION       | NA                               | \$77.81                          |
| 10180                |                  |                  | INCISE/DRAIN COMPLEX POSTOP WO    | \$182.91                         | \$155.48                         |
| 11000                |                  |                  | DEBRIDEMENT INFECT SKIN UP TO     | \$40.71                          | \$34.61                          |
| 11001                |                  |                  | DEBRIDE INFECTED SKIN EACH ADD    | \$18.47                          | \$15.70                          |
| 11004                |                  |                  | DEBRIDEMENT OF SKIN, SUBCUTANE    | \$478.43                         | \$406.67                         |
| 11005                |                  |                  | DEBRIDEMENT OF SKIN, SUBCUTANE    | \$652.42                         | \$554.56                         |
| 11006                |                  |                  | DEBRIDEMENT OF SKIN, SUBCUTANE    | \$601.39                         | \$511.18                         |
| 11008                |                  |                  | REMOVAL OF PROSTHETIC MATERIAL    | \$244.98                         | \$208.23                         |
| 11010                |                  |                  | DEBRIDEMENT SKIN & SUBCU W/OPE    | \$385.71                         | \$327.86                         |
| 11011                |                  |                  | DEBRIDEMENT SKIN/SUBCU TISSUE/    | \$455.55                         | \$387.22                         |
| 11012                |                  |                  | DEBRIDEMENT SUBCU/SKIN/MUSCLE/    | \$663.32                         | \$563.82                         |
| 11042                |                  |                  | DEBRIDE SKIN,SUBCUTANEOUS TISS    | \$72.16                          | \$61.34                          |
| 11043                |                  |                  | DEBRIDE:SKIN,SUBCU TISSUE AND     | \$199.71                         | \$169.76                         |
| 11044                |                  |                  | DEBRIDE:SKIN,SUBC TISS,MUSCL &    | \$260.76                         | \$221.65                         |
| 11055                |                  |                  | PARING BENIGN HYPERKER LESION     | \$34.07                          | \$28.96                          |
| 11055                | SA               |                  | PARING BENIGN HYPERKER LESION     | NA                               | \$27.51                          |
| 11056                |                  |                  | PARING 2-4 BENIGN HYPERKERATOT    | \$43.06                          | \$36.60                          |
| 11056                | SA               |                  | PARING 2-4 BENIGN HYPERKERATOT    | NA                               | \$34.77                          |
| 11057                |                  |                  | PARING >4 BENIGN HYPERKERATOTI    | \$53.04                          | \$45.08                          |
| 11057                | SA               |                  | PARING>4 BENIGN HYPERKERATOTIC    | NA                               | \$42.83                          |
| 11200                |                  |                  | EXCISION UP TO 15 SKIN TAGS       | \$60.81                          | \$51.69                          |
| 11201                |                  |                  | EXCISION,SKIN TAGS,EACH ADD10     | \$15.19                          | \$12.91                          |
| 11300                |                  |                  | SHAVING, LESION TO 0.5 CM OR L    | \$50.60                          | \$43.01                          |
| 11301                |                  |                  | SHAVING EPID, LESION 0.6 TO IC    | \$65.72                          | \$55.86                          |
| 11302                |                  |                  | SHAVING EPID, LESION 1.1 TO 2C    | \$78.78                          | \$66.97                          |
| 11303                |                  |                  | SHAVING EPID, LESION 2.1 TO 3C    | \$94.88                          | \$80.65                          |
| 11305                |                  |                  | SHAVING EPID, LESION TO 0.5 CM    | \$52.09                          | \$44.27                          |
| 11306                |                  |                  | SHAVING EPID, LESION 0.6 TO 1C    | \$70.69                          | \$60.08                          |
| 11307                |                  |                  | SHAVING EPID, LESION 1.1 TO 2     | \$81.88                          | \$69.60                          |
| 11308                |                  |                  | SHAVING EPID, LESION 2.1 TO 3     | \$97.62                          | \$82.97                          |
| 11310                |                  |                  | SHAVUNG EPID, LESION TO 0.5CM     | \$61.92                          | \$52.63                          |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 11311                |                  |                  | SHAVING EPID, LESION 0.6 TO 1C    | \$76.41                          | \$64.95                          |
| 11312                |                  |                  | SHAVING EPID, LESION 1.1 TO 2C    | \$87.89                          | \$74.70                          |
| 11313                |                  |                  | SHAVING EPID, LESION 2.1 TO 3C    | \$115.58                         | \$98.25                          |
| 11400                |                  |                  | EXCISE BENIGN LESION TO 0.5 CM    | \$96.50                          | \$82.03                          |
| 11401                |                  |                  | EXCISE BENIGN LESION 0.6 TO 1C    | \$111.73                         | \$94.97                          |
| 11402                |                  |                  | EXCISE BENIGN LESION 1.1 TO 2C    | \$127.24                         | \$108.15                         |
| 11403                |                  |                  | EXCISE BENIGN LESION 2.1 TO 3C    | \$143.04                         | \$121.58                         |
| 11404                |                  |                  | EXCISE BENIGN LESION 3.1 TO 4C    | \$163.27                         | \$138.78                         |
| 11406                |                  |                  | EXCISE BENIGN LESION OVER 4 CM    | \$200.86                         | \$170.73                         |
| 11420                |                  |                  | EXCISE BENIGN LESION TO 0.5 CM    | \$93.70                          | \$79.64                          |
| 11421                |                  |                  | EXCISE BENIGN LESION 0.6 TO 1     | \$118.97                         | \$101.12                         |
| 11422                |                  |                  | EXCISE BENIGN LESION 1.1 TO 2     | \$132.94                         | \$113.00                         |
| 11423                |                  |                  | EXCISE BENIGN LESION 2.1 TO 3C    | \$157.33                         | \$133.73                         |
| 11424                |                  |                  | EXCISE BENIGN LESION 3.1 TO 4C    | \$179.54                         | \$152.61                         |
| 11426                |                  |                  | EXCISE BENIGN LESION OVER 4.0     | \$250.59                         | \$213.00                         |
| 11440                |                  |                  | EXCISE BENIGN LESION TO 0.5 CM    | \$110.86                         | \$94.23                          |
| 11441                |                  |                  | EXCISE BENIGN LESION 0.6 TO 1C    | \$130.02                         | \$110.52                         |
| 11442                |                  |                  | EXCISE BENIGN LESION 1.1 TO 2C    | \$145.62                         | \$123.78                         |
| 11443                |                  |                  | EXCISE BENIGN LESION 2.1 TO 3C    | \$177.97                         | \$151.27                         |
| 11444                |                  |                  | EXCISE BENIGN LESION 3.1 TO 4C    | \$226.20                         | \$192.27                         |
| 11446                |                  |                  | EXCISE BENIGN LESION OVER 4.0     | \$291.75                         | \$247.99                         |
| 11450                |                  |                  | EXCISE/HIDRADENITIS/PRIMARY SU    | \$267.34                         | \$227.24                         |
| 11451                |                  |                  | EXCISE/HIDRADENTIS/W/OTHER CLO    | \$364.82                         | \$310.09                         |
| 11462                |                  |                  | EXCISE/HIDRADEBTIS/PRIMARY SUT    | \$262.51                         | \$223.14                         |
| 11463                |                  |                  | EXCISE/HIDRADENITIS/OTHER CLOS    | \$372.57                         | \$316.68                         |
| 11470                |                  |                  | EXCISE/HIDRADENTIS/PRIMARY CLO    | \$286.58                         | \$243.59                         |
| 11471                |                  |                  | EXCISE/HIDRADENITIS/OTHER CLOS    | \$384.22                         | \$326.59                         |
| 11600                |                  |                  | EXCISE MALIGNANT LESION TO 0.5    | \$133.94                         | \$113.85                         |
| 11601                |                  |                  | EXCISE MALIGNANCY 0.6 TO 1CM      | \$152.40                         | \$129.54                         |
| 11602                |                  |                  | EXCISE MALIGNANCY 1.1 TO 2CM      | \$161.22                         | \$137.03                         |
| 11603                |                  |                  | EXCISE MALIGNANCY 2.1 TO 3CM      | \$178.46                         | \$151.69                         |
| 11604                |                  |                  | EXCISE MALIGNANCY 3.1 TO 4CM      | \$196.46                         | \$166.99                         |
| 11606                |                  |                  | EXCISE MALIGNANT LESION OVER 4    | \$256.85                         | \$218.32                         |
| 11620                |                  |                  | EXCISE MALIGNANT LESION T .5 C    | \$128.49                         | \$109.21                         |
| 11621                |                  |                  | EXCISE MALIGNANCY 0.6 TO 1CM      | \$151.14                         | \$128.47                         |
| 11622                |                  |                  | EXCISE MALIGNANCY 1.1 TO 2CM      | \$170.98                         | \$145.33                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 11623                |                  |                  | EXCISE MALIGNANCY 2.1 TO 3CM      | \$201.74                         | \$171.48                         |
| 11624                |                  |                  | EXCISE MALIGNANCY 3.1 TO 4CM      | \$231.95                         | \$197.16                         |
| 11626                |                  |                  | EXCISE MALIGNANCY OVER 4.0 CM     | \$306.34                         | \$260.39                         |
| 11640                |                  |                  | EXCISE MALIGNANT LESION TO .5     | \$136.18                         | \$115.75                         |
| 11641                |                  |                  | EXCISE MALIGNANCY 0.6 TO 1CM      | \$175.82                         | \$149.44                         |
| 11642                |                  |                  | EXCISE MALIGNANCY 1.1 TO 2CM      | \$203.19                         | \$172.71                         |
| 11643                |                  |                  | EXCISE MALIGNANCY 2.1 TO 3CM      | \$234.95                         | \$199.71                         |
| 11644                |                  |                  | EXCISE MALIGNANCY 3.1 TO 4CM      | \$297.14                         | \$252.57                         |
| 11646                |                  |                  | EXCISE MALIGNANCY OVER 4.0 CM     | \$401.58                         | \$341.34                         |
| 11719                |                  |                  | TRIMMING NONDYSTROPHIC NAILS      | \$14.45                          | \$12.28                          |
| 11719                | SA               |                  | TRIMMING NONDYSTROPHIC NAILS      | NA                               | \$11.67                          |
| 11720                |                  |                  | DEBRIDEMENT OF NAILS ANY METHO    | \$22.83                          | \$19.41                          |
| 11721                |                  |                  | DEBRIDEMENT OF NAILS ANY METH     | \$34.07                          | \$28.96                          |
| 11730                |                  |                  | SIMPLE REMOVAL OF NAIL PLATE      | \$74.81                          | \$63.59                          |
| 11732                |                  |                  | EACH ADDITIONAL NAIL PLATE        | \$33.09                          | \$28.13                          |
| 11740                |                  |                  | EVACUATE HEMATOMA UNDER NAIL      | \$31.54                          | \$26.81                          |
| 11750                |                  |                  | EXCISION NAIL & NAIL MATRIX       | \$138.93                         | \$118.09                         |
| 11755                |                  |                  | BIOPSY OF NAIL UNITS,ANY METHO    | \$98.82                          | \$83.99                          |
| 11760                |                  |                  | SIMPLE RECONSTRUCTION NAIL BED    | \$145.38                         | \$123.58                         |
| 11762                |                  |                  | RECONSTRUCT NAIL BED WITH GRAF    | \$200.06                         | \$170.05                         |
| 11765                |                  |                  | EWEDGE EXCISION OF SKIN OF NAI    | \$84.90                          | \$72.17                          |
| 11770                |                  |                  | SIMPLE EXCISION PILONIDAL CYST    | \$210.67                         | \$179.07                         |
| 11771                |                  |                  | EXCISE PILONIDAL CYST: EXTENSI    | \$395.04                         | \$335.78                         |
| 11772                |                  |                  | PILONIDAL CYST: COMPLICATED       | \$501.78                         | \$426.51                         |
| 11900                |                  |                  | INTRALESIONAL INJECTION: UP TO    | \$39.09                          | \$33.22                          |
| 11901                |                  |                  | INTRALESIONAL INJECTION: OVER     | \$48.58                          | \$41.29                          |
| 11960                |                  |                  | INSERTION OF TISSUE EXPANDER      | \$678.96                         | \$577.12                         |
| 11970                |                  |                  | REPLACE EXPANDER-PERM. PROSTHE    | \$462.55                         | \$393.17                         |
| 11971                |                  |                  | REMOVE TISS EXP-NO PROSTHETIC     | \$386.88                         | \$328.85                         |
| 11976                |                  |                  | REMOVE WO REINSERT,IMPL.CONTRA    | \$286.38                         | \$286.38                         |
| 11976                | SA               |                  | REMOVE WO REINSERT,IMPL.CONTRA    | NA                               | \$286.38                         |
| 11981                |                  |                  | INSERTION, NON-BIODEGRAD DRUG     | \$199.12                         | \$199.12                         |
| 11982                |                  |                  | REMOVAL NON-BIODEGRAD DRUG DEL    | \$222.43                         | \$222.43                         |
| 11983                |                  |                  | REM W/INSERT NON-BIOGRAD DRUG     | \$279.88                         | \$279.88                         |
| 12001                |                  |                  | SIMPLE WOUND REPAIR TO 2.5 CM     | \$93.73                          | \$79.67                          |
| 12001                | SA               |                  | SIMPLE WOUND REPAIR TO 2.5 CM     | NA                               | \$75.69                          |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 12002                |                  |                  | SIMPLE WOUND REPAIR 2.6 TO 7.5    | \$113.61                         | \$96.57                          |
| 12002                | SA               |                  | SIMPLE WOUND REPAIR 2.6 TO 7.5    | NA                               | \$91.74                          |
| 12004                |                  |                  | SIMPLE WOUND REPAIR 7.6 TO 12.    | \$132.73                         | \$112.81                         |
| 12005                |                  |                  | SIMPLE WOUND REPAIR 12.6 TO 20    | \$169.44                         | \$144.02                         |
| 12006                |                  |                  | SIMPLE WOUND REPAIR 20.1 TO 30    | \$200.99                         | \$170.84                         |
| 12007                |                  |                  | SIMPLE WOUND REPAIR OVER 30 CM    | \$231.15                         | \$196.48                         |
| 12011                |                  |                  | SIMPLE WOUND REPAIR TO 2.5 CM     | \$114.29                         | \$97.15                          |
| 12013                |                  |                  | SIMPLE WOUND REPAIR 2.6 TO 5CM    | \$118.98                         | \$101.13                         |
| 12014                |                  |                  | SIMPLE WOUND REPAIR 5.1 TO 7.5    | \$141.54                         | \$120.31                         |
| 12015                |                  |                  | SIMPLE WOUND REPAIR 7.6 TO 12.    | \$170.17                         | \$144.64                         |
| 12016                |                  |                  | SIMPLE WOUND REPAIR 12.6 TO 20    | \$213.65                         | \$181.60                         |
| 12017                |                  |                  | SIMPLE WOUND REPAIR 20.1 TO 30    | \$153.18                         | \$130.20                         |
| 12018                |                  |                  | SIMPLE WOUND REPAIR OVER 30 CM    | \$173.57                         | \$147.53                         |
| 12020                |                  |                  | TREAT SUPER.DEHISCENCE:SIMPLE     | \$221.63                         | \$188.39                         |
| 12021                |                  |                  | TREAT SUPER.DEHISCENCE:W/PACK     | \$127.35                         | \$108.25                         |
| 12031                |                  |                  | LAYER CLOSURE WOUND TO 2.5 CM     | \$150.69                         | \$128.08                         |
| 12032                |                  |                  | LAYER CLOSURE 2.6 TO 7.5CM        | \$213.44                         | \$181.42                         |
| 12034                |                  |                  | LAYER CLOSURE 7.6-12.5CM          | \$208.27                         | \$177.03                         |
| 12035                |                  |                  | LAYER CLOSURE 12.6 TO 20CM        | \$296.41                         | \$251.95                         |
| 12036                |                  |                  | LAYER CLOSURE 20.1 TO 30CM        | \$332.94                         | \$283.00                         |
| 12037                |                  |                  | LAYER CLOSURE WOUND/ OVER 30.0    | \$374.11                         | \$318.00                         |
| 12041                |                  |                  | LAYER CLOSURE WOUND TO 2.5 CM     | \$167.06                         | \$142.00                         |
| 12042                |                  |                  | LAYER CLOSURE 2.6 TO 7.5CM        | \$202.59                         | \$172.20                         |
| 12044                |                  |                  | LAYER CLOSURE 7.6 TO 12.5CM       | \$216.50                         | \$184.02                         |
| 12045                |                  |                  | LAYER CLOSURE 12.6 TO 20CM        | \$306.01                         | \$260.11                         |
| 12046                |                  |                  | LAYER CLOSURE 20.1 TO 30CM        | \$371.20                         | \$315.52                         |
| 12047                |                  |                  | LAYER CLOSURE WOUND OVER 30.0     | \$379.60                         | \$322.66                         |
| 12051                |                  |                  | LAYER CLOSURE WOUND TO 2.5 CM     | \$195.28                         | \$165.99                         |
| 12052                |                  |                  | LAYER CLOSURE 2.6 TO 5CM          | \$202.18                         | \$171.86                         |
| 12053                |                  |                  | LAYER CLOSURE 5.1 TO 7.5CM        | \$215.70                         | \$183.35                         |
| 12054                |                  |                  | LAYER CLOSURE 7.6 TO 12.5CM       | \$239.06                         | \$203.20                         |
| 12055                |                  |                  | LAYER CLOSURE 12.6 TO 20CM        | \$305.37                         | \$259.56                         |
| 12056                |                  |                  | LAYER CLOSURE 20.1 TO 30CM        | \$412.46                         | \$350.59                         |
| 12057                |                  |                  | LAYER CLOSURE WOUND OVER 30.0     | \$413.31                         | \$351.32                         |
| 13100                |                  |                  | COMPLEX REPAIR 1.1 TO 2.5CM       | \$244.07                         | \$207.46                         |
| 13101                |                  |                  | COMPLEX REPAIR 2.6 TO 7.5CM       | \$289.74                         | \$246.28                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 13102                |                  |                  | REPAIR COMPLEX TRUNK EACH ADD     | \$82.74                          | \$70.33                          |
| 13120                |                  |                  | COMPLEX REPAIR 1.1 TO 2.5CM       | \$252.82                         | \$214.89                         |
| 13121                |                  |                  | COMPLEX REPAIR 2.6 TO 7.5CM       | \$308.86                         | \$262.53                         |
| 13122                |                  |                  | REP COMPLEX SCALP/ARM/LEG EA A    | \$101.19                         | \$86.01                          |
| 13131                |                  |                  | COMPLEX REPAIR 1.1 TO 2.5CM       | \$275.46                         | \$234.14                         |
| 13132                |                  |                  | COMPLEX REPAIR 2.6 TO 7.5CM       | \$398.11                         | \$338.40                         |
| 13133                |                  |                  | REP COMP FOREHEAD/CHIN/CHEEK/M    | \$130.88                         | \$111.25                         |
| 13151                |                  |                  | COMPLEX REPAIR 1.1 TO 2.5CM       | \$312.73                         | \$265.82                         |
| 13152                |                  |                  | COMPLEX REPAIR 2.6 TO 7.5CM       | \$416.90                         | \$354.37                         |
| 13153                |                  |                  | REP COMP EYELID/NOSE/EAR/LIP E    | \$148.15                         | \$125.93                         |
| 13160                |                  |                  | EXT/COMP SECONDARY CLOSE/DEHIS    | \$619.78                         | \$526.81                         |
| 14000                |                  |                  | TISSUE TRANSFER: DEFECT TO 10     | \$470.34                         | \$399.79                         |
| 14001                |                  |                  | TISSUE TRANSFER- 10.1 TO 30 SQ    | \$611.97                         | \$520.17                         |
| 14020                |                  |                  | TISSUE TRANSFER- TO 10 SQ CM      | \$519.73                         | \$441.77                         |
| 14021                |                  |                  | TISSUE TRANSFER- 10.1 TO 30 SQ    | \$680.98                         | \$578.83                         |
| 14040                |                  |                  | TISSUE TRANSFER- TO 10 SQ CM      | \$566.40                         | \$481.44                         |
| 14041                |                  |                  | TISSUE TRANSFER- 10.1 TO 30 SQ    | \$744.53                         | \$632.85                         |
| 14060                |                  |                  | TISSUE TRANSFER- TO 10 SQ CM      | \$587.42                         | \$499.30                         |
| 14061                |                  |                  | TISSUE TRANSFER- 10.1 TO 30 SQ    | \$804.98                         | \$684.23                         |
| 14350                |                  |                  | FILLETED FINGER OR TOE FLAP       | \$586.01                         | \$498.11                         |
| 15002                |                  |                  | SURGICAL PREPARATION OR CREATI    | \$257.98                         | \$219.28                         |
| 15002                | 26               |                  | SURGICAL PREPARATION OR CREATI    | \$174.03                         | \$147.93                         |
| 15003                |                  |                  | SURGICAL PREPARATION OR CREATI    | \$57.23                          | \$48.65                          |
| 15003                | 26               |                  | SURGICAL PREPARATION OR CREATI    | \$35.48                          | \$30.16                          |
| 15004                |                  |                  | SURGICAL PREPARATION OR CREATI    | \$310.41                         | \$263.85                         |
| 15004                | 26               |                  | SURGICAL PREPARATION OR CREATI    | \$215.24                         | \$182.95                         |
| 15005                |                  |                  | SURGICAL PREPARATION OR CREATI    | \$95.42                          | \$81.11                          |
| 15005                | 26               |                  | SURGICAL PREPARATION OR CREATI    | \$70.96                          | \$60.32                          |
| 15040                |                  |                  | HARVEST OF SKIN FOR TISSUE CUL    | \$225.37                         | \$191.56                         |
| 15040                | 26               |                  | HARVEST OF SKIN FOR TISSUE CUL    | \$108.66                         | \$92.36                          |
| 15050                |                  |                  | PINCH GRAFT: DEFECT UP TO 2 CM    | \$387.58                         | \$329.44                         |
| 15100                |                  |                  | SPLIT GRAFT: UP TO 100 SQ. CM.    | \$751.76                         | \$639.00                         |
| 15101                |                  |                  | SPLIT GRFT,@ ADD 100 SQ CM/1%     | \$188.35                         | \$160.10                         |
| 15110                |                  |                  | EPIDERMAL AUTOGRAFT, TRUNK, AR    | \$702.06                         | \$596.75                         |
| 15110                | 26               |                  | EPIDERMAL AUTOGRAFT, TRUNK,ARM    | \$577.21                         | \$490.63                         |
| 15111                |                  |                  | EPIDERMAL AUTOGRAFT, TRUNK, AR    | \$109.94                         | \$93.45                          |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 15111                | 26           |              | EPIDERMAL AUTOGRAFT, TRUNK,ARM    | \$92.97                      | \$79.02                      |
| 15115                |              |              | EPIDERMAL AUTOGRAFT, FACE, SCA    | \$657.94                     | \$559.25                     |
| 15115                | 26           |              | EPIDERMAL AUTOGRAFT, FACE,SCAL    | \$594.17                     | \$505.04                     |
| 15116                |              |              | EPIDERMAL AUTOGRAFT, FACE, SCA    | \$142.39                     | \$121.03                     |
| 15116                | 26           |              | EPIDERMAL AUTOGRAFT, FACE,SCAL    | \$126.78                     | \$107.77                     |
| 15120                |              |              | SPLIT GRAFT: UP TO 100 SQ. CM.    | \$709.45                     | \$603.03                     |
| 15121                |              |              | SPLIT GRFT,@ ADD 100 SQ CM/1%     | \$137.92                     | \$117.23                     |
| 15130                |              |              | DERMAL AUTOGRAFT, TRUNK, ARMS,    | \$585.50                     | \$497.67                     |
| 15130                | 26           |              | DERMAL AUTOGRAFT, TRUNK,ARMS,L    | \$465.74                     | \$395.88                     |
| 15131                |              |              | DERMAL AUTOGRAFT, TRUNK, ARMS,    | \$89.93                      | \$76.44                      |
| 15131                | 26           |              | DERMAL AUTOGRAFT, TRUNK,ARMS,L    | \$75.34                      | \$64.04                      |
| 15135                |              |              | DERMAL AUTOGRAFT, FACE, SCALP,    | \$704.18                     | \$598.55                     |
| 15135                | 26           |              | DERMAL AUTOGRAFT, FACE,SCALP,E    | \$644.81                     | \$548.09                     |
| 15136                |              |              | DERMAL AUTOGRAFT, FACE, SCALP,    | \$83.53                      | \$71.00                      |
| 15136                | 26           |              | DERMAL AUTOGRAFT, FACE,SCALP,E    | \$76.06                      | \$64.65                      |
| 15150                |              |              | TISSUE CULTURED EPIDERMAL AUTO    | \$582.20                     | \$494.87                     |
| 15150                | 26           |              | TISSUE CULTURED EPIDERMAL AUTO    | \$513.67                     | \$436.62                     |
| 15151                |              |              | TISSUE CULTURED EPIDERMAL AUTO    | \$115.94                     | \$98.55                      |
| 15151                | 26           |              | TISSUE CULTURED EPIDERMAL AUTO    | \$100.34                     | \$85.29                      |
| 15152                |              |              | TISSUE CULTURED EPIDERMAL AUTO    | \$142.30                     | \$120.96                     |
| 15152                | 26           |              | TISSUE CULTURED EPIDERMAL AUTO    | \$125.34                     | \$106.54                     |
| 15155                |              |              | TISSUE CULTURED EPIDERMAL AUTO    | \$581.55                     | \$494.32                     |
| 15155                | 26           |              | TISSUE CULTURED EPIDERMAL AUTO    | \$552.37                     | \$469.51                     |
| 15156                |              |              | TISSUE CULTURED EPIDERMAL AUTO    | \$150.50                     | \$127.93                     |
| 15156                | 26           |              | TISSUE CULTURED EPIDERMAL AUTO    | \$139.65                     | \$118.70                     |
| 15157                |              |              | TISSUE CULTURED EPIDERMAL AUTO    | \$166.76                     | \$141.75                     |
| 15157                | 26           |              | TISSUE CULTURED EPIDERMAL AUTO    | \$152.17                     | \$129.34                     |
| 15200                |              |              | FULL THICK GRAFT TO 20 SQ CM      | \$602.43                     | \$512.07                     |
| 15201                |              |              | FULL THICK GRAFT EACH ADD 20 S    | \$134.54                     | \$114.36                     |
| 15220                |              |              | FULL THICK GRAFT TO 20 SQ CM      | \$585.78                     | \$497.92                     |
| 15221                |              |              | FULL THICK GRAFT EACH ADD 20 S    | \$121.40                     | \$103.19                     |
| 15240                |              |              | FULL THICK GRAFT TO 20 SQ CM      | \$659.74                     | \$560.78                     |
| 15241                |              |              | FULL THICK GRAFT EACH ADD 20 S    | \$148.72                     | \$126.41                     |
| 15260                |              |              | FULL THICK GRAFT TO 20 SQ CM      | \$685.24                     | \$582.45                     |
| 15261                |              |              | FULL THICK GRAFT EACH ADD 20 S    | \$168.31                     | \$143.07                     |
| 15570                |              |              | FORM DIRECT/TUBE PEDICLE,....T    | \$714.83                     | \$607.61                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 15572                |                  |                  | SKIN GRAFT, SCALP/ARMS/LEGS       | \$651.19                         | \$553.51                         |
| 15574                |                  |                  | FORM DIRECT/TUBE PEDICLE..FORE    | \$710.85                         | \$604.22                         |
| 15576                |                  |                  | FORM DIRECT/TUBE PEDICLE..EYEL    | \$631.94                         | \$537.15                         |
| 15600                |                  |                  | INTERM DELAY FLAP TRUNK           | \$326.88                         | \$277.85                         |
| 15610                |                  |                  | INTERM DELAY FLAP SCALP/LIMBS     | \$246.30                         | \$209.36                         |
| 15620                |                  |                  | INTERM DELAY FLAP CHIN/NECK/FE    | \$367.91                         | \$312.73                         |
| 15630                |                  |                  | INTER DELAY FLAP EYELIDS/LIP/E    | \$352.95                         | \$300.01                         |
| 15650                |                  |                  | TRANS INTERM ANY PEDICLE FLAP     | \$380.52                         | \$323.44                         |
| 15731                |                  |                  | FOREHEAD FLAP WITH PRESERVATIO    | \$851.03                         | \$723.38                         |
| 15731                | 26               |                  | FOREHEAD FLAP WITH PRESERVATIO    | \$763.68                         | \$649.13                         |
| 15734                |                  |                  | MUSCLE,MYO/FASCIO CUTAN FLAP:T    | \$1,254.69                       | \$1,066.48                       |
| 15736                |                  |                  | MUSCLE,MYO/FASCIO CUT FLAP:UPP    | \$1,206.29                       | \$1,025.34                       |
| 15738                |                  |                  | MUSCLE,MYO/FASCIO CUT FLAP:LOW    | \$1,255.23                       | \$1,066.95                       |
| 15740                |                  |                  | ISLAND PEDICLE FLAP GRAFT         | \$686.76                         | \$583.75                         |
| 15750                |                  |                  | NEUROVASCULAR PEDICLE GRAFT       | \$709.77                         | \$603.30                         |
| 15756                |                  |                  | FREE FLAP W/WO GRAFT MICROVASC    | \$1,947.99                       | \$1,655.79                       |
| 15757                |                  |                  | FREE SKIN FLAP W/MICROVASC ANA    | \$1,961.70                       | \$1,667.44                       |
| 15758                |                  |                  | FREE FASCIAL FLAP W/MICROVASC     | \$1,966.94                       | \$1,671.90                       |
| 15760                |                  |                  | COMPOSITE SKIN GRAFT              | \$642.09                         | \$545.77                         |
| 15770                |                  |                  | DERMA-FAT-FASCIA GRAFT            | \$495.76                         | \$421.40                         |
| 15780                |                  |                  | SKIN ABRASION TOTAL FACE          | \$641.82                         | \$545.54                         |
| 15781                |                  |                  | ABRASION OF SKIN FOR REMOVAL O    | \$398.18                         | \$338.46                         |
| 15782                |                  |                  | ABRASION OF SKIN FOR REMOVAL O    | \$481.50                         | \$409.28                         |
| 15783                |                  |                  | DERMABRASION SUPERFICIAL ANY S    | \$377.35                         | \$320.75                         |
| 15786                |                  |                  | ABRASION SINGLE LESION            | \$181.42                         | \$154.21                         |
| 15787                |                  |                  | ABRASION EA ADD 4 LESION OR LE    | \$47.59                          | \$40.45                          |
| 15788                |                  |                  | CHEMICAL PEEL, FACIAL: EPIDERM    | \$297.66                         | \$253.01                         |
| 15789                |                  |                  | CHEMICAL PEEL, DERMAL, FACIAL     | \$436.30                         | \$370.86                         |
| 15792                |                  |                  | CHEMICAL PEEL, NONFACIAL, EPID    | \$303.86                         | \$258.28                         |
| 15793                |                  |                  | CHEMICAL PEEL, NONFACIAL: DERM    | \$337.29                         | \$286.69                         |
| 15819                |                  |                  | CERVICOPLASTY                     | \$569.18                         | \$483.80                         |
| 15820                |                  |                  | BLEPHAROPLASTY,LOWER EYELIDS      | \$411.48                         | \$349.76                         |
| 15821                |                  |                  | BLEPHAROPLASTY HERNIATED FAT P    | \$443.86                         | \$377.28                         |
| 15822                |                  |                  | BLEPHAROPLASTY,UPPER EYELID       | \$349.78                         | \$297.32                         |
| 15823                |                  |                  | BLEPHAROPLASTY,UPPER:EXCESSIVE    | \$504.36                         | \$428.71                         |
| 15830                |                  |                  | EXCISION, EXCESSIVE SKIN AND S    | \$910.71                         | \$774.11                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 15840                |                  |                  | GRAFT FACIAL NERVE PARALYSIS      | \$796.87                         | \$677.34                         |
| 15841                |                  |                  | FACIAL NERVE PALSY MUSCLE GRAF    | \$1,319.41                       | \$1,121.50                       |
| 15842                |                  |                  | MICROSUR MUSCLE GRAFT FACE PAL    | \$2,123.51                       | \$1,804.99                       |
| 15845                |                  |                  | REANIMATION MUSCLE TRANS FACE     | \$737.27                         | \$626.68                         |
| 15851                |                  |                  | REMOVAL OF SUTURES UNDER ANEST    | \$85.96                          | \$73.07                          |
| 15852                |                  |                  | DRESSING CHANGE NOT BURNS UNDE    | \$47.40                          | \$40.29                          |
| 15920                |                  |                  | COCCYGECTOMY PRIMARY SUTURE       | \$470.72                         | \$400.11                         |
| 15922                |                  |                  | COCCYGECTOMY FLAP CLOSURE         | \$599.91                         | \$509.93                         |
| 15931                |                  |                  | EXCISE SACRAL PRESSURE ULCER      | \$522.12                         | \$443.80                         |
| 15933                |                  |                  | REMOVAL OF PRESSURE SORE          | \$654.30                         | \$556.15                         |
| 15934                |                  |                  | EXCISE,WITH SKIN FLAP CLOSURE     | \$726.60                         | \$617.61                         |
| 15935                |                  |                  | EXC SAC ULCER/FLAP/OSTECTOMY      | \$872.88                         | \$741.95                         |
| 15936                |                  |                  | EXCISE ULCER W/ OTHER FLAP CLO    | \$722.31                         | \$613.97                         |
| 15937                |                  |                  | EXC SAC ULCER/FLAP/OSTECTOMY      | \$843.65                         | \$717.10                         |
| 15940                |                  |                  | EXC ISCHIAL ULCER DIRECT SUTUR    | \$543.67                         | \$462.12                         |
| 15941                |                  |                  | EXC ISCHIAL ULCER OSTECTOMY       | \$731.39                         | \$621.68                         |
| 15944                |                  |                  | EXC ISCHIAL ULC/SKIN FLAP CLOS    | \$702.86                         | \$597.43                         |
| 15945                |                  |                  | EXC ISCHAL ULC/OSTECTOMY/FLAP     | \$782.99                         | \$665.54                         |
| 15946                |                  |                  | EXC ISCHIAL ULC/OSTECTOMY/FLAP    | \$1,263.22                       | \$1,073.74                       |
| 15950                |                  |                  | EXC TROCHANTERIC ULCER DIR SUT    | \$453.01                         | \$385.06                         |
| 15951                |                  |                  | EXC TROCHAN ULCER OSTECTOMY       | \$649.64                         | \$552.19                         |
| 15952                |                  |                  | EXC TROCHAN ULCER SKIN FLAP CL    | \$670.34                         | \$569.79                         |
| 15953                |                  |                  | EXC TROCH ULC SKIN FL CLO/OSTE    | \$757.57                         | \$643.93                         |
| 15956                |                  |                  | EXC TROCH/ULC FLAP CLOSURE        | \$921.73                         | \$783.47                         |
| 15958                |                  |                  | TROCH ULC/EXC-FLAP-OSTECTOMY      | \$930.80                         | \$791.18                         |
| 16000                |                  |                  | INIT TREAT 1ST DEGREE BURN        | \$59.68                          | \$50.73                          |
| 16000                | SA               |                  | INIT TREAT 1ST DEGREE BURN        | NA                               | \$48.19                          |
| 16020                |                  |                  | DRESS/DEBRID BURN SMALL NO ANE    | \$71.42                          | \$60.71                          |
| 16020                | SA               |                  | DRESS/DEBRID BURN SMALL NO ANE    | NA                               | \$57.67                          |
| 16025                |                  |                  | DRESS/DEBRID BURM MED NO ANEST    | \$124.15                         | \$105.53                         |
| 16030                |                  |                  | DRESS/DEBRID BURN LG NO ANESTH    | \$146.81                         | \$124.79                         |
| 16035                |                  |                  | ESCHAROTOMY B                     | \$185.44                         | \$157.62                         |
| 16036                |                  |                  | ESCHAROTOMY: EACH ADDIT INCISI    | \$73.69                          | \$62.63                          |
| 17000                |                  |                  | DESTROY BENIGN/PREMLIG LESION     | \$52.77                          | \$44.85                          |
| 17003                |                  |                  | DESTROY 2-14 BENIGN/PREMLIG L     | \$5.56                           | \$4.73                           |
| 17004                |                  |                  | DESTROY 15 OR MORE BENIGN/PREM    | \$152.01                         | \$129.21                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 17106                |                  |                  | DESTR CUTAN VASC PROL LESI LIO    | \$311.55                         | \$264.82                         |
| 17107                |                  |                  | DESTR CUTAN VASC PROL LESI 10-    | \$460.20                         | \$391.17                         |
| 17108                |                  |                  | DESTR CUTAN VASC PROL LESI >50    | \$673.05                         | \$572.09                         |
| 17110                |                  |                  | DESTROY-ANY METHOD-UP TO 15 LE    | \$76.99                          | \$65.44                          |
| 17111                |                  |                  | DESTROY FLAT WARTS 15 OR MORE     | \$87.22                          | \$74.14                          |
| 17250                |                  |                  | CHEMICAL CAUTERY OF WOUND         | \$58.97                          | \$50.12                          |
| 17260                |                  |                  | DESTR,MALIG LESION..0.5 CM.OR     | \$73.38                          | \$62.38                          |
| 17261                |                  |                  | DESTRUCT,MALIG LESION...0.6-1.    | \$93.10                          | \$79.13                          |
| 17262                |                  |                  | DESTRUCT,MALIG LESION..1.1-2.0    | \$115.86                         | \$98.48                          |
| 17263                |                  |                  | DESTRUCT,MALIG LESION 2.1-3.0     | \$128.55                         | \$109.27                         |
| 17264                |                  |                  | DESTRUCT MALIG LESION 3.1-4.0     | \$139.36                         | \$118.46                         |
| 17266                |                  |                  | DESTR MALIG LESION DIAMETER >4    | \$161.80                         | \$137.53                         |
| 17270                |                  |                  | DESTR MALIG LESION,DIA 0.5CM O    | \$100.89                         | \$85.75                          |
| 17271                |                  |                  | DESTR MALIG LESION 0.6-1.0 CM     | \$109.27                         | \$92.88                          |
| 17272                |                  |                  | DESTR MALIG LESION 1.1-2.0 CM     | \$125.89                         | \$107.00                         |
| 17273                |                  |                  | DESTR MALIG LESION 2.1-3.0 CM     | \$142.16                         | \$120.84                         |
| 17274                |                  |                  | DESTR MALIG LESION 3.1-4.0 CM     | \$172.04                         | \$146.23                         |
| 17276                |                  |                  | DESTR MALIG LESION OVER 4.0 CM    | \$205.99                         | \$175.09                         |
| 17280                |                  |                  | DESTR MALIG LESION 0.5 CM OR L    | \$93.10                          | \$79.13                          |
| 17281                |                  |                  | DESTR MALIG LESION 0.6-1.0 CM     | \$121.26                         | \$103.07                         |
| 17282                |                  |                  | DESTR MALIG LESION 1.1-2.0 CM     | \$140.14                         | \$119.12                         |
| 17283                |                  |                  | DESTR,MALIG LESION 2.1-3.0 CM     | \$173.24                         | \$147.25                         |
| 17284                |                  |                  | DESTR MALIG LESION 3.1-4.0 CM     | \$204.74                         | \$174.03                         |
| 17286                |                  |                  | DESTR MALIG LESION OVER 4.0 CM    | \$271.71                         | \$230.96                         |
| 17311                |                  |                  | MOHS MICROGRAPHIC TECHNIQUE, I    | \$550.74                         | \$467.62                         |
| 17311                | 26               |                  | MOHS MICROGRAPHIC TECHNIQUE, I    | \$290.82                         | \$247.19                         |
| 17312                |                  |                  | MOHS MICROGRAPHIC TECHNIQUE, I    | \$332.88                         | \$282.95                         |
| 17312                | 26               |                  | MOHS MICROGRAPHIC TECHNIQUE,IN    | \$154.79                         | \$131.57                         |
| 17313                |                  |                  | MOHS MICROGRAPHIC TECHNIQUE, I    | \$502.66                         | \$427.26                         |
| 17313                | 26               |                  | MOHS MICROGRAPHIC TECHNIQUE,IN    | \$260.68                         | \$221.58                         |
| 17314                |                  |                  | MOHS MICROGRAPHIC TECHNIQUE, I    | \$308.30                         | \$262.05                         |
| 17314                | 26               |                  | MOHS MICROGRAPHIC TECHNIQUE,IN    | \$143.13                         | \$121.66                         |
| 17315                |                  |                  | MOHS MICROGRAPHIC TECHNIQUE, I    | \$64.62                          | \$54.93                          |
| 17315                | 26               |                  | MOHS MICROGRAPHIC TECHNIQUE,IN    | \$40.49                          | \$34.41                          |
| 17340                |                  |                  | CRYOTHERAPY OF SKIN               | \$38.06                          | \$32.35                          |
| 17360                |                  |                  | CHEMICAL EXFOLIATION FOR ACNE     | \$95.84                          | \$81.46                          |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 19000                |                  |                  | PUNCTURE ASPIRATION BREAST CYS    | \$96.43                          | \$81.97                          |
| 19001                |                  |                  | PUNCTURE ASP BREAST CYST EA AD    | \$22.94                          | \$19.50                          |
| 19020                |                  |                  | MASTOTOMY/DRAIN ABSCESS DEEP      | \$341.28                         | \$290.09                         |
| 19030                |                  |                  | INJEC FOR MAMM DUCTOG OR GALAC    | \$148.40                         | \$126.14                         |
| 19100                |                  |                  | BREAST BIOPSY NEEDLE              | \$115.78                         | \$98.42                          |
| 19101                |                  |                  | BREAST BIOPSY INCISIONAL          | \$265.06                         | \$225.30                         |
| 19105                |                  |                  | ABLATION, CRYOSURGICAL, OF FIB    | \$1,674.70                       | \$1,423.49                       |
| 19105                | 26               |                  | ABLATION, CRYOSURGICAL, OF FIB    | \$147.68                         | \$125.53                         |
| 19110                |                  |                  | NIPPLE EXP. W/ORW/OUT EXCISION    | \$349.58                         | \$297.15                         |
| 19112                |                  |                  | EXCISION OF LACTIFEROUS DUCT F    | \$336.17                         | \$285.74                         |
| 19120                |                  |                  | EXCISE ONE/MORE BREAST LESIONS    | \$351.40                         | \$298.69                         |
| 19120                | 50               |                  | EXCISE ONE/MORE BREAST LESIONS    | \$702.80                         | \$597.38                         |
| 19125                |                  |                  | EXCISION OF BREAST LESION, ONE    | \$377.42                         | \$320.80                         |
| 19126                |                  |                  | EXN OF BREAST LESION, EACH ADD    | \$137.78                         | \$117.12                         |
| 19296                |                  |                  | PLACEMENT OF RADIOTHERAPY AFTE    | \$4,328.50                       | \$3,679.23                       |
| 19296                | 26               |                  | PLACEMENT OF RADIOTHERAPY AFTE    | \$177.31                         | \$150.72                         |
| 19297                |                  |                  | PLACEMENT OF RADIOTHERAPY AFTE    | \$81.12                          | \$68.95                          |
| 19298                |                  |                  | PLACEMENT OF RADIOTHERAPY AFTE    | \$1,061.23                       | \$902.05                         |
| 19298                | 26               |                  | PLACEMENT OF RADIOTHERAPY AFTE    | \$284.51                         | \$241.84                         |
| 19300                |                  |                  | MASTECTOMY FOR GYNECOMASTIA       | \$417.49                         | \$354.86                         |
| 19300                | 26               |                  | MASTECTOMY FOR GYNECOMASTIA       | \$286.50                         | \$243.53                         |
| 19301                |                  |                  | MASTECTOMY, PARTIAL (EG, LUMPE    | \$312.26                         | \$265.42                         |
| 19302                |                  |                  | MASTECTOMY, PARTIAL (EG, LUMPE    | \$660.70                         | \$561.59                         |
| 19303                |                  |                  | MASTECTOMY, SIMPLE, COMPLETE      | \$667.42                         | \$567.31                         |
| 19305                |                  |                  | MASTECTOMY, RADICAL, INCLUDING    | \$818.42                         | \$695.66                         |
| 19306                |                  |                  | MASTECTOMY, RADICAL, INCLUDING    | \$851.05                         | \$723.39                         |
| 19307                |                  |                  | MASTECTOMY, MODIFIED RADICAL,     | \$855.69                         | \$727.33                         |
| 19316                |                  |                  | MASTOPEXY                         | \$641.24                         | \$545.05                         |
| 19318                |                  |                  | REDUCTION MAMMAPLASTY             | \$959.41                         | \$815.50                         |
| 19318                | 50               |                  | REDUCTION MAMMAPLASTY             | \$1,918.82                       | \$1,630.99                       |
| 19325                |                  |                  | MAMMAPLASTY WITH PROSTHETIC       | \$528.00                         | \$448.80                         |
| 19325                | 50               |                  | MAMMAPLASTY WITH PROSTHETIC       | \$1,056.00                       | \$897.60                         |
| 19328                |                  |                  | REMOVE INTACT MAMMARY IMPLANT     | \$376.78                         | \$320.27                         |
| 19330                |                  |                  | REMOVE IMPLANT MATERIAL           | \$482.11                         | \$409.80                         |
| 19340                |                  |                  | IMMEDIATE INSERT BREAST PROSTH    | \$336.97                         | \$286.42                         |
| 19342                |                  |                  | DELAY-INSERT BREAST PROSTHETIC    | \$711.15                         | \$604.48                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 19350                |                  |                  | NIPPLE/AREOLA RECONSTRUCTION      | \$794.23                         | \$675.10                         |
| 19357                |                  |                  | BREAST RECONSTRUCTION....         | \$1,191.02                       | \$1,012.36                       |
| 19357                | 50               |                  | BREAST RECONSTRUCTION-BILATERA    | \$2,382.03                       | \$2,024.73                       |
| 19361                |                  |                  | BREAST RECONST.W/WO PROSTHETIC    | \$1,117.28                       | \$949.69                         |
| 19361                | 50               |                  | BREAST RECONSTRUCTION W/WO PRO    | \$2,234.56                       | \$1,899.38                       |
| 19364                |                  |                  | RECONSTRUCT BREAST-FREE FLAP      | \$2,279.06                       | \$1,937.20                       |
| 19367                |                  |                  | BREAST RECONSTR W/TRAM SINGLE     | \$1,499.16                       | \$1,274.29                       |
| 19368                |                  |                  | BREAST RECONST/TRAM/MICROVASC     | \$1,830.00                       | \$1,555.50                       |
| 19369                |                  |                  | BREAST RECONSTR/TRAM/DOUBLE PE    | \$1,700.38                       | \$1,445.32                       |
| 19370                |                  |                  | PERIPROSTHETIC CAPSULECTOMY       | \$527.06                         | \$448.00                         |
| 19371                |                  |                  | PERIPROSTHETIC CAPSULECTOMY, B    | \$609.11                         | \$517.75                         |
| 19380                |                  |                  | REVISE RECONSTRUCTED BREAST       | \$593.10                         | \$504.13                         |
| 19396                |                  |                  | PREP MOULAGE FOR CUSTOM IMPLAN    | \$114.11                         | \$97.00                          |
| 20100                |                  |                  | EXPLORATION PENETRATING WOUND,    | \$505.46                         | \$429.64                         |
| 20101                |                  |                  | EXPLORE PENETRATING WOUND, CHE    | \$316.32                         | \$268.87                         |
| 20102                |                  |                  | EXPLORE PENETRATING WOUND/ABD/    | \$392.50                         | \$333.62                         |
| 20103                |                  |                  | EXPLORE PENETRATING WOUND,EXTR    | \$481.17                         | \$408.99                         |
| 20150                |                  |                  | EXCISION EPIPYSEAL BAR W/WO AU    | \$731.33                         | \$621.63                         |
| 20200                |                  |                  | MUSCLE BIOPSY: SUPERFICIAL        | \$156.09                         | \$132.67                         |
| 20205                |                  |                  | MUSCLE BIOPSY: DEEP/SUPERFICIA    | \$216.36                         | \$183.91                         |
| 20206                |                  |                  | BIOPSY,MUSCLE,PERCUTANEOUS NEE    | \$253.34                         | \$215.34                         |
| 20220                |                  |                  | SUPERFICIAL BIOPSY OF BONE: NE    | \$178.20                         | \$151.47                         |
| 20225                |                  |                  | DEEP BONE BIOPSY: TROCAR/ NEED    | \$558.10                         | \$474.39                         |
| 20240                |                  |                  | EXCISIONAL BIOPSY: SUPERFICIAL    | \$154.65                         | \$131.45                         |
| 20245                |                  |                  | EXCISIONAL BIOPSY OF BONE: DEE    | \$362.81                         | \$308.81                         |
| 20250                |                  |                  | OPEN BIOPSY OF VERTEBRAL BODY     | \$307.91                         | \$261.73                         |
| 20251                |                  |                  | OPEN BIOPSY OF VERTEBRAL BODY     | \$350.90                         | \$298.26                         |
| 20500                |                  |                  | INJECT SINUS TRACT: THERAPEUTI    | \$110.06                         | \$93.55                          |
| 20501                |                  |                  | INJECT SINUS TRACT: DIAGNOSTIC    | \$124.27                         | \$105.63                         |
| 20520                |                  |                  | REMOVE FOREIGN BODY: SIMPLE       | \$163.76                         | \$139.20                         |
| 20525                |                  |                  | REMOVE FOREIGN BODY: COMPLICAT    | \$436.50                         | \$371.03                         |
| 20526                |                  |                  | THERAPEUTIC INJECT CARPAL TUNN    | \$66.46                          | \$56.49                          |
| 20550                |                  |                  | INJECT TENDON SHEATH/LIGAMENT     | \$50.46                          | \$42.89                          |
| 20551                |                  |                  | INJECTION: TENDON ORIGIN/INSER    | \$49.14                          | \$41.77                          |
| 20552                |                  |                  | INJECTION: SINGLE/MULTIPLE TRI    | \$46.77                          | \$39.75                          |
| 20553                |                  |                  | INJ TRIGGER POINTS 3 OR < MUSC    | \$52.71                          | \$44.81                          |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 20555                |                  |                  | PLACEMENT OF NEEDLES OR CATHET    | \$255.90                         | \$217.52                         |
| 20600                |                  |                  | ARTHROCENTESIS: SMALL JOINT/ B    | \$45.28                          | \$38.49                          |
| 20605                |                  |                  | ARTHROCENTESIS: MED. JOINT/ BU    | \$49.65                          | \$42.20                          |
| 20610                |                  |                  | ARTHROCENTESIS: MAJOR JOINT/ B    | \$60.46                          | \$51.39                          |
| 20612                |                  |                  | ASPIRATION/INJECTION GANGLION     | \$49.18                          | \$41.80                          |
| 20612                | 26               |                  | ASPIRATION/INJECTION GANGLION     | \$37.30                          | \$31.70                          |
| 20615                |                  |                  | ASPIRATE/INJECTION-BONE CYST      | \$197.42                         | \$167.80                         |
| 20650                |                  |                  | SKELETAL TRACTION: WIRE OR PIN    | \$160.06                         | \$136.05                         |
| 20660                |                  |                  | APPLY TONGS OR CALIPER AND REM    | \$200.59                         | \$170.50                         |
| 20661                |                  |                  | APPLY HALO: CRANIAL               | \$354.86                         | \$301.63                         |
| 20662                |                  |                  | APPLY HALO: PELVIC                | \$396.10                         | \$336.68                         |
| 20663                |                  |                  | APPLY HALO: FEMORAL               | \$363.32                         | \$308.82                         |
| 20664                |                  |                  | APPLIC/REMOVAL CRANIAL HALO W/    | \$545.40                         | \$463.59                         |
| 20665                |                  |                  | REMOVE HALO OR TONGS BY OTHER     | \$112.50                         | \$95.63                          |
| 20670                |                  |                  | REMOVE IMPLANT: SUPERFICIAL       | \$402.47                         | \$342.10                         |
| 20680                |                  |                  | REMOVE IMPLANT: DEEP              | \$421.02                         | \$357.87                         |
| 20690                |                  |                  | APPLY EXTERNAL FIXATION SYS,ST    | \$213.89                         | \$181.80                         |
| 20692                |                  |                  | APPL MULTIPLANE,UNIL,EXT FIX S    | \$361.59                         | \$307.35                         |
| 20693                |                  |                  | ADJ/REV EXT FIX SYS W ANES W/W    | \$399.13                         | \$339.26                         |
| 20694                |                  |                  | REM W ANES, EXTERNAL FIXATION     | \$395.08                         | \$335.82                         |
| 20802                |                  |                  | REPLANT ARM: COMPLETE AMPUTATI    | \$2,124.51                       | \$1,805.84                       |
| 20805                |                  |                  | REPLANT FOREARM-COMPLETE AMPUT    | \$2,889.03                       | \$2,455.68                       |
| 20808                |                  |                  | REPLANT HAND: COMPLETE AMPUTAT    | \$3,585.42                       | \$3,047.60                       |
| 20816                |                  |                  | REPLANT DIGIT, TOTAL AMPUTATIO    | \$2,144.00                       | \$1,822.40                       |
| 20822                |                  |                  | REPLANT DIGIT,EXCLUDE THUMB,CO    | \$1,845.11                       | \$1,568.34                       |
| 20824                |                  |                  | REPLANT THUMB,COMPLETE AMPUTAT    | \$2,139.06                       | \$1,818.20                       |
| 20827                |                  |                  | REPLANT THUMB-DISTAL TIP-COMPL    | \$1,886.63                       | \$1,603.64                       |
| 20838                |                  |                  | REPLANT FOOT: TOTAL AMPUTATION    | \$2,098.50                       | \$1,783.72                       |
| 20900                |                  |                  | BONE GRAFT: ANY DONOR AREA, SM    | \$437.22                         | \$371.64                         |
| 20902                |                  |                  | BONE GRAFT, ANY DONOR AREA: LA    | \$294.24                         | \$250.10                         |
| 20910                |                  |                  | CARTILAGE GRAFT: COSTOCHONDRAL    | \$365.90                         | \$311.02                         |
| 20912                |                  |                  | CARTILAGE GRAFT: NASAL SEPTUM     | \$417.94                         | \$355.25                         |
| 20920                |                  |                  | FASCIA LATA GRAFT: BY STRIPPER    | \$330.57                         | \$280.98                         |
| 20922                |                  |                  | FASCIA LATA GRAFT: BY INCISION    | \$485.83                         | \$412.96                         |
| 20950                |                  |                  | MONITOR INTERSTITIAL FLUID        | \$267.73                         | \$227.57                         |
| 20955                |                  |                  | FIBULA GRAFT W MICROVASCULAR A    | \$2,207.99                       | \$1,876.79                       |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 20956                |              |              | BONE GRAFT/ILIAC CREST W/MICRO    | \$2,288.38                   | \$1,945.12                   |
| 20957                |              |              | BONE GRAFT METATARSAL W/MICROV    | \$2,135.74                   | \$1,815.38                   |
| 20962                |              |              | BONE GRAFT/MICROVAS ANSA.-OTHE    | \$2,205.92                   | \$1,875.03                   |
| 20969                |              |              | FREE OSTEOCUTAN FLAP/MICROVAS     | \$2,434.07                   | \$2,068.96                   |
| 20970                |              |              | FREE OSTEOCUTAN FLAP...ILIAC      | \$2,417.84                   | \$2,055.16                   |
| 20972                |              |              | FREE OSTEOCUTAN FLAP...METATAR    | \$2,214.10                   | \$1,881.98                   |
| 20973                |              |              | FREE OSTEOCUTAN FLAP...GREAT T    | \$2,464.17                   | \$2,094.54                   |
| 20974                |              |              | ELECTR STIM/BONE HEALING-NONIN    | \$46.26                      | \$39.32                      |
| 20974                | 26           |              | ELECTR STIM/BONE HEALING-NONIN    | \$41.17                      | \$34.99                      |
| 20975                |              |              | BONES INVASIVE(OPERATIVE)         | \$155.27                     | \$131.98                     |
| 20982                |              |              | ABLATION, BONE TUMOR(S)           | \$1,923.61                   | \$1,635.07                   |
| 20982                | 26           |              | ABLATION, BONE TUMOR(S)           | \$351.34                     | \$298.64                     |
| 20985                |              |              | COMPUTER ASSISTED SURGICAL NAV    | \$118.94                     | \$101.10                     |
| 21010                |              |              | ARTHROTOMY: UNILATERAL            | \$593.97                     | \$504.87                     |
| 21010                | 50           |              | ARTHROTOMY: BILATERAL             | \$1,187.94                   | \$1,009.75                   |
| 21015                |              |              | RADIC REC TUMOR,SOFT TISSUE/FA    | \$357.92                     | \$304.23                     |
| 21025                |              |              | EXCISE BONE, MANDIBLE             | \$773.03                     | \$657.08                     |
| 21026                |              |              | EXCISE BONE, FACIAL BONE(S)       | \$438.09                     | \$372.37                     |
| 21029                |              |              | REM /CONT BENIGN TUMOR / FACIA    | \$590.12                     | \$501.60                     |
| 21030                |              |              | EXCISE BENIGN TUMOR OF FACIAL     | \$373.34                     | \$317.34                     |
| 21031                |              |              | EXCISION TORUS MANDIBULARIS       | \$292.35                     | \$248.50                     |
| 21032                |              |              | EXC MAXILLARY TORUS PALATINUS     | \$298.16                     | \$253.44                     |
| 21034                |              |              | EXCISE MALIGNANCY OF FACIAL BO    | \$1,102.93                   | \$937.49                     |
| 21040                |              |              | EXCISE BENIGN CYST: MANDIBLE      | \$375.38                     | \$319.07                     |
| 21044                |              |              | EXCISE MALIGNANT TUMOR: MANDIB    | \$726.34                     | \$617.39                     |
| 21045                |              |              | RADICAL RESECTION OF MANDIBLE     | \$975.87                     | \$829.49                     |
| 21046                |              |              | EXCISE BENIGN TUM/CYST MAND IN    | \$869.76                     | \$739.30                     |
| 21047                |              |              | EXC BENIGN TUM/CYST MAND EXTRA    | \$1,111.82                   | \$945.04                     |
| 21048                |              |              | EXC BENIGN TUM/CYST MAXILLA IN    | \$891.06                     | \$757.40                     |
| 21049                |              |              | EXC BENIGN TUM/CYST MAX EXTRA-    | \$1,058.22                   | \$899.48                     |
| 21050                |              |              | TEMPOROMANDIBULAR ARTHRECTOMY     | \$704.58                     | \$598.89                     |
| 21060                |              |              | TEMPOROMANDIBULAR MENISCECTOMY    | \$656.34                     | \$557.89                     |
| 21070                |              |              | CORONOIDECTOMY: UNILATERAL        | \$538.00                     | \$457.30                     |
| 21070                | 50           |              | CORONOIDECTOMY: BILATERAL         | \$1,076.00                   | \$914.60                     |
| 21073                |              |              | MANIPULATION OF TEMPOROMANDIBU    | \$232.18                     | \$197.35                     |
| 21100                |              |              | MAXILLOFACIAL FIXATION            | \$535.34                     | \$455.04                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b>  | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|------------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                    | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 21110                |              |              | INTERDENTAL FIXATION               | \$511.02                     | \$434.37                     |
| 21116                |              |              | INJ.FOR TEMPOROMANDIBULAR ARTH     | \$160.27                     | \$136.23                     |
| 21120                |              |              | GENIOPLASTY:AUGMENTATION(AUTO,     | \$533.23                     | \$453.25                     |
| 21121                |              |              | GENIOPLASTY:SLIDING OSTEOTOMY,     | \$598.94                     | \$509.10                     |
| 21122                |              |              | GENIOPLASTY:SL OSTEOTOMY,2ORMORE O | \$593.78                     | \$504.72                     |
| 21123                |              |              | GENIOPLASTY:SLIDING,AUGME W IN     | \$760.98                     | \$646.84                     |
| 21125                |              |              | AUGMENTATION,MANDIB BODY/ANGLE:    | \$2,237.30                   | \$1,901.71                   |
| 21127                |              |              | AUGMENTATION,MANDI BODY/ANGLE:     | \$1,851.94                   | \$1,574.15                   |
| 21137                |              |              | REDUCTION FOREHEAD:CONTOURING      | \$612.07                     | \$520.26                     |
| 21138                |              |              | RED FOREHEAD:CONTO&APP PROS MA     | \$760.50                     | \$646.42                     |
| 21139                |              |              | REDU FOREHEAD:CONTOUR&SETBACK      | \$872.41                     | \$741.55                     |
| 21141                |              |              | RECONSTRUCT MIDFACE/WO BONE GR     | \$1,105.18                   | \$939.40                     |
| 21142                |              |              | RECONSTRUCT MIDFACE/2 PC/WO BO     | \$1,100.35                   | \$935.30                     |
| 21143                |              |              | RECONST MIDFACE/3OR</WO BONE G     | \$1,154.01                   | \$980.91                     |
| 21145                |              |              | LEFORT1:SINGLE PIECE WITH BONE     | \$1,186.30                   | \$1,008.35                   |
| 21146                |              |              | LEFORT1:TWO PIECES W BONE GRAF     | \$1,266.53                   | \$1,076.55                   |
| 21147                |              |              | RECON MIDFACE,LEFORT1:3OR>..W      | \$1,253.67                   | \$1,065.62                   |
| 21150                |              |              | RECON MIDFACE,LEFORT11:ANTERIO     | \$1,442.38                   | \$1,226.03                   |
| 21151                |              |              | RECON MIDFACE,LEFORT2:REQ BONE     | \$1,742.45                   | \$1,481.08                   |
| 21154                |              |              | RECON MFACE.LEFORT3 REQ BO GFT     | \$1,823.41                   | \$1,549.90                   |
| 21155                |              |              | RECON MIDFACE,LEF1 REQ BONE GF     | \$2,096.53                   | \$1,782.05                   |
| 21159                |              |              | RECON MIDFACE,LEFORT3...WO LEF     | \$2,568.82                   | \$2,183.49                   |
| 21160                |              |              | RECON MIDFACE,LEFORT3...W LEFO     | \$2,522.78                   | \$2,144.37                   |
| 21172                |              |              | RECON SUP-LAT ORB...W/WO GRAFT     | \$1,450.38                   | \$1,232.82                   |
| 21175                |              |              | RECON BIFR SUP-LAT ...W/WO GRA     | \$1,795.03                   | \$1,525.78                   |
| 21179                |              |              | RECON ENT/MAJ FOREHEAD...W GRA     | \$1,265.96                   | \$1,076.07                   |
| 21180                |              |              | RECON ENT/MAJ .....W AUTOGRAFT     | \$1,421.08                   | \$1,207.92                   |
| 21181                |              |              | REMOV/CONTO BENIGN TMR CRAN BO     | \$605.44                     | \$514.62                     |
| 21182                |              |              | RECON ORB WLS,RMS,FRHD,NSN GFT     | \$1,749.28                   | \$1,486.89                   |
| 21183                |              |              | RECON ORB WLS, RMS,FRHD,WGFT>4     | \$1,955.55                   | \$1,662.22                   |
| 21184                |              |              | RECON ORB WLS,RMS,FRHD,W GFT T     | \$2,121.83                   | \$1,803.56                   |
| 21188                |              |              | RECON MIDFACE OSTEO ...&BONE G     | \$1,401.01                   | \$1,190.86                   |
| 21193                |              |              | RECON MANDI RAMOS...WO BONE GR     | \$1,037.66                   | \$882.01                     |
| 21194                |              |              | RECON MANDI RAMOS...W BONE GRA     | \$1,153.85                   | \$980.77                     |
| 21195                |              |              | RECON MANDI RAMOS,SAGITTAL SPL     | \$1,096.73                   | \$932.22                     |
| 21196                |              |              | RECON MANDI RAMOS...W INTERNAL     | \$1,192.07                   | \$1,013.26                   |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 21198                |                  |                  | OSTEOTOMY,MANDIBLE,SEGMENTAL      | \$921.82                         | \$783.55                         |
| 21199                |                  |                  | OSTEOTOMY MANDIBLE SEG W/GENIO    | \$856.40                         | \$727.94                         |
| 21206                |                  |                  | OSTEOPLASTY: MAXILLA, SEGMENTA    | \$914.30                         | \$777.16                         |
| 21208                |                  |                  | OSTEOPLASTY,FACIAL:AUGMENTATIO    | \$1,114.61                       | \$947.42                         |
| 21209                |                  |                  | OSTEOPLASTY,FACIAL BONES:REDUC    | \$606.14                         | \$515.22                         |
| 21210                |                  |                  | BONE GRAFT: NASAL, MAXILLARY,     | \$1,207.32                       | \$1,026.22                       |
| 21215                |                  |                  | BONE GRAFT: MANDIBLE              | \$1,809.95                       | \$1,538.46                       |
| 21230                |                  |                  | RIB CARTILAGE GRAFT: AUTOGENOU    | \$651.43                         | \$553.72                         |
| 21235                |                  |                  | EAR CARTILAGE GRAFT: AUTOGENOU    | \$565.02                         | \$480.27                         |
| 21240                |                  |                  | TEMPOROMANDIBULAR ARTHROPLASTY    | \$919.55                         | \$781.62                         |
| 21242                |                  |                  | ARTHROPLASTY,TEMPOROMANDEBULAR    | \$852.88                         | \$724.95                         |
| 21243                |                  |                  | ARTHROPLASTY,TEMPOROMAND,PROST    | \$1,345.36                       | \$1,143.56                       |
| 21244                |                  |                  | RECONSTRUCT MANDIBLE,EXTRAORAL    | \$822.79                         | \$699.37                         |
| 21245                |                  |                  | RECON MAND/MAX,SUBPERI IMPLANT    | \$899.39                         | \$764.48                         |
| 21246                |                  |                  | RECON MAND/MAX,SUBPERI IMPLANT    | \$741.22                         | \$630.04                         |
| 21247                |                  |                  | RECON MAND CONYLE...W BGFTS/AU    | \$1,388.44                       | \$1,180.17                       |
| 21248                |                  |                  | RECON MAND/MAX,ENDO IMPLANT:PA    | \$820.98                         | \$697.84                         |
| 21249                |                  |                  | RECON MAND/MAX,ENDO IMPLANT,CO    | \$1,195.16                       | \$1,015.89                       |
| 21255                |                  |                  | RECON ZYGOMATIC ARCH..W BONE G    | \$1,146.90                       | \$974.86                         |
| 21256                |                  |                  | RECON ORBIT W OSTEOTOMIES&BONE    | \$957.59                         | \$813.95                         |
| 21260                |                  |                  | ORBITAL REVISION: EXTRACRANIAL    | \$984.62                         | \$836.93                         |
| 21261                |                  |                  | REVISE ORBIT: INTRA/EXTRACRANI    | \$1,919.47                       | \$1,631.55                       |
| 21263                |                  |                  | REVISE ORBIT: ADVANCE FOREHEAD    | \$1,623.71                       | \$1,380.16                       |
| 21267                |                  |                  | REPOSITION ORBIT: EXTRACRANIAL    | \$1,319.60                       | \$1,121.66                       |
| 21268                |                  |                  | REPOSITION ORBIT: INTRA/EXTRAC    | \$1,568.18                       | \$1,332.96                       |
| 21270                |                  |                  | RECONSTRUCT ORBITOFACIAL BONES    | \$740.35                         | \$629.30                         |
| 21275                |                  |                  | ORBITOCRANIOFACIAL RECONSTRUCT    | \$670.36                         | \$569.81                         |
| 21280                |                  |                  | MEDIAL CANTHOPLASTY               | \$404.27                         | \$343.63                         |
| 21282                |                  |                  | LATERAL CANTHOPEXY                | \$270.04                         | \$229.53                         |
| 21296                |                  |                  | REDUCTION OF MASSETER MUSCLE (    | \$311.02                         | \$264.37                         |
| 21315                |                  |                  | DIGITAL MANIPULATION OF NASAL     | \$195.73                         | \$166.37                         |
| 21320                |                  |                  | MANIPULATE NASAL FX: INSTRUMEN    | \$196.80                         | \$167.28                         |
| 21325                |                  |                  | OPEN TREATMENT NASAL FX: SIMPL    | \$421.16                         | \$357.99                         |
| 21330                |                  |                  | TREATMENT NASAL FX: COMPLICATE    | \$516.42                         | \$438.96                         |
| 21335                |                  |                  | OPEN TREATMENT FX NASAL SEPTUM    | \$621.16                         | \$527.99                         |
| 21336                |                  |                  | OPEN TREATMENT NASAL FX: STAB.    | \$523.83                         | \$445.26                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 21337                |                  |                  | CLOSED NASAL SEPTAL FRACTURE T    | \$301.94                         | \$256.65                         |
| 21338                |                  |                  | OPEN TREATMENT NASOETHMOID FRA    | \$691.42                         | \$587.71                         |
| 21339                |                  |                  | OPEN RX. NASOETHMOID FRACT. W     | \$756.75                         | \$643.24                         |
| 21340                |                  |                  | TREAT NASOETHMOID COMPLEX FX      | \$659.51                         | \$560.59                         |
| 21343                |                  |                  | OPEN TX CL/OPEN DEPR FRONTAL S    | \$978.42                         | \$831.66                         |
| 21344                |                  |                  | OPEN TX CL/DEPR FRONTAL SINUS     | \$1,255.78                       | \$1,067.42                       |
| 21345                |                  |                  | TREAT NASOMAXILLARY COMPLEX FX    | \$619.70                         | \$526.75                         |
| 21346                |                  |                  | OPEN TREATMENT NASOMAXILLARY F    | \$785.82                         | \$667.95                         |
| 21347                |                  |                  | OPEN TREATMENT NASOMAXILLARY F    | \$994.97                         | \$845.72                         |
| 21348                |                  |                  | OPEN TREATMENT NASOMAXILLARY F    | \$977.91                         | \$831.23                         |
| 21355                |                  |                  | MANIPULATE FX OF MALAR AREA       | \$340.96                         | \$289.82                         |
| 21356                |                  |                  | TREAT DEPRESSED ZYGOM FRACTURE    | \$386.71                         | \$328.71                         |
| 21360                |                  |                  | TREAT DEPRESSED MALAR FRACTURE    | \$427.65                         | \$363.50                         |
| 21365                |                  |                  | TREAT COMPLICATED FX MALAR ARE    | \$890.40                         | \$756.84                         |
| 21366                |                  |                  | TREAT COMPLICATED FX MALAR ARE    | \$1,019.82                       | \$866.84                         |
| 21385                |                  |                  | TREAT ORBITAL FX: TRANSANTRAL     | \$599.54                         | \$509.61                         |
| 21386                |                  |                  | TREAT ORBITAL FX: PERIORBITAL     | \$558.49                         | \$474.71                         |
| 21387                |                  |                  | TREAT ORBITAL FX: COMBINATION     | \$642.93                         | \$546.49                         |
| 21390                |                  |                  | TREAT ORBITAL FX WITH IMPLANT     | \$611.54                         | \$519.81                         |
| 21395                |                  |                  | TREAT ORBITAL FX WITH BONE GRA    | \$749.84                         | \$637.36                         |
| 21400                |                  |                  | TREAT FRACTUR ORBIT EXCEPT "BL    | \$137.58                         | \$116.95                         |
| 21401                |                  |                  | TREAT FX OF ORBIT WITH MANIPUL    | \$386.04                         | \$328.13                         |
| 21406                |                  |                  | TREAT OPEN FX OF ORBIT W/O IMP    | \$449.83                         | \$382.36                         |
| 21407                |                  |                  | TREAT OPEN FX OF ORBIT WITH IM    | \$533.09                         | \$453.12                         |
| 21408                |                  |                  | OPEN FX OF ORBIT W/BONE GRAFT     | \$735.60                         | \$625.26                         |
| 21421                |                  |                  | TREAT PALATAL/ ALVEOLAR RIDGE     | \$501.30                         | \$426.10                         |
| 21422                |                  |                  | OPEN TREATMENT OF PALATE/ ALVE    | \$566.78                         | \$481.76                         |
| 21423                |                  |                  | OPEN TREATMENT OF PALATE/MAXIL    | \$682.90                         | \$580.47                         |
| 21431                |                  |                  | TREAT CRANIOFACIAL SEPARATION     | \$567.26                         | \$482.17                         |
| 21432                |                  |                  | OPEN TX CRANIOFACIAL SEPARATIO    | \$569.96                         | \$484.47                         |
| 21433                |                  |                  | COMPLICATED TX CRANIOFACIAL FX    | \$1,440.43                       | \$1,224.37                       |
| 21435                |                  |                  | COMPLICATED TX CRANIOFACIAL FX    | \$1,035.15                       | \$879.88                         |
| 21436                |                  |                  | OPEN TX CRANIOFACIAL FX           | \$1,596.38                       | \$1,356.93                       |
| 21440                |                  |                  | MANIPULATE ALVEOLAR RIDGE FX      | \$338.14                         | \$287.42                         |
| 21445                |                  |                  | OPEN TREATMENT ALVEOLAR RIDGE     | \$524.62                         | \$445.92                         |
| 21450                |                  |                  | TREAT CLOSED OR OPEN MANDIBULA    | \$354.70                         | \$301.50                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 21451                |                  |                  | MANDIBULAR W MANIPULATION FRAC    | \$490.49                         | \$416.91                         |
| 21452                |                  |                  | TREAT OPEN MANDIBULAR FX:W/O M    | \$513.65                         | \$436.60                         |
| 21453                |                  |                  | TREAT CLOSED MANDIBULAR FX W/M    | \$562.08                         | \$477.77                         |
| 21454                |                  |                  | OPEN TREATMENT MANDIBULAR FX W    | \$441.20                         | \$375.02                         |
| 21461                |                  |                  | OPEN TREATMENT MANDIBULAR FX W    | \$1,116.62                       | \$949.12                         |
| 21462                |                  |                  | OPEN TREATMENT MANDIBULAR FX W    | \$1,286.13                       | \$1,093.21                       |
| 21465                |                  |                  | OPEN TREAT.MANDIBULAR CONDYLAR    | \$754.06                         | \$640.95                         |
| 21470                |                  |                  | TREAT COMPLICATED MANDIBULAR F    | \$951.07                         | \$808.41                         |
| 21480                |                  |                  | TX TEMPOROMANDIBULAR DISLOCATI    | \$81.45                          | \$69.23                          |
| 21485                |                  |                  | TEMPOROMANDIBULAR MANIPULATION    | \$420.45                         | \$357.38                         |
| 21490                |                  |                  | OPEN TX TEMPOROMANDIBULAR DIS     | \$761.98                         | \$647.68                         |
| 21501                |                  |                  | I & D DEEP ABSCESS OR HEMATOM     | \$351.33                         | \$298.63                         |
| 21502                |                  |                  | I & D WITH PARTIAL RIB REMOVAL    | \$445.13                         | \$378.36                         |
| 21510                |                  |                  | INCISION WITH OPENING OF BONE     | \$397.49                         | \$337.86                         |
| 21550                |                  |                  | EXCISIONAL BIOPSY SOFT TISSUES    | \$191.66                         | \$162.91                         |
| 21555                |                  |                  | EXCISE BENIGN TUMOR: SUBCUTANE    | \$341.37                         | \$290.16                         |
| 21556                |                  |                  | EXCISE BENIGN TUMOR: DEEP         | \$334.42                         | \$284.26                         |
| 21557                |                  |                  | RAD RESECT TUMOR,SFT TISS NECK    | \$494.53                         | \$420.35                         |
| 21600                |                  |                  | EXCISION OF RIB: PARTIAL          | \$441.83                         | \$375.56                         |
| 21610                |                  |                  | COSTOTRANSVERSECTOMY              | \$853.53                         | \$725.50                         |
| 21615                |                  |                  | EXCISION CERVICAL RIB             | \$581.86                         | \$494.58                         |
| 21616                |                  |                  | EXCISE RIB WITH SYMPATHECTOMY     | \$707.73                         | \$601.57                         |
| 21620                |                  |                  | OSTECTOMY OF STERNUM: PARTIAL     | \$446.52                         | \$379.54                         |
| 21627                |                  |                  | STERNAL DEBRIDEMENT               | \$459.53                         | \$390.60                         |
| 21630                |                  |                  | RADICAL RESECTION OF STERNUM      | \$1,027.45                       | \$873.33                         |
| 21632                |                  |                  | MEDIASTINAL LYMPHADENECTOMY       | \$1,028.78                       | \$874.46                         |
| 21685                |                  |                  | HYOID MYOTOMY AND SUSPENTION      | \$780.98                         | \$663.83                         |
| 21700                |                  |                  | DIVISION OF SCALENUS ANTICUS      | \$355.83                         | \$302.46                         |
| 21705                |                  |                  | DIVIDE SCALENUS AND RESECTION     | \$535.42                         | \$455.11                         |
| 21720                |                  |                  | DIVISION STERNOCLEIDOMASTOID      | \$289.94                         | \$246.45                         |
| 21725                |                  |                  | DIVIDE STERNOCLEIDOMASTOID: CA    | \$441.65                         | \$375.40                         |
| 21740                |                  |                  | RECONSTRUCT PECTUS EXCAVATUM      | \$880.47                         | \$748.40                         |
| 21750                |                  |                  | CLOSURE STERNOTOMY SEP.W/O DE     | \$595.98                         | \$506.59                         |
| 21820                |                  |                  | TREAT STERNUM FRACTURE: CLOSED    | \$107.28                         | \$91.19                          |
| 21825                |                  |                  | TREAT STERNUM FRACTURE: OPEN      | \$484.21                         | \$411.58                         |
| 21920                |                  |                  | BX,SFT TISS-BACK/FLANK:SUPERFI    | \$180.89                         | \$153.75                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE<br/>SPECIALIST</b> | <b>MAXIMUM FEE<br/>ALLOWANCE<br/>NONSPECIALIST</b> |
|----------------------|------------------|------------------|-----------------------------------|-------------------------------------------------|----------------------------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   |                                                 |                                                    |
| 21925                |                  |                  | BX,SFT TISS-BACK/FLANK:DEEP       | \$335.10                                        | \$284.84                                           |
| 21930                |                  |                  | EXCISE TUMOR,SOFT TISS-BACK OR    | \$371.66                                        | \$315.91                                           |
| 21935                |                  |                  | RAD RESECT TUMOR,SFT TISS BACK    | \$967.22                                        | \$822.14                                           |
| 22010                |                  |                  | INCISION AND DRAINAGE, OPEN, O    | \$702.74                                        | \$597.33                                           |
| 22015                |                  |                  | INCISION AND DRAINAGE, OPEN, O    | \$696.63                                        | \$592.14                                           |
| 22100                |                  |                  | RESECT VERTEBRA: CERVICAL         | \$626.34                                        | \$532.39                                           |
| 22101                |                  |                  | RESECT VERTEBRA: THORACIC         | \$629.54                                        | \$535.11                                           |
| 22102                |                  |                  | RESECT VERTEBRA: LUMBAR           | \$640.87                                        | \$544.74                                           |
| 22103                |                  |                  | PARTIAL EXCIS POST VERT/EACH A    | \$128.02                                        | \$108.82                                           |
| 22110                |                  |                  | EXCISE CERVICAL VERTEBRA          | \$795.42                                        | \$676.11                                           |
| 22112                |                  |                  | EXCISE THORACIC VERTEBRA          | \$794.29                                        | \$675.14                                           |
| 22114                |                  |                  | EXCISE LUMBAR VERTEBRAE FOR OS    | \$796.86                                        | \$677.33                                           |
| 22116                |                  |                  | PART EXCIS/VERT BODY/EACH ADDI    | \$127.81                                        | \$108.64                                           |
| 22206                |                  |                  | OSTEOTOMY OF SPINE, POSTERIOR     | \$1,838.66                                      | \$1,562.86                                         |
| 22207                |                  |                  | OSTEOTOMY OF SPINE, POSTERIOR     | \$1,815.50                                      | \$1,543.18                                         |
| 22208                |                  |                  | OSTEOTOMY OF SPINE, POSTERIOR     | \$463.41                                        | \$393.90                                           |
| 22210                |                  |                  | OSTEOTOMY-SPINE,CORR DEFORM:CE    | \$1,436.59                                      | \$1,221.10                                         |
| 22212                |                  |                  | OSTEOTOMY SPINE,CORR DEFORM:TH    | \$1,179.74                                      | \$1,002.78                                         |
| 22214                |                  |                  | OSTEOTOMY SPINE,CORR DEFORM:TH    | \$1,199.31                                      | \$1,019.42                                         |
| 22216                |                  |                  | OSTEOTOMY SPINE/EACH ADDIT SEG    | \$335.26                                        | \$284.97                                           |
| 22220                |                  |                  | OSTEOTOMY SPINE,CORR DEFORM:CE    | \$1,287.50                                      | \$1,094.38                                         |
| 22222                |                  |                  | OSTEOTOMY SPINE,CORR DEFORM:TH    | \$1,179.70                                      | \$1,002.74                                         |
| 22224                |                  |                  | OSTEOTOMY SPINE,CORR DEFORM:LU    | \$1,286.64                                      | \$1,093.64                                         |
| 22226                |                  |                  | OSTEOTOMY SPINE/DISKECTOMY/EAC    | \$333.90                                        | \$283.82                                           |
| 22310                |                  |                  | TR VERT BODY FX/DISLOCATED/EAC    | \$192.62                                        | \$163.72                                           |
| 22315                |                  |                  | CLSD TX VRT FX/DISLOCATE...EAC    | \$663.22                                        | \$563.73                                           |
| 22318                |                  |                  | OPEN RX RED ODONT FX/DISLOC WO    | \$1,289.96                                      | \$1,096.47                                         |
| 22319                |                  |                  | OPEN RX RED ODONT FX/DISLOC W/    | \$1,435.94                                      | \$1,220.55                                         |
| 22325                |                  |                  | OPEN TX VRT FX/DISLOCATE,LUMBA    | \$1,102.74                                      | \$937.33                                           |
| 22326                |                  |                  | OPEN TX VRT FX/DISLOC.:CERVICA    | \$1,181.12                                      | \$1,003.95                                         |
| 22327                |                  |                  | OPEN TX VRT FX/DISLOC.:THORACI    | \$1,144.27                                      | \$972.63                                           |
| 22328                |                  |                  | OPEN TX/REDUCTION EACH ADD VER    | \$250.20                                        | \$212.67                                           |
| 22505                |                  |                  | MANIPULATION SPINE W/ANESTHESI    | \$101.64                                        | \$86.39                                            |
| 22526                |                  |                  | PERCUTANEOUS INTRADISCAL ELECT    | \$1,787.06                                      | \$1,519.00                                         |
| 22526                | 26               |                  | PERCUTANEOUS INTRADISCAL ELECT    | \$277.04                                        | \$235.48                                           |
| 22527                |                  |                  | PERCUTANEOUS INTRADISCAL ELECT    | \$1,458.90                                      | \$1,240.06                                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 22527                | 26               |                  | PERCUTANEOUS INTRADISCAL ELECT    | \$126.96                         | \$107.92                         |
| 22532                |                  |                  | ARTHRODESIS LAT EXTRACAV TECH     | \$1,389.82                       | \$1,181.35                       |
| 22533                |                  |                  | ARTHRODESIS LAT EXTRACAVITARY     | \$1,285.48                       | \$1,092.66                       |
| 22534                |                  |                  | ARTHRODESIS LAT EXTRACAV THORA    | \$329.42                         | \$280.01                         |
| 22548                |                  |                  | ARTHRODESIS,W/BONE GRAFT          | \$1,517.83                       | \$1,290.16                       |
| 22554                |                  |                  | ARTHRODESIS,W/BONE ALLOGRAFT      | \$1,139.12                       | \$968.25                         |
| 22556                |                  |                  | ARTHRODESIS,THORACIC,BONE/BONE    | \$1,369.69                       | \$1,164.23                       |
| 22558                |                  |                  | ARTHRODESIS,LUMBAR,W/BONE ALLO    | \$1,248.74                       | \$1,061.43                       |
| 22590                |                  |                  | ARTHRODESIS, W/BONE ALLO/INT F    | \$1,241.87                       | \$1,055.59                       |
| 22595                |                  |                  | ARTHRODESIS,W/BONE ALLO/INT FI    | \$1,178.62                       | \$1,001.82                       |
| 22600                |                  |                  | CERVICAL FUSE POST APP BELOW C    | \$1,000.13                       | \$850.11                         |
| 22610                |                  |                  | ARTHRODESIS,LOC/BONE ALLO...TH    | \$997.90                         | \$848.21                         |
| 22612                |                  |                  | ARTHRODESIS,LOC/BONE ALLO...LU    | \$1,277.78                       | \$1,086.11                       |
| 22614                |                  |                  | ARTHRODESIS, EACH ADD VERT SEG    | \$358.02                         | \$304.32                         |
| 22630                |                  |                  | ARTHRODESIS,LOC/BONE ALLO...L     | \$1,260.03                       | \$1,071.03                       |
| 22632                |                  |                  | ARTHRODESIS LUMBAR/EACH ADD IN    | \$289.86                         | \$246.38                         |
| 22800                |                  |                  | FUSE PRIMARY 6/LESS VERT SCOLI    | \$1,121.36                       | \$953.16                         |
| 22802                |                  |                  | FUSE PRIMARY 7/MORE VERTEBRAE     | \$1,822.96                       | \$1,549.52                       |
| 22804                |                  |                  | ARTHRODESIS POST/13 OR< VERT S    | \$2,123.39                       | \$1,804.88                       |
| 22808                |                  |                  | ARTHRODESIS, ANT 2-3 VERT SEGM    | \$1,529.26                       | \$1,299.87                       |
| 22810                |                  |                  | ARTHRODESIS,ANT.,BN. GRF., 4-7    | \$1,731.51                       | \$1,471.79                       |
| 22812                |                  |                  | ARTHRODESIS,ANT.,BN. GR. 8 OR     | \$1,870.79                       | \$1,590.17                       |
| 22818                |                  |                  | KYPHECTOMY SINGLE OR 2 SEGMENT    | \$1,837.09                       | \$1,561.52                       |
| 22819                |                  |                  | KYPHECTOMY, 3 OR MORE SEGMENTS    | \$2,058.63                       | \$1,749.84                       |
| 22830                |                  |                  | EXPLORE SPINAL FUSION             | \$680.74                         | \$578.63                         |
| 22840                |                  |                  | POSTERIOR INSTRU(NO SEG FIX)      | \$698.77                         | \$593.95                         |
| 22842                |                  |                  | POST.INSTRUMENTATION:SEGMENTAL    | \$699.19                         | \$594.31                         |
| 22843                |                  |                  | POST SEGMENTAL INSTRUM 7-12 VE    | \$733.66                         | \$623.61                         |
| 22844                |                  |                  | POSTERIOR SEG INSTRUM/13 OR< V    | \$910.90                         | \$774.27                         |
| 22845                |                  |                  | DWYER INSTRUM TECH SPINE FUSE     | \$668.25                         | \$568.01                         |
| 22846                |                  |                  | ANT INSTRUMENTATION 4-7 VERT SE   | \$694.56                         | \$590.38                         |
| 22847                |                  |                  | ANT INSTRUMENTATION 8 OR< VERT    | \$762.78                         | \$648.37                         |
| 22848                |                  |                  | PELVIC FIXATION OTHER THAN SAC    | \$331.56                         | \$281.83                         |
| 22849                |                  |                  | REINSERT SPINAL FIXATION DEVIC    | \$1,098.09                       | \$933.37                         |
| 22850                |                  |                  | HARRINGTON ROD REMOVAL            | \$598.72                         | \$508.91                         |
| 22855                |                  |                  | DWYER INSTRUMENT REMOVAL          | \$910.09                         | \$773.57                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 22857                |                  |                  | TOTAL DISC ARTHROPLASTY (ARTIF    | \$1,168.36                       | \$993.11                         |
| 22862                |                  |                  | REVISION INCLUDING REPLACEMENT    | \$1,420.33                       | \$1,207.28                       |
| 22865                |                  |                  | REMOVAL OF TOTAL DISC ARTHROPL    | \$1,383.32                       | \$1,175.82                       |
| 22900                |                  |                  | EXC TUMOR ABDOMEN WALL SUBFASC    | \$315.09                         | \$267.82                         |
| 23000                |                  |                  | REMOVE SUBDELTOID CAL DEPOSITS    | \$447.68                         | \$380.53                         |
| 23020                |                  |                  | RELEASE SHOULDER MUSCLE ERBS P    | \$584.66                         | \$496.96                         |
| 23030                |                  |                  | I&D SHOULDER DEEP ABSC HEMATOM    | \$376.35                         | \$319.90                         |
| 23031                |                  |                  | I&D INFECTED SHOULDER BURSA       | \$367.55                         | \$312.42                         |
| 23035                |                  |                  | I&D DEEP CORTEX/BONE ABSC SHOUL   | \$596.55                         | \$507.07                         |
| 23040                |                  |                  | ARTHROTOMY REMOVE FOREIGN BODY    | \$605.14                         | \$514.37                         |
| 23044                |                  |                  | ARTHROTOMY DRAIN/REMOVE FOR BO    | \$480.23                         | \$408.20                         |
| 23065                |                  |                  | BIOPSY SHOULDER SUPERFICIAL       | \$162.16                         | \$137.84                         |
| 23066                |                  |                  | BIOPSY OF SHOULDER DEEP           | \$410.70                         | \$349.10                         |
| 23075                |                  |                  | EXC BENIGN SHOULDER TUMOR SUBC    | \$210.11                         | \$178.60                         |
| 23076                |                  |                  | EXC BENIGN SHOULDER TUMOR DEEP    | \$463.26                         | \$393.77                         |
| 23077                |                  |                  | RAD.TUMOR RESECT,SOFT TISS/SHO    | \$924.30                         | \$785.65                         |
| 23100                |                  |                  | BIOPSY SHOULDER JOINT             | \$413.40                         | \$351.39                         |
| 23101                |                  |                  | EXCISION TORN CARTILAGE SHOULD    | \$385.95                         | \$328.06                         |
| 23105                |                  |                  | ARTHROTOMY:GLENOHUMERAL JOINT     | \$544.05                         | \$462.44                         |
| 23106                |                  |                  | ARTHROTOMY:STERNOCLAVICULAR JT    | \$411.41                         | \$349.70                         |
| 23107                |                  |                  | ARTHROTOMY,GLENOHUMERAL JOINT.    | \$567.61                         | \$482.47                         |
| 23120                |                  |                  | CLAVICULECTOMY PARTIAL            | \$480.64                         | \$408.54                         |
| 23125                |                  |                  | CLAVICULECTOMY TOTAL              | \$601.56                         | \$511.33                         |
| 23130                |                  |                  | ACROMIONECTOMY PARTIAL/TOTAL      | \$519.34                         | \$441.44                         |
| 23140                |                  |                  | EXCISION CYST/TUMOR CLAVICLE/S    | \$427.18                         | \$363.11                         |
| 23145                |                  |                  | EXC TUMOR CLAVICLE/SCAPULA GRA    | \$584.17                         | \$496.54                         |
| 23146                |                  |                  | EXCISION TUMOR CLAVICLE/SCAPUL    | \$529.00                         | \$449.65                         |
| 23150                |                  |                  | EXCISION TUMOR PROXIMAL HUMERO    | \$542.22                         | \$460.89                         |
| 23155                |                  |                  | EXCISION TUMOR PROX HUMEROUS A    | \$663.03                         | \$563.58                         |
| 23156                |                  |                  | EXCISION TUMOR PROX HUMEROUS H    | \$569.46                         | \$484.04                         |
| 23170                |                  |                  | SEQUESTRECTOMY CLAVICLE           | \$454.56                         | \$386.38                         |
| 23172                |                  |                  | SEQUESTRECTOMY SCAPULA            | \$461.40                         | \$392.19                         |
| 23174                |                  |                  | SEQUESTRECTOMY HUMERAL HEAD/NE    | \$633.38                         | \$538.37                         |
| 23180                |                  |                  | PARTIAL EXCISION CLAVICLE FOR     | \$618.79                         | \$525.97                         |
| 23182                |                  |                  | PARTIAL EXCISION SCAPULA FOR O    | \$588.56                         | \$500.28                         |
| 23184                |                  |                  | PARTIAL EXCISION PROXIMAL HUME    | \$661.25                         | \$562.06                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 23190                |                  |                  | OSTECTOMY OF SCAPULA PARTIAL      | \$473.14                         | \$402.17                         |
| 23195                |                  |                  | RESECTION HUMERAL HEAD            | \$622.97                         | \$529.52                         |
| 23200                |                  |                  | RADICAL RESECTION FOR TUMOR CL    | \$735.14                         | \$624.87                         |
| 23210                |                  |                  | RADICAL RESECTION FOR TUMOR SC    | \$759.92                         | \$645.93                         |
| 23220                |                  |                  | RADICAL RESECTION FOR TUMOR PR    | \$901.03                         | \$765.88                         |
| 23330                |                  |                  | REMOVE SHOULDER FOREIGN BODY      | \$190.77                         | \$162.15                         |
| 23350                |                  |                  | INJECTION FOR SHOULDER X-RAY      | \$138.15                         | \$117.43                         |
| 23395                |                  |                  | MUSCLE TRANSFER, SHOULDER/ARM     | \$1,055.95                       | \$897.56                         |
| 23397                |                  |                  | MUSCLE TRANSFER MULTIPLE          | \$976.71                         | \$830.21                         |
| 23400                |                  |                  | FIXATION OF SHOULDERBLADE         | \$837.73                         | \$712.07                         |
| 23405                |                  |                  | INCISION OF TENDON & MUSCLE       | \$542.58                         | \$461.19                         |
| 23406                |                  |                  | INCISE TENDON(S) & MUSCLE(S)      | \$679.35                         | \$577.45                         |
| 23410                |                  |                  | REPAIR OF TENDON(S)               | \$776.70                         | \$660.19                         |
| 23412                |                  |                  | REPAIR OF TENDON S CHRONIC        | \$824.94                         | \$701.20                         |
| 23415                |                  |                  | CORACOACROMIAL LIGAMENT RELEAS    | \$637.73                         | \$542.07                         |
| 23420                |                  |                  | REPAIR COMPLETE SHOULDER          | \$856.86                         | \$728.33                         |
| 23430                |                  |                  | REPAIR BICEPS TENDON RUPTURE      | \$641.78                         | \$545.51                         |
| 23440                |                  |                  | REMOVAL/TRANSPLANT TENDON         | \$665.36                         | \$565.56                         |
| 23450                |                  |                  | CAPSULORRHAPHY, ANTERIOR          | \$826.38                         | \$702.43                         |
| 23455                |                  |                  | CAPSULORRHAPHY:BANKART TYPE       | \$882.43                         | \$750.07                         |
| 23460                |                  |                  | REPAIR SHOULDER CAPSULE WITH B    | \$950.62                         | \$808.02                         |
| 23462                |                  |                  | REPAIR SHOULDER CAPSULE CORACO    | \$925.30                         | \$786.51                         |
| 23465                |                  |                  | REPAIR SHOULDER CAPSULE W/WO B    | \$962.30                         | \$817.95                         |
| 23466                |                  |                  | CAPSULORRHAPHY/RECURRENT DISLO    | \$908.35                         | \$772.10                         |
| 23470                |                  |                  | ARTHROPLASTY WITH PROXIMAL HUM    | \$1,046.22                       | \$889.28                         |
| 23472                |                  |                  | ARTHROPLASTY W/GLENOID PROXIMA    | \$1,264.46                       | \$1,074.79                       |
| 23480                |                  |                  | OSTEOTOMY CLAVICLE W/WO INTERN    | \$708.67                         | \$602.37                         |
| 23485                |                  |                  | OSTEOTOMY CLAVICLE: BONE GRAFT    | \$829.33                         | \$704.93                         |
| 23490                |                  |                  | PROPHYLACTIC TREATMENT:CLAVICL    | \$713.60                         | \$606.56                         |
| 23491                |                  |                  | PROPHYLACTIC TREAT.PROX HUMER.    | \$885.64                         | \$752.79                         |
| 23500                |                  |                  | TREAT CLOSED CLAVICULAR FRACTU    | \$172.33                         | \$146.48                         |
| 23505                |                  |                  | TREAT CLOSED CLAVICULAR FRACTU    | \$284.31                         | \$241.67                         |
| 23515                |                  |                  | OPEN TREAT CLSD/OPEN CLAVIC FR    | \$494.66                         | \$420.46                         |
| 23520                |                  |                  | TREAT STERNOCLAVICULAR DISLOCA    | \$175.36                         | \$149.06                         |
| 23525                |                  |                  | TREAT CLSD STERNOCLAVICULAR DI    | \$281.46                         | \$239.24                         |
| 23530                |                  |                  | OPEN TREAT CLSD/OPEN CLAVICLE     | \$468.10                         | \$397.88                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 23532                |                  |                  | OPEN TREAT CLSD/OPEN CLAVICLE     | \$530.82                         | \$451.20                         |
| 23540                |                  |                  | TREAT CLOSED ACROMIOCLAV DISLO    | \$176.44                         | \$149.97                         |
| 23545                |                  |                  | TREAT CLSD ACROMIOCLAVICULAR D    | \$255.58                         | \$217.25                         |
| 23550                |                  |                  | OPEN TREAT CLSD/OPEN ACROMIOCL    | \$482.29                         | \$409.94                         |
| 23552                |                  |                  | OPEN TREAT CLSD/OPEN ACROMIOCL    | \$558.97                         | \$475.12                         |
| 23570                |                  |                  | TREAT CLSD SCAP FX W/O MANIPUL    | \$183.59                         | \$156.05                         |
| 23575                |                  |                  | TREAT CLSD SCAPULAR W/MANIPULA    | \$311.37                         | \$264.66                         |
| 23585                |                  |                  | OPEN TREAT CLSD/OPEN SCAPULAR     | \$588.31                         | \$500.07                         |
| 23600                |                  |                  | TREAT CLSD HUMERAL FX W/O MANI    | \$261.51                         | \$222.29                         |
| 23605                |                  |                  | TREAT CLSD HUMERAL FRAC WITH M    | \$387.78                         | \$329.62                         |
| 23615                |                  |                  | OPEN TREAT CLSD/OPEN HUMERAL F    | \$643.72                         | \$547.16                         |
| 23616                |                  |                  | TX PROX HUMERL FX W PROSTHETIC    | \$1,261.57                       | \$1,072.33                       |
| 23620                |                  |                  | TREAT CLSD GTR TUBEROSITY FX      | \$210.50                         | \$178.93                         |
| 23625                |                  |                  | TREAT CLSD GREATER TUBEROSITY     | \$311.66                         | \$264.91                         |
| 23630                |                  |                  | OPEN TREAT CLSD/OPEN GREATER T    | \$495.18                         | \$420.90                         |
| 23650                |                  |                  | TREAT CLSD SHOULDER DISLOC W/M    | \$243.97                         | \$207.37                         |
| 23655                |                  |                  | TREAT CLSD SHOULDER DISLOC W/M    | \$306.36                         | \$260.41                         |
| 23660                |                  |                  | OPEN TREAT CLSD/OPEN SHOULDER     | \$491.71                         | \$417.96                         |
| 23665                |                  |                  | TREAT SHOULDER DISLOC FRAC W/M    | \$343.48                         | \$291.96                         |
| 23670                |                  |                  | OPEN TREAT CLSD/OPEN W/FRAC OF    | \$522.01                         | \$443.71                         |
| 23675                |                  |                  | TREAT CLSD SHOULDER DISLOC/SUR    | \$453.18                         | \$385.21                         |
| 23680                |                  |                  | OPEN TREAT SHOULDER DISLO/SURG    | \$644.92                         | \$548.18                         |
| 23700                |                  |                  | FIXATION OF SHOULDER MANIPULAT    | \$166.62                         | \$141.63                         |
| 23800                |                  |                  | ARTHRODESIS SHOULDER JOINT W/W    | \$870.64                         | \$740.04                         |
| 23802                |                  |                  | ARTHRODESIS SHOULDER JOINT W/P    | \$949.98                         | \$807.48                         |
| 23900                |                  |                  | AMPUTATION OF ARM & GIRDLE        | \$1,114.73                       | \$947.52                         |
| 23920                |                  |                  | AMPUTATION AT SHOULDER JOINT      | \$871.49                         | \$740.76                         |
| 23921                |                  |                  | AMPUTATION FOLLOW-UP SURGERY      | \$368.98                         | \$313.63                         |
| 23930                |                  |                  | DRAINAGE OF ARM LESION            | \$320.74                         | \$272.63                         |
| 23931                |                  |                  | DRAINAGE OF ARM BURSA             | \$266.04                         | \$226.13                         |
| 23935                |                  |                  | DRAIN ARM/ELBOW BONE LESION       | \$424.42                         | \$360.75                         |
| 24000                |                  |                  | EXPLORATORY ELBOW SURGERY         | \$396.55                         | \$337.07                         |
| 24006                |                  |                  | ARTHROTOMY, ELBOW, W.CAP.EXCISI   | \$601.94                         | \$511.65                         |
| 24065                |                  |                  | BIOPSY ARM/ELBOW SOFT TISSUE      | \$180.03                         | \$153.03                         |
| 24066                |                  |                  | BIOPSY ARM/ELBOW SOFT TISSUE:     | \$492.01                         | \$418.21                         |
| 24075                |                  |                  | REMOVE ARM/ELBOW LESION           | \$390.19                         | \$331.66                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 24076                |                  |                  | REMOVE ARM/ELBOW LESION:DEEP S    | \$392.14                         | \$333.32                         |
| 24077                |                  |                  | RAD TUMOR RESECT,SFT TISS/ARM-    | \$685.24                         | \$582.45                         |
| 24100                |                  |                  | ARTHROTOMY,ELBOW:FOR SYNOVIAL     | \$334.34                         | \$284.19                         |
| 24101                |                  |                  | EXPLORE/TREAT ELBOW JOINT         | \$425.77                         | \$361.90                         |
| 24102                |                  |                  | REMOVE ELBOW JOINT LINING         | \$526.25                         | \$447.31                         |
| 24105                |                  |                  | REMOVAL OF ELBOW BURSA            | \$281.10                         | \$238.94                         |
| 24110                |                  |                  | REMOVE HUMERUS LESION             | \$497.75                         | \$423.09                         |
| 24115                |                  |                  | REMOVE HUMERUS LESI ON W/PRIMA    | \$598.75                         | \$508.94                         |
| 24116                |                  |                  | REMOVE HUMERUS LESION W/HOMOGE    | \$742.02                         | \$630.71                         |
| 24120                |                  |                  | REMOVE ELBOW LESION               | \$443.94                         | \$377.35                         |
| 24125                |                  |                  | EXCISION BONE CYST HEAD/NECK R    | \$490.11                         | \$416.60                         |
| 24126                |                  |                  | EXCISION BONE CYST HEAD/NECK R    | \$535.52                         | \$455.19                         |
| 24130                |                  |                  | REMOVAL OF HEAD OF RADIUS         | \$432.91                         | \$367.98                         |
| 24134                |                  |                  | REMOVAL OF BONE LEI SON SHAFT     | \$657.00                         | \$558.45                         |
| 24136                |                  |                  | REMOVAL LESION/RADIAL HEAD OR     | \$538.67                         | \$457.87                         |
| 24138                |                  |                  | REMOVE ELBOW BONE LESION/OLECR    | \$558.39                         | \$474.63                         |
| 24140                |                  |                  | PARTIAL EXCISION OF BONE/HUME     | \$644.26                         | \$547.62                         |
| 24145                |                  |                  | PARTIAL EXCISION OF RADIAL HEA    | \$550.37                         | \$467.81                         |
| 24147                |                  |                  | PARTIAL EXCISION OF BONE/OLECR    | \$568.90                         | \$483.57                         |
| 24149                |                  |                  | RAD RESECTION ELBOW W/CONTRAC     | \$912.66                         | \$775.76                         |
| 24150                |                  |                  | EXTENSIVE SURGERY SHAFT OR DIS    | \$827.36                         | \$703.26                         |
| 24152                |                  |                  | EXTENSIVE SURGERY RADICAL HEAD    | \$624.06                         | \$530.45                         |
| 24155                |                  |                  | RESECTION OF ELBOW JOINT          | \$712.58                         | \$605.70                         |
| 24160                |                  |                  | REMOVE ELBOW JOINT IMPLANT        | \$520.06                         | \$442.05                         |
| 24164                |                  |                  | REMOVE RADIUS HEAD IMPLANT        | \$423.50                         | \$359.98                         |
| 24200                |                  |                  | REMOVAL OF ARM FOREIGN BODY       | \$177.58                         | \$150.95                         |
| 24201                |                  |                  | REMOVAL OF ARM FOREIGN BODY DE    | \$498.95                         | \$424.11                         |
| 24220                |                  |                  | INJECTION FOR ELBOW X-RAY         | \$166.42                         | \$141.46                         |
| 24300                |                  |                  | ELBOW MANIPULATION UNDER ANEST    | \$331.83                         | \$282.06                         |
| 24301                |                  |                  | MUSCLE/TENDON TRANSFER            | \$649.07                         | \$551.71                         |
| 24305                |                  |                  | LENGTHEN TENDON,UPPER ARM/ELBO    | \$497.51                         | \$422.89                         |
| 24310                |                  |                  | TENOTOMY,OPEN....SINGLE,EACH      | \$407.09                         | \$346.02                         |
| 24320                |                  |                  | TENOPLASTY W/MUSCLE TRANSFER/E    | \$640.46                         | \$544.39                         |
| 24330                |                  |                  | FLEXOR-PLASTY ELBOW               | \$618.46                         | \$525.69                         |
| 24331                |                  |                  | FLESOR-PLASTY ELBOW/EXTENSOR A    | \$683.50                         | \$580.98                         |
| 24332                |                  |                  | TENOLYSIS, TRICEPS                | \$501.90                         | \$426.62                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 24340                |              |              | TENODESIS FOR RUPTURE OF BICEP    | \$526.78                     | \$447.76                     |
| 24341                |              |              | REPAIR TENDON/MUSCLE UPPER ARM    | \$558.98                     | \$475.14                     |
| 24342                |              |              | REINSERTION RUPTURED BICEPS TE    | \$679.49                     | \$577.56                     |
| 24343                |              |              | REPAIR LATERAL COLLATERAL LIGA    | \$592.57                     | \$503.68                     |
| 24344                |              |              | RECONSTRUCT LAT COLLAT LIG ELB    | \$903.54                     | \$768.01                     |
| 24345                |              |              | REP MEDIAL COLLAT LIG ELBOW W/    | \$588.46                     | \$500.19                     |
| 24346                |              |              | RECONSTRUCT MED COLLAT LIG ELB    | \$896.54                     | \$762.06                     |
| 24357                |              |              | TENOTOMY, ELBOW, LATERAL OR ME    | \$352.48                     | \$299.61                     |
| 24358                |              |              | TENOTOMY, ELBOW, LATERAL OR ME    | \$412.96                     | \$351.02                     |
| 24359                |              |              | TENOTOMY, ELBOW, LATERAL OR ME    | \$504.58                     | \$428.89                     |
| 24360                |              |              | ARTHROPLASTY ELBOW WITH MEMBRA    | \$772.35                     | \$656.50                     |
| 24361                |              |              | ARTHROPALSTY W/DIST AL HUMERAL    | \$868.86                     | \$738.53                     |
| 24362                |              |              | ARTHROPLASTY /IMPLANT/FASCIA L    | \$891.71                     | \$757.96                     |
| 24363                |              |              | ARTHROPLASTY W/DISTAL HUMERUS/    | \$1,139.01                   | \$968.16                     |
| 24365                |              |              | ARTHROPLASTY RADIAL HEAD          | \$551.53                     | \$468.80                     |
| 24366                |              |              | ARTHROPLASTY RADIAL HEAD WITH     | \$589.71                     | \$501.26                     |
| 24400                |              |              | OSTEOTOMY HUMERUS W/WO INTERNA    | \$707.00                     | \$600.95                     |
| 24410                |              |              | MULT OSTEOTOMIES W/REALIGN ON     | \$894.61                     | \$760.42                     |
| 24420                |              |              | OSTEOPLASTY HUMERUS/SHORTENING    | \$846.98                     | \$719.93                     |
| 24430                |              |              | REPAIR NONUNION OR MALUNION HU    | \$801.09                     | \$680.92                     |
| 24435                |              |              | REPAIR HUMERUS W/ILIAC OR OTHE    | \$852.92                     | \$724.98                     |
| 24470                |              |              | HEMIEPIPHYSEAL ARREST             | \$582.30                     | \$494.96                     |
| 24495                |              |              | DECOMPRESSION FASCIOTOMY FOREA    | \$579.72                     | \$492.76                     |
| 24498                |              |              | PROPHYLACTIC TREAT...HUMERUS      | \$752.24                     | \$639.40                     |
| 24500                |              |              | TREAT CLSD HUM SHFT FX W/MANIP    | \$281.14                     | \$238.97                     |
| 24505                |              |              | TREAT CLSD HUMERAL SHAFT FRAC     | \$414.01                     | \$351.91                     |
| 24515                |              |              | OPEN TREAT CLSD/OPEN HUMERAL S    | \$746.59                     | \$634.60                     |
| 24516                |              |              | OPEN TREAT CLSD/OPEN HUMERAL S    | \$737.43                     | \$626.82                     |
| 24530                |              |              | TRT CLSD SUPRACOND/TRANSCON FX    | \$304.26                     | \$258.62                     |
| 24535                |              |              | TREAT CLSD SUPRECONDYLAR/TRANS    | \$518.39                     | \$440.63                     |
| 24538                |              |              | TREAT SUPRA/TRANSCONDYLAR FRAC    | \$642.42                     | \$546.06                     |
| 24545                |              |              | OPEN TREAT SUPRA/TRANSCONDYLAR    | \$671.17                     | \$570.49                     |
| 24546                |              |              | OPEN TREAT SUPRA/TRANSCONDYLAR    | \$961.10                     | \$816.94                     |
| 24560                |              |              | TREAT CLSD EPICON FX,W/O MANIP    | \$253.85                     | \$215.77                     |
| 24565                |              |              | TREAT CLSD EPICONDYLAR FRAC,ME    | \$427.86                     | \$363.68                     |
| 24566                |              |              | PERCUT TX EPICONDYL FX W MANIP    | \$561.88                     | \$477.60                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER  
W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
MOD = MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
NA = NOT APPLICABLE

| CPT/HCPCS/CDT | MOD<br>1 | MOD<br>2 | PROCEDURE CODE DESCRIPTION     | MAXIMUM FEE<br>ALLOWANCE | MAXIMUM FEE<br>ALLOWANCE |
|---------------|----------|----------|--------------------------------|--------------------------|--------------------------|
| PRACTITIONER  |          |          |                                | SPECIALIST               | NONSPECIALIST            |
| 24575         |          |          | OPEN TREAT CLSD/OPEN EPICONDYL | \$676.98                 | \$575.43                 |
| 24576         |          |          | TRT CLSD CONDYLAR FX W/O MANIP | \$265.83                 | \$225.96                 |
| 24577         |          |          | TREAT CLSD CONDYLAR FRAC WITH  | \$446.58                 | \$379.60                 |
| 24579         |          |          | OPEN TREAT CLSD/OPEN CONDYLAR  | \$726.35                 | \$617.40                 |
| 24582         |          |          | PERCUT TX HUMERAL CONDYL FX W  | \$623.79                 | \$530.22                 |
| 24586         |          |          | OPEN TREAT CLSD/OPEN ELBOW FRA | \$940.22                 | \$799.18                 |
| 24587         |          |          | OPEN TREAT CLSD/OPEN ELBOW FRA | \$927.97                 | \$788.77                 |
| 24600         |          |          | TREAT CLSD/ELBOW DISLOCATION W | \$313.42                 | \$266.40                 |
| 24605         |          |          | TREAT CLSD ELBOW DISLOCATION R | \$379.85                 | \$322.87                 |
| 24615         |          |          | OPEN TREATMENT OF CLOSED/OPEN  | \$610.74                 | \$519.13                 |
| 24620         |          |          | TREAT CLSD MONTEGGIA TYPE FRAC | \$464.68                 | \$394.98                 |
| 24635         |          |          | OPEN TREAT CLSD/OPEN FRAC DISL | \$703.76                 | \$598.20                 |
| 24640         |          |          | TREAT HEAD SUBLUXATION IN CHIL | \$103.44                 | \$87.92                  |
| 24650         |          |          | TRT CLSD HEAD/NECK FX W/O MANI | \$207.21                 | \$176.13                 |
| 24655         |          |          | TREAT CLSD RADIAL HEAD/NECK FR | \$362.01                 | \$307.71                 |
| 24665         |          |          | OPEN TREAT CLSD/OPEN RADIAL HE | \$554.14                 | \$471.02                 |
| 24666         |          |          | OPEN TREAT RADIAL HEAD/NECK FR | \$622.02                 | \$528.72                 |
| 24670         |          |          | TRT ULNAR FX,PROX END W/O MANI | \$232.19                 | \$197.36                 |
| 24675         |          |          | TREAT ULNAR FRAC,PROXIMAL END  | \$377.06                 | \$320.50                 |
| 24685         |          |          | OPEN TREAT ULNAR FRAC,PROXIMAL | \$578.59                 | \$491.80                 |
| 24800         |          |          | FUSION OF ELBOW JOINT          | \$699.14                 | \$594.27                 |
| 24802         |          |          | FUSION/GRAFT OF ELBOW JOINT    | \$855.35                 | \$727.05                 |
| 24900         |          |          | AMPUTATION OF UPPER ARM W/PRIM | \$588.58                 | \$500.30                 |
| 24920         |          |          | AMPUTATION UPPER ARM:OPEN,FLAP | \$584.98                 | \$497.23                 |
| 24925         |          |          | AMPUTATION UPPER ARM SECONDARY | \$463.82                 | \$394.25                 |
| 24930         |          |          | REAMPUTATION UPPER ARM         | \$619.06                 | \$526.20                 |
| 24931         |          |          | AMPUTATE UPPER ARM & IMPLANT   | \$652.08                 | \$554.27                 |
| 24935         |          |          | STUMP ELONGATION/REVISION UPPE | \$827.00                 | \$702.95                 |
| 24940         |          |          | CINEPLASTY UPPER EXTREMITY,COM | \$1,251.97               | \$1,064.17               |
| 25000         |          |          | TENDON SHEATH INCISION: AT RAD | \$355.13                 | \$301.86                 |
| 25001         |          |          | INCISION FLEXOR TENDON SHEATH  | \$266.63                 | \$226.64                 |
| 25020         |          |          | DECOMPRESSION FASCIOTOMY FLEXO | \$539.66                 | \$458.71                 |
| 25023         |          |          | DECOMPRESSION FASCIOTOMY FOREA | \$977.28                 | \$830.69                 |
| 25024         |          |          | DECOMPRESS FASCIOTOMY FOREARM/ | \$594.31                 | \$505.17                 |
| 25025         |          |          | DECOMP FASCIOTOMY FOREARM/WRIS | \$915.34                 | \$778.04                 |
| 25028         |          |          | INCISION/DRAINAGE:DEEP ABSCESS | \$467.10                 | \$397.04                 |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 25031                |                  |                  | INCISION/DRAINAGE INFECTED BUR    | \$365.29                         | \$310.50                         |
| 25035                |                  |                  | INCISION:DEEP W/OPENING OF COR    | \$610.47                         | \$518.90                         |
| 25040                |                  |                  | EXPLORE/TREAT WRIST JOINT         | \$508.99                         | \$432.64                         |
| 25065                |                  |                  | BIOPSY SOFT TISSUES: SUPERFICI    | \$176.94                         | \$150.40                         |
| 25066                |                  |                  | BIOPSY FOREARM SOFT TISSUES: D    | \$375.93                         | \$319.54                         |
| 25075                |                  |                  | EXCISE SUBCUTANEOUS TUMOR         | \$334.67                         | \$284.47                         |
| 25076                |                  |                  | EXCISE TUMOR,DEEP                 | \$501.76                         | \$426.50                         |
| 25077                |                  |                  | RAD RESECT TUMOR/SFT TISS FORE    | \$761.38                         | \$647.18                         |
| 25085                |                  |                  | INCISION OF WRIST CAPSULE         | \$440.91                         | \$374.78                         |
| 25100                |                  |                  | BIOPSY OF WRIST JOINT             | \$319.88                         | \$271.90                         |
| 25101                |                  |                  | EXPLORE/TREAT WRIST JOINT W/WO    | \$370.62                         | \$315.02                         |
| 25105                |                  |                  | REMOVE WRIST JOINT LINING         | \$460.14                         | \$391.12                         |
| 25107                |                  |                  | ARTHROTOMY, COMPLEX               | \$515.83                         | \$438.46                         |
| 25109                |                  |                  | EXCISION OF TENDON, FOREARM AN    | \$402.22                         | \$341.88                         |
| 25110                |                  |                  | EXCISION, LESION OF TENDON SHEA   | \$357.06                         | \$303.50                         |
| 25111                |                  |                  | EXCISION GANGLION:WRIST,PRIMAR    | \$282.30                         | \$239.96                         |
| 25112                |                  |                  | EXCISION, GANGLION: WRIST/REC     | \$342.37                         | \$291.01                         |
| 25115                |                  |                  | RADICAL EXCISE BURSA,WRIST/FOR    | \$792.44                         | \$673.57                         |
| 25116                |                  |                  | RADICAL EXCISE BURSA,WRIST/FOR    | \$628.81                         | \$534.49                         |
| 25118                |                  |                  | SYNOVECTOMY TENDON WRIST,SINGL    | \$353.34                         | \$300.34                         |
| 25119                |                  |                  | SYNOVECTOMY TENDON,WRIST W/RES    | \$477.51                         | \$405.89                         |
| 25120                |                  |                  | EXCISION BONE CYST/BENIGN TUMO    | \$519.75                         | \$441.79                         |
| 25125                |                  |                  | EXCISE BONE CYST OF RADIUS/ULN    | \$616.32                         | \$523.87                         |
| 25126                |                  |                  | EXCISE BONE CYST OF RADIUS/ULN    | \$622.17                         | \$528.84                         |
| 25130                |                  |                  | EXCISE BONE CYST/BENIGN TUMOR     | \$408.10                         | \$346.88                         |
| 25135                |                  |                  | EXCISE BONE CYST OF CARPAL BON    | \$503.11                         | \$427.65                         |
| 25136                |                  |                  | EXCISE BONE CYST OF CARPAL BON    | \$443.10                         | \$376.63                         |
| 25145                |                  |                  | SEQUESTRECTOMY: FOREARM BONE A    | \$540.36                         | \$459.31                         |
| 25150                |                  |                  | PARTIAL REMOVAL,RADIUS/ULNA W/    | \$536.72                         | \$456.21                         |
| 25151                |                  |                  | PARTIAL REMOVAL OF RADIUS         | \$607.76                         | \$516.60                         |
| 25170                |                  |                  | RADICAL RESECTION FOR TUMOR, R    | \$917.60                         | \$779.96                         |
| 25210                |                  |                  | CARPECTOMY: ONE BONE              | \$444.82                         | \$378.10                         |
| 25215                |                  |                  | CARPECTOMY: ALL BONES OR PRIXI    | \$582.15                         | \$494.83                         |
| 25230                |                  |                  | RADIAL STYLOIDECTOMY              | \$397.35                         | \$337.75                         |
| 25240                |                  |                  | EXCISION DISTAL ULNA              | \$423.53                         | \$360.00                         |
| 25246                |                  |                  | INJECTION FOR WRIST X-RAY         | \$165.55                         | \$140.72                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 25248                |                  |                  | REMOVE FOREARM FOREIGN BODY       | \$430.10                         | \$365.59                         |
| 25251                |                  |                  | COMPLICATED,"TOTAL WRIST"         | \$608.84                         | \$517.51                         |
| 25259                |                  |                  | WRIST MANIPULATION UNDER ANEST    | \$331.29                         | \$281.59                         |
| 25260                |                  |                  | REP,TEND/MUSC:PRIM,SING:EACH T    | \$658.57                         | \$559.78                         |
| 25263                |                  |                  | REP TEND/MUSC.:SECONDARY..EACH    | \$655.25                         | \$556.96                         |
| 25265                |                  |                  | REP TEND/MUSC,SECON..W/GRAFT:     | \$779.98                         | \$662.98                         |
| 25270                |                  |                  | REPAIR,EXTENSOR:PRIM,SING, EAC    | \$512.76                         | \$435.85                         |
| 25272                |                  |                  | REPAIR TENDON/MUSCLE,EXTENSOR:    | \$579.49                         | \$492.57                         |
| 25274                |                  |                  | REP TEN/MUS,EXT...W/GRAFT,EACH    | \$696.05                         | \$591.64                         |
| 25275                |                  |                  | REP TENDON SHEATH FOREARM/WRIS    | \$564.95                         | \$480.21                         |
| 25280                |                  |                  | LENGTHEN/SHORTEN FLEX,SING..EA    | \$588.93                         | \$500.59                         |
| 25290                |                  |                  | TENOTOMY,OPEN,SINGLE...EACH TE    | \$457.03                         | \$388.48                         |
| 25295                |                  |                  | TENOLYSIS,FLEX/EXT,SING,EACH T    | \$548.63                         | \$466.34                         |
| 25300                |                  |                  | TENODESIS AT WRIST:FLEXORS OF     | \$602.47                         | \$512.10                         |
| 25301                |                  |                  | TENODESIS AT WRIST: EXTENSORS     | \$577.48                         | \$490.86                         |
| 25310                |                  |                  | TENDON TRANSPLANT...SING:EACH     | \$647.62                         | \$550.48                         |
| 25312                |                  |                  | TENDON TRANSPLANT,W/GRAFT..EAC    | \$748.26                         | \$636.02                         |
| 25315                |                  |                  | REVISE PALSY HAND TENDON(S)       | \$801.36                         | \$681.16                         |
| 25316                |                  |                  | REVISE PALSY HAND TENDON W/TEN    | \$950.67                         | \$808.07                         |
| 25320                |                  |                  | REPAIR/REVISE/RECONSTRUCT WRIS    | \$774.86                         | \$658.63                         |
| 25332                |                  |                  | ARTHROPLASTY WRIST:W/INTERNAL     | \$726.27                         | \$617.33                         |
| 25335                |                  |                  | CENTRALIZATION-WRIST ON ULNA      | \$857.51                         | \$728.89                         |
| 25337                |                  |                  | RECONSTR ULNA/JOINT W/WO OPEN     | \$745.37                         | \$633.56                         |
| 25350                |                  |                  | REVISION OF RADIUS:DISTAL THIR    | \$703.93                         | \$598.34                         |
| 25355                |                  |                  | REVISION OF RADIUS:MIDDLE OR P    | \$790.57                         | \$671.98                         |
| 25360                |                  |                  | REVISION OF ULNA                  | \$682.13                         | \$579.81                         |
| 25365                |                  |                  | REVISE RADIUS & ULNA              | \$949.80                         | \$807.33                         |
| 25370                |                  |                  | REVISION,MULTIPLE,RADIUS OR UL    | \$980.97                         | \$833.82                         |
| 25375                |                  |                  | REVISION,MULTIPLE,RADIUS AND U    | \$843.11                         | \$716.64                         |
| 25390                |                  |                  | SHORTEN RADIUS/ULNA               | \$802.07                         | \$681.76                         |
| 25391                |                  |                  | LENGTHENING RADIUS/ULNA W/AUTO    | \$1,035.24                       | \$879.95                         |
| 25392                |                  |                  | SHORTEN RADIUS & ULNA             | \$951.49                         | \$808.77                         |
| 25393                |                  |                  | LENGTHENING RADIUS & ULNA W/AU    | \$1,165.79                       | \$990.92                         |
| 25394                |                  |                  | OSTEOPLASTY CARPAL BONE SHORTE    | \$649.26                         | \$551.87                         |
| 25400                |                  |                  | REPAIR RADIUS OR ULNA             | \$836.92                         | \$711.38                         |
| 25405                |                  |                  | REPAIR/GRAFT RADIUS OR ULNA       | \$1,077.76                       | \$916.10                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 25415                |                  |                  | REPAIR RADIUS & ULNA              | \$1,005.31                       | \$854.51                         |
| 25420                |                  |                  | REPAIR/GRAFT RADIUS & ULNA        | \$1,212.11                       | \$1,030.29                       |
| 25425                |                  |                  | REPAIR OF DEFECT W/GRAFT:RADIU    | \$1,000.32                       | \$850.27                         |
| 25426                |                  |                  | REPAIR OF DEFECT W/GRAFT:RADIU    | \$1,137.72                       | \$967.06                         |
| 25430                |                  |                  | INSERTION OF VASC PED TO CARPA    | \$579.34                         | \$492.44                         |
| 25431                |                  |                  | REPAIR NONUNION CARPAL BONE EA    | \$671.20                         | \$570.52                         |
| 25440                |                  |                  | REPAIR/GRAFT WRIST BONE           | \$697.50                         | \$592.88                         |
| 25441                |                  |                  | RECONSTRUCT WRIST JOINT: DISTA    | \$808.62                         | \$687.33                         |
| 25442                |                  |                  | RECONSTRUCT WRIST JOINT: DISTA    | \$689.88                         | \$586.40                         |
| 25443                |                  |                  | RECONSTRUCT WRIST JOINT: SCAPH    | \$666.88                         | \$566.85                         |
| 25444                |                  |                  | RECONSTRUCT WRIST JOINT: LUNAT    | \$709.76                         | \$603.30                         |
| 25445                |                  |                  | RECONSTRUCT WRIST JOINT: TRAPE    | \$623.57                         | \$530.03                         |
| 25446                |                  |                  | RECONSTRUCT WRIST JOINT: DISTA    | \$1,000.98                       | \$850.84                         |
| 25447                |                  |                  | INTERPOS.ARTHROPLASTY,INTER-CA    | \$669.26                         | \$568.87                         |
| 25449                |                  |                  | REVISE ARTHROPLASTY,REVDVE        | \$885.77                         | \$752.90                         |
| 25450                |                  |                  | EPIPHYSEAL ARREST: DISTAL RADI    | \$546.42                         | \$464.46                         |
| 25455                |                  |                  | EPIPHYSEAL ARREST: DISTAL RADI    | \$645.51                         | \$548.68                         |
| 25490                |                  |                  | PROPHYLACTIC TREATMENT,RADIUS     | \$724.86                         | \$616.13                         |
| 25491                |                  |                  | PROPHYLACTIC TREATMENT: ULNA      | \$770.34                         | \$654.79                         |
| 25492                |                  |                  | PROPHYLACTIC TREATMENT:RADIUS     | \$941.30                         | \$800.11                         |
| 25500                |                  |                  | TREAT FX-RADIUS W/O MANIPULATI    | \$209.26                         | \$177.87                         |
| 25505                |                  |                  | TREAT FRACTURE OF RADIUS W/MAN    | \$413.54                         | \$351.51                         |
| 25515                |                  |                  | OPEN TREAT CLSD/OPEN RADIAL SH    | \$590.64                         | \$502.04                         |
| 25520                |                  |                  | CLOSED TREAT RAD SHAFT FRACT.     | \$462.90                         | \$393.47                         |
| 25525                |                  |                  | OPEN TRAET.RAD.FRACT.W.INT.FIX    | \$788.90                         | \$670.56                         |
| 25526                |                  |                  | TREAT RAD. FRACT W TRIANG C RE    | \$933.78                         | \$793.71                         |
| 25530                |                  |                  | TRT CLSD ULNAR FX W/O MANIPULA    | \$204.02                         | \$173.41                         |
| 25535                |                  |                  | TREAT CLOSED ULNAR SHAFT FRAC     | \$393.05                         | \$334.09                         |
| 25545                |                  |                  | OPEN TREAT CLSD/OPEN ULNAR FRA    | \$586.80                         | \$498.78                         |
| 25560                |                  |                  | TRT CLSD RADULNAR SHAFT FX        | \$213.01                         | \$181.06                         |
| 25565                |                  |                  | TREAT CLSD RADIAL & ULNAR SHAF    | \$433.13                         | \$368.16                         |
| 25574                |                  |                  | OPEN TREAT CLSD/OPEN RADIAL &     | \$501.99                         | \$426.69                         |
| 25575                |                  |                  | OPEN TREAT CLSD/OPEN RADIAL &     | \$706.86                         | \$600.83                         |
| 25600                |                  |                  | TRT CLSD DIST RAD FX W/O MANIP    | \$234.65                         | \$199.45                         |
| 25605                |                  |                  | TREAT CLOSED DISTAL RADIAL FRA    | \$458.86                         | \$390.03                         |
| 25606                |                  |                  | PERCUTANEOUS SKELETAL FIXATION    | \$552.94                         | \$470.00                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 25607                |                  |                  | OPEN TREATMENT OF DISTAL RADIA    | \$552.18                         | \$469.36                         |
| 25608                |                  |                  | OPEN TREATMENT OF DISTAL RADIA    | \$630.20                         | \$535.67                         |
| 25609                |                  |                  | OPEN TREATMENT OF DISTAL RADIA    | \$802.77                         | \$682.35                         |
| 25622                |                  |                  | TREAT CLOSED CARPAL SCAPHOID F    | \$239.83                         | \$203.86                         |
| 25624                |                  |                  | TREAT CLOSED CARPAL SCAPHOID F    | \$379.76                         | \$322.80                         |
| 25628                |                  |                  | OPEN TREAT CLSD/OPEN CARPAL SC    | \$572.65                         | \$486.75                         |
| 25630                |                  |                  | TREAT CLSD FX:W/O MANIP,EACH B    | \$246.50                         | \$209.52                         |
| 25635                |                  |                  | TREAT CLSD FX:W/ MANIP,EACH BO    | \$362.53                         | \$308.15                         |
| 25645                |                  |                  | OPEN TX,CLSD/OPEN FX...EACH BO    | \$489.94                         | \$416.45                         |
| 25650                |                  |                  | TRT CLSD ULNAR STYLOID FX         | \$256.28                         | \$217.84                         |
| 25651                |                  |                  | PERCU SKEL FIXATION OF ULNAR S    | \$381.14                         | \$323.97                         |
| 25652                |                  |                  | OPEN TREATMENT ULNAR STYLOID F    | \$513.86                         | \$436.78                         |
| 25660                |                  |                  | TREAT CLOSED RADIO/INTERCARPAL    | \$327.44                         | \$278.32                         |
| 25670                |                  |                  | OPEN TREAT CLSD/OPEN RADIO/INT    | \$525.70                         | \$446.85                         |
| 25671                |                  |                  | PERC SKELETAL FIXATION RADIOUL    | \$428.23                         | \$364.00                         |
| 25675                |                  |                  | TREAT CLOSED DISTAL RADIOULNAR    | \$358.01                         | \$304.31                         |
| 25676                |                  |                  | OPEN TREAT CLSD/OPEN DISTAL RA    | \$541.79                         | \$460.52                         |
| 25680                |                  |                  | TREAT CLSD TRANS/SCAPHOPERILUN    | \$373.26                         | \$317.27                         |
| 25685                |                  |                  | OPEN TREAT CLSD/OPEN TRANS/SCA    | \$621.44                         | \$528.22                         |
| 25690                |                  |                  | TREAT LUNATE DISLOCATION W/MAN    | \$386.83                         | \$328.81                         |
| 25695                |                  |                  | OPEN TREATMENT LUNATE DISLOCAT    | \$543.56                         | \$462.03                         |
| 25800                |                  |                  | FUSION WRIST JOINT:W/O BONE GR    | \$664.03                         | \$564.43                         |
| 25805                |                  |                  | FUSION WRIST JOINT:W/SLIDING G    | \$757.92                         | \$644.23                         |
| 25810                |                  |                  | FUSION WRIST JOINT: W/DISTANT     | \$719.76                         | \$611.80                         |
| 25820                |                  |                  | INTERCARPAL FUSION:W/OUT BONE     | \$538.25                         | \$457.51                         |
| 25825                |                  |                  | INTERCARPAL FUSION:W/ BONE GRA    | \$648.57                         | \$551.28                         |
| 25830                |                  |                  | DIST RADIOULN KT ARTHRO W/WO B    | \$853.43                         | \$725.42                         |
| 25900                |                  |                  | AMPUTATION,FOREARM THROUGH RAD    | \$735.97                         | \$625.57                         |
| 25905                |                  |                  | AMPUTATION,FOREARM OPEN FLAP O    | \$690.14                         | \$586.62                         |
| 25907                |                  |                  | AMPUTATION,FOREARM,SECONDARY C    | \$618.25                         | \$525.51                         |
| 25909                |                  |                  | REAMPUTATION FOREARM SURGERY      | \$712.81                         | \$605.89                         |
| 25915                |                  |                  | AMPUTATION,FOREARM, KRUKENBER     | \$1,061.55                       | \$902.32                         |
| 25920                |                  |                  | DISARTICULATION THROUGH WRIST     | \$580.98                         | \$493.84                         |
| 25922                |                  |                  | DISARTICULATION WRIST:SECOND C    | \$507.21                         | \$431.13                         |
| 25924                |                  |                  | REAMPUTATION WRIST SURGERY        | \$581.28                         | \$494.09                         |
| 25927                |                  |                  | TRANSMETACARPAL AMPUTATION        | \$712.69                         | \$605.78                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 25929                |                  |                  | TRANSMETACARPAL AMPUTATION: SE    | \$473.14                         | \$402.17                         |
| 25931                |                  |                  | TRANSMETACARPAL REAMPUTATION      | \$670.38                         | \$569.83                         |
| 26010                |                  |                  | DRAINAGE OF FINGER ABSCESS        | \$243.31                         | \$206.82                         |
| 26011                |                  |                  | DRAIN FINGER ABSCESS: COMPLICA    | \$378.89                         | \$322.05                         |
| 26020                |                  |                  | DRAIN HAND TENDON SHEATH          | \$351.07                         | \$298.41                         |
| 26025                |                  |                  | DRAINAGE OF PALM BURSA            | \$348.56                         | \$296.28                         |
| 26030                |                  |                  | DRAINAGE OF PALM BURSA MULTIPL    | \$409.07                         | \$347.71                         |
| 26034                |                  |                  | TREAT HAND BONE LESION            | \$442.59                         | \$376.20                         |
| 26035                |                  |                  | DECOMPRESS FINGER/HAND-INJECTI    | \$611.45                         | \$519.73                         |
| 26037                |                  |                  | DEPRESSION FASCIOTOMY, HAND       | \$477.37                         | \$405.76                         |
| 26040                |                  |                  | RELEASE PALM CONTRACTURE: CLOS    | \$258.67                         | \$219.87                         |
| 26045                |                  |                  | RELEASE PALM CONTRACTURE: OPEN    | \$394.95                         | \$335.71                         |
| 26055                |                  |                  | INCISE FINGER TENDON SHEATH       | \$585.94                         | \$498.05                         |
| 26060                |                  |                  | TENOTOMY,SUBCUTAN,SING,EACH DI    | \$221.55                         | \$188.32                         |
| 26070                |                  |                  | EXPLORE/TREAT HAND JOINT          | \$244.86                         | \$208.13                         |
| 26075                |                  |                  | EXPLORE/TREAT METACAPPOPHALANG    | \$263.74                         | \$224.18                         |
| 26080                |                  |                  | ARTHROTOMY,INTERPHALANGEAL,EAC    | \$318.11                         | \$270.40                         |
| 26100                |                  |                  | BIOPSY HAND JOINT LINING          | \$272.12                         | \$231.30                         |
| 26105                |                  |                  | BIOPSY METACARPOPHALANGEAL JOI    | \$278.25                         | \$236.51                         |
| 26110                |                  |                  | ARTHROTOMY,INTERPHALANGEAL JNT    | \$264.34                         | \$224.69                         |
| 26115                |                  |                  | EXCISION BENIGN TUMOR,HAND,SUB    | \$536.17                         | \$455.74                         |
| 26116                |                  |                  | EXCISION BENIGN TUMOR,HAND: DE    | \$403.57                         | \$343.03                         |
| 26117                |                  |                  | RAD TUMOR RESECT,SFT TISS/HAND    | \$547.42                         | \$465.30                         |
| 26121                |                  |                  | FASCIECTOMY,PALMAR /INCL OBTAI    | \$509.42                         | \$433.01                         |
| 26123                |                  |                  | FASCIECTOMY,PARTIAL PALMAR EXC    | \$636.90                         | \$541.36                         |
| 26125                |                  |                  | FASCIECTOMY,RELEASE EA ADDIT D    | \$249.22                         | \$211.84                         |
| 26130                |                  |                  | REMOVE WRIST JOINT LINING         | \$380.65                         | \$323.55                         |
| 26135                |                  |                  | SYNOVECTOMY,REL/RECON, EACH DI    | \$471.18                         | \$400.50                         |
| 26140                |                  |                  | SYNOVECTOMY,..EXT.RECON,EACH J    | \$427.52                         | \$363.39                         |
| 26145                |                  |                  | SYNOVECTOMY..RADIAL,..EACH DIG    | \$434.08                         | \$368.97                         |
| 26160                |                  |                  | REMOVE TENDON SHEATH LESION       | \$535.08                         | \$454.82                         |
| 26170                |                  |                  | EXCISE TENDON,PALM...EACH         | \$338.81                         | \$287.99                         |
| 26180                |                  |                  | EXCISION OF TENDON,FINGER,FLEX    | \$370.71                         | \$315.11                         |
| 26185                |                  |                  | SESAMOIDECTOMY THUMB OR FINGER    | \$394.84                         | \$335.61                         |
| 26200                |                  |                  | REMOVE BONE CYST/BENIGN TUMOR     | \$382.06                         | \$324.75                         |
| 26205                |                  |                  | REMOVE BONE CYST/BENIGN TUMOR     | \$513.00                         | \$436.05                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 26210                |                  |                  | REMOVE BONE CYST PROXIMAL MIDD    | \$370.40                         | \$314.84                         |
| 26215                |                  |                  | REMOVE BONE CYST PROXIMAL W/AU    | \$467.86                         | \$397.68                         |
| 26230                |                  |                  | PARTIAL REMOVAL OF HAND BONE      | \$430.82                         | \$366.20                         |
| 26235                |                  |                  | PARTIAL REMOVAL PROXIMAL/MIDDL    | \$421.23                         | \$358.05                         |
| 26236                |                  |                  | PARTIAL REMOVAL DISTAL PHALANX    | \$372.97                         | \$317.02                         |
| 26250                |                  |                  | RADICAL RESECTION FOR TUMOR, H    | \$488.82                         | \$415.49                         |
| 26260                |                  |                  | RADICAL RESECT FOR TUMOR,PROX     | \$462.12                         | \$392.80                         |
| 26262                |                  |                  | RADICAL RESECTION FOR TUMOR,DI    | \$386.44                         | \$328.47                         |
| 26320                |                  |                  | REMOVAL OF IMPLANT FROM FINGER    | \$289.50                         | \$246.08                         |
| 26340                |                  |                  | MANIPULATE FINGER JOINT W/ANES    | \$256.46                         | \$217.99                         |
| 26350                |                  |                  | FLEX TENDON REP,SING,EACH TEND    | \$713.54                         | \$606.51                         |
| 26352                |                  |                  | FLEX TEND REP,SECONDARY..EACH     | \$798.33                         | \$678.58                         |
| 26356                |                  |                  | FLEX TEND REP/ADV,SING,PRIM,EA    | \$832.09                         | \$707.28                         |
| 26357                |                  |                  | FLEXOR REP...SECONDARY,EACH TE    | \$842.19                         | \$715.86                         |
| 26358                |                  |                  | FLEX TEND REP/ADV,SNG:...EACH     | \$895.64                         | \$761.29                         |
| 26370                |                  |                  | PROFUNDUS TENDON REPAIR W/INTA    | \$771.53                         | \$655.80                         |
| 26372                |                  |                  | PROFUNDUS TENDON REPAIR:SECOND    | \$880.48                         | \$748.41                         |
| 26373                |                  |                  | PROFUNDUS TENDON REPAIR:SECOND    | \$839.86                         | \$713.88                         |
| 26390                |                  |                  | FLEXOR TENDON EXCISE,IMPLANT P    | \$783.48                         | \$665.96                         |
| 26392                |                  |                  | REMOVAL ROD AND INSERTION OF T    | \$939.06                         | \$798.20                         |
| 26410                |                  |                  | EXT TEND REP,SING.:W/O GRAFT,E    | \$573.72                         | \$487.66                         |
| 26412                |                  |                  | EXT TEND REP,SING.:W/O GRAFT,E    | \$679.38                         | \$577.48                         |
| 26415                |                  |                  | EXTENSOR TENDON EXCISION..HAND    | \$692.98                         | \$589.04                         |
| 26416                |                  |                  | REMOVE TUBE/ROD.....HAND OR FI    | \$787.51                         | \$699.38                         |
| 26418                |                  |                  | EXT TEND REP...W/O GRAFT,EACH     | \$573.16                         | \$487.19                         |
| 26420                |                  |                  | EXT TEND REP....W/GRAFT,EACH T    | \$709.10                         | \$602.73                         |
| 26426                |                  |                  | EXTENSOR TENDON,CENTRAL SLIP R    | \$523.61                         | \$445.07                         |
| 26428                |                  |                  | EXTENSOR TENDON,CENTRAL SLIP R    | \$731.40                         | \$621.69                         |
| 26432                |                  |                  | TENDON REPAIR,DISTAL INSERT,CL    | \$494.78                         | \$420.56                         |
| 26433                |                  |                  | TENDON REPAIR,OPEN,PRIMARY /SE    | \$532.19                         | \$452.36                         |
| 26434                |                  |                  | TENDON REPAIR,OPEN,PRIMARY/SEC    | \$612.22                         | \$520.38                         |
| 26437                |                  |                  | REALIGN EXTENSOR TENDON-FOR AR    | \$603.52                         | \$512.99                         |
| 26440                |                  |                  | TENOLYSIS,SIMP,FLEX TEND...EAC    | \$637.53                         | \$541.90                         |
| 26442                |                  |                  | TENOLYSIS,SIMP...PALM/FING,EAC    | \$835.59                         | \$710.25                         |
| 26445                |                  |                  | TENOLYSIS,EXT TEND...EACH TEN     | \$600.79                         | \$510.67                         |
| 26449                |                  |                  | TENOLYSIS,COMP,EXT TENDON...      | \$720.77                         | \$612.65                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 26450                |                  |                  | TENOTOMY,FLEX,SING,PALM,OPEN      | \$382.50                         | \$325.12                         |
| 26455                |                  |                  | TENOTOMY,FLEX,SING,FING,OPEN,E    | \$379.55                         | \$322.62                         |
| 26460                |                  |                  | TENOTOMY,EXT,HAND/FING,SIN,OPE    | \$368.23                         | \$313.00                         |
| 26471                |                  |                  | TENODESIS:FOR PROXIMAL FINGER     | \$589.18                         | \$500.80                         |
| 26474                |                  |                  | TENODESIS:FOR DISTAL JOINT STA    | \$512.05                         | \$435.24                         |
| 26476                |                  |                  | TEND LENGTNEN,EXT...SINGLE,EAC    | \$558.62                         | \$474.82                         |
| 26477                |                  |                  | TEND SHORTEN,EXT...SINGLE,EACH    | \$562.66                         | \$478.26                         |
| 26478                |                  |                  | LENGTHEN FLEXOR,HAND/FINGER-EA    | \$612.34                         | \$520.49                         |
| 26479                |                  |                  | SHORTEN FLEXOR,HAND/FINGER-EAC    | \$601.54                         | \$511.31                         |
| 26480                |                  |                  | TEND TRANSFER/PLANT,SING,W/GFT    | \$752.92                         | \$639.98                         |
| 26483                |                  |                  | TEND TRANSFER/PLANT..W/GRFT,EA    | \$826.21                         | \$702.28                         |
| 26485                |                  |                  | TEND TRANSFER/PLNT,EACH TEND:W    | \$799.55                         | \$679.62                         |
| 26489                |                  |                  | TENDON TRANSFER/PLANT...W/GRAF    | \$749.00                         | \$636.65                         |
| 26490                |                  |                  | REVISE THUMB TENDON               | \$737.60                         | \$626.96                         |
| 26492                |                  |                  | REVISE THUMB TENDON W/GRAFT       | \$807.93                         | \$686.74                         |
| 26494                |                  |                  | REVISE THUMB TENDON:HYPOTHENAR    | \$746.66                         | \$634.66                         |
| 26496                |                  |                  | REVISE THUMB TENDON: OTHER MET    | \$795.90                         | \$676.52                         |
| 26497                |                  |                  | SUBLIMIS TRANSFER TO CORRECT C    | \$805.63                         | \$684.79                         |
| 26498                |                  |                  | SUBLIMIS TRANSFER TO CORRECT C    | \$1,053.96                       | \$895.87                         |
| 26499                |                  |                  | CORRECTION CLAW FINGER,OTHER M    | \$767.22                         | \$652.14                         |
| 26500                |                  |                  | HAND TENDON RECONSTRUCTION: W/    | \$603.82                         | \$513.25                         |
| 26502                |                  |                  | HAND TENDON RECONSTRUCTION: W/    | \$667.60                         | \$567.46                         |
| 26508                |                  |                  | RELEASE THUMB CONTRACTURE         | \$615.91                         | \$523.53                         |
| 26510                |                  |                  | CROSS INTRINSIC TRANSFER          | \$580.43                         | \$493.37                         |
| 26516                |                  |                  | FUSION OF KNUCKLE JOINT           | \$674.50                         | \$573.32                         |
| 26517                |                  |                  | FUSION KNUCKLE JOINT,TWO DIGIT    | \$779.86                         | \$662.88                         |
| 26518                |                  |                  | FUSION KNUCKLE JOINT THREE OR     | \$780.36                         | \$663.31                         |
| 26520                |                  |                  | CAPSULECTOMY/OTOMY....EACH        | \$663.46                         | \$563.94                         |
| 26525                |                  |                  | CAPSULECTOMY/OTOMY....EACH        | \$667.42                         | \$567.31                         |
| 26530                |                  |                  | ARTHROPLASTY,META...SINGLE,EA     | \$450.90                         | \$383.26                         |
| 26531                |                  |                  | ARTHROPLASTY,META...PROSTH...     | \$526.56                         | \$447.58                         |
| 26535                |                  |                  | ARTHROPLASTY,INTER...SINGLE,EA    | \$313.54                         | \$266.51                         |
| 26536                |                  |                  | ARTHROPLASTY...W/PROSTH,SING,     | \$557.83                         | \$474.16                         |
| 26540                |                  |                  | REPAIR COLLATERAL LIGAMENT        | \$635.94                         | \$540.55                         |
| 26541                |                  |                  | RECONSTRUCT/GRAFT HAND JOINT      | \$765.65                         | \$650.80                         |
| 26542                |                  |                  | PRIM REP COLLATERAL LIGAMENT/L    | \$653.31                         | \$555.32                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 26545                |                  |                  | RECONSTRUCTION,SING,GRAFT,EACH    | \$662.36                         | \$563.01                         |
| 26546                |                  |                  | REPAIR NON-UNION METACARPAL/PH    | \$835.49                         | \$710.16                         |
| 26548                |                  |                  | REPAIR/RECON,FINGER,INTERPHAL.    | \$726.31                         | \$617.37                         |
| 26550                |                  |                  | CONSTRUCT THUMB REPLACEMENT       | \$1,341.08                       | \$1,139.92                       |
| 26555                |                  |                  | POSITIONAL CHANGE OF FINGER       | \$1,216.86                       | \$1,034.33                       |
| 26560                |                  |                  | REPAIR WEB FINGER:WITH SKIN FL    | \$528.38                         | \$449.12                         |
| 26561                |                  |                  | REPAIR WEB FINGER:W/SKIN FLAPS    | \$807.46                         | \$686.34                         |
| 26562                |                  |                  | REPAIR WEB FINGER,COMPLEX,INVO    | \$1,122.66                       | \$954.26                         |
| 26565                |                  |                  | CORRECT METACARPAL FLAW           | \$650.78                         | \$553.17                         |
| 26567                |                  |                  | CORRECT FINGER DEFORMITY          | \$652.46                         | \$554.59                         |
| 26568                |                  |                  | OSTEOPLASTY,LENGTHEN METACARP/    | \$855.59                         | \$727.25                         |
| 26580                |                  |                  | REPAIR HAND DEFORMITY             | \$1,105.30                       | \$939.50                         |
| 26587                |                  |                  | RECONSTRUCT SUPERNUMERARY DIGI    | \$802.26                         | \$681.92                         |
| 26590                |                  |                  | REPAIR FINGER DEFORMITY:MACROD    | \$1,122.98                       | \$954.53                         |
| 26591                |                  |                  | REPAIR, INTRINSIC MUSCLES OF H    | \$444.31                         | \$377.67                         |
| 26593                |                  |                  | RELEASE, INTRINSIC MUSCLES OF     | \$569.22                         | \$483.83                         |
| 26596                |                  |                  | EXCISE CONSTRUCTING RING, Z-PL    | \$625.13                         | \$531.36                         |
| 26600                |                  |                  | TREAT CLSD FX.:W/O MANIP:EACH     | \$193.64                         | \$164.59                         |
| 26605                |                  |                  | TREAT CLSD FX.:W/MANIP,EACH       | \$259.62                         | \$220.67                         |
| 26607                |                  |                  | TREAT CLSD FX.:W/MANIP&FIX,EA     | \$408.23                         | \$347.00                         |
| 26608                |                  |                  | PERCUT.SKEL.FIX.MC.FRACT.EACH     | \$407.85                         | \$346.67                         |
| 26615                |                  |                  | OPEN TX,CLSD/OPEN FX....EACH B    | \$374.08                         | \$317.97                         |
| 26641                |                  |                  | TREAT THUMB DISLOCATION W/MANI    | \$291.16                         | \$247.49                         |
| 26645                |                  |                  | TREAT CLSD THUMB FRAC DISLOCAT    | \$334.63                         | \$284.44                         |
| 26650                |                  |                  | TREAT CLSD THUMB FRAC DISLOCAT    | \$435.93                         | \$370.54                         |
| 26665                |                  |                  | OPEN TREAT CLSD/OPEN THUMB FRA    | \$491.49                         | \$417.76                         |
| 26670                |                  |                  | TREAT CLSD HAND DISLOCATION W/    | \$272.74                         | \$231.83                         |
| 26675                |                  |                  | TREAT HAND DISLOCATION W/ANEST    | \$355.38                         | \$302.07                         |
| 26676                |                  |                  | PERC.PINNING,CLOSED CARPOMETAC    | \$428.72                         | \$364.41                         |
| 26685                |                  |                  | OPEN TREAT CLSD/OPEN HAND DISL    | \$461.54                         | \$392.31                         |
| 26686                |                  |                  | OPEN TREAT OPEN/CLSD HAND DISL    | \$522.10                         | \$443.79                         |
| 26700                |                  |                  | TREAT KNUCKLE DISLOCATION:W/OA    | \$254.59                         | \$216.40                         |
| 26705                |                  |                  | TREAT KNUCKLE DISLOCATION W/AN    | \$333.15                         | \$283.18                         |
| 26706                |                  |                  | PERC.PINNING,CLOSED METACARPOP    | \$358.50                         | \$304.73                         |
| 26715                |                  |                  | OPEN TREAT CLSD/OPEN KNUCKLE D    | \$395.65                         | \$336.30                         |
| 26720                |                  |                  | TREAT CLSD FX:W/O MANIP, EACH     | \$154.22                         | \$131.09                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 26725                |                  |                  | TREAT CLSD FX:W/ MANIP, EACH      | \$283.10                         | \$240.64                         |
| 26727                |                  |                  | TREAT FX,MANIP,TRACT/FIX, EACH    | \$401.88                         | \$341.60                         |
| 26735                |                  |                  | OPEN TREAT....W/W/O FIX,EACH      | \$405.78                         | \$344.91                         |
| 26740                |                  |                  | TREAT CLSD ART FX...W/O MANIP,    | \$177.02                         | \$150.46                         |
| 26742                |                  |                  | TREAT CLSD ART FX....W/ MANIP,    | \$308.17                         | \$261.94                         |
| 26746                |                  |                  | OPEN TX,CLSD/OPEN FX...EACH       | \$399.56                         | \$339.63                         |
| 26750                |                  |                  | TREAT CLSD FX...W/O MANIP, EAC    | \$144.72                         | \$123.01                         |
| 26755                |                  |                  | TREAT CLSD FX...W/ MANIP, EACH    | \$260.71                         | \$221.61                         |
| 26756                |                  |                  | TREAT CLSD FX...W/ PERC PIN, E    | \$354.18                         | \$301.06                         |
| 26765                |                  |                  | OPEN TX,CLSD/OPEN FX...EACH       | \$300.29                         | \$255.24                         |
| 26770                |                  |                  | TRMT OF CLOS INTERPHAL JOINT D    | \$220.17                         | \$187.14                         |
| 26775                |                  |                  | CLOSED RX INTERPHAL JT DISLOC     | \$309.68                         | \$263.23                         |
| 26776                |                  |                  | PERC.PINNING,CLOSED INTERPHALA    | \$378.42                         | \$321.65                         |
| 26785                |                  |                  | OPEN TRMT OF CLOS OR OPEN INTE    | \$306.90                         | \$260.86                         |
| 26820                |                  |                  | THUMB FUSION WITH GRAFT           | \$750.10                         | \$637.59                         |
| 26841                |                  |                  | ARTHRODESIS, THUMB W/ OR W/O I    | \$710.15                         | \$603.63                         |
| 26842                |                  |                  | ARTHRODESIS OF THUMB W/ GRAFT     | \$754.13                         | \$641.01                         |
| 26843                |                  |                  | ARTHRODESIS DIGITS OTHER THAN     | \$694.59                         | \$590.40                         |
| 26844                |                  |                  | ARTHRODESIS OF DIGITS W/ GRAFT    | \$769.58                         | \$654.15                         |
| 26850                |                  |                  | ARTHRODESIS KNUCKLE W/ OR W/O     | \$666.61                         | \$566.62                         |
| 26852                |                  |                  | ARTHRODESIS KNUCKLE W/ GRAFT      | \$741.86                         | \$630.58                         |
| 26860                |                  |                  | ARTHRODESIS FINGER JOINT W/ OR    | \$550.17                         | \$467.64                         |
| 26861                |                  |                  | ARTHRODESIS...EACH ADD JOINT      | \$94.54                          | \$80.36                          |
| 26862                |                  |                  | FUSION/GRAFT OF FINGER JOINT      | \$685.18                         | \$582.41                         |
| 26863                |                  |                  | ARTHRODESIS:W/ GRAFT,EACH ADD     | \$211.45                         | \$179.73                         |
| 26910                |                  |                  | AMPUTATE METACARPAL BONE          | \$655.90                         | \$557.51                         |
| 26951                |                  |                  | AMPUTATION OF FINGER/THUMB        | \$511.14                         | \$434.47                         |
| 26952                |                  |                  | AMPUTATE FINGER/THUMB W/ANESTH    | \$623.83                         | \$530.26                         |
| 26990                |                  |                  | DRAINAGE OF PELVIS LESION         | \$517.49                         | \$439.86                         |
| 26991                |                  |                  | DRAINAGE OF PELVIS BURSA          | \$623.29                         | \$529.79                         |
| 26992                |                  |                  | DRAINAGE OF BONE LESION           | \$827.97                         | \$703.77                         |
| 27000                |                  |                  | TENOTOMY, SUBCUTANEOUS CLOSED-    | \$386.11                         | \$328.20                         |
| 27001                |                  |                  | TENOTOMY, SUBCUTANEOUS OPEN, U    | \$463.01                         | \$393.56                         |
| 27001                | 50               |                  | TENOTOMY,SUBCUTANEOUS OPEN,BIL    | \$926.02                         | \$787.11                         |
| 27003                |                  |                  | OPEN UNILATERAL TENOTOMY W/ NE    | \$485.34                         | \$412.54                         |
| 27003                | 50               |                  | OPEN BILATERAL TENOTOMY W/NEUR    | \$970.69                         | \$825.08                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 27005                |                  |                  | TENOTOMY, ILIOPSOAS, OPEN         | \$621.86                         | \$528.58                         |
| 27006                |                  |                  | TENOTOMY, ABDUCTORS, OPEN         | \$627.04                         | \$532.98                         |
| 27025                |                  |                  | OBER-YOUNT FASCIOTOMY, UNILATE    | \$697.29                         | \$592.69                         |
| 27025                | 50               |                  | OBER-YOUNT FASCIOTOMY,BILATERA    | \$1,394.58                       | \$1,185.39                       |
| 27030                |                  |                  | ARTHROTOMY OF HIP FOR DRAINAGE    | \$805.50                         | \$684.67                         |
| 27033                |                  |                  | HIP ARTHROTOMY FOR EXPLORATION    | \$828.78                         | \$704.47                         |
| 27035                |                  |                  | DENERVATION OF HIP JOINT          | \$972.25                         | \$826.41                         |
| 27036                |                  |                  | CAPSULECTOMY OF HIP W/WO EXCIS    | \$813.60                         | \$691.56                         |
| 27040                |                  |                  | SUPERFICIAL BIOPSY OF SOFT TIS    | \$276.83                         | \$235.31                         |
| 27041                |                  |                  | DEEP BIOPSY OF SOFT TISSUES       | \$578.19                         | \$491.46                         |
| 27047                |                  |                  | EXCISION,TUMOR,PELVIS/HIP SUBC    | \$488.84                         | \$415.51                         |
| 27048                |                  |                  | DEEP TUMOR EXCISION,HIP-PELVIS    | \$387.64                         | \$329.49                         |
| 27049                |                  |                  | RAD RESECT TUMOR,SFT TISS,PELV    | \$777.74                         | \$661.08                         |
| 27050                |                  |                  | BIOPSY OF SACROILLIAC JOINT       | \$305.54                         | \$259.71                         |
| 27052                |                  |                  | BIOPSY OF HIP JOINT               | \$428.71                         | \$364.41                         |
| 27054                |                  |                  | ARTHROTOMY FOR SYNOVECTOMY, HI    | \$562.79                         | \$478.37                         |
| 27060                |                  |                  | REMOVAL OF ISCHIAL BURSA          | \$343.58                         | \$292.05                         |
| 27062                |                  |                  | EXCISION TROCHANTERIC BURSA       | \$373.68                         | \$317.63                         |
| 27065                |                  |                  | EXC BONE CYST OR TUMOR, SUPERF    | \$401.28                         | \$341.09                         |
| 27066                |                  |                  | DEEP W/ OR W/O BONE GRAFT         | \$665.84                         | \$565.96                         |
| 27067                |                  |                  | EXCISION BONE CYST WITH AUTOGR    | \$853.64                         | \$725.59                         |
| 27070                |                  |                  | PARTIAL REMOVAL OF HIP BONE       | \$700.44                         | \$595.37                         |
| 27071                |                  |                  | PARTIAL EXCISION SUPERFICIAL D    | \$762.74                         | \$648.33                         |
| 27075                |                  |                  | RADICAL RESECTION FOR TUMOR-WI    | \$1,924.97                       | \$1,636.22                       |
| 27076                |                  |                  | RADICAL RESECTION FOR TUMOR-IL    | \$1,301.29                       | \$1,106.09                       |
| 27077                |                  |                  | INNOMINATE BONE-TOTAL             | \$2,214.64                       | \$1,882.44                       |
| 27078                |                  |                  | ISCHIAL TUBEROSITY & TROCANE      | \$828.10                         | \$703.88                         |
| 27080                |                  |                  | COCCYGECTOMY                      | \$393.38                         | \$334.38                         |
| 27086                |                  |                  | REMOVE HIP FOREIGN BODY           | \$221.21                         | \$188.03                         |
| 27087                |                  |                  | REMOVE FOREIGN BODY,PELVIS/HIP    | \$536.18                         | \$455.76                         |
| 27090                |                  |                  | REMOVAL OF HIP PROSTHESIS         | \$708.06                         | \$601.85                         |
| 27091                |                  |                  | COMPLICATED REMOVAL HIP PROSTH    | \$1,288.42                       | \$1,095.15                       |
| 27093                |                  |                  | INJECTION FOR HIP ARTHROGRAPHY    | \$196.59                         | \$167.10                         |
| 27095                |                  |                  | INJ PROC HIP ARTHROGRAPHY W/AN    | \$246.30                         | \$209.35                         |
| 27096                |                  |                  | INJ PROC SACROIL JT/ARTHROG/AN    | \$168.21                         | \$142.98                         |
| 27097                |                  |                  | HAMSTRING RECESSON, PROXIMAL      | \$542.41                         | \$461.05                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 27098                |                  |                  | ADDUCTOR TRANSFER TO ISCHIUM      | \$545.77                         | \$463.90                         |
| 27100                |                  |                  | TRAN EXTERNAL OBLIQUE MUSCLE T    | \$699.13                         | \$594.26                         |
| 27105                |                  |                  | TRANSFER PARASPINAL MUSCLE TO     | \$734.07                         | \$623.96                         |
| 27110                |                  |                  | TRANSFER ILIOPSOAS MUSCLE TO G    | \$793.06                         | \$674.10                         |
| 27111                |                  |                  | TRANSFER ILIOPSOAS TO FEMORAL     | \$751.56                         | \$638.83                         |
| 27120                |                  |                  | ACETABULOPLASTY                   | \$1,062.11                       | \$902.80                         |
| 27122                |                  |                  | RESECTION FEMORAL HEAD            | \$925.62                         | \$786.77                         |
| 27125                |                  |                  | PARTIAL HIP REPLACEMENT,PROSTH    | \$900.13                         | \$765.11                         |
| 27130                |                  |                  | ARTHROPLASTY(TOTAL HIP REPLACE    | \$1,191.10                       | \$1,012.43                       |
| 27132                |                  |                  | CONVERT PREV.HIP SURG TO TOT.H    | \$1,386.97                       | \$1,178.92                       |
| 27134                |                  |                  | REVISE TOT.HIP ARTHROPLASTY:BO    | \$1,651.55                       | \$1,403.82                       |
| 27137                |                  |                  | REVISE HIP ARTHROPLASTY:ACETAB    | \$1,250.69                       | \$1,063.08                       |
| 27138                |                  |                  | REVISE HIP ARTHROPLASTY:FEMORA    | \$1,302.93                       | \$1,107.49                       |
| 27140                |                  |                  | OSTEOTOMY & TRANSFER OF GREATE    | \$768.92                         | \$653.58                         |
| 27146                |                  |                  | OSTEOTOMY, ILIAC                  | \$1,050.42                       | \$892.85                         |
| 27147                |                  |                  | WITH OPEN REDUCTION OF HIP        | \$1,206.02                       | \$1,025.11                       |
| 27151                |                  |                  | WITH FEMORAL OSTEOTOMY            | \$1,096.58                       | \$932.10                         |
| 27156                |                  |                  | WITH FEMORAL OSTEOTOMY & OPEN     | \$1,448.31                       | \$1,231.07                       |
| 27158                |                  |                  | OSTEOTOMY, PELVIS, BILATERAL      | \$1,089.66                       | \$926.21                         |
| 27161                |                  |                  | INCISION OF NECK OF FEMUR         | \$1,026.04                       | \$872.13                         |
| 27165                |                  |                  | INCISION/FIXATION OF FEMUR        | \$1,096.18                       | \$931.76                         |
| 27170                |                  |                  | BONE GRAFT FOR NONUNION, FEMOR    | \$974.80                         | \$828.58                         |
| 27175                |                  |                  | TREAT SLIPPED EPIPHYSIS           | \$537.24                         | \$456.65                         |
| 27176                |                  |                  | BY SINGLE OR MULTIPLE PINNING,    | \$752.58                         | \$639.70                         |
| 27177                |                  |                  | REPAIR SLIPPED EPIPHYSIS          | \$923.69                         | \$785.13                         |
| 27178                |                  |                  | OSTEOTOMY & INTERNAL FIXATION     | \$726.21                         | \$617.28                         |
| 27179                |                  |                  | OSTEOPLASTY OF FEMORAL NECK       | \$816.13                         | \$693.71                         |
| 27181                |                  |                  | REPAIR SLIPPED EPIPHYSIS          | \$856.95                         | \$728.41                         |
| 27185                |                  |                  | EPIPHYSEAL ARREST, GREATER TRO    | \$616.27                         | \$523.83                         |
| 27187                |                  |                  | PROPHYLACTIC TREAT,FEM.NECK&PR    | \$848.57                         | \$721.28                         |
| 27200                |                  |                  | TRMT OF CLOSED COCCYGEAL FX       | \$142.10                         | \$120.78                         |
| 27202                |                  |                  | OPEN TRMT OF CLOSED OR OPEN CO    | \$548.97                         | \$466.62                         |
| 27215                |                  |                  | OPEN TRMT OF ILIAC SPINE(S)       | \$616.15                         | \$523.73                         |
| 27216                |                  |                  | PERC SKEL FIX POST PELVIC RING    | \$883.65                         | \$751.10                         |
| 27217                |                  |                  | OPEN TRMT ANTERIOR RING FRACTU    | \$861.67                         | \$732.42                         |
| 27218                |                  |                  | OPEN TRMT OF POSTERIOR RING FR    | \$1,126.66                       | \$957.66                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER  
W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
MOD = MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
NA = NOT APPLICABLE

| CPT/HCPCS/CDT       | MOD<br>1 | MOD<br>2 | PROCEDURE CODE DESCRIPTION     | MAXIMUM FEE<br>ALLOWANCE<br>SPECIALIST | MAXIMUM FEE<br>ALLOWANCE<br>NONSPECIALIST |
|---------------------|----------|----------|--------------------------------|----------------------------------------|-------------------------------------------|
| <b>PRACTITIONER</b> |          |          |                                |                                        |                                           |
| 27220               |          |          | TREAT (HIP SOCKET) FRACTURE AC | \$421.41                               | \$358.20                                  |
| 27222               |          |          | CLOSED RX OF ACETABULUM W/MANI | \$804.82                               | \$684.10                                  |
| 27226               |          |          | OPEN TRMT POST OR ANT ACETABUL | \$809.65                               | \$688.20                                  |
| 27227               |          |          | OPEN TRMT ACETABULAR FRACTURE( | \$1,383.55                             | \$1,176.02                                |
| 27228               |          |          | OPEN TRMT ACET. FRACT (2) COLU | \$1,594.52                             | \$1,355.34                                |
| 27230               |          |          | TREAT PROXIMAL,NECK,FEMORAL FR | \$389.24                               | \$330.85                                  |
| 27232               |          |          | CLOSED RX FEMORAL FX W/MANIPUL | \$635.58                               | \$540.25                                  |
| 27235               |          |          | PERC SKELETAL FIX OF FEMORAL   | \$767.74                               | \$652.58                                  |
| 27236               |          |          | OPEN TRMT OF FEMORAL FX W/ INT | \$948.50                               | \$806.23                                  |
| 27238               |          |          | TREAT INTE /PER CHANTERIC FRAC | \$375.21                               | \$318.93                                  |
| 27240               |          |          | CLOSED RX INTERTROCHANTERIC W/ | \$780.66                               | \$663.56                                  |
| 27244               |          |          | OPEN TRMT OF CLOSED OR OPEN IN | \$969.51                               | \$824.09                                  |
| 27245               |          |          | OPEN TRMT OF INTER/PERTR.      | \$1,212.62                             | \$1,030.73                                |
| 27246               |          |          | TRMT OF CLOSED GREATER TROCHAN | \$324.17                               | \$275.54                                  |
| 27248               |          |          | OPEN TRMT OF CLSD OR OPEN GREA | \$662.42                               | \$563.05                                  |
| 27250               |          |          | TREAT HIP DISLOCATION          | \$182.15                               | \$154.83                                  |
| 27252               |          |          | TREAT HIP DISLOCATION W/ANESTH | \$629.63                               | \$535.19                                  |
| 27253               |          |          | OPEN TRMT OF CLOSED OR OPEN HI | \$806.81                               | \$685.79                                  |
| 27254               |          |          | TRMT OF SAME W/ ACETABULAR LIP | \$1,078.78                             | \$916.97                                  |
| 27256               |          |          | TRMT OF CONGENITAL HIP DISLOCA | \$263.30                               | \$223.80                                  |
| 27257               |          |          | WITH MANIPULATION REQUIRING AN | \$280.78                               | \$238.66                                  |
| 27258               |          |          | OPEN TRMT CONGEN HIP DISL-REPL | \$934.96                               | \$794.72                                  |
| 27259               |          |          | W/ FEMORAL SHAFT SHORTENING    | \$1,271.22                             | \$1,080.53                                |
| 27265               |          |          | TX ATRAUMATIC HIP DISLOCATION  | \$340.80                               | \$289.68                                  |
| 27266               |          |          | TX ATRAUMATIC HIP DISLOC:W ANE | \$490.35                               | \$416.80                                  |
| 27267               |          |          | CLOSED TREATMENT OF FEMORAL FR | \$329.33                               | \$279.93                                  |
| 27268               |          |          | CLOSED TREATMENT OF FEMORAL FR | \$404.19                               | \$343.56                                  |
| 27269               |          |          | OPEN TREATMENT OF FEMORAL FRAC | \$955.57                               | \$812.23                                  |
| 27275               |          |          | MANIPULATION,HIP JOINT REQ.GEN | \$154.87                               | \$131.64                                  |
| 27280               |          |          | FUSION OF SACROILIAC JOINT     | \$846.51                               | \$719.54                                  |
| 27282               |          |          | FUSION OF PUBIC BONES          | \$684.91                               | \$582.18                                  |
| 27284               |          |          | FUSION OF HIP JOINT            | \$1,358.00                             | \$1,154.30                                |
| 27286               |          |          | ARTHRODESIS W/SUBTROCH OSTEO   | \$1,369.69                             | \$1,164.23                                |
| 27290               |          |          | AMPUTATION OF LEG AT HIP       | \$1,314.74                             | \$1,117.53                                |
| 27295               |          |          | DISARTICULATION OF HIP         | \$1,060.54                             | \$901.46                                  |
| 27301               |          |          | I&D OF DEEP ABCESS, INFECTED B | \$578.24                               | \$491.50                                  |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 27303                |                  |                  | INCISION, DEEP W/ OPENING OF B    | \$541.18                         | \$460.00                         |
| 27305                |                  |                  | FASCIOTOMY, ILIOTIBIAL....(OPEN   | \$393.10                         | \$334.13                         |
| 27306                |                  |                  | TENOTOMY, SINGLE, ADDUCTOR/HAMST  | \$331.32                         | \$281.62                         |
| 27307                |                  |                  | TENOTOMY, SUBCU, CLOSED, ADDUCTOR | \$396.97                         | \$337.42                         |
| 27310                |                  |                  | ARTHROTOMY, KNEE, FOR INFECTION.  | \$598.14                         | \$508.42                         |
| 27323                |                  |                  | BIOPSY THIGH SOFT TISSUES         | \$198.60                         | \$168.81                         |
| 27324                |                  |                  | BIOPSY THIGH SOFT TISSUES:DEEP    | \$318.90                         | \$271.07                         |
| 27327                |                  |                  | EXCISE TUMOR, THIGH OR KNEE: SU   | \$363.81                         | \$309.24                         |
| 27328                |                  |                  | EXCISE TUMOR, THIGH OR KNEE:DEE   | \$349.19                         | \$296.81                         |
| 27329                |                  |                  | RAD RESECT TUMOR...THIGH OR KN    | \$816.66                         | \$694.16                         |
| 27330                |                  |                  | ARTHROTOMY, KNEE:SYNOVIAL BIOPS   | \$337.59                         | \$286.95                         |
| 27331                |                  |                  | EXPLORE/TREAT KNEE JOINT          | \$403.66                         | \$343.11                         |
| 27332                |                  |                  | REMOVAL OF KNEE CARTILAGE         | \$545.61                         | \$463.77                         |
| 27333                |                  |                  | REMOVAL OF KNEE CARTILAGE         | \$494.66                         | \$420.46                         |
| 27334                |                  |                  | REMOVE KNEE JOINT LINING          | \$571.41                         | \$485.70                         |
| 27335                |                  |                  | REMOVE KNEE JOINT LINING          | \$646.78                         | \$549.76                         |
| 27340                |                  |                  | REMOVAL OF KNEECAP BURSA          | \$308.14                         | \$261.92                         |
| 27345                |                  |                  | EXCISION SYNOVIAL CYST OF POPL    | \$407.73                         | \$346.57                         |
| 27347                |                  |                  | EXCISION LESION MENISCUS/CAPSU    | \$395.92                         | \$336.53                         |
| 27350                |                  |                  | PATELLECTOMY/OR HEMIPATELLECTO    | \$545.93                         | \$464.04                         |
| 27355                |                  |                  | REMOVE FEMUR LESION               | \$510.89                         | \$434.25                         |
| 27356                |                  |                  | REMOVE FEMUR LESION/GRAFT         | \$615.13                         | \$522.86                         |
| 27357                |                  |                  | REMOVE FEMUR LESION/GRAFT         | \$686.04                         | \$583.13                         |
| 27360                |                  |                  | PARTIAL REMOVAL LEG BONE(S)       | \$710.39                         | \$603.83                         |
| 27365                |                  |                  | EXTENSIVE LEG SURGERY             | \$993.42                         | \$844.41                         |
| 27372                |                  |                  | REMOVAL OF FOREIGN BODY           | \$526.76                         | \$447.75                         |
| 27380                |                  |                  | REPAIR OF KNEECAP TENDON          | \$510.34                         | \$433.79                         |
| 27381                |                  |                  | REPAIR/GRAFT KNEECAP TENDON       | \$688.54                         | \$585.26                         |
| 27385                |                  |                  | REPAIR OF THIGH MUSCLE            | \$544.72                         | \$463.01                         |
| 27386                |                  |                  | REPAIR/GRAFT OF THIGH MUSCLE      | \$711.52                         | \$604.79                         |
| 27390                |                  |                  | INCISION OF THIGH TENDON          | \$369.06                         | \$313.70                         |
| 27391                |                  |                  | INCISION OF THIGH TENDONS         | \$486.88                         | \$413.85                         |
| 27392                |                  |                  | INCISION OF THIGH TENDONS         | \$595.10                         | \$505.83                         |
| 27393                |                  |                  | LENGTHENING OF THIGH TENDON       | \$432.66                         | \$367.76                         |
| 27394                |                  |                  | LENGTHENING OF THIGH TENDONS      | \$557.46                         | \$473.84                         |
| 27395                |                  |                  | LENGTHENING OF THIGH TENDONS      | \$747.67                         | \$635.52                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 27396                |                  |                  | TRANSPLANT OF THIGH TENDON        | \$525.92                         | \$447.03                         |
| 27397                |                  |                  | TRANSPLANTS OF THIGH TENDONS      | \$717.46                         | \$609.84                         |
| 27400                |                  |                  | REVISE THIGH MUSCLES/TENDONS      | \$570.20                         | \$484.67                         |
| 27403                |                  |                  | ARTHROTOMY WITH OPEN MENISCUS     | \$549.84                         | \$467.36                         |
| 27405                |                  |                  | REPAIR OF KNEE LIGAMENT           | \$572.54                         | \$486.66                         |
| 27407                |                  |                  | REPAIR OF KNEE LIGAMENT           | \$659.89                         | \$560.90                         |
| 27409                |                  |                  | REPAIR OF KNEE LIGAMENTS          | \$811.94                         | \$690.15                         |
| 27412                |                  |                  | AUTOLOGOUS CHONDROCYTE IMPLANT    | \$1,366.35                       | \$1,161.40                       |
| 27415                |                  |                  | OSTEOCHONDRAL ALLOGRAFT, KNEE,    | \$1,140.14                       | \$969.12                         |
| 27416                |                  |                  | OSTEOCHONDRAL AUTOGRAFT(S), KN    | \$752.19                         | \$639.36                         |
| 27418                |                  |                  | PLASTY FOR CHONDROMALACIA PAAT    | \$700.88                         | \$595.75                         |
| 27420                |                  |                  | REVISION OF UNSTABLE KNEECAP      | \$636.78                         | \$541.27                         |
| 27422                |                  |                  | REVISION OF UNSTABLE KNEECAP      | \$635.25                         | \$539.96                         |
| 27424                |                  |                  | REVISION/REMOVAL OF KNEECAP       | \$635.18                         | \$539.90                         |
| 27425                |                  |                  | LATERAL RENTINACULAR RELEASE A    | \$379.25                         | \$322.36                         |
| 27427                |                  |                  | RECONSTRUCT(AUGMENT)KNEE:ESTRA    | \$609.05                         | \$517.69                         |
| 27428                |                  |                  | RECONSTRUCT(AUGMENT)KNEE:INTRA    | \$895.80                         | \$761.43                         |
| 27429                |                  |                  | RECONSTRUCT KNEE:INTRA&EXTRA A    | \$992.16                         | \$843.34                         |
| 27430                |                  |                  | REVISION OF THIGH MUSCLES         | \$627.41                         | \$533.30                         |
| 27435                |                  |                  | INCISION OF KNEE JOINT            | \$638.00                         | \$542.30                         |
| 27437                |                  |                  | ARTHROPLASTY,PATELLA:WOUT PROS    | \$557.46                         | \$473.84                         |
| 27438                |                  |                  | REVISE KNEE CAP WITH IMPLANT      | \$702.41                         | \$597.05                         |
| 27440                |                  |                  | REVISION OF KNEE JOINT            | \$586.47                         | \$498.50                         |
| 27441                |                  |                  | REVISION OF KNEE JOINT            | \$625.30                         | \$531.50                         |
| 27442                |                  |                  | REVISION OF KNEE JOINT            | \$740.30                         | \$629.26                         |
| 27443                |                  |                  | REVISION OF KNEE JOINT            | \$697.90                         | \$593.21                         |
| 27445                |                  |                  | REVISE KNEE JOINT, IMPLANT        | \$1,069.32                       | \$908.92                         |
| 27446                |                  |                  | TOTAL KNEE REPLACEMENT            | \$966.22                         | \$821.28                         |
| 27447                |                  |                  | TOTAL KNEE REPLACEMENT            | \$1,286.76                       | \$1,093.75                       |
| 27448                |                  |                  | INCISION OF FEMUR, UNILATERAL     | \$698.78                         | \$593.96                         |
| 27448                | 50               |                  | INCISION OF FEMUR, BILATERAL      | \$1,397.55                       | \$1,187.92                       |
| 27450                |                  |                  | INCISION OF FEMUR                 | \$872.78                         | \$741.87                         |
| 27450                | 50               |                  | INCISION OF FEMUR WITH FIXATIO    | \$1,745.57                       | \$1,483.73                       |
| 27454                |                  |                  | REALIGNMENT OF FEMUR              | \$1,071.80                       | \$911.03                         |
| 27455                |                  |                  | REALIGNMENT OF KNEE, UNILATERA    | \$807.04                         | \$685.98                         |
| 27455                | 50               |                  | REALIGNMENT OF KNEE, BILATERAL    | \$1,614.08                       | \$1,371.97                       |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 27457                |                  |                  | REALIGNMENT OF KNEE               | \$831.27                         | \$706.58                         |
| 27457                | 50               |                  | REALIGNMENT OF KNEE               | \$1,662.54                       | \$1,413.16                       |
| 27465                |                  |                  | SHORTENING OF FEMUR               | \$858.56                         | \$729.78                         |
| 27466                |                  |                  | LENGTHENING OF FEMUR              | \$999.82                         | \$849.85                         |
| 27468                |                  |                  | REVISION OF FEMURS                | \$1,116.60                       | \$949.11                         |
| 27470                |                  |                  | REPAIR OF FEMUR                   | \$990.83                         | \$842.21                         |
| 27472                |                  |                  | REPAIR / GRAFT OF FEMUR           | \$1,081.49                       | \$919.26                         |
| 27475                |                  |                  | REPAIR OF FEMUR EPIPHYSIS         | \$558.30                         | \$474.55                         |
| 27477                |                  |                  | REPAIR LOWER LEG EPIPHYSES        | \$625.12                         | \$531.35                         |
| 27479                |                  |                  | REPAIR OF LEG EPIPHYSES           | \$814.20                         | \$692.07                         |
| 27485                |                  |                  | REPAIR OF LEG EPIPHYSIS           | \$576.08                         | \$489.67                         |
| 27486                |                  |                  | REVISE KNEE/ARTHROPLASTY-1 COM    | \$1,166.54                       | \$991.56                         |
| 27487                |                  |                  | REVISE KNEE ARTHROPLASTY-ALL C    | \$1,490.49                       | \$1,266.91                       |
| 27488                |                  |                  | REMOVAL OF KNEE PROSTHESIS        | \$975.87                         | \$829.49                         |
| 27495                |                  |                  | PROPHYLACTIC TREAT.FEMUR          | \$959.14                         | \$815.27                         |
| 27496                |                  |                  | DECOMP.FASCIOTOMY,THIGH/KNEE 1    | \$412.76                         | \$350.85                         |
| 27497                |                  |                  | DECOMP.FASCIAL,W.DEBRID.MUSC.N    | \$445.23                         | \$378.45                         |
| 27498                |                  |                  | DECOMP.FASCIO,THIGH/KNEE          | \$491.46                         | \$417.74                         |
| 27499                |                  |                  | DECOMP.FASCIO,THIGH/KNEE W. DE    | \$559.70                         | \$475.74                         |
| 27500                |                  |                  | TREATMENT OF FEMUR FRACTURE       | \$425.28                         | \$361.49                         |
| 27501                |                  |                  | CLOSED TRMT OF FEMOR FRACTURE     | \$414.38                         | \$352.22                         |
| 27502                |                  |                  | TREATMENT OF FEMUR FRACTURE       | \$662.25                         | \$562.91                         |
| 27503                |                  |                  | CLOSED TRMT OF FEMOR FRACTURE     | \$670.13                         | \$569.61                         |
| 27506                |                  |                  | REPAIR OF FEMUR FRACTURE          | \$1,075.16                       | \$913.89                         |
| 27507                |                  |                  | OPEN TRMT OF FEMOR FRACTURE       | \$847.99                         | \$720.79                         |
| 27508                |                  |                  | TREATMENT OF FEMUR FRACTURE       | \$432.50                         | \$367.62                         |
| 27509                |                  |                  | PERCUT OR TRANSC FEMOR FRACTUR    | \$553.74                         | \$470.68                         |
| 27510                |                  |                  | TREATMENT OF FEMUR FRACTURE       | \$582.88                         | \$495.45                         |
| 27511                |                  |                  | OPEN TRMT OF FEMOR FRACTURE       | \$881.59                         | \$749.35                         |
| 27513                |                  |                  | OPEN TRMT OF FEMOR FRACTURE       | \$1,130.00                       | \$960.50                         |
| 27514                |                  |                  | REPAIR OF FEMUR FRACTURE          | \$1,003.30                       | \$852.81                         |
| 27516                |                  |                  | TREATMENT OF FEMUR EPIPHYSIS      | \$409.50                         | \$348.07                         |
| 27517                |                  |                  | TREATMENT OF FEMUR EPIPHYSIS      | \$566.74                         | \$481.73                         |
| 27519                |                  |                  | REPAIR OF FEMUR EPIPHYSIS         | \$926.70                         | \$787.70                         |
| 27520                |                  |                  | TREAT KNEECAP FRACTURE            | \$258.66                         | \$219.86                         |
| 27524                |                  |                  | REPAIR OF KNEECAP FRACTURE        | \$647.12                         | \$550.05                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 27530                |                  |                  | CLOSED TREATMENT OF TIBIAL FRA    | \$319.22                         | \$271.33                         |
| 27532                |                  |                  | CLOSED TREATMENT OF TIBIAL FRA    | \$518.06                         | \$440.35                         |
| 27535                |                  |                  | OPEN TRMT OF TIBIAL FRACTURE      | \$766.02                         | \$651.12                         |
| 27536                |                  |                  | OPEN TREATMENT TIBIAL FRACTURE    | \$969.68                         | \$824.23                         |
| 27538                |                  |                  | TRMT OF CLOSED INTERCONDLAR SP    | \$387.10                         | \$329.04                         |
| 27540                |                  |                  | REPAIR OF KNEE FRACTURE           | \$804.22                         | \$683.59                         |
| 27550                |                  |                  | TREAT KNEE DISLOCATION            | \$408.82                         | \$347.49                         |
| 27552                |                  |                  | TREAT KNEE DISLOCATION            | \$526.08                         | \$447.17                         |
| 27556                |                  |                  | REPAIR OF KNEE DISLOCATION        | \$911.18                         | \$774.50                         |
| 27557                |                  |                  | REPAIR OF KNEE DISLOCATION        | \$1,063.42                       | \$903.91                         |
| 27558                |                  |                  | OPEN TRMT OF KNEE DISOCATION      | \$1,093.99                       | \$929.89                         |
| 27560                |                  |                  | TREAT KNEECAP DISLOCATION         | \$296.82                         | \$252.29                         |
| 27562                |                  |                  | TREAT KNEECAP DISLOCATION         | \$372.67                         | \$316.77                         |
| 27566                |                  |                  | REPAIR KNEECAP DISLOCATION        | \$765.85                         | \$650.97                         |
| 27570                |                  |                  | FIXATION OF KNEE JOINT            | \$124.26                         | \$105.62                         |
| 27580                |                  |                  | FUSION OF KNEE                    | \$1,214.43                       | \$1,032.27                       |
| 27590                |                  |                  | AMPUTATE LEG AT THIGH             | \$658.07                         | \$559.36                         |
| 27591                |                  |                  | AMPUTATE LEG AT THIGH             | \$754.06                         | \$640.95                         |
| 27592                |                  |                  | AMPUTATE LEG AT THIGH             | \$568.99                         | \$483.64                         |
| 27594                |                  |                  | AMPUTATION FOLLOW-UP SURGERY      | \$424.33                         | \$360.68                         |
| 27596                |                  |                  | AMPUTATION FOLLOW-UP SURGERY      | \$612.58                         | \$520.70                         |
| 27598                |                  |                  | AMPUTATE LOWER LEG AT KNEE        | \$619.86                         | \$526.88                         |
| 27600                |                  |                  | DECOMPRESSION OF LOWER LEG        | \$357.74                         | \$304.08                         |
| 27601                |                  |                  | FASCIOTOMY,LEG-POSTERIOR COMP.    | \$366.51                         | \$311.54                         |
| 27602                |                  |                  | DECOMPRESSION OF LOWER LEG        | \$438.93                         | \$373.09                         |
| 27603                |                  |                  | DRAIN LOWER LEG LESION            | \$432.50                         | \$367.63                         |
| 27604                |                  |                  | DRAIN LOWER LEG BURSA             | \$368.34                         | \$313.09                         |
| 27605                |                  |                  | INCISION OF ACHILLES TENDON:LO    | \$364.08                         | \$309.47                         |
| 27606                |                  |                  | INCISION OFACHILLES TENDON        | \$265.28                         | \$225.49                         |
| 27607                |                  |                  | TREAT LOWER LEG BONE LESION       | \$500.35                         | \$425.30                         |
| 27610                |                  |                  | EXPLORE/TREAT ANKLE JOINT         | \$542.86                         | \$461.43                         |
| 27612                |                  |                  | EXPLORATION OF ANKLE JOINT        | \$472.09                         | \$401.27                         |
| 27613                |                  |                  | BIOPSY LOWER LEG SOFT TISSUE      | \$184.44                         | \$156.77                         |
| 27614                |                  |                  | BIOPSY LOWER LEG SOFT TISSUE D    | \$444.24                         | \$377.60                         |
| 27615                |                  |                  | RAD RESECT TUMOR....LEG OR ANK    | \$770.10                         | \$654.59                         |
| 27618                |                  |                  | REMOVE LOWER LEG LESION           | \$386.45                         | \$328.48                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 27619                |                  |                  | REMOVE LOWER LEG LESION DEEP      | \$482.45                         | \$410.08                         |
| 27620                |                  |                  | BIOPSY OF ANKLE JOINT             | \$403.31                         | \$342.82                         |
| 27625                |                  |                  | REMOVE ANKLE JOINT LINING         | \$519.74                         | \$441.78                         |
| 27626                |                  |                  | REMOVE ANKLE JOINT LINING         | \$560.54                         | \$476.46                         |
| 27630                |                  |                  | REMOVAL OF TENDON LESION          | \$430.46                         | \$365.89                         |
| 27635                |                  |                  | REMOVE LOWER LEG BONE LESION      | \$513.68                         | \$436.63                         |
| 27637                |                  |                  | REMOVE/GRAFT LEG BONE LESION      | \$642.05                         | \$545.74                         |
| 27638                |                  |                  | REMOVE/GRAFT LEG BONE LESION      | \$669.81                         | \$569.34                         |
| 27640                |                  |                  | PARTIAL REMOVAL OF TIBIA          | \$765.16                         | \$650.39                         |
| 27641                |                  |                  | PARTIAL REMOVAL OF FIBULA         | \$618.56                         | \$525.78                         |
| 27645                |                  |                  | EXTENSIVE LOWER LEG SURGERY       | \$928.37                         | \$789.11                         |
| 27646                |                  |                  | EXTENSIVE LOWER LEG SURGERY       | \$835.39                         | \$710.08                         |
| 27647                |                  |                  | EXTENSIVE ANKLE/HEEL SURGERY      | \$696.90                         | \$592.36                         |
| 27648                |                  |                  | INJECTION FOR ANKLE X-RAY         | \$152.47                         | \$129.60                         |
| 27650                |                  |                  | REPAIR ACHILLES TENDON            | \$608.46                         | \$517.19                         |
| 27652                |                  |                  | REPAIR/GRAFT ACHILLES TENDON      | \$649.57                         | \$552.13                         |
| 27654                |                  |                  | REPAIR OF ACHILLES TENDON         | \$605.74                         | \$514.88                         |
| 27656                |                  |                  | REPAIR FASCIAL DEFECT OF LEG      | \$454.62                         | \$386.42                         |
| 27658                |                  |                  | REP/SUT LEG TENDON, W/O GRAFT,    | \$335.50                         | \$285.18                         |
| 27659                |                  |                  | REP/SUT TEND,LEG...W/W/O GRAFT    | \$439.20                         | \$373.32                         |
| 27664                |                  |                  | REP/SUT EXT TEND:PRIM,W/O GRAF    | \$321.95                         | \$273.66                         |
| 27665                |                  |                  | REP/SUT TEND.:SECON.W/WO GRAFT    | \$365.65                         | \$310.80                         |
| 27675                |                  |                  | REPAIR LOWER LEG TENDONS          | \$454.54                         | \$386.36                         |
| 27676                |                  |                  | REPAIR LOWER LEG TENDONS          | \$536.03                         | \$455.63                         |
| 27680                |                  |                  | RELEASE OF LOWER LEG TENDON       | \$382.33                         | \$324.98                         |
| 27681                |                  |                  | TENOLYSIS....MULTIPLE,EACH        | \$450.45                         | \$382.88                         |
| 27685                |                  |                  | REVISION OF LOWER LEG TENDON      | \$481.84                         | \$409.56                         |
| 27686                |                  |                  | LENGTHEN/SHORTEN TEND:MULTIPLE    | \$493.02                         | \$419.06                         |
| 27687                |                  |                  | REVISION OF CALF TENDON           | \$407.33                         | \$346.23                         |
| 27690                |                  |                  | REVISE LOWER LEG TENDON           | \$530.45                         | \$450.88                         |
| 27691                |                  |                  | REVISE LOWER LEG TENDON           | \$626.96                         | \$532.92                         |
| 27692                |                  |                  | TRANSFER/PLANT TENDON,EACH ADD    | \$100.12                         | \$85.10                          |
| 27695                |                  |                  | REPAIR OF ANKLE LIGAMENT          | \$436.34                         | \$370.89                         |
| 27696                |                  |                  | REPAIR OF ANKLE LIGAMENTS         | \$517.78                         | \$440.11                         |
| 27698                |                  |                  | REPAIR OF ANKLE LIGAMENT          | \$575.15                         | \$488.88                         |
| 27700                |                  |                  | REVISION OF ANKLE JOINT           | \$525.18                         | \$446.40                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 27702                |                  |                  | RECONSTRUCT ANKLE JOINT           | \$857.43                         | \$728.82                         |
| 27703                |                  |                  | ARTHROPLASTY,SRCONDARY RECON,T    | \$964.62                         | \$819.93                         |
| 27705                |                  |                  | INCISION OF TIBIA                 | \$658.55                         | \$559.77                         |
| 27707                |                  |                  | INCISION OF FIBULA                | \$328.22                         | \$278.99                         |
| 27709                |                  |                  | INCISION OF TIBIA & FIBULA        | \$641.85                         | \$545.57                         |
| 27712                |                  |                  | REALIGNMENT OF LOWER LEG          | \$888.22                         | \$754.99                         |
| 27715                |                  |                  | REVISION OF LOWER LEG             | \$894.26                         | \$760.12                         |
| 27720                |                  |                  | REPAIR OF TIBIA                   | \$752.29                         | \$639.44                         |
| 27722                |                  |                  | REPAIR/GRAFT OF TIBIA             | \$744.37                         | \$632.71                         |
| 27724                |                  |                  | REPAIR/GRAFT OF TIBIA             | \$1,088.46                       | \$925.19                         |
| 27725                |                  |                  | REPAIR OF LOWER LEG               | \$977.37                         | \$830.76                         |
| 27726                |                  |                  | REPAIR OF FIBULA NONUNION AND/    | \$705.12                         | \$599.35                         |
| 27727                |                  |                  | REPAIR OF LOWER LEG               | \$865.88                         | \$736.00                         |
| 27730                |                  |                  | REPAIR OF TIBIA EPIPHYSIS         | \$503.22                         | \$427.74                         |
| 27732                |                  |                  | REPAIR OF FIBULA EPIPHYSIS        | \$358.22                         | \$304.48                         |
| 27734                |                  |                  | REPAIR LOWER LEG EPIPHYSES        | \$521.39                         | \$443.18                         |
| 27740                |                  |                  | EPIPHYSEAL ARREST...PROX/DISTA    | \$613.30                         | \$521.31                         |
| 27742                |                  |                  | REPAIR OF LEG EPIPHYSES           | \$567.18                         | \$482.11                         |
| 27745                |                  |                  | PROPHYLACTIC TREATMENT (NAILIN    | \$647.27                         | \$550.18                         |
| 27750                |                  |                  | TREATMENT OF TIBIA FRACTURE       | \$278.93                         | \$237.09                         |
| 27752                |                  |                  | TREATMENT OF TIBIA FRACTURE       | \$440.43                         | \$374.37                         |
| 27756                |                  |                  | REPAIR OF TIBIA FRACTURE          | \$468.43                         | \$398.17                         |
| 27758                |                  |                  | REPAIR OF TIBIA FRACTURE          | \$740.74                         | \$629.63                         |
| 27759                |                  |                  | OPEN TRMT OF TIBIA FRACTURE       | \$855.48                         | \$727.16                         |
| 27760                |                  |                  | TREATMENT OF ANKLE FRACTURE       | \$268.46                         | \$228.19                         |
| 27762                |                  |                  | TREATMENT OF ANKLE FRACTURE       | \$406.20                         | \$345.27                         |
| 27766                |                  |                  | REPAIR OF ANKLE FRACTURE          | \$552.14                         | \$469.32                         |
| 27767                |                  |                  | CLOSED TREATMENT OF POSTERIOR     | \$204.35                         | \$173.70                         |
| 27768                |                  |                  | CLOSED TREATMENT OF POSTERIOR     | \$311.95                         | \$265.16                         |
| 27769                |                  |                  | OPEN TREATMENT OF POSTERIOR MA    | \$533.81                         | \$453.74                         |
| 27780                |                  |                  | TREATMENT OF FIBULA FRACTURE      | \$238.04                         | \$202.33                         |
| 27781                |                  |                  | TREATMENT OF FIBULA FRACTURE      | \$347.29                         | \$295.19                         |
| 27784                |                  |                  | REPAIR OF FIBULA FRACTURE         | \$480.98                         | \$408.83                         |
| 27786                |                  |                  | TREATMENT OF ANKLE FRACTURES      | \$255.02                         | \$216.77                         |
| 27788                |                  |                  | TREATMENT OF ANKLE FRACTURE       | \$354.25                         | \$301.11                         |
| 27792                |                  |                  | REPAIR OF ANKLE FRACTURE          | \$517.65                         | \$440.00                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 27808                |                  |                  | TREATMENT OF ANKLE FRACTURE       | \$266.24                         | \$226.30                         |
| 27810                |                  |                  | TREATMENT OF ANKLE FRACTURE       | \$398.47                         | \$338.70                         |
| 27814                |                  |                  | REPAIR OF ANKLE FRACTURE          | \$682.74                         | \$580.33                         |
| 27816                |                  |                  | TREATMENT OF ANKLE FRACTURE       | \$253.01                         | \$215.06                         |
| 27818                |                  |                  | TREATMENT OF ANKLE FRACTURE       | \$414.58                         | \$352.39                         |
| 27822                |                  |                  | REPAIR OF ANKLE FRACTURE          | \$765.88                         | \$651.00                         |
| 27823                |                  |                  | REPAIR OF ANKLE FRACTURE          | \$866.97                         | \$736.92                         |
| 27824                |                  |                  | CLOSED TRMT OF FRACTURE           | \$242.74                         | \$206.33                         |
| 27825                |                  |                  | CLOSED TRMT OF FRACTURE           | \$450.10                         | \$382.59                         |
| 27826                |                  |                  | OPEN TRMT OF FRACTURE             | \$613.34                         | \$521.34                         |
| 27827                |                  |                  | OPEN TRMT OF FRACTURE             | \$949.90                         | \$807.42                         |
| 27828                |                  |                  | OPEN TRMT OF FRACTURE             | \$1,069.42                       | \$909.01                         |
| 27829                |                  |                  | OPEN TRMT DISTAL TIBIOFIBULAR     | \$432.01                         | \$367.21                         |
| 27830                |                  |                  | TREAT LOWER LEG DISLOCATION       | \$284.74                         | \$242.03                         |
| 27831                |                  |                  | TREAT LOWER LEG DISLOCATION       | \$317.06                         | \$269.50                         |
| 27832                |                  |                  | REPAIR LOWER LEG DISLOCATION      | \$445.30                         | \$378.50                         |
| 27840                |                  |                  | TREAT ANKLE DISLOCATION           | \$285.98                         | \$243.09                         |
| 27842                |                  |                  | TREAT ANKLE DISLOCATION           | \$399.59                         | \$339.65                         |
| 27846                |                  |                  | REPAIR ANKLE DISLOCATION          | \$629.12                         | \$534.75                         |
| 27848                |                  |                  | REPAIR ANKLE DISLOCATION          | \$741.20                         | \$630.02                         |
| 27860                |                  |                  | FIXATION OF ANKLE JOINT           | \$153.01                         | \$130.06                         |
| 27870                |                  |                  | FUSION OF ANKLE JOINT             | \$866.76                         | \$736.75                         |
| 27871                |                  |                  | FUSION OF TIBIOFIBULAR JOINT      | \$594.39                         | \$505.23                         |
| 27880                |                  |                  | AMPUTATION OF LOWER LEG           | \$668.28                         | \$568.04                         |
| 27881                |                  |                  | AMPUTATION OF LOWER LEG           | \$748.91                         | \$636.58                         |
| 27882                |                  |                  | AMPUTATION OF LOWER LEG           | \$540.95                         | \$459.81                         |
| 27884                |                  |                  | AMPUTATION FOLLOW-UP SURGERY      | \$491.04                         | \$417.38                         |
| 27886                |                  |                  | AMPUTATION FOLLOW-UP SURGERY      | \$557.23                         | \$473.65                         |
| 27888                |                  |                  | AMPUTATION OF FOOT AT ANKLE       | \$605.13                         | \$514.36                         |
| 27889                |                  |                  | AMPUTATION OF FOOT AT ANKLE       | \$578.51                         | \$491.74                         |
| 27892                |                  |                  | DECOMPRESSION FASCIOTOMY, LEG     | \$456.14                         | \$387.72                         |
| 27893                |                  |                  | FASCIOTOMY, LEG-POSTERIOR COMP    | \$450.46                         | \$382.89                         |
| 27894                |                  |                  | DECOMPRESSION FASCIOTOMY, LEG     | \$644.03                         | \$547.43                         |
| 28001                |                  |                  | DRAINAGE OF BURSA OF FOOT         | \$197.50                         | \$167.88                         |
| 28002                |                  |                  | TREATMENT OF FOOT INFECTION       | \$333.40                         | \$283.39                         |
| 28003                |                  |                  | TREATMENT OF FOOT INFECTION       | \$510.70                         | \$434.09                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 28005                |              |              | TREAT FOOT BONE LESION            | \$513.97                     | \$436.87                     |
| 28008                |              |              | INCISION OF FOOT FASCIA           | \$311.92                     | \$265.13                     |
| 28010                |              |              | INCISION OF TOE TENDON            | \$181.17                     | \$153.99                     |
| 28011                |              |              | TENOTOMY,SUBCUTANEOUS,TOE:MULT    | \$260.30                     | \$221.25                     |
| 28020                |              |              | EXPLORATION OF A FOOT JOINT       | \$383.92                     | \$326.33                     |
| 28022                |              |              | EXPLORATION OF A FOOT JOINT       | \$342.40                     | \$291.04                     |
| 28024                |              |              | EXPLORATION OF A TOE JOINT        | \$332.73                     | \$282.82                     |
| 28035                |              |              | DECOMPRESSION OF TIBIA NERVE      | \$380.43                     | \$323.37                     |
| 28043                |              |              | EXCISION OF FOOT LESION           | \$254.79                     | \$216.57                     |
| 28045                |              |              | EXCISION OF FOOT LESION           | \$350.38                     | \$297.83                     |
| 28046                |              |              | RAD RESECT.TUMOR,SFT TISS-FOOT    | \$659.60                     | \$560.66                     |
| 28050                |              |              | BIOPSY OF FOOT JOINT LINING       | \$318.02                     | \$270.31                     |
| 28052                |              |              | BIOPSY OF FOOT JOINT LINING       | \$306.82                     | \$260.80                     |
| 28054                |              |              | BIOPSY OF TOE JOINT LINING        | \$282.82                     | \$240.39                     |
| 28055                |              |              | NEURECTOMY, INTRINSIC MUSCULAT    | \$320.98                     | \$272.83                     |
| 28060                |              |              | PARTIAL REMOVAL FOOT FASCIA       | \$371.97                     | \$316.17                     |
| 28062                |              |              | REMOVAL OF FOOT FASCIA            | \$451.88                     | \$384.10                     |
| 28070                |              |              | SYNOVECTOMY:INTERTAR/TARSOMET,    | \$359.92                     | \$305.93                     |
| 28072                |              |              | SYNOVECTOMY,METATARSOPHAL.JNT,    | \$352.52                     | \$299.64                     |
| 28080                |              |              | EXCISE MORTON NEUROMA,SINGLE,     | \$300.46                     | \$255.39                     |
| 28086                |              |              | EXCISE FOOT TENDON SHEATH         | \$444.66                     | \$377.96                     |
| 28088                |              |              | EXCISE FOOT TENDON SHEATH         | \$335.49                     | \$285.16                     |
| 28090                |              |              | REMOVAL OF FOOT LESION            | \$331.26                     | \$281.57                     |
| 28092                |              |              | REMOVAL OF TOE LESIONS            | \$306.67                     | \$260.67                     |
| 28100                |              |              | REMOVAL OF ANKLE/HEEL LESION      | \$473.58                     | \$402.55                     |
| 28102                |              |              | REMOVE/GRAFT FOOT LESION          | \$479.94                     | \$407.95                     |
| 28103                |              |              | REMOVE/GRAFT FOOT LESION          | \$388.81                     | \$330.49                     |
| 28104                |              |              | REMOVAL OF FOOT LESION            | \$368.83                     | \$313.51                     |
| 28106                |              |              | REMOVE/GRAFT FOOT LESION          | \$405.34                     | \$344.54                     |
| 28107                |              |              | REMOVE/GRAFT FOOT LESION          | \$419.21                     | \$356.33                     |
| 28108                |              |              | REMOVAL OF TOE LESIONS            | \$302.92                     | \$257.48                     |
| 28110                |              |              | PART REMOVAL OF METATARSAL        | \$322.06                     | \$273.75                     |
| 28111                |              |              | PART REMOVAL OF METATARSAL        | \$391.26                     | \$332.57                     |
| 28112                |              |              | PART REMOVAL OF METATARSAL        | \$357.11                     | \$303.55                     |
| 28113                |              |              | PART REMOVAL OF METATARSAL        | \$375.66                     | \$319.31                     |
| 28114                |              |              | REMOVAL OF METATARSAL HEADS       | \$746.38                     | \$634.43                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 28116                |                  |                  | REVISION OF FOOT                  | \$506.17                         | \$430.24                         |
| 28118                |                  |                  | PARTIAL REMOVAL OF HEEL           | \$425.30                         | \$361.51                         |
| 28119                |                  |                  | REMOVAL OF HEEL SPUR              | \$375.33                         | \$319.03                         |
| 28120                |                  |                  | PART REMOVAL OF ANKLE/HEEL        | \$440.82                         | \$374.69                         |
| 28122                |                  |                  | PARTIAL REMOVAL OF FOOT BONE      | \$491.50                         | \$417.78                         |
| 28124                |                  |                  | PARTIAL REMOVAL OF TOE            | \$339.11                         | \$288.25                         |
| 28126                |                  |                  | CONDYLECTOMY...SING.TOE, EACH     | \$267.43                         | \$227.32                         |
| 28130                |                  |                  | REMOVAL OF ANKLE BONE             | \$521.62                         | \$443.38                         |
| 28140                |                  |                  | REMOVAL OF METATARSAL             | \$490.95                         | \$417.31                         |
| 28150                |                  |                  | PHALANGECTOMY,TOE, SINGLE, EAC    | \$308.86                         | \$262.53                         |
| 28153                |                  |                  | PARTIAL REMOVAL OF TOE            | \$275.84                         | \$234.46                         |
| 28160                |                  |                  | HEMIPHALANGECTOMY...TOE,SING.     | \$287.45                         | \$244.33                         |
| 28171                |                  |                  | RADICAL RESECTION FOR TUMOR       | \$527.04                         | \$447.98                         |
| 28173                |                  |                  | RADICAL RESECTION FOR TUMOR       | \$569.17                         | \$483.79                         |
| 28175                |                  |                  | RADICAL RESECTION FOR TUMOR       | \$406.58                         | \$345.60                         |
| 28190                |                  |                  | REMOVAL OF FOOT FOREIGN BODY      | \$183.82                         | \$156.24                         |
| 28192                |                  |                  | REMOVAL OF FOOT FOREIGN BODY      | \$350.66                         | \$298.06                         |
| 28193                |                  |                  | REMOVAL OF FOOT FOREIGN BODY      | \$393.07                         | \$334.11                         |
| 28200                |                  |                  | REP/SUT TEND,W/O GRAFT, EACH T    | \$336.16                         | \$285.74                         |
| 28202                |                  |                  | REP/SUT TEND,SECOND.,W/GRFT,EA    | \$488.10                         | \$414.89                         |
| 28208                |                  |                  | REP/SUT TEND...EACH TENDON        | \$318.50                         | \$270.73                         |
| 28210                |                  |                  | REP/SUT TEND..W/GRAFT, EACH TE    | \$435.74                         | \$370.38                         |
| 28220                |                  |                  | RELEASE OF FOOT TENDON            | \$318.52                         | \$270.74                         |
| 28222                |                  |                  | RELEASE OF FOOT TENDONS           | \$375.86                         | \$319.48                         |
| 28225                |                  |                  | RELEASE OF FOOT TENDON            | \$274.53                         | \$233.35                         |
| 28226                |                  |                  | RELEASE OF FOOT TENDONS           | \$322.88                         | \$274.45                         |
| 28230                |                  |                  | INCISION OF FOOT TENDON(S)        | \$308.76                         | \$262.45                         |
| 28232                |                  |                  | INCISION OF TOE TENDON            | \$273.54                         | \$232.51                         |
| 28234                |                  |                  | INCISION OF FOOT TENDON           | \$278.00                         | \$236.30                         |
| 28238                |                  |                  | REVISION OF FOOT TENDON           | \$521.69                         | \$443.43                         |
| 28240                |                  |                  | RELEASE OF BIG TOE                | \$312.08                         | \$265.27                         |
| 28250                |                  |                  | REVISION OF FOOT FASCIA           | \$402.42                         | \$342.05                         |
| 28260                |                  |                  | RELEASE OF MIDFOOT JOINT          | \$500.11                         | \$425.10                         |
| 28261                |                  |                  | REVISION OF FOOT TENDON           | \$709.38                         | \$602.98                         |
| 28262                |                  |                  | REVISION OF FOOT AND ANKLE        | \$1,037.39                       | \$881.78                         |
| 28264                |                  |                  | RELEASE OF MIDFOOT JOINT          | \$635.01                         | \$539.76                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE<br/><br/>SPECIALIST</b> | <b>MAXIMUM FEE<br/>ALLOWANCE<br/><br/>NONSPECIALIST</b> |
|----------------------|------------------|------------------|-----------------------------------|------------------------------------------------------|---------------------------------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   |                                                      |                                                         |
| 28270                |                  |                  | CAPSULOTOMY...EACH JOINT          | \$334.73                                             | \$284.52                                                |
| 28272                |                  |                  | CAPSULOTOMY....INTERPHAL.,EACH    | \$275.57                                             | \$234.23                                                |
| 28280                |                  |                  | FUSION OF TOES                    | \$397.71                                             | \$338.06                                                |
| 28285                |                  |                  | REVISION OF HAMMERTOES            | \$327.45                                             | \$278.33                                                |
| 28286                |                  |                  | REVISION OF HAMMERTOES            | \$323.54                                             | \$275.01                                                |
| 28288                |                  |                  | OSTECTOMY,PARTIAL..EACH METAR     | \$370.60                                             | \$315.01                                                |
| 28289                |                  |                  | HALLUX RIGIDUS CORRECT W/CHEIL    | \$523.80                                             | \$445.23                                                |
| 28292                |                  |                  | CORRECTION OF BUNION              | \$502.91                                             | \$427.48                                                |
| 28296                |                  |                  | CORRECTION OF BUNION              | \$602.25                                             | \$511.91                                                |
| 28297                |                  |                  | BUNION CORRECTION-LAPIDUS TYPE    | \$633.22                                             | \$538.24                                                |
| 28298                |                  |                  | CORRECTION OF BUNION              | \$527.02                                             | \$447.96                                                |
| 28299                |                  |                  | CORRECTION OF BUNION              | \$672.54                                             | \$571.66                                                |
| 28300                |                  |                  | INCISION OF HEEL BONE             | \$585.96                                             | \$498.07                                                |
| 28302                |                  |                  | INCISION OF ANKLE BONE            | \$577.65                                             | \$491.00                                                |
| 28304                |                  |                  | INCISION OF MIDFOOT BONES         | \$596.86                                             | \$507.33                                                |
| 28305                |                  |                  | INCISE/GRAFT MIDFOOT BONES        | \$597.52                                             | \$507.89                                                |
| 28306                |                  |                  | INCISION OF METATARSAL            | \$442.16                                             | \$375.84                                                |
| 28307                |                  |                  | OSTEOTOMY,...SINGLE FIRST META    | \$601.28                                             | \$511.09                                                |
| 28308                |                  |                  | INCISION OF METATARSAL            | \$383.02                                             | \$325.57                                                |
| 28309                |                  |                  | INCISION OF METATARSALS           | \$734.06                                             | \$623.95                                                |
| 28310                |                  |                  | REVISION OF BIG TOE               | \$387.45                                             | \$329.33                                                |
| 28312                |                  |                  | REVISION OF TOE                   | \$347.04                                             | \$294.98                                                |
| 28313                |                  |                  | RECONSTRUCTION,TOE DEFORMITY..    | \$359.11                                             | \$305.25                                                |
| 28315                |                  |                  | SESAMOIDECTOMY FIRST TOE          | \$338.18                                             | \$287.46                                                |
| 28320                |                  |                  | REPAIR OF FOOT BONES              | \$560.47                                             | \$476.40                                                |
| 28322                |                  |                  | REPAIR OF METATARSALS             | \$612.99                                             | \$521.04                                                |
| 28340                |                  |                  | RECONSTRUCTION,TOE,MACRODACTYL    | \$464.34                                             | \$394.69                                                |
| 28341                |                  |                  | RECONSTRUCT TOE,MACRODACTYLY..    | \$531.20                                             | \$451.52                                                |
| 28344                |                  |                  | RECONSTRUCT TOES:POLYDACTYLY      | \$344.85                                             | \$293.12                                                |
| 28345                |                  |                  | RECONST TOES:SYNDACTYLY..EACH     | \$421.16                                             | \$357.99                                                |
| 28400                |                  |                  | TREAT CLSD CALC FX:W/O MANIP      | \$202.12                                             | \$171.80                                                |
| 28405                |                  |                  | TREAT CLSD CALC FX W.MANIP...R    | \$329.93                                             | \$280.44                                                |
| 28406                |                  |                  | TREAT CLSD CALC FX,MANIP/FIXAT    | \$462.99                                             | \$393.54                                                |
| 28415                |                  |                  | REPAIR OF HEEL FRACTURE           | \$1,034.73                                           | \$879.52                                                |
| 28420                |                  |                  | REPAIR/GRAFT HEEL FRACTURE        | \$1,047.49                                           | \$890.36                                                |
| 28430                |                  |                  | TREAT CLSD TALUS FX,W/O MANIP     | \$190.58                                             | \$162.00                                                |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 28435                |                  |                  | TREAT CLSD TALUS FX,W/ MANIP      | \$255.39                         | \$217.08                         |
| 28436                |                  |                  | TREAT CLSD TAL.FS,W/MANIP&PERC    | \$373.70                         | \$317.64                         |
| 28445                |                  |                  | OPEN TX,CLSD/OPEN FX,W/W/O FIX    | \$944.62                         | \$802.93                         |
| 28446                |                  |                  | OPEN OSTEOCHONDRAL AUTOGRAFT,     | \$921.55                         | \$783.32                         |
| 28450                |                  |                  | TREAT CLSD TARSAL FX:W/O MANIP    | \$174.19                         | \$148.06                         |
| 28455                |                  |                  | TREAT CLSD TARSAL FX:W/MANIP,     | \$227.06                         | \$193.00                         |
| 28456                |                  |                  | OPEN TX CLSD/OPEN FX W/RED&PIN    | \$238.86                         | \$203.03                         |
| 28465                |                  |                  | OPEN TX,CLSD/OPEN FX,W/W/O FIX    | \$468.55                         | \$398.27                         |
| 28470                |                  |                  | TREAT CLSD METATAR FX.W/O MANI    | \$177.97                         | \$151.27                         |
| 28475                |                  |                  | TREAT CLSD METATAR FX,W/ MANIP    | \$220.21                         | \$187.18                         |
| 28476                |                  |                  | TREAT CLSD FX,W/MANIP&PINNING,    | \$291.78                         | \$248.02                         |
| 28485                |                  |                  | OPEN TX,CLSD/OPEN FX W/W/O FIX    | \$389.96                         | \$331.47                         |
| 28490                |                  |                  | TREAT BIG TOE FRACTURE            | \$107.13                         | \$91.06                          |
| 28495                |                  |                  | TREAT BIG TOE FRACTURE            | \$129.82                         | \$110.35                         |
| 28496                |                  |                  | TREAT CSLD FX GREAT TOE...PINN    | \$364.86                         | \$310.13                         |
| 28505                |                  |                  | REPAIR BIG TOE FRACTURE           | \$412.16                         | \$350.34                         |
| 28510                |                  |                  | TREAT CLSD FX...W/O MANIP, EAC    | \$90.50                          | \$76.93                          |
| 28515                |                  |                  | TREAT CLSD FX...W/ MANIP., EAC    | \$115.94                         | \$98.55                          |
| 28525                |                  |                  | OPEN TX,CLSD FX..W/W/O FIX, EA    | \$374.90                         | \$318.67                         |
| 28530                |                  |                  | TREATMENT CLOSED SESAMOID FRAC    | \$86.50                          | \$73.53                          |
| 28531                |                  |                  | TREATMENT,SESAMOID FRACT.W/WO     | \$331.32                         | \$281.62                         |
| 28540                |                  |                  | TREAT FOOT DISLOCATION            | \$153.94                         | \$130.85                         |
| 28545                |                  |                  | TREAT FOOT DISLOCATION            | \$168.11                         | \$142.90                         |
| 28546                |                  |                  | TREAT FOOT DISLOCATION            | \$351.63                         | \$298.89                         |
| 28555                |                  |                  | REPAIR FOOT DISLOCATION           | \$566.46                         | \$481.49                         |
| 28570                |                  |                  | TREAT FOOT DISLOCATION            | \$141.72                         | \$120.46                         |
| 28575                |                  |                  | TREAT FOOT DISLOCATION            | \$247.73                         | \$210.57                         |
| 28576                |                  |                  | PERC SKELETAL FIX/TALOTARS JT     | \$293.71                         | \$249.66                         |
| 28585                |                  |                  | REPAIR FOOT DISLOCATION           | \$538.23                         | \$457.50                         |
| 28600                |                  |                  | TREAT FOOT DISLOCATION            | \$163.40                         | \$138.89                         |
| 28605                |                  |                  | TREAT FOOT DISLOCATION            | \$203.68                         | \$173.13                         |
| 28606                |                  |                  | TREAT FOOT DISLOCATION            | \$338.27                         | \$287.53                         |
| 28615                |                  |                  | REPAIR FOOT DISLOCATION           | \$557.18                         | \$473.60                         |
| 28630                |                  |                  | TREAT TOE DISLOCATION             | \$112.92                         | \$95.98                          |
| 28635                |                  |                  | TREAT TOE DISLOCATION:W ANESTH    | \$136.94                         | \$116.40                         |
| 28636                |                  |                  | PERC SKEL FIX METATARSOPHAL JT    | \$231.91                         | \$197.13                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 28645                |              |              | REPAIR TOE DISLOCATION            | \$318.22                     | \$270.48                     |
| 28660                |              |              | TREAT TOE DISLOCATION             | \$85.48                      | \$72.66                      |
| 28665                |              |              | TREAT TOE DISLOCATION             | \$116.90                     | \$99.36                      |
| 28666                |              |              | PERC SKEL FIX INTERPHAL JT W/M    | \$164.02                     | \$139.42                     |
| 28675                |              |              | REPAIR OF TOE DISLOCATION         | \$348.52                     | \$296.24                     |
| 28705                |              |              | FUSION OF FOOT BONES              | \$1,107.46                   | \$941.34                     |
| 28715                |              |              | FUSION OF FOOT BONES              | \$809.13                     | \$687.76                     |
| 28725                |              |              | FUSION OF FOOT BONES              | \$701.59                     | \$596.35                     |
| 28730                |              |              | FUSION OF FOOT BONES              | \$678.14                     | \$576.42                     |
| 28735                |              |              | FUSION OF FOOT BONES              | \$658.00                     | \$559.30                     |
| 28737                |              |              | REVISION OF FOOT BONES            | \$579.26                     | \$492.37                     |
| 28740                |              |              | FUSION OF FOOT BONES              | \$658.73                     | \$559.92                     |
| 28750                |              |              | FUSION OF BIG TOE JOINT           | \$668.93                     | \$568.59                     |
| 28755                |              |              | FUSION OF BIG TOE JOINT           | \$376.37                     | \$319.91                     |
| 28760                |              |              | FUSION OF BIG TOE JOINT           | \$546.79                     | \$464.77                     |
| 28800                |              |              | AMPUTATION OF MIDFOOT             | \$490.33                     | \$416.78                     |
| 28805                |              |              | AMPUTATION THRU METATARSAL        | \$491.82                     | \$418.04                     |
| 28810                |              |              | AMPUTATION TOE & METATARSAL       | \$373.41                     | \$317.40                     |
| 28820                |              |              | AMPUTATION OF TOE                 | \$413.95                     | \$351.86                     |
| 28820                | 50           |              | AMPUTATION OF TOE BILATERAL       | \$827.90                     | \$703.72                     |
| 28825                |              |              | PARTIAL AMPUTATION OF TOE         | \$365.78                     | \$310.91                     |
| 28825                | 50           |              | PARTIAL AMPUTATION OF TOE BILA    | \$731.55                     | \$621.82                     |
| 28890                |              |              | EXTRACORPOREAL SHOCK WAVE, HIG    | \$310.84                     | \$264.21                     |
| 28890                | 26           |              | EXTRACORPOREAL SHOCK WAVE, HIG    | \$187.35                     | \$159.25                     |
| 29000                |              |              | APPLICATION OF BODY CAST          | \$184.00                     | \$156.40                     |
| 29010                |              |              | APPLICATION OF BODY CAST          | \$190.03                     | \$161.53                     |
| 29015                |              |              | APPLICATION OF BODY CAST          | \$185.57                     | \$157.73                     |
| 29035                |              |              | APPLICATION OF BODY CAST          | \$187.04                     | \$158.98                     |
| 29040                |              |              | APPLICATION OF BODY CAST          | \$164.62                     | \$139.92                     |
| 29044                |              |              | APPLICATION OF BODY CAST          | \$212.38                     | \$180.53                     |
| 29046                |              |              | APPLICATION OF BODY CAST          | \$198.52                     | \$168.74                     |
| 29049                |              |              | APPLICATION OF SHOULDER CAST      | \$76.08                      | \$64.67                      |
| 29055                |              |              | APPLICATION OF SHOULDER CAST      | \$166.58                     | \$141.59                     |
| 29058                |              |              | APPLICATION OF SHOULDER CAST      | \$99.36                      | \$84.46                      |
| 29065                |              |              | APPLICATION OF LONG ARM CAST      | \$77.06                      | \$65.50                      |
| 29075                |              |              | APPLICATION OF FOREARM CAST       | \$70.93                      | \$60.29                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 29085                |              |              | APPLY HAND/WRIST CAST             | \$75.06                      | \$63.80                      |
| 29086                |              |              | APPLICATION OF FINGER CAST        | \$54.24                      | \$46.10                      |
| 29105                |              |              | APPLY LONG ARM SPLINT             | \$72.78                      | \$61.86                      |
| 29105                | SA           |              | APPLY LONG ARM SPLINT             | NA                           | \$58.77                      |
| 29125                |              |              | APPLY FOREARM SPLINT              | \$55.33                      | \$47.03                      |
| 29125                | SA           |              | APPLY FOREARM SPLINT              | NA                           | \$44.68                      |
| 29126                |              |              | APPLY FOREARM SPLINT              | \$67.46                      | \$57.34                      |
| 29130                |              |              | APPLICATION OF FINGER SPLINT      | \$33.53                      | \$28.50                      |
| 29130                | SA           |              | APPLICATION OF FINGER SPLINT      | NA                           | \$27.07                      |
| 29131                |              |              | APPLICATION OF FINGER SPLINT      | \$43.38                      | \$36.88                      |
| 29200                |              |              | STRAPPING OF CHEST                | \$32.41                      | \$27.55                      |
| 29200                | SA           |              | STRAPPING OF CHEST                | NA                           | \$26.17                      |
| 29220                | SA           |              | STRAPPING OF LOW BACK             | NA                           | \$37.02                      |
| 29240                |              |              | STRAPPING OF SHOULDER             | \$31.21                      | \$26.53                      |
| 29240                | SA           |              | STRAPPING OF SHOULDER             | NA                           | \$25.53                      |
| 29260                |              |              | STRAPPING OF ELBOW OR WRIST       | \$31.13                      | \$26.46                      |
| 29260                | SA           |              | STRAPPING OF ELBOW OR WRIST       | NA                           | \$25.51                      |
| 29280                |              |              | STRAPPING OF HAND OR FINGER       | \$31.52                      | \$26.79                      |
| 29280                | SA           |              | STRAPPING OF HAND OR FINGER       | NA                           | \$25.84                      |
| 29305                |              |              | APPLICATION OF HIP CAST           | \$188.17                     | \$159.94                     |
| 29325                |              |              | APPLICATION OF HIP CASTS          | \$205.26                     | \$174.47                     |
| 29345                |              |              | APPLICATION OF LONG LEG CAST      | \$111.40                     | \$94.69                      |
| 29355                |              |              | APPLICATION OF LONG LEG CAST      | \$114.06                     | \$96.95                      |
| 29358                |              |              | APPLICATION OF LONG LEG CAST(T    | \$122.82                     | \$104.40                     |
| 29365                |              |              | APPLICATION OF LONG LEG CAST      | \$99.53                      | \$84.60                      |
| 29405                |              |              | APPLY SHORT LEG CAST              | \$72.71                      | \$61.81                      |
| 29425                |              |              | APPLY SHORT LEG CAST              | \$78.09                      | \$66.37                      |
| 29435                |              |              | APPLY SHORT LEG CAST              | \$96.14                      | \$81.72                      |
| 29440                |              |              | ADDITION OF WALKER TO CAST        | \$43.79                      | \$37.22                      |
| 29445                |              |              | APPLIC RIGID TOTAL CONTACT LEG    | \$125.66                     | \$106.81                     |
| 29450                |              |              | APPLICATION CLUB FOOT CAST        | \$123.61                     | \$105.07                     |
| 29450                | 50           |              | APPLIC CLUBFOOT CAST /MOLD/MAN    | \$247.22                     | \$210.13                     |
| 29505                |              |              | APPLICATION LONG LEG SPLINT       | \$52.04                      | \$44.23                      |
| 29505                | SA           |              | APPLICATION LONG LEG SPLINT       | NA                           | \$42.02                      |
| 29515                |              |              | APPLICATION LOWER LEG SPLINT      | \$55.26                      | \$46.97                      |
| 29515                | SA           |              | APPLICATION LOWER LEG SPLINT      | NA                           | \$44.62                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 29520                |              |              | STRAPPING OF HIP                  | \$34.02                      | \$28.92                      |
| 29520                | SA           |              | STRAPPING OF HIP                  | NA                           | \$27.47                      |
| 29530                |              |              | STRAPPING OF KNEE                 | \$30.80                      | \$26.18                      |
| 29530                | SA           |              | STRAPPING OF KNEE                 | NA                           | \$24.87                      |
| 29540                |              |              | STRAPPING OF ANKLE                | \$27.29                      | \$23.20                      |
| 29540                | SA           |              | STRAPPING OF ANKLE                | NA                           | \$22.63                      |
| 29550                |              |              | STRAPPING OF TOES                 | \$19.77                      | \$16.80                      |
| 29550                | SA           |              | STRAPPING OF TOES                 | NA                           | \$16.82                      |
| 29580                |              |              | APPLICATION OF PASTE BOOT         | \$38.08                      | \$32.37                      |
| 29580                | SA           |              | APPLICATION OF PASTE BOOT         | NA                           | \$30.75                      |
| 29590                | SA           |              | DENIS-BROWNE SPLINT STRAPPING     | NA                           | \$35.52                      |
| 29700                |              |              | REMOVAL/REVISION OF CAST          | \$50.58                      | \$42.99                      |
| 29700                | SA           |              | REMOVAL/REVISION OF CAST          | NA                           | \$40.84                      |
| 29705                |              |              | REMOVAL/REVISION OF CAST          | \$55.69                      | \$47.33                      |
| 29705                | SA           |              | REMOVAL/REVISION OF CAST          | NA                           | \$44.97                      |
| 29710                |              |              | REMOVAL/REVISION OF CAST          | \$100.18                     | \$85.15                      |
| 29710                | SA           |              | REMOVAL/REVISION OF CAST          | NA                           | \$80.89                      |
| 29715                | SA           |              | REMOVAL/REVISION OF CAST          | NA                           | \$58.20                      |
| 29720                |              |              | REPAIR OF BODY CAST               | \$64.40                      | \$54.74                      |
| 29720                | SA           |              | REPAIR OF BODY CAST               | NA                           | \$52.00                      |
| 29730                |              |              | WINDOWING OF CAST                 | \$54.74                      | \$46.53                      |
| 29730                | SA           |              | WINDOWING OF CAST                 | NA                           | \$44.20                      |
| 29740                |              |              | WEDGING OF CAST                   | \$79.74                      | \$67.78                      |
| 29740                | SA           |              | WEDGING OF CAST                   | NA                           | \$64.39                      |
| 29750                |              |              | WEDGING OF CLUBFOOT CAST          | \$82.00                      | \$69.70                      |
| 29750                | 50           |              | WEDGING OF CLUBFOOT CAST,BILAT    | \$164.00                     | \$139.40                     |
| 29805                |              |              | DIAG ARTHROSCOPY SHLDER W/WO B    | \$409.06                     | \$347.70                     |
| 29806                |              |              | ARTHROSCOPY SHOULDER SURGICAL     | \$906.86                     | \$770.83                     |
| 29807                |              |              | ARTHROSCOPY SHOULDER SURG REP     | \$883.86                     | \$751.28                     |
| 29819                |              |              | ARTHROSCOPY/SURG/REMOVE BODY      | \$510.62                     | \$434.02                     |
| 29820                |              |              | ARTHROSCOPY-SYNOVECTOMY-PARTIA    | \$470.94                     | \$400.30                     |
| 29821                |              |              | ARTHROSCOPY-SYNOVECTOMY-COMPLE    | \$514.41                     | \$437.25                     |
| 29822                |              |              | ARTHROSCOPY-LIMITED-DEBRIDEMEN    | \$500.03                     | \$425.03                     |
| 29823                |              |              | ARTHROSCOPY-EXT DEBRIDEMENT       | \$545.25                     | \$463.46                     |
| 29824                |              |              | ARTHROSCOPY SHOULDER SURG DIST    | \$558.59                     | \$474.80                     |
| 29825                |              |              | ARTHROSCOPY-W/ LYSIS & RESECTI    | \$509.60                     | \$433.16                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 29826                |                  |                  | ARTHROSCOPY, SHOULDER: DECOMP SU  | \$181.09                         | \$153.93                         |
| 29827                |                  |                  | ARTHROSCOPY SHOULDER W/ROT CUF    | \$955.73                         | \$812.37                         |
| 29828                |                  |                  | ARTHROSCOPY, SHOULDER, SURGICA    | \$712.32                         | \$605.47                         |
| 29830                |                  |                  | ARTHROSCOPY ELBOW/DX              | \$392.87                         | \$333.94                         |
| 29834                |                  |                  | ARTHROSCOPY-ELBOW-SURGICAL        | \$428.59                         | \$364.30                         |
| 29835                |                  |                  | ARTHROSCOPY SYNOVECTOMY-PARTIA    | \$438.09                         | \$372.37                         |
| 29836                |                  |                  | ARTHROSCOPY SYNOVECTOMY COMPLE    | \$505.45                         | \$429.63                         |
| 29837                |                  |                  | ARTHROSCOPY LIMITED DEBRIDEMEN    | \$460.67                         | \$391.57                         |
| 29838                |                  |                  | ARTHROSCOPY EXT DEBRIDEMENT       | \$516.26                         | \$438.82                         |
| 29840                |                  |                  | ARTHROSCOPY, WRIST, DIAGNOSTIC    | \$380.81                         | \$323.69                         |
| 29843                |                  |                  | ARTHROSCOPY, WRIST, SURGICAL, LAV | \$408.21                         | \$346.98                         |
| 29844                |                  |                  | ARTHROSCOPY, WRIST: PARTIAL SYNO  | \$429.92                         | \$365.43                         |
| 29845                |                  |                  | ARTHROTOMY, WRIST...SYNOVECTOMY   | \$486.86                         | \$413.83                         |
| 29846                |                  |                  | ARTHROTOMY...EXCISE TRIANGULAR    | \$450.62                         | \$383.03                         |
| 29847                |                  |                  | ARTHROSCOPY, WRIST: INT. FIX-FX/I | \$466.10                         | \$396.19                         |
| 29848                |                  |                  | ARTHROSCOPY, WRIST, SURG: W REL.T | \$387.74                         | \$329.58                         |
| 29850                |                  |                  | ARTHROS/TUBER OF KNEE FRACTURE    | \$466.86                         | \$396.83                         |
| 29851                |                  |                  | ARTHROS/TUBER OF KNEE FRACTURE    | \$815.79                         | \$693.42                         |
| 29855                |                  |                  | ARTHROSC.AIDED TREATMENT TIBIA    | \$687.68                         | \$584.53                         |
| 29856                |                  |                  | ARTHROSC.BYCONDYLAR               | \$880.01                         | \$748.01                         |
| 29860                |                  |                  | ARTHROSCOPY, HIP DIAGNOSTIC       | \$530.82                         | \$451.20                         |
| 29861                |                  |                  | ARTHROSCOPY, HIP, SURGICAL        | \$585.62                         | \$497.78                         |
| 29862                |                  |                  | ARTHROSCOPY, HIP, SURG W/DEBRI    | \$651.61                         | \$553.87                         |
| 29863                |                  |                  | ARTHROSCOPY, HIP, SURG W/SYNOV    | \$644.02                         | \$547.41                         |
| 29866                |                  |                  | ARTHROSCOPY, KNEE, SURGICAL: O    | \$895.49                         | \$761.16                         |
| 29867                |                  |                  | ARTHROSCOPY, KNEE, SURGICAL: O    | \$1,069.43                       | \$909.02                         |
| 29868                |                  |                  | ARTHROSCOPY, KNEE, SURGICAL: M    | \$1,445.59                       | \$1,228.75                       |
| 29870                |                  |                  | ARTHROSCOPY KNEE-DX               | \$351.32                         | \$298.62                         |
| 29871                |                  |                  | ARTHROSCOPY-KNEE-SURGICAL         | \$440.26                         | \$374.22                         |
| 29873                |                  |                  | ARTHROSCOPY KNEE SURG W/LAT RE    | \$443.66                         | \$377.11                         |
| 29874                |                  |                  | ARTHROSCOPY-REMOVE FOREIGN BOD    | \$461.97                         | \$392.67                         |
| 29875                |                  |                  | ARTHROSCOPY, KNEE, SYNOVECTOMY, L | \$430.51                         | \$365.94                         |
| 29876                |                  |                  | ARTHROSCOPY MAJOR SYNOVECTOMY     | \$529.38                         | \$449.97                         |
| 29877                |                  |                  | ARTHROSCOPY-DEBRIDEMENT           | \$499.20                         | \$424.32                         |
| 29879                |                  |                  | ARTHROSCOPY-ABRASION ARTHROPLA    | \$537.16                         | \$456.59                         |
| 29880                |                  |                  | ARTHROSCOPY, KNEE: W/MENISCECTOM  | \$562.21                         | \$477.88                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER  
W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
MOD = MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
NA = NOT APPLICABLE

| CPT/HCPCS/CDT | MOD<br>1 | MOD<br>2 | PROCEDURE CODE DESCRIPTION     | MAXIMUM FEE<br>ALLOWANCE<br>SPECIALIST | MAXIMUM FEE<br>ALLOWANCE<br>NONSPECIALIST |
|---------------|----------|----------|--------------------------------|----------------------------------------|-------------------------------------------|
| 29881         |          |          | ARTHROSCOPY W/MENISECTOMY      | \$521.40                               | \$443.19                                  |
| 29882         |          |          | ARTHROSCOPY W/MENISCUS REPAIR  | \$563.76                               | \$479.20                                  |
| 29883         |          |          | ARTHROSCOPY,KNEE:MENISCUS REPA | \$713.81                               | \$606.74                                  |
| 29884         |          |          | ARTHROSCOPY W/LYSIS ADHESIONS  | \$496.92                               | \$422.38                                  |
| 29885         |          |          | ARTHROSCOPY,KNEE:DRILL,OSTEOCH | \$604.80                               | \$514.08                                  |
| 29886         |          |          | ARTHROSCOPY-OSTEOCHONDritis    | \$509.53                               | \$433.10                                  |
| 29887         |          |          | ARTHROSCOPY-INTERNAL FIXATION  | \$601.57                               | \$511.33                                  |
| 29888         |          |          | ARTHROSCOPY-AIDED REP/AUGMENT/ | \$857.06                               | \$728.50                                  |
| 29889         |          |          | ARTHROSCOPY-AIDED REP/AUGMENT/ | \$1,010.38                             | \$858.82                                  |
| 29891         |          |          | ARTHROSCOPY, ANKLE, SURGICAL   | \$561.77                               | \$477.50                                  |
| 29892         |          |          | ARTHROSCOP REP LG OSTEOCHOND D | \$589.14                               | \$500.77                                  |
| 29893         |          |          | ENDOSCOPIC PLANTAR FASCIOTOMY  | \$397.06                               | \$337.50                                  |
| 29894         |          |          | ARTHROSCOPY-ANKLE-SURGICAL     | \$447.86                               | \$380.68                                  |
| 29895         |          |          | ARTHROSCOPY-PARTIAL SYNOVECTOM | \$439.72                               | \$373.76                                  |
| 29897         |          |          | ARTHROSCOPY-LIMITED DEBRIDEMEN | \$461.41                               | \$392.20                                  |
| 29898         |          |          | ARTHROSCOPY-EXT. DEBRIDEMENT   | \$511.22                               | \$434.53                                  |
| 29899         |          |          | ARTHROSCOPY ANKLE SURG W/ARTHR | \$868.62                               | \$738.32                                  |
| 29900         |          |          | ARTHROSCOPY METACARP JT DIAGNO | \$398.29                               | \$338.54                                  |
| 29901         |          |          | ARTHROSCOPY METACARP JT SURGIC | \$437.85                               | \$372.17                                  |
| 29902         |          |          | ARTHROSCOPY METACARP JT SURGIC | \$467.14                               | \$397.07                                  |
| 29904         |          |          | ARTHROSCOPY, SUBTALAR JOINT, S | \$479.06                               | \$407.20                                  |
| 29905         |          |          | ARTHROSCOPY, SUBTALAR JOINT,   | \$516.82                               | \$439.29                                  |
| 29906         |          |          | ARTHROSCOPY, SUBTALAR JOINT, S | \$544.38                               | \$462.73                                  |
| 29907         |          |          | ARTHROSCOPY, SUBTALAR JOINT, S | \$665.22                               | \$565.43                                  |
| 30000         |          |          | DRAINAGE OF NOSE LESION        | \$187.18                               | \$159.10                                  |
| 30020         |          |          | DRAINAGE OF NOSE LESION        | \$160.03                               | \$136.03                                  |
| 30100         |          |          | INTRANASAL BIOPSY              | \$98.96                                | \$84.12                                   |
| 30110         |          |          | REMOVAL OF NOSE POLYP(S)       | \$165.94                               | \$141.05                                  |
| 30110         | 50       |          | REMOVAL OF NOSE POLYP(S)       | \$331.87                               | \$282.09                                  |
| 30115         |          |          | REMOVAL OF NOSE POLYP(S)       | \$345.42                               | \$293.61                                  |
| 30115         | 50       |          | EXCISION,NASAL POLYPS(EXTENSIV | \$690.85                               | \$587.22                                  |
| 30117         |          |          | REMOVAL OF INTRANASAL LESION   | \$554.74                               | \$471.53                                  |
| 30118         |          |          | REMOVAL OF INTRANASAL LESION   | \$641.90                               | \$545.62                                  |
| 30120         |          |          | REVISION OF NOSE               | \$402.53                               | \$342.15                                  |
| 30124         |          |          | REMOVAL OF NOSE LESION         | \$228.22                               | \$193.98                                  |
| 30125         |          |          | EXCISE DERMOID CYST:COMPLEX... | \$527.62                               | \$448.48                                  |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 30130                |                  |                  | EXCISION TURBINATE,PARTIAL/COM    | \$306.03                         | \$260.13                         |
| 30130                | 50               |                  | EXCISION TURBINATE,PARTIAL/COM    | \$612.06                         | \$520.25                         |
| 30140                |                  |                  | SUBMUCOUS RESECTION TURBINATE,    | \$287.01                         | \$243.96                         |
| 30150                |                  |                  | RHINECTOMY: PARTIAL               | \$690.68                         | \$587.08                         |
| 30160                |                  |                  | RHINECTOMY: TOTAL                 | \$675.98                         | \$574.58                         |
| 30200                |                  |                  | INJECTION TREATMENT OF NOSE       | \$81.39                          | \$69.18                          |
| 30210                |                  |                  | NASAL SINUS THERAPY               | \$108.39                         | \$92.13                          |
| 30220                |                  |                  | INSERTION,NASAL SEPTAL PROSTHE    | \$196.08                         | \$166.67                         |
| 30300                |                  |                  | REMOVE NASAL FOREIGN BODY         | \$188.22                         | \$159.99                         |
| 30300                | SA               |                  | REMOVE NASAL FOREIGN BODY         | NA                               | \$155.58                         |
| 30310                |                  |                  | REMOVE NASAL FOREIGN BODY         | \$172.21                         | \$146.38                         |
| 30320                |                  |                  | REMOVE NASAL FOREIGN BODY         | \$393.63                         | \$334.59                         |
| 30400                |                  |                  | RECONSTRUCTION OF NOSE            | \$868.07                         | \$737.86                         |
| 30410                |                  |                  | RECONSTRUCTION OF NOSE            | \$1,076.62                       | \$915.13                         |
| 30420                |                  |                  | RECONSTRUCTION OF NOSE            | \$1,153.90                       | \$980.81                         |
| 30430                |                  |                  | REVISION OF NOSE                  | \$795.24                         | \$675.95                         |
| 30435                |                  |                  | REVISION WORK WITH OSTEOTOMIES    | \$1,064.14                       | \$904.52                         |
| 30450                |                  |                  | REVISION OF NOSE                  | \$1,391.29                       | \$1,182.59                       |
| 30460                |                  |                  | RHINOPLASTY,CONGENITAL DEFORMI    | \$683.26                         | \$580.77                         |
| 30462                |                  |                  | RHINOPLASTY, TIP, SEPTUM,OSTEO    | \$1,381.22                       | \$1,174.03                       |
| 30465                |                  |                  | REPAIR NASAL VESTIBULAR STENOS    | \$805.82                         | \$684.95                         |
| 30520                |                  |                  | REPAIR OF NASAL SEPTUM            | \$420.12                         | \$357.10                         |
| 30540                |                  |                  | REPAIR NASAL DEFECT               | \$580.02                         | \$493.02                         |
| 30545                |                  |                  | REPAIR NASAL DEFECT               | \$814.10                         | \$691.99                         |
| 30560                |                  |                  | RELEASE OF NASAL ADHESIONS        | \$204.96                         | \$174.22                         |
| 30580                |                  |                  | REPAIR UPPER JAW FISTULA          | \$501.77                         | \$426.50                         |
| 30600                |                  |                  | REPAIR MOUTH/NOSE FISTULA         | \$466.50                         | \$396.52                         |
| 30620                |                  |                  | RECONSTRUCTION INNER NOSE         | \$505.86                         | \$429.98                         |
| 30630                |                  |                  | REPAIR NASAL SEPTUM DEFECT        | \$513.22                         | \$436.23                         |
| 30801                |                  |                  | CAUTERIZATION/ABLATION,MUCOSA     | \$177.58                         | \$150.94                         |
| 30802                |                  |                  | CAUTERIZE/ABLATION,MUCOSA TURB    | \$225.65                         | \$191.80                         |
| 30901                |                  |                  | CONTROL NASAL HEMORRHAGE UNILA    | \$87.65                          | \$74.50                          |
| 30901                | SA               |                  | CONTROL NASAL HEMORRHAGE UNILA    | NA                               | \$70.78                          |
| 30901                | SA               | 50               | CONTROL NASAL HEMORRHAGE-BILAT    | NA                               | \$141.55                         |
| 30901                | 50               |                  | CONTROL NASAL HEMORRHAGE-BILAT    | \$175.30                         | \$149.00                         |
| 30903                |                  |                  | CAUTER NASAL W LOCAL ANESTHESI    | \$144.81                         | \$123.09                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 30903                | 50           |              | CAUTER NASAL W LOCAL ANES-BILA    | \$289.62                     | \$246.17                     |
| 30905                |              |              | CONTROL NOSEBLEED..ANY METHOD:    | \$186.73                     | \$158.72                     |
| 30906                |              |              | REPEAT CONTROL OF NOSEBLEED       | \$215.68                     | \$183.33                     |
| 30915                |              |              | LIGATION NASAL SINUS ARTERY       | \$472.11                     | \$401.30                     |
| 30920                |              |              | LIGATION UPPER JAW ARTERY         | \$639.46                     | \$543.54                     |
| 30930                |              |              | FRACTURE NASAL TURBINATES THE     | \$98.34                      | \$83.59                      |
| 31000                |              |              | IRRIGATION MAXILLARY SINUS        | \$135.71                     | \$115.36                     |
| 31000                | 50           |              | IRRIG MAXILLARY SINUS BILATERA    | \$271.42                     | \$230.71                     |
| 31002                |              |              | IRRIGATION SPHENOID SINUS         | \$175.08                     | \$148.82                     |
| 31020                |              |              | EXPLORATION MAXILLARY SINUS       | \$391.59                     | \$332.85                     |
| 31020                | 50           |              | EXPLOR MAXILLARY SINUS,BILATER    | \$783.18                     | \$665.71                     |
| 31030                |              |              | EXPLORATION MAXILLARY SINUS       | \$595.75                     | \$506.39                     |
| 31030                | 50           |              | EXPLOR MAXILL SINUS W/O REM PO    | \$1,191.50                   | \$1,012.78                   |
| 31032                |              |              | SINUSOT,MAXIL:RAD UNI W/REM AN    | \$470.81                     | \$400.19                     |
| 31032                | 50           |              | SINUSOT,MAXIL:RAD BIL W/REM AN    | \$941.62                     | \$800.37                     |
| 31040                |              |              | PTERYGOMAXILLARY FOSSA SURGER     | \$657.39                     | \$558.78                     |
| 31050                |              |              | EXPLORATION SPHENOID SINUS        | \$397.21                     | \$337.63                     |
| 31051                |              |              | SINUSOTOMY,SPHENOID...W/STRIP,    | \$523.03                     | \$444.58                     |
| 31070                |              |              | EXPLORATION OF FRONTAL SINUS      | \$348.10                     | \$295.88                     |
| 31075                |              |              | EXPLORATION OF FRONTAL SINUS      | \$642.58                     | \$546.19                     |
| 31080                |              |              | REMOVAL OF FRONTAL SINUS          | \$857.14                     | \$728.57                     |
| 31081                |              |              | REMOVAL OF FRONTAL SINUS          | \$951.43                     | \$808.72                     |
| 31084                |              |              | REMOVAL OF FRONTAL SINUS          | \$921.04                     | \$782.88                     |
| 31085                |              |              | REMOVAL OF FRONTAL SINUS          | \$974.10                     | \$827.98                     |
| 31086                |              |              | REMOVAL OF FRONTAL SINUS          | \$889.48                     | \$756.06                     |
| 31087                |              |              | REMOVAL OF FRONTAL SINUS          | \$882.54                     | \$750.16                     |
| 31090                |              |              | EXPLORATION OF SINUSES            | \$755.90                     | \$642.51                     |
| 31200                |              |              | REMOVAL OF ETHMOID SINUS          | \$478.87                     | \$407.04                     |
| 31201                |              |              | REMOVAL OF ETHMOID SINUS          | \$600.66                     | \$510.56                     |
| 31205                |              |              | REMOVAL OF ETHMOID SINUS          | \$746.99                     | \$634.94                     |
| 31225                |              |              | REMOVAL OF UPPER JAW              | \$1,260.30                   | \$1,071.25                   |
| 31230                |              |              | REMOVAL OF UPPER JAW              | \$1,403.89                   | \$1,193.30                   |
| 31231                |              |              | DX ENDOSCOPY/NASAL UNI/BILATER    | \$152.45                     | \$129.58                     |
| 31233                |              |              | DX NASAL/MAXILLARY SINUS ENDOS    | \$221.06                     | \$187.90                     |
| 31235                |              |              | DX NASAL/SPHENOID SINUSCOPY       | \$258.06                     | \$219.35                     |
| 31237                |              |              | SURG W BX PLOYPECTOMY OF DEBRI    | \$267.98                     | \$227.78                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 31238                |                  |                  | ENDOSCOPY W CONTROL OF EPISTAX    | \$263.92                         | \$224.33                         |
| 31239                |                  |                  | ENDOSCOPY W DACRYOCYSTORHINOST    | \$565.17                         | \$480.39                         |
| 31240                |                  |                  | ENDOSC W CONCHA BULLOSA RESECT    | \$148.64                         | \$126.34                         |
| 31254                |                  |                  | NASAL ENDOSCOPY:PARTIAL ETHMOI    | \$257.02                         | \$218.47                         |
| 31255                |                  |                  | NASAL ENDOSCOPY:TOTAL ETHMOIDE    | \$332.14                         | \$282.32                         |
| 31256                |                  |                  | NASAL ENDOSCOPY: MAX. ANTROSTO    | \$185.18                         | \$157.40                         |
| 31267                |                  |                  | SURG MAX ENDO:REMOVE MEMBRANE/    | \$272.57                         | \$231.68                         |
| 31276                |                  |                  | NAS/SINUS ENDOS/EXPLOR W/WO TI    | \$387.78                         | \$329.61                         |
| 31288                |                  |                  | SURGICAL SCOPE W SPHENOID/TISS    | \$240.47                         | \$204.40                         |
| 31290                |                  |                  | SURGICAL SCOPE W REPAIR OF CSF    | \$995.34                         | \$846.04                         |
| 31291                |                  |                  | CSF REPAIR W SCOPE SPHENOID LE    | \$1,048.22                       | \$890.99                         |
| 31292                |                  |                  | MEDIAL/INFERIOR ORBIT WALL DEC    | \$862.77                         | \$733.35                         |
| 31293                |                  |                  | MEDIAL&INFERIOR ORBIT WALL DEC    | \$936.81                         | \$796.29                         |
| 31294                |                  |                  | SCOPE W OPTIC NERVE DECOMPRESS    | \$1,084.88                       | \$922.15                         |
| 31300                |                  |                  | REMOVAL OF LARYNX LESION          | \$995.32                         | \$846.02                         |
| 31360                |                  |                  | REMOVAL OF LARYNX                 | \$1,148.79                       | \$976.47                         |
| 31365                |                  |                  | REMOVAL OF LARYNX                 | \$1,513.59                       | \$1,286.55                       |
| 31367                |                  |                  | PARTIAL REMOVAL OF LARYNX         | \$1,487.48                       | \$1,264.36                       |
| 31368                |                  |                  | PARTIAL REMOVAL OF LARYNX         | \$1,787.41                       | \$1,519.30                       |
| 31370                |                  |                  | PARTIAL REMOVAL OF LARYNX         | \$1,483.68                       | \$1,261.13                       |
| 31375                |                  |                  | PARTIAL REMOVAL OF LARYNX         | \$1,379.66                       | \$1,172.71                       |
| 31380                |                  |                  | PARTIAL REMOVAL OF LARYNX         | \$1,389.18                       | \$1,180.81                       |
| 31382                |                  |                  | PARTIAL REMOVAL OF LARYNX         | \$1,432.37                       | \$1,217.51                       |
| 31390                |                  |                  | REMOVAL OF LARYNX & PHARYNX       | \$1,764.55                       | \$1,499.87                       |
| 31395                |                  |                  | RECONSTRUCT LARYNX & PHARYNX      | \$2,017.51                       | \$1,714.89                       |
| 31400                |                  |                  | REVISION OF LARYNX                | \$818.38                         | \$695.63                         |
| 31420                |                  |                  | REMOVAL OF EPIGLOTTIS             | \$671.70                         | \$570.94                         |
| 31500                |                  |                  | INSERT WINDPIPE AIRWAY            | \$97.35                          | \$82.75                          |
| 31502                |                  |                  | TRACHEOTOMY TUBE CHG PRIOR TO     | \$32.54                          | \$27.66                          |
| 31505                |                  |                  | DIAGNOSTIC LARYNGOSCOPY           | \$69.96                          | \$59.47                          |
| 31510                |                  |                  | LARYNGOSCOPY WITH BIOPSY          | \$177.73                         | \$151.07                         |
| 31511                |                  |                  | REMOVE FOREIGN BODY, LARYNX       | \$180.10                         | \$153.08                         |
| 31512                |                  |                  | REMOVAL OF LARYNX LESION          | \$179.67                         | \$152.72                         |
| 31513                |                  |                  | LARYNGOSCOPY,W VOCAL CORD INJE    | \$120.95                         | \$102.81                         |
| 31515                |                  |                  | LARYNGOSCOPY FOR ASPIRATION       | \$181.49                         | \$154.26                         |
| 31520                |                  |                  | DIAGNOSTIC LARYNGOSCOPY:NEWBOR    | \$139.78                         | \$118.81                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 31525                |                  |                  | DIAGNOSTIC LARYNGOSCOPY           | \$213.19                         | \$181.21                         |
| 31526                |                  |                  | DIAGNOSTIC LARYNGOSCOPY           | \$145.82                         | \$123.94                         |
| 31527                |                  |                  | LARYNGOSCOPY, INSERT OBTURATOR    | \$174.86                         | \$148.63                         |
| 31528                |                  |                  | LARYNGOSCOPY, W DILATATION, IN    | \$130.08                         | \$110.57                         |
| 31529                |                  |                  | LARYNGOSCOPY,W DILATATION SUBS    | \$149.25                         | \$126.86                         |
| 31530                |                  |                  | OPERATIVE LARYNGOSCOPY            | \$181.93                         | \$154.64                         |
| 31531                |                  |                  | OPERATIVE LARYNGOSCOPY            | \$199.11                         | \$169.25                         |
| 31535                |                  |                  | OPERATIVE LARYNGOSCOPY            | \$175.45                         | \$149.13                         |
| 31536                |                  |                  | OPERATIVE LARYNGOSCOPY            | \$197.49                         | \$167.86                         |
| 31540                |                  |                  | OPERATIVE LARYNGOSCOPY            | \$226.53                         | \$192.55                         |
| 31541                |                  |                  | OPERATIVE LARYNGOSCOPY            | \$248.50                         | \$211.22                         |
| 31545                |                  |                  | LARYNGOSCOPY, DIRECT, OPERATIV    | \$328.19                         | \$278.96                         |
| 31546                |                  |                  | LARYNGOSCOPY, DIRECT, OPERATIV    | \$499.64                         | \$424.69                         |
| 31560                |                  |                  | OPERATIVE LARYNGOSCOPY            | \$292.23                         | \$248.40                         |
| 31561                |                  |                  | OPERATIVE LARYNGOSCOPY            | \$318.54                         | \$270.76                         |
| 31570                |                  |                  | LARYNGOSCOPY WITH INJECTION       | \$324.24                         | \$275.60                         |
| 31571                |                  |                  | LARYNGOSCOPY WITH INJECTION       | \$233.58                         | \$198.54                         |
| 31575                |                  |                  | LARYNGOSCOPY,FIBEROPTIC:DX        | \$102.24                         | \$86.90                          |
| 31576                |                  |                  | LARYNGOSCOPY, FIBERS COPIC: BIO   | \$190.94                         | \$162.30                         |
| 31577                |                  |                  | LARYNGOSCOPY, FIBERSCOPIC: FOR    | \$212.20                         | \$180.37                         |
| 31578                |                  |                  | LARYNGOSCOPY, FIBERSCOPIC: REM    | \$242.14                         | \$205.82                         |
| 31579                |                  |                  | LARYNGOSCOPY...WITH STROBOSCOPI   | \$187.47                         | \$159.35                         |
| 31580                |                  |                  | LARYNGOPLASTY:...W KEEL INSERT&   | \$961.80                         | \$817.53                         |
| 31584                |                  |                  | LARYNGOPLASTY:W OPER REDUCTION    | \$1,287.99                       | \$1,094.79                       |
| 31587                |                  |                  | LARYNGOPLASTY CRICOID SPLIT       | \$722.30                         | \$613.95                         |
| 31590                |                  |                  | LARYNGEAL REINNERVATION REPAIR    | \$773.43                         | \$657.42                         |
| 31600                |                  |                  | PLANNED TRACHEOSTOMY              | \$317.14                         | \$269.57                         |
| 31601                |                  |                  | TRACHEOSTOMY,PLANNED:UNDER 2 Y    | \$228.95                         | \$194.61                         |
| 31603                |                  |                  | TRACHEOSTOMY,EMERGENCY,TRANSTR    | \$201.90                         | \$171.62                         |
| 31605                |                  |                  | INCISION OF NECK CARTILAGES       | \$165.06                         | \$140.30                         |
| 31610                |                  |                  | TRACHEOSTOMY,FENESTRATION PROC    | \$580.90                         | \$493.77                         |
| 31611                |                  |                  | CONSTRUCT TRACHEOESOPH FISTULA    | \$431.79                         | \$367.02                         |
| 31612                |                  |                  | PUNCTURE/CLEAR WINDPIPE           | \$68.46                          | \$58.19                          |
| 31613                |                  |                  | TRACHEOSTOMA REVISION:W/O FLAP    | \$361.11                         | \$306.95                         |
| 31614                |                  |                  | REVISE TRACHEOSTOMA,COMP,W/ FL    | \$538.45                         | \$457.68                         |
| 31615                |                  |                  | VISUALIZATION OF WINDPIPE         | \$159.02                         | \$135.16                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 31622                |                  |                  | DX BRONCHOSCOPY-W/W/OUT WASH/B    | \$252.70                         | \$214.80                         |
| 31623                |                  |                  | BRONCHOSCOPY: WITH BRUSHINGS      | \$278.44                         | \$236.67                         |
| 31624                |                  |                  | BRONCHOSCOPY W/BRONCH ALVEOLAR    | \$262.61                         | \$223.22                         |
| 31625                |                  |                  | BRONCHOSCOPY WITH BIOPSY          | \$309.34                         | \$262.94                         |
| 31628                |                  |                  | TRANSBRONCHIAL LUNG BIOPSY FIB    | \$364.31                         | \$309.67                         |
| 31629                |                  |                  | BRONCHOSCOPY-NEEDLE ASPIRE BIO    | \$461.13                         | \$391.96                         |
| 31630                |                  |                  | BRONCHOSCOPY WITH REPAIR          | \$188.27                         | \$160.03                         |
| 31631                |                  |                  | BRONCHOSCOPY-PLACE TRACH STENT    | \$207.95                         | \$176.76                         |
| 31632                |                  |                  | BRONCHOSCOPY W/WO FLUORO LUNG     | \$65.36                          | \$55.56                          |
| 31633                |                  |                  | BRONCHOSCOPY W/WO FLUORO NEEDL    | \$77.67                          | \$66.02                          |
| 31635                |                  |                  | REMOVE FOREIGN BODY, AIRWAY       | \$293.52                         | \$249.49                         |
| 31636                |                  |                  | BRONCHOSCOPY, RIGID OR FLEXIBL    | \$205.17                         | \$174.39                         |
| 31637                |                  |                  | BRONCHOSCOPY EACH ADD BRONCH S    | \$72.79                          | \$61.87                          |
| 31638                |                  |                  | BRONCHOSCOPY, RIGID OR FLEXIBL    | \$227.98                         | \$193.78                         |
| 31640                |                  |                  | BRONCHOSCOPY & REMOVE LESION      | \$240.03                         | \$204.03                         |
| 31641                |                  |                  | BRONCHOSCOPY-TUMOR/STENOSIS-NO    | \$233.18                         | \$198.21                         |
| 31643                |                  |                  | BRONCHOSCOPY W/CATH PLACEMENT     | \$157.99                         | \$134.29                         |
| 31645                |                  |                  | BRONCHOSCOPY, CLEAR AIRWAYS       | \$272.04                         | \$231.23                         |
| 31646                |                  |                  | BRONCHOSCOPY,RECLEAR AIRWAYS      | \$146.02                         | \$124.12                         |
| 31717                |                  |                  | BRONCHIAL BRUSH BIOPSY            | \$285.55                         | \$242.72                         |
| 31720                |                  |                  | CLEARANCE OF AIRWAYS              | \$46.78                          | \$39.76                          |
| 31720                | SA               |                  | CLEARANCE OF AIRWAYS              | NA                               | \$37.77                          |
| 31725                |                  |                  | CLEARANCE OF AIRWAYS              | \$80.70                          | \$68.60                          |
| 31730                |                  |                  | TRANS INTR NEEDLE WIRE DILATOR    | \$170.95                         | \$145.31                         |
| 31750                |                  |                  | TRACHEOPLASTY:CERVICAL            | \$1,039.15                       | \$883.28                         |
| 31755                |                  |                  | REPAIR OF WINDPIPE                | \$1,375.39                       | \$1,169.08                       |
| 31760                |                  |                  | REPAIR OF WINDPIPE                | \$1,156.89                       | \$983.35                         |
| 31766                |                  |                  | CARINAL RECONSTRUCTION            | \$1,558.45                       | \$1,324.68                       |
| 31770                |                  |                  | BRONCHOPLASTY:GRAFT REPAIR        | \$1,142.76                       | \$971.35                         |
| 31775                |                  |                  | RECONSTRUCT BRONCHUS              | \$1,232.90                       | \$1,047.97                       |
| 31780                |                  |                  | RECONSTRUCT WINDPIPE              | \$983.96                         | \$836.37                         |
| 31781                |                  |                  | RECONSTRUCT WINDPIPE              | \$1,221.41                       | \$1,038.20                       |
| 31785                |                  |                  | REMOVE WINDPIPE LESION            | \$937.18                         | \$796.60                         |
| 31786                |                  |                  | REMOVE WINDPIPE LESION            | \$1,299.52                       | \$1,104.59                       |
| 31800                |                  |                  | REPAIR OF WINDPIPE INJURY         | \$572.43                         | \$486.57                         |
| 31805                |                  |                  | SUTURE EXTERNAL TRACHEAL WOUND    | \$713.54                         | \$606.51                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 31820                |              |              | CLOSURE OF TRACHEOSTOMY WO PLA    | \$345.58                     | \$293.74                     |
| 31825                |              |              | REPAIR OF WINDPIPE DEFECT         | \$491.22                     | \$417.53                     |
| 31830                |              |              | REVISE WINDPIPE SCAR              | \$351.06                     | \$298.40                     |
| 32035                |              |              | EXPLORATION OF CHEST              | \$510.16                     | \$433.64                     |
| 32036                |              |              | EXPLORATION OF CHEST              | \$566.78                     | \$481.77                     |
| 32100                |              |              | EXPLORATION/BIOPSY OF CHEST       | \$813.05                     | \$691.09                     |
| 32110                |              |              | EXPLORE/REPAIR CHEST              | \$1,186.09                   | \$1,008.17                   |
| 32120                |              |              | RE-EXPLORATION OF CHEST           | \$652.90                     | \$554.96                     |
| 32124                |              |              | EXPLORE CHEST,FREE ADHESIONS      | \$702.63                     | \$597.24                     |
| 32140                |              |              | REMOVAL OF LUNG LESION(S)         | \$758.90                     | \$645.07                     |
| 32141                |              |              | REMOVE/TREAT LUNG LESIONS         | \$757.89                     | \$644.20                     |
| 32150                |              |              | REMOVAL OF LUNG LESION(S)         | \$764.33                     | \$649.68                     |
| 32151                |              |              | THORACOTOMY MAJOR:W REMOVE FOR    | \$780.68                     | \$663.58                     |
| 32160                |              |              | OPEN CHEST HEART MASSAGE          | \$511.54                     | \$434.81                     |
| 32200                |              |              | DRAINAGE OF LUNG LESION           | \$838.48                     | \$712.71                     |
| 32215                |              |              | PLEURAL SCARIFICATION/REP.PNEU    | \$641.97                     | \$545.67                     |
| 32220                |              |              | RELEASE OF LUNG                   | \$1,303.37                   | \$1,107.86                   |
| 32225                |              |              | PARTIAL RELEASE OF LUNG           | \$761.78                     | \$647.52                     |
| 32310                |              |              | REMOVAL OF CHEST LINING           | \$734.46                     | \$624.29                     |
| 32320                |              |              | FREE/REMOVE CHEST LINING          | \$1,274.75                   | \$1,083.54                   |
| 32400                |              |              | NEEDLE BIOPSY-CHEST LINING        | \$130.86                     | \$111.23                     |
| 32440                |              |              | REMOVAL OF LUNG                   | \$1,336.50                   | \$1,136.02                   |
| 32442                |              |              | RESECTION OF TRACHEO SEGMENT      | \$1,443.87                   | \$1,227.29                   |
| 32445                |              |              | REMOVAL OF LUNG                   | \$1,379.92                   | \$1,172.93                   |
| 32480                |              |              | PARTIAL REMOVAL OF LUNG           | \$1,262.86                   | \$1,073.43                   |
| 32482                |              |              | BILOBECTOMY                       | \$1,336.58                   | \$1,136.10                   |
| 32484                |              |              | SEGMENTECTOMY                     | \$1,129.78                   | \$960.32                     |
| 32486                |              |              | SLEEVE LOBECTOMY                  | \$1,309.20                   | \$1,112.82                   |
| 32488                |              |              | COMPLET PNEUMONECTOMY             | \$1,392.68                   | \$1,183.78                   |
| 32501                |              |              | RESECTION AND BRONCHOPLASTY W/    | \$219.41                     | \$186.50                     |
| 32503                |              |              | RESECTION OF APICAL LUNG TUMOR    | \$1,590.18                   | \$1,351.66                   |
| 32504                |              |              | RESECTION OF APICAL LUNG TUMOR    | \$1,817.24                   | \$1,544.65                   |
| 32540                |              |              | REMOVAL OF LUNG LESION            | \$851.10                     | \$723.43                     |
| 32550                |              |              | INSERTION OF INDWELLING TUNNEL    | \$183.92                     | \$156.33                     |
| 32551                |              |              | TUBE THORACOSTOMY, INCLUDES WA    | \$145.41                     | \$123.60                     |
| 32560                |              |              | CHEMICAL PLEURODESIS (EG, FOR     | \$90.48                      | \$76.91                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 32601                |                  |                  | DX THORACOSCOPY LUNGS/PLEURAL     | \$276.00                         | \$234.60                         |
| 32604                |                  |                  | DX THORACOSCOPY PERICARDIAL SA    | \$431.58                         | \$366.84                         |
| 32606                |                  |                  | DX THORACOSCOPY MEDIASTINAL SP    | \$414.61                         | \$352.42                         |
| 32650                |                  |                  | SURG. THORACOSCOPY W PLEURODES    | \$615.93                         | \$523.54                         |
| 32651                |                  |                  | SURG.SCOPE W PARTIAL PUL DECOR    | \$708.43                         | \$602.17                         |
| 32652                |                  |                  | W PUL DECORTICATN/INTRAPLEURL     | \$1,014.38                       | \$862.22                         |
| 32653                |                  |                  | W REMOVE FOREIGN BODY/FIBRIN D    | \$698.94                         | \$594.10                         |
| 32654                |                  |                  | W CONTROL OF TRAUMATIC HEMORRH    | \$696.97                         | \$592.42                         |
| 32655                |                  |                  | W EXCISION/PLICATION OF BULLAE    | \$715.66                         | \$608.31                         |
| 32656                |                  |                  | W PARIETAL PLEURECTOMY            | \$733.41                         | \$623.40                         |
| 32658                |                  |                  | REM CLOT/FOREIGN BODY PERICARD    | \$667.02                         | \$566.96                         |
| 32659                |                  |                  | MAKE PERICARDIAL WINDOW/PART S    | \$667.08                         | \$567.02                         |
| 32661                |                  |                  | W EXCISE OF PERICOR CYST/TUMOR    | \$739.95                         | \$628.96                         |
| 32662                |                  |                  | W EXCISION OF CYST/TUMOR/MASS     | \$883.49                         | \$750.96                         |
| 32663                |                  |                  | W LOBECTOMY TOTAL OR SEGMENTAL    | \$1,029.40                       | \$874.99                         |
| 32664                |                  |                  | W THORACIC SYMPATHECTOMY          | \$776.37                         | \$659.91                         |
| 32665                |                  |                  | W ESOPHAOMYOTOMY,HELLER TYPE      | \$830.69                         | \$706.08                         |
| 32800                |                  |                  | REPAIR LUNG HERNIA                | \$742.74                         | \$631.33                         |
| 32810                |                  |                  | CLOSE CHEST AFTER DRAINAGE        | \$724.77                         | \$616.05                         |
| 32815                |                  |                  | CLOSE BRONCHIAL FISTULA           | \$1,200.74                       | \$1,020.63                       |
| 32820                |                  |                  | RECONSTRUCT INJURED CHEST         | \$1,166.52                       | \$991.54                         |
| 32855                |                  |                  | BACKBENCH STANDARD PREPARATION    | \$175.13                         | \$148.86                         |
| 32856                |                  |                  | BACKBENCH STANDARD PREPARATION    | \$210.89                         | \$179.25                         |
| 32900                |                  |                  | REMOVAL OF RIB(S)                 | \$1,062.66                       | \$903.26                         |
| 32905                |                  |                  | REVISE & REPAIR CHEST WALL        | \$1,092.81                       | \$928.89                         |
| 32906                |                  |                  | REVISE & REPAIR CHEST WALL        | \$1,372.52                       | \$1,166.64                       |
| 32940                |                  |                  | REVISION OF LUNG                  | \$1,020.71                       | \$867.61                         |
| 32960                |                  |                  | THERAPEUTIC PNEUMOTHORAX          | \$121.94                         | \$103.65                         |
| 32997                |                  |                  | TOTAL LUNG LAVAGE UNILATERAL      | \$270.78                         | \$230.16                         |
| 32998                |                  |                  | ABLATION THERAPY FOR REDUCTION    | \$2,194.39                       | \$1,865.23                       |
| 32998                | 26               |                  | ABLATION THERAPY FOR REDUCTION    | \$232.20                         | \$197.37                         |
| 33020                |                  |                  | INCISION OF HEART SAC             | \$681.62                         | \$579.37                         |
| 33025                |                  |                  | INCISION OF HEART SAC             | \$650.88                         | \$553.25                         |
| 33030                |                  |                  | PARTIAL REMOVAL OF HEART SAC      | \$998.17                         | \$848.44                         |
| 33031                |                  |                  | PERICARDIECTOMY WCARDIOPLUMON     | \$1,121.71                       | \$953.46                         |
| 33050                |                  |                  | REMOVAL OF HEART SAC LESION       | \$783.24                         | \$665.75                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 33120                |                  |                  | REMOVAL OF HEART LESION           | \$1,278.10                       | \$1,086.38                       |
| 33130                |                  |                  | REMOVAL OF HEART LESION           | \$1,107.94                       | \$941.75                         |
| 33140                |                  |                  | TRANSMYOCARD LASER REVASC/BY T    | \$1,085.69                       | \$922.83                         |
| 33141                |                  |                  | TRANSMYOCARD LASER REVASC BY T    | \$133.95                         | \$113.86                         |
| 33202                |                  |                  | INSERTION OF EPICARDIAL ELECTR    | \$635.14                         | \$508.12                         |
| 33203                |                  |                  | INSERTION OF EPICARDIAL ELECTR    | \$650.05                         | \$552.54                         |
| 33207                |                  |                  | INSERT HEART PACEMAKER/VENTRIC    | \$429.76                         | \$365.30                         |
| 33212                |                  |                  | INSERTION OF PULSE GENERATOR      | \$301.25                         | \$256.06                         |
| 33213                |                  |                  | DUAL CHAMBER PERM PACEMAKER IN    | \$340.93                         | \$289.79                         |
| 33214                |                  |                  | SINGLE CHAMBER TO DUAL CHAMBER    | \$428.10                         | \$363.88                         |
| 33215                |                  |                  | REPOS PREV IMPL TRANSVEN PACEM    | \$269.34                         | \$228.94                         |
| 33216                |                  |                  | REVISION IMPLANTED ELECTRODE      | \$335.90                         | \$285.52                         |
| 33217                |                  |                  | DUAL CHAMBER PACER INSERT/REPL    | \$336.86                         | \$286.33                         |
| 33218                |                  |                  | REPAIR PACEMAKER ELECTRODES       | \$328.84                         | \$279.51                         |
| 33220                |                  |                  | REPAIR OF DUAL CHAMBER PACEMAK    | \$330.35                         | \$280.80                         |
| 33222                |                  |                  | REVISE/RELOCATE SKIN POCKET-PA    | \$314.80                         | \$267.58                         |
| 33223                |                  |                  | REVISION SKIN POCKET FOR CARDI    | \$373.30                         | \$317.30                         |
| 33224                |                  |                  | INSERTION OF PACING ELECTRODES    | \$437.83                         | \$372.16                         |
| 33225                |                  |                  | INSERTION OF PACING ELECTRODE     | \$387.28                         | \$329.19                         |
| 33226                |                  |                  | REPOSITION PREVIOUS IMPLANTED     | \$421.82                         | \$358.54                         |
| 33233                |                  |                  | REMOVAL OF PULSE GENERATOR/PAC    | \$221.80                         | \$188.53                         |
| 33234                |                  |                  | REMOVAL OF PULSE GEN/ELECTRODE    | \$430.40                         | \$365.84                         |
| 33235                |                  |                  | REMOVE PACER/PULSE GEN/ELECTRO    | \$550.18                         | \$467.65                         |
| 33236                |                  |                  | REMOVE EPICARDIAL PACER/THORAC    | \$700.10                         | \$595.09                         |
| 33237                |                  |                  | REMOVE PACER/DUALLEAD SYSTEM T    | \$744.42                         | \$632.76                         |
| 33238                |                  |                  | REMOVE TRANSVENOUS ELECTRODES     | \$819.11                         | \$696.25                         |
| 33240                |                  |                  | INSERT/REPLACE CV PULSE GENERA    | \$379.44                         | \$322.52                         |
| 33241                |                  |                  | REMOVE CV PULSE GENERATOR         | \$208.52                         | \$177.24                         |
| 33243                |                  |                  | REMOVE DEFIB PULSE GEN VIA THO    | \$1,166.42                       | \$991.46                         |
| 33244                |                  |                  | REMOVE DEFIB PULSE GEN/LEAD SY    | \$766.30                         | \$651.36                         |
| 33249                |                  |                  | W INSERT OF CV PULSE GENERATOR    | \$756.36                         | \$642.91                         |
| 33250                |                  |                  | OPER ABLATION...WO CARDIOPUL      | \$1,158.67                       | \$984.87                         |
| 33251                |                  |                  | OPER ABLATION...W CARDIOPULM      | \$1,287.98                       | \$1,094.78                       |
| 33254                |                  |                  | OPERATIVE TISSUE ABLATION AND     | \$1,105.82                       | \$939.95                         |
| 33255                |                  |                  | OPERATIVE TISSUE ABLATION AND     | \$1,329.82                       | \$1,130.35                       |
| 33256                |                  |                  | OPERATIVE TISSUE ABLATION AND     | \$1,586.98                       | \$1,348.93                       |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 33257                |                  |                  | OPERATIVE TISSUE ABLATION AND     | \$484.72                         | \$412.01                         |
| 33258                |                  |                  | OPERATIVE TISSUE ABLATION AND     | \$547.28                         | \$465.19                         |
| 33259                |                  |                  | OPERATIVE TISSUE ABLATION AND     | \$718.72                         | \$610.91                         |
| 33261                |                  |                  | OPER ABLATION...W CARDIOPULMO     | \$1,287.58                       | \$1,094.45                       |
| 33265                |                  |                  | ENDOSCOPY, SURGICAL: OPERATIVE    | \$1,105.82                       | \$939.95                         |
| 33266                |                  |                  | ENDOSCOPY, SURGICAL: OPERATIVE    | \$1,510.44                       | \$1,283.87                       |
| 33300                |                  |                  | REPAIR OF HEART WOUND             | \$958.04                         | \$814.33                         |
| 33305                |                  |                  | REPAIR OF HEART WOUND             | \$1,130.03                       | \$960.53                         |
| 33310                |                  |                  | EXPLORATORY HEART SURGERY         | \$986.50                         | \$838.53                         |
| 33315                |                  |                  | EXPLORATORY HEART SURGERY         | \$1,173.02                       | \$997.07                         |
| 33320                |                  |                  | REPAIR MAJOR BLOOD VESSEL(S)      | \$870.59                         | \$740.00                         |
| 33321                |                  |                  | SUTURE REPAIR AORTA W/SHUNT BY    | \$1,056.17                       | \$897.74                         |
| 33322                |                  |                  | REPAIR MAJOR BLOOD VESSEL(S)      | \$1,087.66                       | \$924.51                         |
| 33330                |                  |                  | INSERT MAJOR VESSEL GRAFT         | \$1,108.70                       | \$942.39                         |
| 33332                |                  |                  | INSERT GRAFT/AORTA/GRT VESS W/    | \$1,203.06                       | \$1,022.60                       |
| 33335                |                  |                  | INSERT MAJOR VESSEL GRAFT         | \$1,526.94                       | \$1,297.90                       |
| 33404                |                  |                  | CONSTRUCT APICAL-ADRTIC CONDUI    | \$1,523.30                       | \$1,294.80                       |
| 33405                |                  |                  | REPLACEMENT OF AORTIC VALVE       | \$1,884.02                       | \$1,601.41                       |
| 33406                |                  |                  | AORTIC VALVULOPLASTY W HOMOGRA    | \$1,994.79                       | \$1,695.57                       |
| 33410                |                  |                  | REPLACE AORTIC VALVE W/CARDIOP    | \$1,727.10                       | \$1,468.04                       |
| 33411                |                  |                  | REPLACE AORTIC VALVE:ANNULUS E    | \$1,943.24                       | \$1,651.75                       |
| 33412                |                  |                  | REPLACE AORTIC VALVE:TRANSVENT    | \$2,208.25                       | \$1,877.01                       |
| 33413                |                  |                  | BY TRANSLOCATE AUTO PUL-VALVE/    | \$2,273.40                       | \$1,932.39                       |
| 33414                |                  |                  | REPAIR LV OUTFLOW TRACT OBSTIO    | \$1,573.38                       | \$1,337.38                       |
| 33415                |                  |                  | REVISION OF AORTIC VALVE          | \$1,387.90                       | \$1,179.72                       |
| 33416                |                  |                  | VENTRICULOMYOTOMY/MYECTOMY        | \$1,552.01                       | \$1,319.21                       |
| 33417                |                  |                  | REPAIR OF AORTIC VALVE            | \$1,484.64                       | \$1,261.94                       |
| 33420                |                  |                  | REVISION OF MITRAL VALVE          | \$1,095.61                       | \$931.27                         |
| 33422                |                  |                  | REVISION OF MITRAL VALVE          | \$1,399.38                       | \$1,189.47                       |
| 33425                |                  |                  | REPAIR OF MITRAL VALVE            | \$1,416.38                       | \$1,203.92                       |
| 33426                |                  |                  | VALVULOPLASTY,MITRAL VALUE,CAR    | \$1,772.58                       | \$1,506.69                       |
| 33427                |                  |                  | VALVULOPLASTY,MITRAL V W CBYP:    | \$2,100.87                       | \$1,785.74                       |
| 33430                |                  |                  | REPLACEMENT OF MITRAL VALVE       | \$1,795.88                       | \$1,526.50                       |
| 33460                |                  |                  | REVISION OF TRICUSPID VALVE       | \$1,230.86                       | \$1,046.23                       |
| 33463                |                  |                  | TRICUSPID VALVULOPLASTY O RING    | \$1,362.09                       | \$1,157.77                       |
| 33464                |                  |                  | TRICUSPID VALVULOPLASTY W RING    | \$1,445.12                       | \$1,228.35                       |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 33465                |                  |                  | REPLACE TRICUSPID VALVE           | \$1,479.37                       | \$1,257.46                       |
| 33468                |                  |                  | REVISION OF TRICUSPID VALVE       | \$1,535.08                       | \$1,304.82                       |
| 33471                |                  |                  | VALVOTOMY-TRANSVENOUS BALOON M    | \$1,134.14                       | \$964.02                         |
| 33472                |                  |                  | REVISION OF PULMONARY VALVE       | \$1,210.44                       | \$1,028.87                       |
| 33474                |                  |                  | REVISION OF PULMONARY VALVE       | \$1,192.44                       | \$1,013.57                       |
| 33475                |                  |                  | PULMONARY VALVE REPLACEMENT       | \$1,709.87                       | \$1,453.39                       |
| 33476                |                  |                  | REVISION OF HEART CHAMBER         | \$1,291.49                       | \$1,097.76                       |
| 33478                |                  |                  | REVISION OF HEART CHAMBER         | \$1,402.85                       | \$1,192.42                       |
| 33496                |                  |                  | REP NON-STRUCT PROSTH VALVE DY    | \$1,415.54                       | \$1,203.21                       |
| 33500                |                  |                  | RPR CORONARY ARTERIOVENOUS CHA    | \$1,310.34                       | \$1,113.79                       |
| 33502                |                  |                  | CORONARY ARTERY CORRECTION        | \$1,129.15                       | \$959.78                         |
| 33503                |                  |                  | CORONARY ARTERY GRAFT             | \$1,071.10                       | \$910.44                         |
| 33504                |                  |                  | CORONARY ARTERY GRAFT             | \$1,279.03                       | \$1,087.18                       |
| 33505                |                  |                  | COR ART REPAIR W INTRAPUL ART     | \$1,350.77                       | \$1,148.15                       |
| 33506                |                  |                  | COR ART REPAIR/TRANSLOCATE PUL    | \$1,753.48                       | \$1,490.46                       |
| 33507                |                  |                  | REPAIR OF ANOMALOUS (EG, INTRA    | \$1,532.23                       | \$1,302.40                       |
| 33508                |                  |                  | ENDOSCOPY SURG W/VIDEO ASSIST     | \$14.38                          | \$14.00                          |
| 33510                |                  |                  | CORONARY ARTERY BYPASS            | \$1,601.26                       | \$1,361.07                       |
| 33511                |                  |                  | COR ART BYP,AUTOGENOUS GRAFT:2    | \$1,662.42                       | \$1,413.05                       |
| 33512                |                  |                  | COR ART BYP,AUTOGENOUS GRAFT:3    | \$1,740.25                       | \$1,479.21                       |
| 33513                |                  |                  | COR ART BYP,AUTOGENOUS GRAFT:4    | \$1,758.87                       | \$1,495.04                       |
| 33514                |                  |                  | COR ART BYPASS,AUTOGEN GRAFT:5    | \$1,788.50                       | \$1,520.23                       |
| 33516                |                  |                  | COR ART BYPASS,AUTOG GRAFT:6/M    | \$1,895.42                       | \$1,611.11                       |
| 33519                |                  |                  | CABG 3 VENOUS GRAFTS              | \$334.56                         | \$284.38                         |
| 33521                |                  |                  | CABG 4 VENOUS GRAFTS              | \$441.83                         | \$375.56                         |
| 33522                |                  |                  | CABG 5 VENOUS GRAFTS              | \$550.20                         | \$467.67                         |
| 33523                |                  |                  | CABG 6 OR MORE VENOUS GRAFTS      | \$657.05                         | \$558.49                         |
| 33533                |                  |                  | CABG SINGLE ARTERIAL GRAFT        | \$1,641.72                       | \$1,395.46                       |
| 33534                |                  |                  | CABG 2 CORONARY ARTERIAL GRAFT    | \$1,757.51                       | \$1,493.89                       |
| 33535                |                  |                  | CABG 3 ARTERIAL GRAFTS            | \$1,853.93                       | \$1,575.84                       |
| 33536                |                  |                  | CABG 4 OR MORE ARTERIAL GRAFTS    | \$1,966.00                       | \$1,671.10                       |
| 33542                |                  |                  | REMOVAL OF HEART LESION           | \$1,481.98                       | \$1,259.69                       |
| 33545                |                  |                  | REPAIR OF HEART DAMAGE            | \$1,845.86                       | \$1,568.98                       |
| 33548                |                  |                  | SURGICAL VENTRICULAR RESTORATI    | \$2,019.68                       | \$1,716.73                       |
| 33572                |                  |                  | CORONARY ENDARTERECTOMY/EACH V    | \$208.77                         | \$177.45                         |
| 33600                |                  |                  | ATRIOVENTRICULAR VALVE SUTURE/    | \$1,487.75                       | \$1,264.59                       |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 33602                |                  |                  | SEMILUNAR VALVE CLOSURE SUTURE    | \$1,437.01                       | \$1,221.46                       |
| 33606                |                  |                  | PULMONARY ARTERY ANASTOMOSIS T    | \$1,565.39                       | \$1,330.58                       |
| 33608                |                  |                  | COMPLEX CARDIAC ANOMALY REPAIR    | \$1,600.78                       | \$1,360.67                       |
| 33610                |                  |                  | COMPLEX CARDIAC REPAIR IVS DEF    | \$1,563.33                       | \$1,328.83                       |
| 33611                |                  |                  | RIGHT VENTRLE CARDIAC TUNNEL R    | \$1,682.90                       | \$1,430.47                       |
| 33612                |                  |                  | RIGHT VENTRICULAR CARIAC OUTFL    | \$1,776.26                       | \$1,509.82                       |
| 33615                |                  |                  | CARDIAC ANOMALY REPAIR ASD&ANA    | \$1,647.84                       | \$1,400.66                       |
| 33617                |                  |                  | COMPLEX CARDIAC REPAIR VENTRIC    | \$1,878.65                       | \$1,596.85                       |
| 33619                |                  |                  | VENTRICULO REPAIR W AO OUT FLO    | \$2,318.43                       | \$1,970.67                       |
| 33641                |                  |                  | REPAIR HEART SEPTUM DEFECT        | \$1,096.11                       | \$931.70                         |
| 33645                |                  |                  | REVISION OF HEART VEINS           | \$1,295.42                       | \$1,101.10                       |
| 33647                |                  |                  | REPAIR ATRIAL/VENTRICULAR SEPT    | \$1,473.38                       | \$1,252.38                       |
| 33660                |                  |                  | REPAIR OF HEART DEFECTS           | \$1,538.22                       | \$1,307.49                       |
| 33665                |                  |                  | REPAIR OF HEART DEFECTS           | \$1,491.37                       | \$1,267.66                       |
| 33670                |                  |                  | REPAIR OF HEART CHAMBERS          | \$1,690.22                       | \$1,436.68                       |
| 33675                |                  |                  | CLOSURE OF MULTIPLE VENTRICULA    | \$1,769.53                       | \$1,504.10                       |
| 33676                |                  |                  | CLOSURE OF MULTIPLE VENTRICULA    | \$1,824.11                       | \$1,550.50                       |
| 33677                |                  |                  | CLOSURE OF MULTIPLE VENTRICULA    | \$1,895.86                       | \$1,611.48                       |
| 33681                |                  |                  | REPAIR HEART SEPTUM DEFECT        | \$1,596.73                       | \$1,357.22                       |
| 33684                |                  |                  | REPAIR HEART SEPTUM DEFECT        | \$1,499.46                       | \$1,274.54                       |
| 33688                |                  |                  | REPAIR HEART SEPTUM DEFECT        | \$1,462.14                       | \$1,242.82                       |
| 33690                |                  |                  | REINFORCE PULMONARY ARTERY        | \$1,020.78                       | \$867.66                         |
| 33692                |                  |                  | REPAIR OF HEART DEFECTS           | \$1,579.20                       | \$1,342.32                       |
| 33694                |                  |                  | REPAIR OF HEART DEFECTS           | \$1,712.50                       | \$1,455.63                       |
| 33697                |                  |                  | COMPLETE CARDIAC TETRALOGY OF     | \$1,762.99                       | \$1,498.54                       |
| 33702                |                  |                  | REPAIR OF HEART DEFECTS           | \$1,373.70                       | \$1,167.65                       |
| 33710                |                  |                  | REPAIR OF HEART DEFECTS           | \$1,543.57                       | \$1,312.03                       |
| 33720                |                  |                  | REPAIR OF HEART DEFECT            | \$1,369.55                       | \$1,164.12                       |
| 33724                |                  |                  | REPAIR OF ISOLATED PARTIAL ANO    | \$1,258.66                       | \$1,069.86                       |
| 33726                |                  |                  | REPAIR OF PULMONARY VENOUS STE    | \$1,656.87                       | \$1,408.34                       |
| 33730                |                  |                  | REPAIR HEART-VEIN DEFECT(S)       | \$1,709.64                       | \$1,453.19                       |
| 33732                |                  |                  | COR TRIATRIATUM/MV RING REPAIR    | \$1,452.75                       | \$1,234.84                       |
| 33735                |                  |                  | REVISION OF HEART CHAMBER         | \$1,036.44                       | \$880.97                         |
| 33736                |                  |                  | OPEN HEART W CARIOPULMONARY BY    | \$1,236.38                       | \$1,050.92                       |
| 33737                |                  |                  | REVISION OF HEART CHAMBER         | \$1,154.54                       | \$981.36                         |
| 33750                |                  |                  | MAJOR VESSEL SHUNT                | \$1,057.69                       | \$899.03                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 33755                |              |              | MAJOR VESSEL SHUNT                | \$1,083.53                   | \$921.00                     |
| 33762                |              |              | MAJOR VESSEL SHUNT                | \$1,125.78                   | \$956.92                     |
| 33764                |              |              | SHUNT:CENTRAL,WITH PROSTHETIC     | \$1,124.33                   | \$955.68                     |
| 33766                |              |              | MAJOR VESSEL SHUNT                | \$1,224.54                   | \$1,040.86                   |
| 33767                |              |              | SHUNT FROM SVC TO PULMONARY AR    | \$1,284.49                   | \$1,091.81                   |
| 33768                |              |              | ANASTOMOSIS, CAVOPULMONARY, SE    | \$378.66                     | \$321.86                     |
| 33770                |              |              | REPAIR TRANSPOSITION GREAT VES    | \$1,836.23                   | \$1,560.80                   |
| 33771                |              |              | VSD SURGICAL ENLARGEMENT          | \$1,682.43                   | \$1,430.07                   |
| 33774                |              |              | RPR TRANSPOS GT ART W CARDIOP     | \$1,618.37                   | \$1,375.61                   |
| 33775                |              |              | RPR TRANSPOS GT ART....W REM P    | \$1,673.45                   | \$1,422.43                   |
| 33776                |              |              | RPR TRANSPOS GT ART...W CLOS V    | \$1,762.10                   | \$1,497.79                   |
| 33777                |              |              | RPR TRANSPOSIT GT ART...REP SU    | \$1,749.12                   | \$1,486.75                   |
| 33778                |              |              | REP TRANSPOS GT ART,AORTIC PUL    | \$2,019.98                   | \$1,716.98                   |
| 33779                |              |              | RPR TRANSPOS GT ART.REM PULMON    | \$1,752.08                   | \$1,489.27                   |
| 33780                |              |              | RPR TRANSPOS.GT.ART.CLOS VENT     | \$2,075.91                   | \$1,764.53                   |
| 33781                |              |              | RPR TRANSPOS.GT.ART.W RPR SUBP    | \$1,780.14                   | \$1,513.12                   |
| 33786                |              |              | REPAIR ARTERIAL TRUNK             | \$1,967.80                   | \$1,672.63                   |
| 33788                |              |              | REVISION OF PULMONARY ARTERY      | \$1,365.52                   | \$1,160.69                   |
| 33800                |              |              | AORTIC SUSP:TRACHEAL DECOMPRES    | \$860.99                     | \$731.84                     |
| 33802                |              |              | REPAIR VESSEL DEFECT              | \$937.98                     | \$797.28                     |
| 33803                |              |              | REPAIR VESSEL DEFECT              | \$1,045.07                   | \$888.31                     |
| 33813                |              |              | OBLIT.AORTOPUL.SEPTAL DEF:WO C    | \$1,115.22                   | \$947.94                     |
| 33814                |              |              | OBL.AORTOPUL.SEPTAL DEF.W CARD    | \$1,357.08                   | \$1,153.52                   |
| 33820                |              |              | REVISE MAJOR VESSEL               | \$867.81                     | \$737.64                     |
| 33822                |              |              | REVISE MAJOR VESSEL               | \$930.16                     | \$790.64                     |
| 33824                |              |              | REVISE MAJOR VESSEL               | \$1,040.86                   | \$884.73                     |
| 33840                |              |              | REMOVE AORTA CONSTRICTION         | \$1,064.94                   | \$905.20                     |
| 33845                |              |              | REMOVE AORTA CONSTRICTION         | \$1,179.29                   | \$1,002.39                   |
| 33851                |              |              | EXCISE COARCTATION-AORTA:WALDH    | \$1,128.50                   | \$959.23                     |
| 33852                |              |              | EXC COARCTATION AORTA:W RPR AO    | \$1,198.33                   | \$1,018.58                   |
| 33853                |              |              | REPAIR AORIC ARCH WITH GRAFT/B    | \$1,637.46                   | \$1,391.84                   |
| 33863                |              |              | AORTIC GRAFT CORONARY RECON RO    | \$2,250.34                   | \$1,912.79                   |
| 33864                |              |              | ASCENDING AORTA GRAFT, WITH CA    | \$2,579.22                   | \$2,192.33                   |
| 33875                |              |              | THORACIC AORTA GRAFT              | \$1,667.16                   | \$1,417.09                   |
| 33877                |              |              | REPAIR THORACOABDOMINAL ANEURY    | \$2,074.85                   | \$1,763.62                   |
| 33880                |              |              | ENDOVASCULAR REPAIR OF DESCEND    | \$1,582.68                   | \$1,345.28                   |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 33881                |                  |                  | ENDO VASCULAR REPAIR OF DESCEND   | \$1,360.62                       | \$1,156.52                       |
| 33883                |                  |                  | PLACEMENT OF PROXIMAL EXTENSIO    | \$1,006.84                       | \$855.81                         |
| 33884                |                  |                  | PLACEMENT OF PROXIMAL EXTENSIO    | \$372.19                         | \$316.36                         |
| 33886                |                  |                  | PLACEMENT OF DISTAL EXTENSION     | \$870.26                         | \$739.72                         |
| 33889                |                  |                  | OPEN SUBCLAVIAN TO CAROTID ART    | \$743.50                         | \$631.98                         |
| 33891                |                  |                  | BYPASS GRAFT, WITH OTHER THAN     | \$949.47                         | \$807.05                         |
| 33910                |                  |                  | REMOVE LUNG ARTERY EMBOLI         | \$1,273.95                       | \$1,082.86                       |
| 33915                |                  |                  | REMOVE LUNG ARTERY EMBOLI         | \$1,033.94                       | \$878.85                         |
| 33916                |                  |                  | PULM ENDARECTOMY...W CARDIOP      | \$1,309.22                       | \$1,112.84                       |
| 33917                |                  |                  | REPAIR PULM ARTERY STENOSIS W/    | \$1,296.90                       | \$1,102.36                       |
| 33920                |                  |                  | PULMONARY ATRESIA WITH V.S. DE    | \$1,607.86                       | \$1,366.68                       |
| 33922                |                  |                  | TRANS.PULMONARY ARTERY WITH BY    | \$1,204.44                       | \$1,023.77                       |
| 33924                |                  |                  | LIGATION/TAKEDOWN/SYS/PULM ART    | \$260.55                         | \$221.47                         |
| 33925                |                  |                  | REPAIR OF PULMONARY ARTERY ARB    | \$1,567.25                       | \$1,332.16                       |
| 33926                |                  |                  | REPAIR OF PULMONARY ARTERY ARB    | \$2,112.51                       | \$1,795.64                       |
| 33933                |                  |                  | BACKBENCH STANDARD PREPARATION    | \$264.47                         | \$224.80                         |
| 33935                |                  |                  | HEART-LUNG TRANSPLANT,W/ ORG R    | \$3,169.95                       | \$2,694.46                       |
| 33944                |                  |                  | BACKBENCH STANDARD PREPARATION    | \$264.47                         | \$224.80                         |
| 33945                |                  |                  | HEART TRANSPLANT,W/O RECI CAR     | \$2,241.16                       | \$1,904.99                       |
| 33960                |                  |                  | EXTERNAL CIRCULATION ASSIST       | \$856.63                         | \$728.14                         |
| 33961                |                  |                  | EXTRACORPOREAL CIRC EACH ADDIT    | \$493.76                         | \$419.70                         |
| 33967                |                  |                  | INSERT INTRA-AORTIC BALLOON PE    | \$226.14                         | \$192.22                         |
| 33970                |                  |                  | INTERNAL CIRCULATION ASSIST       | \$315.01                         | \$267.76                         |
| 33971                |                  |                  | REMOVE INTRA-AORTIC BALLOON,W/    | \$547.21                         | \$465.13                         |
| 33973                |                  |                  | INSERTION INTRA-AORTIC BALLOON    | \$458.11                         | \$389.40                         |
| 33974                |                  |                  | REM.INTRA-AORTIC BALLOON ASSIS    | \$774.09                         | \$657.97                         |
| 33975                |                  |                  | IMPLANTATION VENTRICULAR ASSIS    | \$967.10                         | \$822.04                         |
| 33976                |                  |                  | IMPLANT.BIVENTRICULAR DEVICE S    | \$1,079.04                       | \$917.18                         |
| 33977                |                  |                  | REMOVAL VENTRICULAR DEVICE SING   | \$1,068.21                       | \$907.98                         |
| 33978                |                  |                  | REMOVAL BIVENTRICULAR SUPPORT     | \$1,183.18                       | \$1,005.71                       |
| 33979                |                  |                  | INSERT VENTRIC ASSIST DEV IMPL    | \$1,994.19                       | \$1,695.06                       |
| 33980                |                  |                  | REMOVAL VENT ASSIST DEVICE IMP    | \$1,827.23                       | \$1,553.15                       |
| 34001                |                  |                  | REMOVAL OF ARTERY CLOT            | \$690.20                         | \$586.67                         |
| 34051                |                  |                  | REMOVAL OF ARTERY CLOT            | \$809.86                         | \$688.38                         |
| 34101                |                  |                  | REMOVAL OF ARTERY CLOT            | \$539.68                         | \$458.73                         |
| 34111                |                  |                  | EMBOLECTOMY/THROMBECTOMY,RADIA    | \$539.38                         | \$458.48                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 34151                |                  |                  | REMOVAL OF ARTERY CLOT            | \$1,247.85                       | \$1,060.67                       |
| 34201                |                  |                  | REMOVAL OF ARTERY CLOT            | \$543.53                         | \$462.00                         |
| 34201                | 50               |                  | REMOVAL OF ARTERY CLOT, BILATE    | \$1,087.06                       | \$924.00                         |
| 34203                |                  |                  | EMBOL-THROMBECTOMY,POBLITEAL-T    | \$864.57                         | \$734.88                         |
| 34401                |                  |                  | REMOVAL OF VEIN CLOT              | \$1,243.10                       | \$1,056.63                       |
| 34421                |                  |                  | REMOVAL OF VEIN CLOT              | \$638.62                         | \$542.83                         |
| 34451                |                  |                  | REMOVAL OF VEIN CLOT              | \$1,354.63                       | \$1,151.44                       |
| 34471                |                  |                  | REMOVAL OF VEIN CLOT              | \$536.57                         | \$456.08                         |
| 34490                |                  |                  | REMOVAL OF VEIN CLOT              | \$537.62                         | \$456.98                         |
| 34501                |                  |                  | VALVULOPLASTY,FEMORAL VEIN        | \$863.05                         | \$733.59                         |
| 34502                |                  |                  | RECONSTRUCTION OF VENA CAVA AN    | \$1,376.03                       | \$1,169.63                       |
| 34510                |                  |                  | TRANSPOSE VENOUS VALVE,ANY VEI    | \$986.98                         | \$838.94                         |
| 34520                |                  |                  | CROSS-OVER VEIN GRAFT TO VENOU    | \$921.27                         | \$783.08                         |
| 34530                |                  |                  | SAPHENOPOPLITEAL VEIN ANASTOMO    | \$869.37                         | \$738.96                         |
| 34808                |                  |                  | ENDOVASC PLACEMENT ILIAC ART O    | \$194.17                         | \$165.04                         |
| 34812                |                  |                  | OPEN FEM ART EXPOS/DEL AORT EN    | \$210.67                         | \$179.07                         |
| 34813                |                  |                  | PLACEMENT FEM-FEM PROSTHETIC G    | \$224.50                         | \$190.82                         |
| 34820                |                  |                  | OPEN ILIAC ARTERY EXPOSURE DEL    | \$354.21                         | \$301.08                         |
| 34830                |                  |                  | OPEN REP INFRARENAL AORTIC ANE    | \$1,628.70                       | \$1,384.39                       |
| 34831                |                  |                  | OPEN REP INFRA AORT ANEURYSM      | \$1,658.86                       | \$1,410.03                       |
| 34832                |                  |                  | OPEN REP INFRA AORTIC ANEURYSM    | \$1,756.06                       | \$1,492.65                       |
| 34833                |                  |                  | OPEN ILIAC ARTERY EXPOSURE UNI    | \$411.18                         | \$349.50                         |
| 34834                |                  |                  | OPEN BRACHIAL ARTERY EXPOS UNI    | \$131.39                         | \$111.68                         |
| 35001                |                  |                  | REPAIR DEFECT OF ARTERY           | \$1,027.71                       | \$873.56                         |
| 35002                |                  |                  | REPAIR RUPTURED ANEURYSM,NECK     | \$1,081.07                       | \$918.91                         |
| 35005                |                  |                  | REPAIR ANEURYSM,OCCLUSIVE DIS,    | \$924.88                         | \$786.15                         |
| 35011                |                  |                  | REPAIR DEFECT OF ARTERY           | \$914.58                         | \$777.39                         |
| 35013                |                  |                  | REPAIR RUPTURED ANEURYSM,AXIL-    | \$1,114.96                       | \$947.72                         |
| 35021                |                  |                  | REPAIR DEFECT OF ARTERY           | \$1,025.05                       | \$871.29                         |
| 35022                |                  |                  | REPAIR RUPTURED ANEURYSM-SUBCL    | \$1,160.45                       | \$986.38                         |
| 35045                |                  |                  | REPAIR ANEURYSM,OCCLU OIS,RAD/    | \$881.74                         | \$749.48                         |
| 35081                |                  |                  | REPAIR DEFECT OF ARTERY           | \$1,392.26                       | \$1,183.42                       |
| 35082                |                  |                  | REPAIR RUPTURED ANEURYSM-ABDOM    | \$1,895.50                       | \$1,611.18                       |
| 35091                |                  |                  | REPAIR DEFECT OF ARTERY           | \$1,730.26                       | \$1,470.72                       |
| 35092                |                  |                  | REP.RUPTURED ANEURYSM,ABD AORT    | \$2,208.78                       | \$1,877.46                       |
| 35102                |                  |                  | REPAIR DEFECT OF ARTERY           | \$1,523.30                       | \$1,294.81                       |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 35103                |                  |                  | REP.RUPTURED ANEURYSM,ABD AORT    | \$1,987.19                       | \$1,689.11                       |
| 35111                |                  |                  | REPAIR DEFECT OF ARTERY           | \$1,247.22                       | \$1,060.14                       |
| 35112                |                  |                  | REP.RUPTURED ANEURYSM,SPLENIC     | \$1,474.22                       | \$1,253.08                       |
| 35121                |                  |                  | REPAIR DEFECT OF ARTERY           | \$1,494.62                       | \$1,270.42                       |
| 35122                |                  |                  | RUPTURED ANEURYSM,HEPATIC,CELI    | \$1,714.54                       | \$1,457.36                       |
| 35131                |                  |                  | REPAIR DEFECT OF ARTERY           | \$1,266.46                       | \$1,076.49                       |
| 35132                |                  |                  | RUPTURED ANEURYSM,ILIAC ARTERY    | \$1,494.96                       | \$1,270.72                       |
| 35141                |                  |                  | REPAIR DEFECT OF ARTERY           | \$1,020.03                       | \$867.03                         |
| 35142                |                  |                  | REPAIR RUPTURED ANEURYSM/FEMOR    | \$1,187.15                       | \$1,009.08                       |
| 35151                |                  |                  | REPAIR DEFECT OF ARTERY           | \$1,149.85                       | \$977.37                         |
| 35152                |                  |                  | REPAIR RUPT ANEURYSM,POPLITEAL    | \$1,301.83                       | \$1,106.56                       |
| 35180                |                  |                  | REPAIR CONGENITAL FISTULA-HEAD    | \$695.68                         | \$591.33                         |
| 35182                |                  |                  | REP.CONGENITAL FIST-THORAX/ABD    | \$1,510.98                       | \$1,284.33                       |
| 35184                |                  |                  | REP.CONGENITAL FISTULA,EXTREMI    | \$924.50                         | \$785.83                         |
| 35188                |                  |                  | REP ACQUIRED/TRAUMA FIST.-HEAD    | \$773.88                         | \$657.80                         |
| 35189                |                  |                  | REP.ACQUIRED/TRAUMA FIST.THORA    | \$1,408.57                       | \$1,197.28                       |
| 35201                |                  |                  | REPAIR BLOOD VESSEL LESION        | \$850.22                         | \$722.69                         |
| 35206                |                  |                  | REPAIR BLOOD VESSEL LESION        | \$696.12                         | \$591.70                         |
| 35207                |                  |                  | REPAIR BLOOD VESSEL, DIRECT-HAN   | \$614.02                         | \$521.92                         |
| 35211                |                  |                  | REPAIR BLOOD VESSEL LESION        | \$1,153.60                       | \$980.56                         |
| 35216                |                  |                  | REPAIR BLOOD VESSEL LESION        | \$975.17                         | \$828.89                         |
| 35221                |                  |                  | REPAIR BLOOD VESSEL LESION        | \$1,207.01                       | \$1,025.96                       |
| 35226                |                  |                  | REPAIR BLOOD VESSEL LESION        | \$769.92                         | \$654.43                         |
| 35231                |                  |                  | REPAIR BLOOD VESSEL LESION        | \$1,048.58                       | \$891.29                         |
| 35236                |                  |                  | REPAIR BLOOD VESSEL LESION        | \$879.50                         | \$747.58                         |
| 35241                |                  |                  | REPAIR BLOOD VESSEL LESION        | \$1,212.26                       | \$1,030.42                       |
| 35246                |                  |                  | REPAIR BLOOD VESSEL LESION        | \$1,337.15                       | \$1,136.58                       |
| 35251                |                  |                  | REPAIR BLOOD VESSEL LESION        | \$1,475.94                       | \$1,254.55                       |
| 35256                |                  |                  | REPAIR BLOOD VESSEL LESION        | \$940.87                         | \$799.74                         |
| 35261                |                  |                  | REPAIR BLOOD VESSEL LESION        | \$911.04                         | \$774.38                         |
| 35266                |                  |                  | REPAIR BLOOD VESSEL LESION        | \$770.66                         | \$655.06                         |
| 35271                |                  |                  | REPAIR BLOOD VESSEL LESION        | \$1,149.02                       | \$976.67                         |
| 35276                |                  |                  | REPAIR BLOOD VESSEL LESION        | \$1,249.21                       | \$1,061.83                       |
| 35281                |                  |                  | REPAIR BLOOD VESSEL LESION        | \$1,398.91                       | \$1,189.08                       |
| 35286                |                  |                  | REPAIR BLOOD VESSEL LESION        | \$853.18                         | \$725.21                         |
| 35301                |                  |                  | RECHANNELING OF ARTERY            | \$955.82                         | \$812.44                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 35302                |                  |                  | THROMBOENDARTERECTOMY, INCLUDI    | \$934.14                         | \$794.01                         |
| 35303                |                  |                  | THROMBOENDARTERECTOMY, INCLUDI    | \$1,025.86                       | \$871.98                         |
| 35304                |                  |                  | THROMBOENDARTERECTOMY, INCLUDI    | \$1,067.18                       | \$907.10                         |
| 35305                |                  |                  | THROMBOENDARTERECTOMY, INCLUDI    | \$1,025.86                       | \$871.98                         |
| 35306                |                  |                  | THROMBOENDARTERECTOMY, INCLUDI    | \$382.90                         | \$325.46                         |
| 35311                |                  |                  | RECHANNELING OF ARTERY            | \$1,352.42                       | \$1,149.56                       |
| 35321                |                  |                  | RECHANNELING OF ARTERY            | \$822.45                         | \$699.08                         |
| 35331                |                  |                  | RECHANNELING OF ARTERY            | \$1,321.91                       | \$1,123.63                       |
| 35341                |                  |                  | RECHANNELING OF ARTERY            | \$1,273.42                       | \$1,082.41                       |
| 35351                |                  |                  | RECHANNELING OF ARTERY            | \$1,151.25                       | \$978.56                         |
| 35355                |                  |                  | THROMBOENDARTERECTOMY-ILIOFEMO    | \$937.32                         | \$796.72                         |
| 35361                |                  |                  | RECHANNELING OF ARTERY            | \$1,410.54                       | \$1,198.96                       |
| 35363                |                  |                  | THROMBOENDARTERECTOMY/COMB.AOR    | \$1,508.98                       | \$1,282.63                       |
| 35371                |                  |                  | RECHANNELING OF ARTERY            | \$764.14                         | \$649.52                         |
| 35372                |                  |                  | THROMBOENDARTERECTOMY...DEEP F    | \$918.98                         | \$781.13                         |
| 35390                |                  |                  | REOP.CAROTID THROMBOENDARTEREC    | \$150.41                         | \$127.85                         |
| 35500                |                  |                  | HARVEST UPPER EXTREMITY VEIN      | \$299.94                         | \$254.95                         |
| 35501                |                  |                  | ARTERY BYPASS GRAFT               | \$976.16                         | \$829.74                         |
| 35506                |                  |                  | ARTERY BYPASS GRAFT               | \$1,027.38                       | \$873.27                         |
| 35508                |                  |                  | BUPASS GRAFT,W/VEIN:CAROTID-VE    | \$991.78                         | \$843.02                         |
| 35509                |                  |                  | ARTERY BYPASS GRAFT               | \$945.66                         | \$803.81                         |
| 35510                |                  |                  | BYPASS GRAFT W/VEIN CAROTID-BR    | \$1,134.64                       | \$964.44                         |
| 35511                |                  |                  | ARTERY BYPASS GRAFT               | \$1,073.20                       | \$912.22                         |
| 35512                |                  |                  | BYPASS GRAFT W/VEIN SUBCLAV/BR    | \$1,113.06                       | \$946.10                         |
| 35515                |                  |                  | BYPASS GRAFT,W/VEIN:SUBCLAVIAN    | \$986.36                         | \$838.41                         |
| 35516                |                  |                  | ARTERY BYPASS GRAFT               | \$815.54                         | \$693.21                         |
| 35518                |                  |                  | BYPASS GRAFT,W/VEIN:AXILLARY-A    | \$1,063.85                       | \$904.27                         |
| 35521                |                  |                  | ARTERY BYPASS GRAFT               | \$1,127.60                       | \$958.46                         |
| 35522                |                  |                  | BYPASS GRAFT W/VEIN AXILLARY/B    | \$1,081.18                       | \$919.00                         |
| 35523                |                  |                  | BYPASS GRAFT, WITH VEIN: BRACH    | \$1,054.32                       | \$896.17                         |
| 35525                |                  |                  | BYPASS GRAFT W/VEIN BRACHIAL/B    | \$1,032.55                       | \$877.67                         |
| 35526                |                  |                  | ARTERY BYPASS GRAFT               | \$1,478.02                       | \$1,256.32                       |
| 35531                |                  |                  | ARTERY BYPASS GRAFT               | \$1,787.61                       | \$1,519.47                       |
| 35533                |                  |                  | BYPASS GRAFT,W/VEIN:AXIL-FEM-F    | \$1,396.05                       | \$1,186.64                       |
| 35536                |                  |                  | ARTERY BYPASS GRAFT               | \$1,577.18                       | \$1,340.60                       |
| 35537                |                  |                  | BYPASS GRAFT, WITH VEIN: AORTO    | \$1,802.83                       | \$1,532.41                       |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 35538                |                  |                  | BYPASS GRAFT, WITH VEIN: AORTO    | \$2,013.38                       | \$1,711.38                       |
| 35539                |                  |                  | BYPASS GRAFT, WITH VEIN: AORTO    | \$1,892.44                       | \$1,608.57                       |
| 35540                |                  |                  | BYPASS GRAFT, WITH VEIN: AORTO    | \$2,108.80                       | \$1,792.48                       |
| 35556                |                  |                  | ARTERY BYPASS GRAFT               | \$1,109.07                       | \$942.71                         |
| 35558                |                  |                  | ARTERY BYPASS GRAFT               | \$1,082.30                       | \$919.96                         |
| 35560                |                  |                  | BYPASS GRAFT,W/VEIN:AORTORENAL    | \$1,603.05                       | \$1,362.59                       |
| 35563                |                  |                  | ARTERY BYPASS GRAFT               | \$1,225.44                       | \$1,041.62                       |
| 35565                |                  |                  | ARTERY BYPASS GRAFT               | \$1,174.42                       | \$998.25                         |
| 35566                |                  |                  | ARTERY BYPASS GRAFT               | \$1,349.78                       | \$1,147.31                       |
| 35571                |                  |                  | ARTERY BYPASS GRAFT               | \$1,229.22                       | \$1,044.83                       |
| 35572                |                  |                  | HARVEST OF FEMOROPOPLITEAL VEI    | \$320.88                         | \$272.75                         |
| 35583                |                  |                  | IN-SITU BYPASS:FEMORAL-POPLITE    | \$1,145.01                       | \$973.26                         |
| 35585                |                  |                  | IN-SITU BYPASS:FEM-ANTER,POST,    | \$1,430.36                       | \$1,215.81                       |
| 35587                |                  |                  | IN-SITU BYPASS:POPLIT-TIBIAL,P    | \$1,274.38                       | \$1,083.23                       |
| 35600                |                  |                  | HARVEST UPPER EXTREM ARTERY 1     | \$232.70                         | \$197.80                         |
| 35601                |                  |                  | ARTERY BYPASS GRAFT               | \$919.00                         | \$781.15                         |
| 35606                |                  |                  | ARTERY BYPASS GRAFT               | \$976.74                         | \$830.23                         |
| 35612                |                  |                  | ARTERY BYPASS GRAFT               | \$827.10                         | \$703.03                         |
| 35616                |                  |                  | ARTERY BYPASS GRAFT               | \$835.91                         | \$710.53                         |
| 35621                |                  |                  | ARTERY BYPASS GRAFT               | \$1,012.48                       | \$860.61                         |
| 35623                |                  |                  | BYPASS GRAFT AXILLARY POPLITEA    | \$1,216.33                       | \$1,033.88                       |
| 35626                |                  |                  | ARTERY BYPASS GRAFT               | \$1,403.41                       | \$1,192.90                       |
| 35631                |                  |                  | ARTERY BYPASS GRAFT               | \$1,690.13                       | \$1,436.61                       |
| 35636                |                  |                  | ARTERY BYPASS GRAFT               | \$1,470.54                       | \$1,249.96                       |
| 35637                |                  |                  | BYPASS GRAFT,NOT VEIN:AORTOILI    | \$1,436.41                       | \$1,220.95                       |
| 35638                |                  |                  | BYPASS GRAFT,NOT VEIN:AORTOBI-    | \$1,458.98                       | \$1,240.14                       |
| 35642                |                  |                  | BYPASS GRAFT,NOT VEIN,CAROTID-    | \$930.06                         | \$790.55                         |
| 35645                |                  |                  | BYPASS GRAFT,NOT VEIN:SUBCLAV-    | \$906.18                         | \$770.26                         |
| 35646                |                  |                  | ARTERY BYPASS GRAFT               | \$1,555.16                       | \$1,321.89                       |
| 35647                |                  |                  | BYPASS GRAFT W/OTHER THAN VEIN    | \$1,401.87                       | \$1,191.59                       |
| 35650                |                  |                  | BYPASS GRAFT,NOT VEIN:AXILLARY    | \$964.10                         | \$819.49                         |
| 35654                |                  |                  | BYPASS GRAFT,NOT VEIN:AXILL-FE    | \$1,255.44                       | \$1,067.12                       |
| 35656                |                  |                  | ARTERY BYPASS GRAFT               | \$991.37                         | \$842.66                         |
| 35661                |                  |                  | ARTERY BYPASS GRAFT               | \$983.44                         | \$835.92                         |
| 35663                |                  |                  | ARTERY BYPASS GRAFT               | \$1,125.43                       | \$956.62                         |
| 35665                |                  |                  | ARTERY BYPASS GRAFT               | \$1,072.88                       | \$911.95                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 35666                |              |              | ARTERY BYPASS GRAFT               | \$1,155.65                   | \$982.30                     |
| 35671                |              |              | ARTERY BYPASS GRAFT               | \$1,010.58                   | \$858.99                     |
| 35682                |              |              | BYPASS GRAFT, AUTOGENOUS COMPO    | \$338.82                     | \$288.00                     |
| 35683                |              |              | BYPASS GRAFT, AUTOG COMP 3 OR     | \$399.88                     | \$339.90                     |
| 35685                |              |              | PLACEMENT OF VEIN PATCH @ DIST    | \$190.66                     | \$162.06                     |
| 35686                |              |              | CREATION DIST ARTERIOVEN FISTU    | \$157.82                     | \$134.14                     |
| 35691                |              |              | TRANSPOSITION VERTEBRAL TO CAR    | \$931.58                     | \$791.85                     |
| 35693                |              |              | TRANSPOSITION VERTEBRAL TO SUB    | \$812.86                     | \$690.93                     |
| 35694                |              |              | TRANS.SUBCLAVIAN TO CAROTID AR    | \$976.72                     | \$830.21                     |
| 35695                |              |              | TRANSPOSITION CAROTID TO SUBCL    | \$976.20                     | \$829.77                     |
| 35697                |              |              | REIMPLANT VISC ART TO INF AORT    | \$141.57                     | \$120.33                     |
| 35701                |              |              | EXPLORATION, CAROTID ARTERY       | \$476.57                     | \$405.08                     |
| 35800                |              |              | EXPLORE NECK VESSELS              | \$407.78                     | \$346.62                     |
| 35820                |              |              | EXPLORE CHEST VESSELS             | \$708.83                     | \$602.51                     |
| 35840                |              |              | EXPLORE ABDOMINAL VESSELS         | \$527.96                     | \$448.77                     |
| 35860                |              |              | EXPLORE LIMB VESSELS              | \$335.26                     | \$284.97                     |
| 35870                |              |              | REPAIR OF GRAFT-ENTERIC FISTUL    | \$1,120.74                   | \$952.63                     |
| 35875                |              |              | THROMBECTOMY OF ARTERIAL GRAFT    | \$537.70                     | \$457.05                     |
| 35876                |              |              | THROMBECTOMY ARTERIAL VENOUS GR   | \$862.58                     | \$733.20                     |
| 35879                |              |              | OPEN REVIS LOW EXTR ART BYPASS    | \$833.85                     | \$708.77                     |
| 35881                |              |              | REVISE LOW EXTR ART BYPASS W/V    | \$938.28                     | \$797.54                     |
| 35883                |              |              | REVISION, FEMORAL ANASTOMOSIS     | \$1,053.32                   | \$895.32                     |
| 35884                |              |              | REVISION, FEMORAL ANASTOMOSIS     | \$1,118.38                   | \$950.62                     |
| 35905                |              |              | EXCISION INFECTED GRAFT THORAX    | \$1,565.78                   | \$1,330.91                   |
| 35907                |              |              | EXCISION INFECTED GRAFT ABDOME    | \$1,731.77                   | \$1,472.00                   |
| 36000                |              |              | ESTABLISH ACCESS TO VEIN          | \$25.33                      | \$21.53                      |
| 36000                | 50           |              | INTRO OF NEEDLE OR INTRACATH V    | \$50.66                      | \$45.00                      |
| 36002                |              |              | INJ PROC PERC TX EXTREM PSEUDO    | \$164.22                     | \$139.59                     |
| 36005                |              |              | INJ PROC CONTR VENOGRAPHY         | \$291.73                     | \$247.97                     |
| 36010                |              |              | INSERT SUPERIOR/INFERIOR CATHE    | \$515.36                     | \$438.06                     |
| 36011                |              |              | SELECT CATH PLACE,VENOUS SYS:F    | \$889.70                     | \$756.25                     |
| 36012                |              |              | SELECT CATH PLACE,VENOUS SYS:S    | \$762.37                     | \$648.01                     |
| 36013                |              |              | INTRO OF CATHETERMRT HR/MAIN P    | \$813.75                     | \$691.69                     |
| 36014                |              |              | SELECTIVE CATHETER PLACEMENT L    | \$785.73                     | \$667.87                     |
| 36015                |              |              | SELECTIVE CATHETER PLACEMENT,S    | \$922.25                     | \$783.91                     |
| 36100                |              |              | ESTABLISH ACCESS TO ARTERY        | \$514.01                     | \$436.91                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 36100                | 50               |                  | INTRO NEEDLE INTRACATH,CAR/VER    | \$1,028.02                       | \$873.81                         |
| 36140                |                  |                  | ESTABLISH ACCESS TO ARTERY        | \$457.31                         | \$388.71                         |
| 36140                | 50               |                  | INTRO NEEDLE/INTRACATH: EXTREM    | \$985.12                         | \$837.35                         |
| 36160                |                  |                  | ESTABLISH ACCESS TO AORTA         | \$526.17                         | \$447.24                         |
| 36200                |                  |                  | ESTABLISH ACCESS TO AORTA         | \$597.55                         | \$507.92                         |
| 36215                |                  |                  | INTRODUCE CATHETER: EACH ADD..    | \$1,075.37                       | \$914.06                         |
| 36216                |                  |                  | SELECT CATH PL,ART SYS:INIT SE    | \$1,165.07                       | \$990.31                         |
| 36217                |                  |                  | SELECT CATH PL,ART SYS:INIT TH    | \$1,997.17                       | \$1,697.59                       |
| 36218                |                  |                  | SELECT CATH PL,ART SYS:ADDIT S    | \$207.02                         | \$175.97                         |
| 36245                |                  |                  | INTRO.CATH,@ ADD...ABD.ART PLA    | \$1,248.55                       | \$1,061.27                       |
| 36246                |                  |                  | SELECT CATH PL,ART SYS:INIT SE    | \$872.57                         | \$741.68                         |
| 36247                |                  |                  | SELECT CATH PLACE,ART SYS:INIT    | \$1,605.68                       | \$1,364.83                       |
| 36248                |                  |                  | SELECT CATH PLACE,ART SYS:ADDI    | \$153.90                         | \$130.82                         |
| 36260                |                  |                  | INSERTION OF IMPLANTABLE PUMP     | \$510.68                         | \$434.08                         |
| 36261                |                  |                  | REVISE IMPLANTED INFUSION PUMP    | \$317.18                         | \$269.60                         |
| 36262                |                  |                  | REMOVE IMPLANTED INFUSION PUMP    | \$236.37                         | \$200.91                         |
| 36400                |                  |                  | ESTABLISH ACCESS TO VEIN          | \$22.40                          | \$19.04                          |
| 36405                |                  |                  | ESTABLISH ACCESS TO VEIN          | \$19.51                          | \$16.59                          |
| 36406                |                  |                  | INSERTION OF NEEDLE INTO VEIN     | \$16.00                          | \$14.00                          |
| 36406                | HU               |                  | VENIPUNCTURE,UNDER AGE 3YRS OT    | \$16.00                          | \$14.00                          |
| 36420                |                  |                  | ESTABLISH ACCESS TO VEIN          | \$45.54                          | \$38.71                          |
| 36425                |                  |                  | ESTABLISH ACCESS TO VEIN          | \$33.26                          | \$28.27                          |
| 36430                |                  |                  | TRANSFUSION,BLOOD/BLOOD COMPON    | \$36.03                          | \$30.63                          |
| 36440                |                  |                  | BLOOD TRANSFUSION SERVICE         | \$45.36                          | \$38.56                          |
| 36450                |                  |                  | EXCHANGE BLOOD TRANSFUSION, NE    | \$100.80                         | \$85.68                          |
| 36456                |                  |                  | PARTIAL EXCHANGE TRANSFUSION,     | \$58.26                          | \$49.52                          |
| 36460                |                  |                  | TRANSFUSION SERVICE, FETAL        | \$307.71                         | \$261.56                         |
| 36475                |                  |                  | ENDOVENOUS ABLATION THERAPY OF    | \$1,536.20                       | \$1,305.77                       |
| 36475                | 26               |                  | ENDOVENOUS ABLATION THERAPY OF    | \$287.01                         | \$243.96                         |
| 36476                |                  |                  | ENDOVENOUS ABLATION THERAPY OF    | \$308.56                         | \$262.28                         |
| 36476                | 26               |                  | ENDOVENOUS ABLATION THERAPY OF    | \$138.63                         | \$117.84                         |
| 36478                |                  |                  | ENDOVENOUS ABLATION THERAPY OF    | \$1,209.89                       | \$1,028.41                       |
| 36478                | 26               |                  | ENDOVENOUS ABLATION THERAPY OF    | \$285.60                         | \$242.76                         |
| 36479                |                  |                  | ENDOVENOUS ABLATION THERAPY OF    | \$326.92                         | \$277.88                         |
| 36481                |                  |                  | PERCUTANEOUS PORTAL VEIN CATH-    | \$432.02                         | \$367.21                         |
| 36500                |                  |                  | VEIN CATH/SELECT. ORGAN SAMPLE    | \$163.37                         | \$138.86                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 36510                |              |              | UMBILICAL CATH-DX/THER/NEWBORN    | \$84.97                      | \$72.22                      |
| 36511                |              |              | THERAPEUTIC APHORESIS FOR WBC'    | \$82.14                      | \$69.82                      |
| 36512                |              |              | THERAPEUTIC APHERESIS FOR RBC'    | \$82.49                      | \$70.11                      |
| 36513                |              |              | THERAPEUTIC APHERESIS FOR PLAT    | \$84.80                      | \$72.08                      |
| 36514                |              |              | THERAPEUTIC APHERESIS PLASMA P    | \$583.26                     | \$495.77                     |
| 36516                |              |              | THERAPEUTIC APHERESIS EXT SEL     | \$2,156.49                   | \$1,833.02                   |
| 36522                |              |              | PHOTOPHERESIS, EXTRACORPORAL      | \$1,157.87                   | \$984.19                     |
| 36555                |              |              | INSERT NON-TUN CENT CV CATH <     | \$194.92                     | \$165.68                     |
| 36555                | 26           |              | INSERT NON-TUN CENT CV CATH <     | \$87.09                      | \$74.03                      |
| 36556                |              |              | INSERT NON-TUN CV CATH AGE 5 +    | \$222.09                     | \$188.78                     |
| 36556                | 26           |              | INSERT NON-TUN CV CATH AGE 5 +    | \$87.00                      | \$73.95                      |
| 36557                |              |              | INSERT CV CATH WO/SUBCU PORT <    | \$897.00                     | \$762.45                     |
| 36557                | 26           |              | INSERT CV CATH WO/SUBCU PORT <    | \$268.01                     | \$227.81                     |
| 36558                |              |              | INSERT CV CATH WO/SUBCU PORT A    | \$760.30                     | \$646.26                     |
| 36558                | 26           |              | INSERT CV CATH WO/SUBCU PORT A    | \$255.14                     | \$216.87                     |
| 36560                |              |              | INSERT TUNNELED CENT INSERT CV    | \$1,128.41                   | \$959.15                     |
| 36560                | 26           |              | INSERT TUNNELED CENT INSERT CV    | \$317.27                     | \$269.68                     |
| 36561                |              |              | INSERT TUN CENT INSERT CVA AGE    | \$1,151.32                   | \$978.62                     |
| 36561                | 26           |              | SUBCUTANEOUS PORT 5 YRS & OLDE    | \$306.65                     | \$260.65                     |
| 36563                |              |              | SUBCUTANEOUS PORT AGE 5 OR OLD    | \$1,130.41                   | \$960.85                     |
| 36563                | 26           |              | SUBCUTANEOUS PORT AGE 5 OR OLD    | \$321.95                     | \$273.66                     |
| 36565                |              |              | SUBCUTANEOUS PUMP                 | \$927.96                     | \$788.77                     |
| 36565                | 26           |              | SUBCUTANEOUS PUMP                 | \$306.65                     | \$260.65                     |
| 36566                |              |              | SUBCUTANEOUS PORT OR PUMP         | \$1,089.52                   | \$926.09                     |
| 36566                | 26           |              | SUBCUTANEOUS PORT OR PUMP         | \$327.89                     | \$278.70                     |
| 36568                |              |              | INSERTION OF PICC < AGE 5         | \$93.59                      | \$79.55                      |
| 36568                | 26           |              | INSERTION OF PICC                 | \$75.20                      | \$63.92                      |
| 36569                |              |              | INSERTION OF PICC AGE 5 & OVER    | \$97.06                      | \$82.50                      |
| 36569                | 26           |              | SUBCUTANEOUS PORT/PUMP AGE 5 &    | \$82.50                      | \$70.12                      |
| 36570                |              |              | INSERTION PIC VEN ACCESS PORT     | \$1,309.29                   | \$1,112.90                   |
| 36570                | 26           |              | SUBCUTANEOUS PUMP AGE 5 YRS OR    | \$277.34                     | \$235.74                     |
| 36571                |              |              | INSERT PIC VEN ACCESS PORT 5 &    | \$1,312.52                   | \$1,115.64                   |
| 36571                | 26           |              | SUBCUTANEOUS PORT AGES 5 & OLD    | \$276.37                     | \$234.91                     |
| 36575                |              |              | SUBCUTANEOUS PORT AGE 5 OR > R    | \$164.82                     | \$140.10                     |
| 36575                | 26           |              | SUBCUTANEOUS PORT AGE 5 OR > R    | \$35.90                      | \$30.52                      |
| 36578                |              |              | REPLACE CATH OF CVA DEVICE W/P    | \$476.72                     | \$405.21                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 36578                | 26           |              | REPLACE CATH OF CVA DEVICE W/P    | \$194.34                     | \$165.19                     |
| 36580                |              |              | REPLACE COMPL NON-TUN CENTRAL     | \$228.51                     | \$194.23                     |
| 36580                | 26           |              | REPLACE COMPL NON-TUN CNETRAL     | \$60.94                      | \$51.80                      |
| 36581                |              |              | REPLACE COMPL TUNNELED CENTRAL    | \$756.64                     | \$643.14                     |
| 36581                | 26           |              | REPLACE COMPL TUNNELED CENTRAL    | \$179.54                     | \$152.61                     |
| 36582                |              |              | REPLACE COML TUNNEL CVA DEVICE    | \$1,054.85                   | \$896.62                     |
| 36582                | 26           |              | REPLACE COML TUNNEL CVA DEVICE    | \$267.09                     | \$227.02                     |
| 36583                |              |              | REPLACE COMPL TUNNEL DEV W/PUM    | \$1,057.10                   | \$898.54                     |
| 36583                | 26           |              | REPLACE COMPL TUNNEL DEV W/PUM    | \$269.35                     | \$228.95                     |
| 36584                |              |              | REPLACE COMPL PICC W/O SUBCU P    | \$219.15                     | \$186.28                     |
| 36584                | 26           |              | REPLACE COMPL PICC W/O SUBCU P    | \$61.75                      | \$52.49                      |
| 36585                |              |              | REPLACE COMPL CVAD W/SUBCU POR    | \$1,103.60                   | \$938.06                     |
| 36585                | 26           |              | REPLACE COMPL CVAD W/SUBCU POR    | \$250.03                     | \$212.53                     |
| 36589                |              |              | REMOVAL TUNNELED CVC W/O SUBCU    | \$155.19                     | \$131.91                     |
| 36589                | 26           |              | REMOVAL TUNNELED CVC W/O SUBCU    | \$126.02                     | \$107.11                     |
| 36590                |              |              | REMOVAL TUNNELED CVAD W SUBCU     | \$229.14                     | \$194.77                     |
| 36590                | 26           |              | REMOVAL TUNNELED CVAD W SUBCU     | \$175.68                     | \$149.33                     |
| 36591                |              |              | COLLECTION OF BLOOD SPECIMEN F    | \$18.82                      | \$15.99                      |
| 36592                |              |              | COLLECTION OF BLOOD SPECIMEN U    | \$23.36                      | \$19.77                      |
| 36593                |              |              | DECLOTTING BY THROMBOLYTIC AGE    | \$32.26                      | \$27.42                      |
| 36595                |              |              | MECH REMOV PERICATH OBSTRUCT M    | \$629.51                     | \$535.08                     |
| 36595                | 26           |              | MECH REMOV PERICATH OBSTRUCT M    | \$168.91                     | \$144.00                     |
| 36596                |              |              | MECHAN REMOV INTRALUM OBSTRUCT    | \$134.08                     | \$113.97                     |
| 36596                | 26           |              | MECHAN REMOV INTRALUM OBSTRUCT    | \$42.15                      | \$35.83                      |
| 36597                | 26           |              | REPOSITION CVC W/FLUOROS GUIDA    | \$55.26                      | \$46.97                      |
| 36598                |              |              | CONTRAST INJECTION(S) FOR RADI    | \$114.78                     | \$97.56                      |
| 36600                |              |              | WITHDRAWAL OF ARTERIAL BLOOD      | \$27.34                      | \$23.24                      |
| 36620                |              |              | ESTABLISH ACCESS TO ARTERY        | \$44.89                      | \$38.16                      |
| 36625                |              |              | ESTABLISH ACCESS TO ARTERY        | \$92.38                      | \$78.52                      |
| 36640                |              |              | INSERTION CATHETER, ARTERY        | \$107.88                     | \$91.70                      |
| 36660                |              |              | INSERTION CATHETER, ARTERY        | \$63.33                      | \$53.83                      |
| 36680                |              |              | NEEDLE PLACEMENT-INTRAOSSEOUS     | \$57.82                      | \$49.14                      |
| 36800                |              |              | INSERTION OF CANNULA              | \$125.46                     | \$106.64                     |
| 36810                |              |              | INSERTION OF CANNULA              | \$195.49                     | \$166.16                     |
| 36818                |              |              | ARTERIOVENOUS ANASTOMOSIS, OPE    | \$625.29                     | \$531.49                     |
| 36819                |              |              | OPEN ARTERIOVENOUS ANESTOMOSIS    | \$716.38                     | \$608.93                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 36820                |                  |                  | OPEN ARTERIOVEN ANAST FOREARM     | \$716.42                         | \$608.96                         |
| 36821                |                  |                  | ARTERY-VEIN FUSION                | \$476.45                         | \$404.98                         |
| 36823                |                  |                  | INSERT ARTERIAL/VENOUS CANNULA    | \$1,066.97                       | \$906.92                         |
| 36825                |                  |                  | ARTERY-VEIN GRAFT                 | \$522.33                         | \$443.98                         |
| 36830                |                  |                  | ARTERY-VEIN GRAFT                 | \$605.90                         | \$515.02                         |
| 36831                |                  |                  | THROMBECTOMY, ARTERYOVENOUS FI    | \$418.82                         | \$355.99                         |
| 36832                |                  |                  | REV ARTERIOVEN FISTULA W WO TH    | \$534.34                         | \$454.19                         |
| 36833                |                  |                  | REVISE ARTERIOVEN FIST W/THROM    | \$603.02                         | \$512.56                         |
| 36835                |                  |                  | ARTERY TO VEIN SHUNT              | \$401.58                         | \$341.35                         |
| 36838                |                  |                  | DRIL UPPER EXTREM HEMODIALYSIS    | \$1,059.44                       | \$900.52                         |
| 36861                |                  |                  | CANNULA DECLOTTING                | \$138.20                         | \$117.47                         |
| 37140                |                  |                  | REVISION OF CIRCULATION           | \$1,160.86                       | \$986.73                         |
| 37145                |                  |                  | REVISION OF CIRCULATION           | \$1,242.27                       | \$1,055.93                       |
| 37160                |                  |                  | REVISION OF CIRCULATION           | \$1,079.81                       | \$917.84                         |
| 37180                |                  |                  | REVISION OF CIRCULATION           | \$1,225.58                       | \$1,041.75                       |
| 37181                |                  |                  | ANASTOMOSIS:SPLENORENAL,DISTAL    | \$1,316.90                       | \$1,119.37                       |
| 37182                |                  |                  | INSERT TRANSVEN INTRAHEP PORTO    | \$772.39                         | \$656.53                         |
| 37183                |                  |                  | REVIS TRANSVEN INTRAHEP PORTO     | \$368.98                         | \$313.63                         |
| 37184                |                  |                  | PRIMARY PERCUTANEOUS TRANSLUMI    | \$2,276.67                       | \$1,935.17                       |
| 37184                | 26               |                  | PRIMARY PERCUTANEOUS TRANSLUMI    | \$404.06                         | \$343.45                         |
| 37185                |                  |                  | PRIMARY PERCUTANEOUS TRANSLUMI    | \$698.31                         | \$593.56                         |
| 37185                | 26               |                  | PRIMARY PERCUTANEOUS TRANSLUMI    | \$147.57                         | \$125.43                         |
| 37186                |                  |                  | SECONDARY PERCUTANEOUS TRANSLU    | \$1,417.58                       | \$1,204.94                       |
| 37186                | 26               |                  | SECONDARY PERCUTANEOUS TRANSLU    | \$221.34                         | \$188.14                         |
| 37187                |                  |                  | PERCUTANEOUS TRANSLUMINAL MECH    | \$2,102.53                       | \$1,787.15                       |
| 37187                | 26               |                  | PERCUTANEOUS TRANSLUMINAL MECH    | \$375.83                         | \$319.46                         |
| 37188                |                  |                  | PERCUTANEOUS TRANSLUMINAL MECH    | \$1,773.12                       | \$1,507.15                       |
| 37188                | 26               |                  | PERCUTANEOUS TRANSLUMINAL MECH    | \$271.88                         | \$231.10                         |
| 37200                |                  |                  | TRANSCATHETER BIOPSY              | \$202.74                         | \$172.33                         |
| 37215                |                  |                  | TRANSCATHETER PLACEMENT OF INT    | \$933.20                         | \$793.22                         |
| 37216                |                  |                  | TRANSCATHETER PLACEMENT OF INT    | \$899.14                         | \$764.27                         |
| 37500                |                  |                  | VASC ENDOSCOPY SURG W/LIG PERF    | \$625.70                         | \$531.85                         |
| 37565                |                  |                  | LIGATION OF NECK VEIN             | \$573.98                         | \$487.89                         |
| 37600                |                  |                  | LIGATION OF NECK ARTERY           | \$622.31                         | \$528.97                         |
| 37605                |                  |                  | LIGATION OF NECK ARTERY           | \$707.10                         | \$601.04                         |
| 37609                |                  |                  | TEMPORAL ARTERY PROCEDURE         | \$258.49                         | \$219.71                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 37615                |              |              | LIGATION OF NECK ARTERY           | \$340.71                     | \$289.61                     |
| 37616                |              |              | LIGATE MAJOR ARTERY:CHEST         | \$864.05                     | \$734.44                     |
| 37617                |              |              | LIGATION OF ABDOMEN ARTERY        | \$1,096.36                   | \$931.91                     |
| 37618                |              |              | LIGATION OF EXTREMITY ARTERY      | \$295.31                     | \$251.02                     |
| 37650                |              |              | INTERRUPT FEMORAL VEIN:UNILATE    | \$435.24                     | \$369.95                     |
| 37650                | 50           |              | INTERR/PART/COMP,FEM VE/LIG/BI    | \$870.48                     | \$739.91                     |
| 37660                |              |              | REVISION OF MAJOR VEIN            | \$1,044.31                   | \$887.67                     |
| 37700                |              |              | REVISE LEG VEIN                   | \$228.26                     | \$194.02                     |
| 37700                | 50           |              | REVISE LEG VEIN                   | \$456.51                     | \$388.04                     |
| 37718                |              |              | LIGATION, DIVISION, AND STRIPP    | \$355.97                     | \$302.57                     |
| 37722                |              |              | LIGATION, DIVISION, AND STRIPP    | \$421.66                     | \$358.41                     |
| 37735                |              |              | REMOVAL OF LEG VEINS/LESION       | \$563.27                     | \$478.78                     |
| 37735                | 50           |              | REMOVAL OF LEG VEINS/LESION       | \$1,126.54                   | \$957.56                     |
| 37760                |              |              | REVISION OF LEG VEINS             | \$554.77                     | \$471.55                     |
| 37765                |              |              | STAB PHLEBECTOMY VARICOSE VEIN    | \$403.34                     | \$342.84                     |
| 37766                |              |              | STAB PHLEBECT VARICOSE VEINS >    | \$489.09                     | \$415.72                     |
| 37780                |              |              | REVISION OF LEG VEIN              | \$233.78                     | \$198.71                     |
| 37780                | 50           |              | REVISION OF LEG VEIN              | \$467.55                     | \$397.42                     |
| 37785                |              |              | LIGAT,DIV EXC SEC VAR VEIN LEG    | \$313.79                     | \$266.72                     |
| 37785                | 50           |              | LIGAT,DIV EXC SEC VAR VEIN LEG    | \$627.58                     | \$533.45                     |
| 37788                |              |              | PENILE REVASCUL.ARTERY,W/WO VE    | \$1,070.48                   | \$909.91                     |
| 37790                |              |              | PENILE VENOUS OCCLUSIVE PROCED    | \$429.41                     | \$365.00                     |
| 38100                |              |              | REMOVAL OF SPLEEN                 | \$724.22                     | \$615.59                     |
| 38101                |              |              | SPLENECTOMY: PARTIAL              | \$765.55                     | \$650.72                     |
| 38102                |              |              | SPLENECTOMY TOTAL ENBLOC WITH     | \$225.69                     | \$191.83                     |
| 38115                |              |              | REP.RUP.SPLEEN,W/ORW/OUT SPLEN    | \$786.93                     | \$668.89                     |
| 38120                |              |              | LAPAROSCOPY SURGICAL SPLENECTO    | \$853.75                     | \$725.69                     |
| 38200                |              |              | INJECTION FOR SPLEEN X-RAY        | \$117.81                     | \$100.14                     |
| 38205                |              |              | BLD-DER HEM PROG CELL HARVEST     | \$72.22                      | \$61.39                      |
| 38206                |              |              | BLD-DER HEM PROG CELL HARVEST     | \$72.22                      | \$61.39                      |
| 38220                |              |              | BONE MARROW ASPIRATION            | \$162.17                     | \$137.84                     |
| 38242                |              |              | BONE MARROW STEM CELL TRANSPLA    | \$82.90                      | \$70.46                      |
| 38300                |              |              | DRAIN LYMPH NODE LESION: SIMPL    | \$216.52                     | \$184.04                     |
| 38305                |              |              | DRAINAGE LYMPH NODE LESION        | \$366.34                     | \$311.39                     |
| 38308                |              |              | INCISION OF LYMPH CHANNELS        | \$355.94                     | \$302.55                     |
| 38380                |              |              | THORACIC DUCT PROCEDURE           | \$450.79                     | \$383.17                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 38381                |                  |                  | THORACIC DUCT PROCEDURE           | \$695.02                         | \$590.77                         |
| 38382                |                  |                  | SUTURE/LIGATE THOR.DUCT:ABDOM     | \$554.28                         | \$471.14                         |
| 38500                |                  |                  | BIOPSY/REMOVAL OF LYMPH NODE      | \$258.25                         | \$219.51                         |
| 38505                |                  |                  | NEEDLE BX,LYMPH NODE(S),SUPERF    | \$108.59                         | \$92.30                          |
| 38510                |                  |                  | BIOPSY/REMOVAL OF LYMPH NODE      | \$412.88                         | \$350.95                         |
| 38520                |                  |                  | BIOPSY/REMOVAL OF LYMPH NODE      | \$373.12                         | \$317.15                         |
| 38525                |                  |                  | BX,EXCISE-DEED AXILLARY NODES     | \$327.18                         | \$278.11                         |
| 38530                |                  |                  | BIOPSY/REMOVAL OF LYMPH NODE      | \$434.34                         | \$369.19                         |
| 38550                |                  |                  | REMOVAL NECK/ARMPIT LESION        | \$377.46                         | \$320.84                         |
| 38555                |                  |                  | REMOVAL NECK/ARMPIT LESION        | \$788.18                         | \$669.96                         |
| 38562                |                  |                  | LIM.LYMPHADECTOMY/STAGING:PELV    | \$562.91                         | \$478.48                         |
| 38564                |                  |                  | LIM.LYMPHADENECTOMY/STAGE:RETR    | \$559.22                         | \$475.33                         |
| 38570                |                  |                  | LAP SURG W/RETROPER LYMPH NODE    | \$460.54                         | \$391.46                         |
| 38571                |                  |                  | LAP SURG W/BIL PELV LYMPHADENE    | \$687.19                         | \$584.11                         |
| 38572                |                  |                  | LAP SURG W/BIL PELV LYMPH AND     | \$820.55                         | \$697.47                         |
| 38700                |                  |                  | REMOVAL OF LYMPH NODES, NECK      | \$493.52                         | \$419.49                         |
| 38700                | 50               |                  | REMOVAL OF LYMPH NODES, NECK      | \$987.04                         | \$838.98                         |
| 38720                |                  |                  | REMOVAL OF LYMPH NODES, NECK      | \$783.36                         | \$665.86                         |
| 38720                | 50               |                  | CERVICAL LYMPHADENECTOMY(COMP)    | \$1,566.72                       | \$1,331.71                       |
| 38724                |                  |                  | CERVICAL LYMPHADENECTOMY          | \$831.42                         | \$706.70                         |
| 38740                |                  |                  | REMOVE ARMPIT LYMPH NODES         | \$523.41                         | \$444.90                         |
| 38745                |                  |                  | REMOVE ARMPITS LYMPH NODES        | \$671.26                         | \$570.57                         |
| 38746                |                  |                  | THORACIC LYMPHADENECTOMY WITH     | \$219.37                         | \$186.46                         |
| 38747                |                  |                  | ABDOM.LYMPHADENECTOMY WITH NOD    | \$229.85                         | \$195.37                         |
| 38760                |                  |                  | REMOVE GROIN LYMPH NODES          | \$667.62                         | \$567.47                         |
| 38760                | 50               |                  | INGU/FEM LYMPHHD,W CLOQUET'SND    | \$1,335.23                       | \$1,134.95                       |
| 38765                |                  |                  | REMOVE GROIN LYMPH NODES          | \$1,003.28                       | \$852.79                         |
| 38765                | 50               |                  | REMOVE LYMPH GLANDS,GROIN/PELV    | \$2,006.56                       | \$1,705.58                       |
| 38770                |                  |                  | REMOVE PELVIS LYMPH NODES         | \$654.43                         | \$556.27                         |
| 38770                | 50               |                  | PELVIC LYMPHADENECTOMY:BILATER    | \$1,308.86                       | \$1,112.53                       |
| 38780                |                  |                  | REMOVE ABDOMEN LYMPH NODES        | \$858.30                         | \$729.56                         |
| 38790                |                  |                  | INJECTION FOR LYMPHATIC XRAY      | \$86.19                          | \$73.26                          |
| 38790                | 50               |                  | INJ PROC FOR LYMPHANGIOGRAPHY:    | \$178.78                         | \$151.96                         |
| 38792                |                  |                  | INJECTION FOR ID OF SENTINEL N    | \$33.14                          | \$28.17                          |
| 38794                |                  |                  | ACCESS THORACIC LYMPH DUCT        | \$267.22                         | \$227.14                         |
| 39000                |                  |                  | EXPLORATION OF MEDIASTINUM        | \$376.93                         | \$320.39                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 39010                |                  |                  | EXPLORATION OF MEDIASTINUM        | \$680.29                         | \$578.24                         |
| 39200                |                  |                  | REMOVAL MEDIASTINAL LESION        | \$745.78                         | \$633.92                         |
| 39220                |                  |                  | REMOVAL MEDIASTINAL LESION        | \$940.74                         | \$799.63                         |
| 39501                |                  |                  | REPAIR,LACERATION OF DIAPHRAGM    | \$688.17                         | \$584.94                         |
| 39503                |                  |                  | NEONATE HERNIA REPAIR             | \$4,458.15                       | \$3,789.43                       |
| 39540                |                  |                  | REPAIR OF DIAPHRAGM HERNIA        | \$685.07                         | \$582.31                         |
| 39541                |                  |                  | REPAIR OF DIAPHRAGM HERNIA        | \$735.58                         | \$625.25                         |
| 39545                |                  |                  | REVISION OF DIAPHRAGM             | \$732.62                         | \$622.72                         |
| 39561                |                  |                  | RESECTION DIAPHRAGM W/COMPLEX     | \$941.95                         | \$800.66                         |
| 40490                |                  |                  | BIOPSY OF LIP                     | \$95.35                          | \$81.05                          |
| 40500                |                  |                  | VERMILIONECTOMY (LIP SHAVE)       | \$380.66                         | \$323.56                         |
| 40510                |                  |                  | PARTIAL EXCISION OF LIP           | \$387.69                         | \$329.53                         |
| 40520                |                  |                  | PARTIAL EXCISION OF LIP           | \$419.18                         | \$356.30                         |
| 40525                |                  |                  | EXCISE LIP,FULL THICKNESS,W/LO    | \$477.91                         | \$406.23                         |
| 40527                |                  |                  | EXCISE LIP,FULL THICKNESS-CROS    | \$567.04                         | \$481.98                         |
| 40530                |                  |                  | PARTIAL REMOVAL OF LIP            | \$452.30                         | \$384.46                         |
| 40650                |                  |                  | REPAIR LIP                        | \$357.03                         | \$303.48                         |
| 40652                |                  |                  | REPAIR LIP                        | \$413.00                         | \$351.05                         |
| 40654                |                  |                  | REPAIR LIP...>ONE HALF VERT HG    | \$477.74                         | \$406.08                         |
| 40700                |                  |                  | REPAIR CLEFT LIP                  | \$740.56                         | \$629.48                         |
| 40701                |                  |                  | REPAIR CLEFT LIP                  | \$934.64                         | \$794.44                         |
| 40702                |                  |                  | REPAIR CLEFT LIP                  | \$728.57                         | \$619.28                         |
| 40720                |                  |                  | REPAIR CLEFT LIP                  | \$817.19                         | \$694.61                         |
| 40720                | 50               |                  | REPAIR CLEFT LIP                  | \$1,634.38                       | \$1,389.23                       |
| 40761                |                  |                  | REPAIR CLEFT LIP                  | \$871.21                         | \$740.53                         |
| 40800                |                  |                  | DRAINAGE OF MOUTH LESION          | \$141.59                         | \$120.35                         |
| 40801                |                  |                  | DRAINAGE OF MOUTH LESION          | \$225.87                         | \$191.99                         |
| 40804                |                  |                  | REMOVAL FOREIGN BODY, MOUTH       | \$157.80                         | \$134.13                         |
| 40805                |                  |                  | REMOVAL FOREIGN BODY, MOUTH       | \$246.83                         | \$209.81                         |
| 40806                |                  |                  | INCISION OF LIP FOLD              | \$73.41                          | \$62.40                          |
| 40808                |                  |                  | BIOPSY OF MOUTH LESION            | \$123.55                         | \$105.02                         |
| 40810                |                  |                  | EXCISION OF MOUTH LESION          | \$143.30                         | \$121.81                         |
| 40812                |                  |                  | EXCISE/REPAIR MOUTH LESION        | \$207.85                         | \$176.67                         |
| 40814                |                  |                  | EXCISE/REPAIR MOUTH LESION        | \$287.86                         | \$244.68                         |
| 40816                |                  |                  | EXCISION OF MOUTH LESION          | \$303.27                         | \$257.78                         |
| 40818                |                  |                  | EXCISE ORAL MUCOSA FOR GRAFT      | \$258.14                         | \$219.42                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 40819                |                  |                  | EXCISE LIP OR CHEEK FOLD          | \$223.52                         | \$189.99                         |
| 40820                |                  |                  | TREATMENT OF MOUTH LESION         | \$177.39                         | \$150.78                         |
| 40830                |                  |                  | REPAIR MOUTH LACERATION           | \$187.80                         | \$159.63                         |
| 40831                |                  |                  | REPAIR MOUTH LACERATION           | \$245.07                         | \$208.31                         |
| 40840                |                  |                  | RECONSTRUCTION OF MOUTH           | \$640.42                         | \$544.35                         |
| 40842                |                  |                  | RECONSTRUCTION OF MOUTH           | \$649.91                         | \$552.43                         |
| 40843                |                  |                  | RECONSTRUCTION OF MOUTH           | \$829.42                         | \$705.01                         |
| 40844                |                  |                  | RECONSTRUCTION OF MOUTH           | \$1,100.70                       | \$935.60                         |
| 40845                |                  |                  | RECONSTRUCTION OF MOUTH           | \$1,226.06                       | \$1,042.15                       |
| 41000                |                  |                  | DRAINAGE OF MOUTH LESION          | \$123.36                         | \$104.86                         |
| 41005                |                  |                  | DRAINAGE OF MOUTH LESION          | \$156.70                         | \$133.19                         |
| 41006                |                  |                  | DRAINAGE OF MOUTH LESION          | \$275.62                         | \$234.28                         |
| 41007                |                  |                  | DRAINAGE OF MOUTH LESION          | \$281.89                         | \$239.60                         |
| 41008                |                  |                  | DRAINAGE OF MOUTH LESION          | \$277.75                         | \$236.09                         |
| 41009                |                  |                  | DRAINAGE OF MOUTH LESION          | \$296.02                         | \$251.62                         |
| 41010                |                  |                  | INCISION OF TONGUE FOLD           | \$151.95                         | \$129.16                         |
| 41015                |                  |                  | DRAINAGE OF MOUTH LESION          | \$322.35                         | \$274.00                         |
| 41016                |                  |                  | DRAINAGE OF MOUTH LESION          | \$335.02                         | \$284.77                         |
| 41017                |                  |                  | DRAINAGE OF MOUTH LESION          | \$335.70                         | \$285.34                         |
| 41018                |                  |                  | DRAINAGE OF MOUTH LESION          | \$389.66                         | \$331.21                         |
| 41019                |                  |                  | PLACEMENT OF NEEDLES, CATHETER    | \$378.00                         | \$321.30                         |
| 41100                |                  |                  | BIOPSY OF TONGUE                  | \$138.41                         | \$117.65                         |
| 41105                |                  |                  | BIOPSY OF TONGUE                  | \$127.10                         | \$108.04                         |
| 41108                |                  |                  | BIOPSY OF FLOOR OF MOUTH          | \$106.72                         | \$90.71                          |
| 41110                |                  |                  | EXCISION OF TONGUE LESION         | \$153.02                         | \$130.07                         |
| 41112                |                  |                  | EXCISION OF TONGUE LESION         | \$246.58                         | \$209.59                         |
| 41113                |                  |                  | EXCISION OF TONGUE LESION         | \$272.05                         | \$231.24                         |
| 41114                |                  |                  | EXCISE TONGUE LESION/LOCAL        | \$536.61                         | \$456.12                         |
| 41115                |                  |                  | EXCISION OF TONGUE FOLD           | \$172.29                         | \$146.44                         |
| 41116                |                  |                  | EXCISION OF MOUTH LESION          | \$231.86                         | \$197.08                         |
| 41120                |                  |                  | PARTIAL REMOVAL OF TONGUE         | \$852.70                         | \$724.79                         |
| 41130                |                  |                  | PARTIAL REMOVAL OF TONGUE         | \$930.34                         | \$790.79                         |
| 41135                |                  |                  | TONGUE AND NECK SURGERY           | \$1,574.78                       | \$1,338.57                       |
| 41140                |                  |                  | REMOVAL OF TONGUE                 | \$1,779.27                       | \$1,512.38                       |
| 41145                |                  |                  | TONGUE REMOVAL: NECK SURGERY      | \$2,063.04                       | \$1,753.58                       |
| 41150                |                  |                  | TONGUE, MOUTH, JAW SURGERY        | \$1,625.53                       | \$1,381.70                       |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 41153                |                  |                  | GLOSSECTOMY:RESECT FLOOR MOUTH    | \$1,660.58                       | \$1,411.50                       |
| 41155                |                  |                  | TONGUE, JAW, & NECK SURGERY       | \$1,855.95                       | \$1,577.56                       |
| 41250                |                  |                  | REPAIR TONGUE LACERATION          | \$159.00                         | \$135.15                         |
| 41251                |                  |                  | REPAIR TONGUE LACERATION          | \$189.54                         | \$161.11                         |
| 41252                |                  |                  | REPAIR TONGUE LACERATION          | \$234.78                         | \$199.57                         |
| 41510                |                  |                  | TONGUE TO LIP SURGERY             | \$383.44                         | \$325.92                         |
| 41520                |                  |                  | RECONSTRUCTION, TONGUE FOLD       | \$251.37                         | \$213.66                         |
| 41800                |                  |                  | DRAINAGE OF GUM LESION            | \$128.74                         | \$109.43                         |
| 41805                |                  |                  | REMOVAL FOREIGN BODY, GUM         | \$133.97                         | \$113.87                         |
| 41806                |                  |                  | REMOVAL FOREIGN BODY,JAWBONE      | \$217.77                         | \$185.10                         |
| 41822                |                  |                  | EXCISION OF GUM LESION            | \$214.50                         | \$182.33                         |
| 41823                |                  |                  | EXCISION OF GUM LESION            | \$307.52                         | \$261.39                         |
| 41825                |                  |                  | EXCISION OF GUM LESION            | \$150.00                         | \$127.50                         |
| 41826                |                  |                  | EXCISION OF GUM LESION            | \$164.67                         | \$139.97                         |
| 41827                |                  |                  | EXCISION OF GUM LESION            | \$305.77                         | \$259.90                         |
| 41828                |                  |                  | EXC.ALVEOLAR MUCOSA               | \$239.95                         | \$203.96                         |
| 41830                |                  |                  | REMOVAL OF GUM TISSUE             | \$287.21                         | \$244.13                         |
| 41872                |                  |                  | REPAIR GUM                        | \$261.40                         | \$222.19                         |
| 41874                |                  |                  | REPAIR TOOTH SOCKET               | \$275.53                         | \$234.20                         |
| 42000                |                  |                  | DRAINAGE MOUTH ROOF LESION        | \$129.62                         | \$110.18                         |
| 42100                |                  |                  | BIOPSY ROOF OF MOUTH              | \$116.17                         | \$98.74                          |
| 42104                |                  |                  | EXCISION LESION, MOUTH ROOF       | \$143.09                         | \$121.62                         |
| 42106                |                  |                  | EXCISION LESION, MOUTH ROOF       | \$183.36                         | \$155.86                         |
| 42107                |                  |                  | EXCISE UVULA LESION:LOCAL FLAP    | \$347.46                         | \$295.34                         |
| 42120                |                  |                  | REMOVE PALATE/LESION              | \$610.46                         | \$518.89                         |
| 42140                |                  |                  | EXCISION OF UVULA                 | \$181.61                         | \$154.37                         |
| 42145                |                  |                  | PALATOPHARYNGOPLASTY              | \$528.19                         | \$448.96                         |
| 42160                |                  |                  | TREATMENT MOUTH ROOF LESION       | \$206.46                         | \$175.49                         |
| 42180                |                  |                  | REPAIR PALATE                     | \$189.74                         | \$161.28                         |
| 42182                |                  |                  | REPAIR LACERATED PALATE:>2CM O    | \$264.22                         | \$224.59                         |
| 42200                |                  |                  | PALATOPLASTY....SOFT &/HARD PAL   | \$763.70                         | \$649.14                         |
| 42205                |                  |                  | PALATOPLASTY....SOFT TISSUE ON    | \$808.88                         | \$687.55                         |
| 42210                |                  |                  | RECONSTRUCT CLEFT PALATE          | \$911.41                         | \$774.70                         |
| 42215                |                  |                  | RECONSTRUCT CLEFT PALATE          | \$625.96                         | \$532.07                         |
| 42220                |                  |                  | PALATOPLASTY...SECONDARY LENGT    | \$473.90                         | \$402.81                         |
| 42225                |                  |                  | PALATOPLASTY...ATTACH PHARYNGE    | \$907.19                         | \$771.11                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE<br/>SPECIALIST</b> | <b>MAXIMUM FEE<br/>ALLOWANCE<br/>NONSPECIALIST</b> |
|----------------------|------------------|------------------|-----------------------------------|-------------------------------------------------|----------------------------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   |                                                 |                                                    |
| 42226                |                  |                  | LENGTHEN PALATE,PHARYNGEAL FLA    | \$845.76                                        | \$718.90                                           |
| 42227                |                  |                  | LENGTHEN PALATE, WITH ISLAND F    | \$858.54                                        | \$729.76                                           |
| 42235                |                  |                  | REPAIR ANTERIOR PALATE,INCL VO    | \$673.17                                        | \$572.19                                           |
| 42260                |                  |                  | REPAIR NASOLABIAL FISTULA         | \$693.46                                        | \$589.44                                           |
| 42280                |                  |                  | MAXILLARY IMPRESSION-PALATAL P    | \$121.14                                        | \$102.97                                           |
| 42300                |                  |                  | DRAINAGE ABSCESS:PAROTID, SIMP    | \$161.76                                        | \$137.50                                           |
| 42305                |                  |                  | DRAINAGE OF SALIVARY GLAND        | \$367.14                                        | \$312.07                                           |
| 42310                |                  |                  | DRAINAGE ABSCESS:SUBMAXILLARY/    | \$130.18                                        | \$110.65                                           |
| 42320                |                  |                  | DRAINAGE OF SALIVARY GLAND        | \$191.78                                        | \$163.02                                           |
| 42330                |                  |                  | REMOVAL OF SALIVARY STONE         | \$182.35                                        | \$155.00                                           |
| 42335                |                  |                  | REMOVAL OF SALIVARY STONE         | \$279.80                                        | \$237.83                                           |
| 42340                |                  |                  | REMOVAL OF SALIVARY STONE         | \$363.12                                        | \$308.65                                           |
| 42400                |                  |                  | BIOPSY OF SALIVARY GLAND: NEED    | \$82.42                                         | \$70.05                                            |
| 42405                |                  |                  | BIOPSY OF SALIVARY GLAND:INCIS    | \$248.34                                        | \$211.09                                           |
| 42408                |                  |                  | EXCISION OF SALIVARY CYST         | \$357.70                                        | \$304.05                                           |
| 42409                |                  |                  | DRAINAGE OF SALIVARY CYST         | \$250.50                                        | \$212.93                                           |
| 42410                |                  |                  | EXCISE PAROTID GLAND/LESION       | \$533.57                                        | \$453.53                                           |
| 42415                |                  |                  | EXCISE PAROTID GLAND/LESION       | \$944.78                                        | \$803.06                                           |
| 42420                |                  |                  | EXCISE PAROTID GLAND/LESION       | \$1,088.22                                      | \$924.98                                           |
| 42425                |                  |                  | EXCISE PAROTID GLAND/LESION       | \$734.84                                        | \$624.61                                           |
| 42426                |                  |                  | EXCISE PAROTID GLAND/LESION       | \$1,167.16                                      | \$992.09                                           |
| 42440                |                  |                  | EXCISION SUBMAXILLARY GLAND       | \$400.34                                        | \$340.29                                           |
| 42450                |                  |                  | EXCISION SUBLINGUAL GLAND         | \$359.01                                        | \$305.16                                           |
| 42500                |                  |                  | REPAIR SALIVARY DUCT              | \$341.13                                        | \$289.96                                           |
| 42505                |                  |                  | REPAIR SALIVARY DUCT              | \$453.56                                        | \$385.53                                           |
| 42507                |                  |                  | PAROTID DUCT DIVERSION            | \$429.56                                        | \$365.13                                           |
| 42509                |                  |                  | PAROTID DUCT DIVERSION            | \$738.44                                        | \$627.67                                           |
| 42510                |                  |                  | BILAT,PAROTID DUCT DIV.W/LIGA     | \$541.83                                        | \$460.56                                           |
| 42550                |                  |                  | INJECTION PROC FOR SIALOGRAPHY    | \$144.02                                        | \$122.42                                           |
| 42600                |                  |                  | CLOSURE OF SALIVARY FISTULA       | \$388.70                                        | \$330.39                                           |
| 42650                |                  |                  | DILATION OF SALIVARY DUCT         | \$63.74                                         | \$54.18                                            |
| 42660                |                  |                  | DILATION OF SALIVARY DUCT         | \$84.18                                         | \$71.56                                            |
| 42665                |                  |                  | LIGATION OF SALIVARY DUCT         | \$228.60                                        | \$194.31                                           |
| 42700                |                  |                  | I&D ABSCESS: PERITONSILLAR        | \$145.30                                        | \$123.51                                           |
| 42720                |                  |                  | DRAINAGE OF THROAT ABSCESS        | \$348.26                                        | \$296.02                                           |
| 42725                |                  |                  | DRAINAGE OF THROAT ABSCESS        | \$644.74                                        | \$548.03                                           |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 42800                |                  |                  | BIOPSY: OROPHARYNX                | \$121.50                         | \$103.27                         |
| 42804                |                  |                  | BIOPSY OF UPPER NOSE/THROAT       | \$169.38                         | \$143.98                         |
| 42806                |                  |                  | BIOPSY OF UPPER NOSE/THROAT       | \$192.22                         | \$163.38                         |
| 42808                |                  |                  | EXCISE PHARYNX LESION             | \$183.50                         | \$155.98                         |
| 42809                |                  |                  | REMOVE PHARYNX FOREIGN BODY       | \$141.34                         | \$120.14                         |
| 42810                |                  |                  | EXCISION OF NECK CYST             | \$305.72                         | \$259.86                         |
| 42815                |                  |                  | EXCISION OF NECK CYST             | \$459.38                         | \$390.48                         |
| 42820                |                  |                  | REMOVE TONSILS AND ADENOIDS       | \$244.42                         | \$207.76                         |
| 42821                |                  |                  | REMOVE TONSILS AND ADENOIDS       | \$264.74                         | \$225.03                         |
| 42825                |                  |                  | REMOVAL OF TONSILS                | \$154.92                         | \$131.68                         |
| 42826                |                  |                  | REMOVAL OF TONSILS                | \$217.66                         | \$185.01                         |
| 42830                |                  |                  | REMOVAL OF ADENOIDS               | \$174.36                         | \$148.21                         |
| 42831                |                  |                  | REMOVAL OF ADENOIDS               | \$188.87                         | \$160.54                         |
| 42835                |                  |                  | REMOVAL OF ADENOIDS               | \$162.72                         | \$138.31                         |
| 42836                |                  |                  | REMOVAL OF ADENOIDS               | \$208.98                         | \$177.64                         |
| 42842                |                  |                  | RAD.RESECT..TONSIL,ETC.W/O CLO    | \$671.50                         | \$570.77                         |
| 42844                |                  |                  | RAD.RESECT.TONSIL,ETC.W/LOCAL     | \$1,038.41                       | \$882.65                         |
| 42845                |                  |                  | RAD.RESECT.TONSIL,ETC.W/OTHER     | \$1,614.01                       | \$1,371.91                       |
| 42860                |                  |                  | EXCISION OF TONSIL TAGS           | \$157.27                         | \$133.68                         |
| 42870                |                  |                  | EXCISION OF LINGUAL TONSIL        | \$474.84                         | \$403.61                         |
| 42890                |                  |                  | PARTIAL REMOVAL OF PHARYNX        | \$920.94                         | \$782.80                         |
| 42892                |                  |                  | RESECTION OF LATERAL PHARYNGEA    | \$1,121.90                       | \$953.62                         |
| 42894                |                  |                  | RESECT PHARY. WALL-MYOCUTANEOU    | \$1,526.50                       | \$1,297.53                       |
| 42900                |                  |                  | REPAIR THROAT WOUND               | \$304.95                         | \$259.21                         |
| 42950                |                  |                  | RECONSTRUCTION OF THROAT          | \$680.78                         | \$578.66                         |
| 42953                |                  |                  | PHARYNGOESOPHAGEAL REPAIR         | \$898.61                         | \$763.82                         |
| 42955                |                  |                  | SURGICAL OPENING OF THROAT        | \$619.98                         | \$526.98                         |
| 42960                |                  |                  | CONTROL THROAT BLEEDING           | \$146.12                         | \$124.20                         |
| 42961                |                  |                  | CONTROL THROAT BLEEDING           | \$358.34                         | \$304.59                         |
| 42962                |                  |                  | CONTROL THROAT BLEEDING           | \$443.75                         | \$377.19                         |
| 42970                |                  |                  | CONTROL NOSE/THROAT BLEEDING      | \$325.04                         | \$276.28                         |
| 42971                |                  |                  | CONTROL NOSE/THROAT BLEEDING      | \$385.14                         | \$327.37                         |
| 42972                |                  |                  | CONTROL NOSE/THROAT BLEEDING      | \$439.70                         | \$373.75                         |
| 43020                |                  |                  | INCISION OF ESOPHAGUS             | \$465.38                         | \$395.58                         |
| 43030                |                  |                  | THROAT MUSCLE SURGERY             | \$450.43                         | \$382.87                         |
| 43045                |                  |                  | INCISION OF ESOPHAGUS             | \$1,075.42                       | \$914.10                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 43100                |              |              | EXCISION OF ESOPHAGUS LESION      | \$529.42                     | \$450.00                     |
| 43101                |              |              | EXCISION OF ESOPHAGUS LESION      | \$849.06                     | \$721.70                     |
| 43107                |              |              | TOT ESOPHAGEC/WO THORA W/PHARY    | \$2,038.14                   | \$1,732.42                   |
| 43108                |              |              | TOT ESOPHAGEC W/SMALL BOWEL RE    | \$1,683.07                   | \$1,430.61                   |
| 43112                |              |              | TOT ESOPHAG W/THOR/PHARYN W/WO    | \$2,202.97                   | \$1,872.52                   |
| 43113                |              |              | TOT ESOPHAGEC W/THOR/SM BOWEL     | \$1,758.08                   | \$1,494.37                   |
| 43116                |              |              | ESOPHAGECTOMY W INST GF MIC AN    | \$1,643.54                   | \$1,397.01                   |
| 43117                |              |              | ESOPHAGECTOMY W/WO PROX GASTRE    | \$2,003.08                   | \$1,702.62                   |
| 43118                |              |              | W COLON INTERPOSITION OR S BW     | \$1,638.06                   | \$1,392.35                   |
| 43121                |              |              | W THOROCOTOMY ONLY W/WO PROX G    | \$1,501.94                   | \$1,276.65                   |
| 43122                |              |              | THORACOABDOM/ABD APPROACH W/WO    | \$2,013.94                   | \$1,711.85                   |
| 43123                |              |              | W COLON INTERPOSITION/SM BW RE    | \$1,650.39                   | \$1,402.83                   |
| 43124                |              |              | WO RECONSTRUCTION W CERV ESOPH    | \$1,417.78                   | \$1,205.11                   |
| 43130                |              |              | REMOVAL OF ESOPHAGUS POUCH        | \$662.30                     | \$562.95                     |
| 43135                |              |              | REMOVAL OF ESOPHAGUS POUCH        | \$852.35                     | \$724.50                     |
| 43200                |              |              | ESOPHAGUS ENDOSCOPY               | \$194.57                     | \$165.38                     |
| 43201                |              |              | ESOPHAGOSCOPY W/DIRECT SUBMUO     | \$227.93                     | \$193.74                     |
| 43201                | 26           |              | ESOPHAGOSCOPY W/DIRECT SUBMUO     | \$107.55                     | \$91.42                      |
| 43202                |              |              | ESOPHAGUS ENDOSCOPY, BIOPSY       | \$252.82                     | \$214.89                     |
| 43204                |              |              | ESOPHAGUS ENDOSCOPY               | \$142.46                     | \$121.09                     |
| 43205                |              |              | ESOPHAGOSCOPY W LIGATION ESOP.    | \$148.49                     | \$126.22                     |
| 43215                |              |              | ESOPHAGUS ENDOSCOPY               | \$129.42                     | \$110.00                     |
| 43217                |              |              | ESOPHAGUS ENDOSCOPY               | \$335.83                     | \$285.46                     |
| 43220                |              |              | ESOPHAGUS ENDOSCOPY,DILATION      | \$104.33                     | \$88.68                      |
| 43226                |              |              | ESOPHAGUS/STOMACH ENDOSCOPY       | \$114.54                     | \$97.36                      |
| 43227                |              |              | ESOPHAGUS/STOMACH ENDOSCOPY       | \$170.98                     | \$145.33                     |
| 43231                |              |              | ESOPHAGOSCOPY RIG/FLEX W/ENDO     | \$152.10                     | \$129.29                     |
| 43235                |              |              | UPPER GI ENDOSCOPY,DIAGNOSIS      | \$256.92                     | \$218.38                     |
| 43236                |              |              | UPPER GI ENDOSCOPY W/DIR SUBMU    | \$316.34                     | \$268.89                     |
| 43236                | 26           |              | UPPER GI ENDOSCOPY W/DIR SUBMU    | \$139.92                     | \$118.93                     |
| 43237                |              |              | UPPER GI ENDOSCOPY W/ENDO U/S     | \$192.48                     | \$163.61                     |
| 43238                |              |              | UPPER GI ENDOSCOPY W/ASPIRATIO    | \$238.26                     | \$202.52                     |
| 43239                |              |              | UPPER GI ENDOSCOPY, BIOPSY        | \$291.64                     | \$247.89                     |
| 43240                |              |              | UPPER GI ENDOSCOPY W/DRAIN PSE    | \$321.67                     | \$273.42                     |
| 43242                |              |              | UPPER GI ENDOSC W/US FINE NEED    | \$275.90                     | \$234.52                     |
| 43243                |              |              | UPPER GI ENDOSCOPY..INJECT SCL    | \$215.00                     | \$182.75                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 43244                |                  |                  | DX ENDOSCOPY/BAND LIGATION/GI     | \$237.12                         | \$201.55                         |
| 43246                |                  |                  | UPPER GI ENDOSCOPY,TUBE PLCMNT    | \$203.97                         | \$173.37                         |
| 43247                |                  |                  | OPERATIVE UPPER GI ENDOSCOPY      | \$161.33                         | \$137.13                         |
| 43248                |                  |                  | UPPER GI ENDOSCOPY WIRE DILATA    | \$150.83                         | \$128.21                         |
| 43249                |                  |                  | ESOPHAGOSCOPY W BALLOON DILATA    | \$139.24                         | \$118.35                         |
| 43250                |                  |                  | UPPER GI ENDOSCOPY REMOVAL TUM    | \$153.30                         | \$131.00                         |
| 43251                |                  |                  | OPERATIVE UPPER GI ENDOSCOPY      | \$175.45                         | \$149.13                         |
| 43255                |                  |                  | OPERATIVE UPPER GI ENDOSCOPY      | \$226.54                         | \$192.56                         |
| 43257                |                  |                  | UPPER GASTROINTESTINAL ENDOSCO    | \$243.71                         | \$207.15                         |
| 43259                |                  |                  | UPPER G.I.ENDOSCOPIC ULTRASOUN    | \$237.67                         | \$202.02                         |
| 43260                |                  |                  | UPPER GI ENDOSCOPY,DIAGNOSIS      | \$278.52                         | \$236.74                         |
| 43261                |                  |                  | ENDO.RETRO.CHOLANGIOPANCREATOG    | \$292.94                         | \$249.00                         |
| 43262                |                  |                  | OPERATIVE UPPER GI ENDOSCOPY      | \$343.95                         | \$292.36                         |
| 43263                |                  |                  | ERCP W-W/O SPEC COLL/SPHIN.OF     | \$340.11                         | \$289.10                         |
| 43280                |                  |                  | LAP SURG ESOPHAGOGASTRIC FUNDO    | \$858.81                         | \$729.99                         |
| 43300                |                  |                  | REPAIR OF ESOPHAGUS               | \$538.53                         | \$457.75                         |
| 43305                |                  |                  | REPAIR ESOPHAGUS AND FISTULA      | \$958.06                         | \$814.35                         |
| 43310                |                  |                  | REPAIR OF ESOPHAGUS               | \$1,284.05                       | \$1,091.44                       |
| 43312                |                  |                  | REPAIR ESOPHAGUS AND FISTULA      | \$1,419.82                       | \$1,206.84                       |
| 43313                |                  |                  | ESOPHAGOPLASTY THROACIC WO REP    | \$2,230.23                       | \$1,895.70                       |
| 43314                |                  |                  | ESOPHAGOPLASTY THORACIC W/REPA    | \$2,435.41                       | \$2,070.10                       |
| 43320                |                  |                  | FUSE ESOPHAGUS & STOMACH          | \$1,022.94                       | \$869.50                         |
| 43325                |                  |                  | REVISE ESOPHAGUS & STOMACH        | \$1,008.67                       | \$857.37                         |
| 43330                |                  |                  | REPAIR OF ESOPHAGUS               | \$991.57                         | \$842.83                         |
| 43331                |                  |                  | REPAIR OF ESOPHAGUS               | \$1,054.84                       | \$896.61                         |
| 43340                |                  |                  | FUSE ESOPHAGUS & INTESTINE        | \$996.42                         | \$846.95                         |
| 43341                |                  |                  | FUSE ESOPHAGUS & INTESTINE        | \$1,084.82                       | \$922.10                         |
| 43351                |                  |                  | SURGICAL OPENING, ESOPHAGUS       | \$985.03                         | \$837.28                         |
| 43352                |                  |                  | SURGICAL OPENING, ESOPHAGUS       | \$827.37                         | \$703.26                         |
| 43360                |                  |                  | GI RECONSTRUCTN FOR SP ESOPHAG    | \$1,786.25                       | \$1,518.31                       |
| 43361                |                  |                  | W COLON/INTESTINE RECONSTRUCTI    | \$1,985.60                       | \$1,687.76                       |
| 43400                |                  |                  | LIGATE ESOPHAGUS VEINS            | \$1,047.90                       | \$890.71                         |
| 43405                |                  |                  | LIGATE/STAPLE GE JT FOR PERFOR    | \$1,041.31                       | \$885.12                         |
| 43410                |                  |                  | REPAIR ESOPHAGUS WOUND            | \$735.29                         | \$624.99                         |
| 43415                |                  |                  | REPAIR ESOPHAGUS WOUND            | \$1,292.42                       | \$1,098.56                       |
| 43420                |                  |                  | REPAIR ESOPHAGUS OPENING          | \$747.06                         | \$635.00                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 43425                |                  |                  | REPAIR ESOPHAGUS OPENING          | \$1,092.40                       | \$928.54                         |
| 43450                |                  |                  | DILATE ESOPHAGUS                  | \$136.45                         | \$115.98                         |
| 43453                |                  |                  | DILATE ESOPHAGUS                  | \$257.26                         | \$218.67                         |
| 43460                |                  |                  | PRESSURE TREATMENT ESOPHAGUS      | \$179.54                         | \$152.61                         |
| 43500                |                  |                  | SURGICAL OPENING OF STOMACH       | \$560.51                         | \$476.44                         |
| 43501                |                  |                  | GASTROTOMY: WITH SUTURE REPAIR    | \$992.89                         | \$843.95                         |
| 43502                |                  |                  | GASTROTOMY W REPAIR EG LACERA     | \$1,143.23                       | \$971.75                         |
| 43510                |                  |                  | SURGICAL OPENING OF STOMACH       | \$680.55                         | \$578.47                         |
| 43520                |                  |                  | INCISION OF PYLORIC MUSCLE        | \$534.50                         | \$454.32                         |
| 43605                |                  |                  | BIOPSY,STOMACH,BY LAPAROTOMY      | \$604.61                         | \$513.92                         |
| 43610                |                  |                  | EXCISION OF STOMACH LESION        | \$726.96                         | \$617.92                         |
| 43611                |                  |                  | EXCISION MALIGNANT TUMOR OF ST    | \$889.66                         | \$756.21                         |
| 43620                |                  |                  | REMOVAL OF STOMACH                | \$1,465.86                       | \$1,245.98                       |
| 43621                |                  |                  | GASTRECTOMY W ROUX-EN-Y RECONS    | \$1,496.14                       | \$1,271.72                       |
| 43622                |                  |                  | GASTRECTOMY W INTESTINAL POUCH    | \$1,581.77                       | \$1,344.50                       |
| 43631                |                  |                  | GASTRECTOM PARTIAL GASTRODUODE    | \$1,112.74                       | \$945.83                         |
| 43632                |                  |                  | GASTRECTOMY W GASTROJEJUNOSTOM    | \$1,112.74                       | \$945.83                         |
| 43633                |                  |                  | GASTRECTOMY ROUX-EC-Y RECONSTR    | \$1,136.69                       | \$966.18                         |
| 43634                |                  |                  | GASTRECTOMY W INTESTINAL POUCH    | \$1,234.00                       | \$1,048.90                       |
| 43640                |                  |                  | VAGOTOMY & PYLORUS REPAIR         | \$850.26                         | \$722.72                         |
| 43641                |                  |                  | VAGOTOMY W/PYLOROPLASTY:PARIET    | \$861.61                         | \$732.37                         |
| 43644                |                  |                  | LAPAROSCOPY, SURGICAL, GASTRIC    | \$1,354.28                       | \$1,151.14                       |
| 43645                |                  |                  | LAPAROSCOPY, SURGICAL, GASTRIC    | \$1,459.98                       | \$1,240.99                       |
| 43651                |                  |                  | LAPOROSCOPY TRANSECT VAGUS NER    | \$521.39                         | \$443.18                         |
| 43652                |                  |                  | LAP SURG TRANSECT VAGUS NERVES    | \$625.05                         | \$531.29                         |
| 43653                |                  |                  | LAP SURG GASTROTOMY WO/CONSTR     | \$416.06                         | \$353.65                         |
| 43761                |                  |                  | REPOSITION GASTRIC TUBE/ENTER.    | \$107.09                         | \$91.02                          |
| 43770                |                  |                  | LAPAROSCOPY, SURGICAL, GASTRIC    | \$854.95                         | \$726.71                         |
| 43771                |                  |                  | LAPAROSCOPY, SURGICAL, GASTRIC    | \$983.66                         | \$836.11                         |
| 43772                |                  |                  | LAPAROSCOPY, SURGICAL, GASTRIC    | \$749.45                         | \$637.03                         |
| 43773                |                  |                  | LAPAROSCOPY, SURGICAL, GASTRIC    | \$983.94                         | \$836.35                         |
| 43774                |                  |                  | LAPAROSCOPY, SURGICAL, GASTRIC    | \$751.84                         | \$639.06                         |
| 43800                |                  |                  | RECONSTRUCTION OF PYLORUS         | \$686.16                         | \$583.24                         |
| 43810                |                  |                  | FUSION OF STOMACH AND BOWEL       | \$729.56                         | \$620.13                         |
| 43820                |                  |                  | FUSION OF STOMACH AND BOWEL       | \$763.08                         | \$648.62                         |
| 43825                |                  |                  | FUSION OF STOMACH AND BOWEL       | \$953.88                         | \$810.80                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 43830                |                  |                  | SURGICAL OPENING OF STOMACH       | \$502.46                         | \$427.09                         |
| 43831                |                  |                  | SURGICAL OPENING OF STOMACH       | \$431.33                         | \$366.63                         |
| 43832                |                  |                  | SURGICAL OPENING OF STOMACH       | \$783.51                         | \$665.99                         |
| 43840                |                  |                  | REPAIR OF STOMACH LESION          | \$781.89                         | \$664.60                         |
| 43842                |                  |                  | GASTROPLASTY, MORBID OBESITY      | \$920.04                         | \$782.03                         |
| 43843                |                  |                  | GASTROPLASTY, MORBID OBESITY      | \$925.02                         | \$786.26                         |
| 43845                |                  |                  | BILIOPANC DIVERS W/DUODENAL SW    | \$1,466.14                       | \$1,246.22                       |
| 43846                |                  |                  | ROUX-EN-Y/GASTRIC BYPASS          | \$1,194.00                       | \$1,014.90                       |
| 43847                |                  |                  | GI RESTRICTIVE W SM BWL RECONS    | \$1,325.18                       | \$1,126.41                       |
| 43848                |                  |                  | REVISION OF GI RESTRICTIVE SUR    | \$1,443.94                       | \$1,227.35                       |
| 43860                |                  |                  | REVISE STOMACH-BOWEL FUSION       | \$1,225.54                       | \$1,041.71                       |
| 43865                |                  |                  | REVISE STOMACH-BOWEL FUSION       | \$1,297.83                       | \$1,103.16                       |
| 43870                |                  |                  | REPAIR STOMACH OPENING            | \$496.90                         | \$422.37                         |
| 43880                |                  |                  | REPAIR STOMACH-BOWEL FISTULA      | \$1,210.92                       | \$1,029.28                       |
| 43886                |                  |                  | GASTRIC RESTRICTIVE PROCEDURE,    | \$240.39                         | \$204.33                         |
| 43887                |                  |                  | GASTRIC RESTRICTIVE PROCEDURE,    | \$234.26                         | \$199.12                         |
| 43888                |                  |                  | GASTRIC RESTRICTIVE PROCEDURE,    | \$331.95                         | \$282.16                         |
| 44005                |                  |                  | FREEING OF BOWEL ADHESION         | \$804.04                         | \$683.43                         |
| 44010                |                  |                  | INCISION OF SMALL BOWEL           | \$628.89                         | \$534.55                         |
| 44015                |                  |                  | NEEDLE CATHETER JEJUNOSTOMY       | \$123.03                         | \$104.58                         |
| 44020                |                  |                  | EXPLORATION OF SMALL BOWEL        | \$698.18                         | \$593.46                         |
| 44021                |                  |                  | ENTEROTOMY...FOR DECOMPRESSIO     | \$702.34                         | \$596.99                         |
| 44025                |                  |                  | EXPLORATION OF LARGE BOWEL        | \$711.59                         | \$604.85                         |
| 44050                |                  |                  | REDUCE BOWEL OBSTRUCTION          | \$700.13                         | \$595.11                         |
| 44055                |                  |                  | CORRECT MALROTATION-CG, LADD P    | \$1,077.13                       | \$915.56                         |
| 44100                |                  |                  | BIOPSY OF BOWEL                   | \$92.66                          | \$78.76                          |
| 44110                |                  |                  | EXCISION OF BOWEL LESION(S)       | \$596.31                         | \$506.87                         |
| 44111                |                  |                  | EXCISION OF BOWEL LESION(S)       | \$713.74                         | \$606.68                         |
| 44120                |                  |                  | REMOVAL OF SMALL INTESTINE        | \$843.23                         | \$716.75                         |
| 44121                |                  |                  | ENTERECTOMY EA ADD RESECTION/A    | \$209.08                         | \$177.72                         |
| 44125                |                  |                  | REMOVAL OF SMALL INTESTINE        | \$867.01                         | \$736.96                         |
| 44126                |                  |                  | ENTERECTOMY SM INTEST WO TAPER    | \$1,739.10                       | \$1,478.23                       |
| 44127                |                  |                  | ENTERECTOMY SM INTEST W/TAPERI    | \$1,998.89                       | \$1,699.05                       |
| 44128                |                  |                  | ENTERECTOMY EACH ADDIT RESEC/A    | \$210.30                         | \$178.76                         |
| 44130                |                  |                  | BOWEL TO BOWEL FUSION             | \$724.09                         | \$615.47                         |
| 44139                |                  |                  | MOBILIZE SPLENIC FLEXURE W P C    | \$104.56                         | \$88.88                          |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 44140                |                  |                  | PARTIAL REMOVAL OF COLON          | \$1,036.89                       | \$881.35                         |
| 44141                |                  |                  | PARTIAL REMOVAL OF COLON          | \$1,031.96                       | \$877.17                         |
| 44143                |                  |                  | PARTIAL REMOVAL OF COLON          | \$1,179.06                       | \$1,002.20                       |
| 44144                |                  |                  | PARTIAL REMOVAL OF COLON          | \$1,090.98                       | \$927.34                         |
| 44145                |                  |                  | PARTIAL REMOVAL OF COLON          | \$1,298.35                       | \$1,103.60                       |
| 44146                |                  |                  | PARTIAL REMOVAL OF COLON          | \$1,407.20                       | \$1,196.12                       |
| 44147                |                  |                  | PARTIAL COLECTOMY-ABDO&TRANSAN    | \$1,024.66                       | \$870.96                         |
| 44150                |                  |                  | REMOVAL OF COLON                  | \$1,254.26                       | \$1,066.12                       |
| 44151                |                  |                  | COLECTOMY: W/ CONTINENT ILEOST    | \$1,407.01                       | \$1,195.96                       |
| 44155                |                  |                  | REMOVAL OF COLON                  | \$1,428.75                       | \$1,214.44                       |
| 44156                |                  |                  | COLECTOMY...W/ CONTINENT ILEO     | \$1,599.54                       | \$1,359.61                       |
| 44157                |                  |                  | COLECTOMY, TOTAL, ABDOMINAL, W    | \$1,656.08                       | \$1,407.67                       |
| 44158                |                  |                  | COLECTOMY, TOTAL, ABDOMINAL, W    | \$1,698.51                       | \$1,443.74                       |
| 44160                |                  |                  | REMOVAL OF COLON                  | \$920.73                         | \$782.62                         |
| 44180                |                  |                  | LAPAROSCOPY, SURGICAL, ENTEROL    | \$722.59                         | \$614.20                         |
| 44186                |                  |                  | LAPAROSCOPY, SURGICAL: JEJUNOS    | \$509.26                         | \$432.87                         |
| 44187                |                  |                  | LAPAROSCOPY, SURGICAL: ILEOSTO    | \$842.50                         | \$716.13                         |
| 44188                |                  |                  | LAPAROSCOPY, SURGICAL, COLOSTO    | \$923.56                         | \$785.03                         |
| 44202                |                  |                  | LAP SURG INTEST RESECT W/ANAST    | \$1,083.41                       | \$920.90                         |
| 44203                |                  |                  | LAPOROSCOPY SURG EA ADDIT SM I    | \$208.10                         | \$176.89                         |
| 44204                |                  |                  | LAPOROSCOPY SURG PART COLECTOM    | \$1,221.83                       | \$1,038.56                       |
| 44205                |                  |                  | LAPOROSCOPY SURG PART COLEC W/    | \$1,083.75                       | \$921.19                         |
| 44206                |                  |                  | LAP SURG HARTMANN TYPE PROCEDU    | \$1,336.98                       | \$1,136.43                       |
| 44207                |                  |                  | LAP SURG LOW PELVIC ANASTOMOSI    | \$1,445.84                       | \$1,228.96                       |
| 44208                |                  |                  | LAP SURG LOW PELV ANAST W/COLO    | \$1,571.28                       | \$1,335.59                       |
| 44210                |                  |                  | LAP SURG COLECTOMY ABD W/ILEOS    | \$1,388.46                       | \$1,180.19                       |
| 44211                |                  |                  | LAP SURG COLECTOMY W/PROCTECTO    | \$1,726.94                       | \$1,467.90                       |
| 44212                |                  |                  | LAP SURG COLECTOMY TOT W/PROCT    | \$1,602.80                       | \$1,362.38                       |
| 44213                |                  |                  | LAPAROSCOPY, SURGICAL, MOBILIZ    | \$165.05                         | \$140.29                         |
| 44227                |                  |                  | LAPAROSCOPY, SURGICAL, CLOSURE    | \$1,298.70                       | \$1,103.89                       |
| 44300                |                  |                  | OPEN BOWEL TO SKIN                | \$616.10                         | \$523.68                         |
| 44310                |                  |                  | ILEOSTOMY                         | \$789.78                         | \$671.32                         |
| 44312                |                  |                  | REVISION OF ILEOSTOMY             | \$416.14                         | \$353.72                         |
| 44314                |                  |                  | REVISION OF ILEOSTOMY             | \$749.50                         | \$637.07                         |
| 44316                |                  |                  | DEVISE BOWEL POUCH                | \$1,026.27                       | \$872.33                         |
| 44320                |                  |                  | COLOSTOMY                         | \$883.44                         | \$750.92                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 44322                |                  |                  | COLOSTOMY/CECOSTOMY: MULTIPLE     | \$715.05                         | \$607.79                         |
| 44340                |                  |                  | REVISION OF COLOSTOMY             | \$417.87                         | \$355.19                         |
| 44345                |                  |                  | REVISION OF COLOSTOMY             | \$779.20                         | \$662.32                         |
| 44346                |                  |                  | REVISE COLOSTOMY: REPAIR HERNI    | \$849.90                         | \$722.41                         |
| 44360                |                  |                  | SMALL BOWEL ENDOSCOPY             | \$124.82                         | \$106.10                         |
| 44361                |                  |                  | SMALL BOWEL ENDOSCOPY,BIOPSY      | \$137.66                         | \$117.01                         |
| 44363                |                  |                  | SMALL BOWEL ENDOSCOPY             | \$165.14                         | \$140.37                         |
| 44364                |                  |                  | SMALL BOWEL ENDOSCOPY             | \$176.46                         | \$149.99                         |
| 44365                |                  |                  | SMALL INTESTINAL ENDOSCOPY REM    | \$157.89                         | \$134.20                         |
| 44366                |                  |                  | SMALL BOWEL ENDOSCOPY             | \$207.61                         | \$176.47                         |
| 44369                |                  |                  | SMALL BOWEL ENDOSCOPY             | \$211.38                         | \$179.67                         |
| 44370                |                  |                  | SMALL INTEST ENDOSCOPY W/STENT    | \$229.55                         | \$195.12                         |
| 44372                |                  |                  | SMALL INTESTINE ENDOSCOPY..PLA    | \$208.49                         | \$177.21                         |
| 44373                |                  |                  | SMALL INTESTINE ENDOSCOPY..CON    | \$166.50                         | \$141.52                         |
| 44376                |                  |                  | SMALL INTESTINAL ENDOSCOPY W O    | \$247.27                         | \$210.18                         |
| 44377                |                  |                  | SMALL INTESTINAL ENDOSCOPY W B    | \$258.95                         | \$220.11                         |
| 44378                |                  |                  | ENDOSCOPY SM INTESTN CONTROL B    | \$332.09                         | \$282.27                         |
| 44379                |                  |                  | SMALL INTEST ENDOSCOPY W/STENT    | \$353.25                         | \$300.26                         |
| 44385                |                  |                  | ENDOSCOPY OF BOWEL POUCH          | \$175.97                         | \$149.57                         |
| 44386                |                  |                  | FIBEROPTIC EVAL../BX/SPEC.COLL    | \$298.88                         | \$254.05                         |
| 44388                |                  |                  | COLON ENDOSCOPY                   | \$269.53                         | \$229.10                         |
| 44389                |                  |                  | COLON ENDOSCOPY                   | \$332.21                         | \$282.38                         |
| 44390                |                  |                  | COLON ENDOSCOPY                   | \$372.13                         | \$316.31                         |
| 44391                |                  |                  | COLON ENDOSCOPY                   | \$443.17                         | \$376.69                         |
| 44392                |                  |                  | COLON ENDOSCOPY.REMOVEPOLYPOID    | \$354.42                         | \$301.25                         |
| 44394                |                  |                  | COLONOSCOPY W REMOVAL OF TUMOR    | \$416.62                         | \$354.12                         |
| 44500                |                  |                  | INTRODUCTION OF MILLER ABBOTT     | \$20.00                          | \$17.00                          |
| 44602                |                  |                  | SUTURE SMALL INTESTINE SINGLE     | \$785.97                         | \$668.07                         |
| 44603                |                  |                  | SUTURE SM INTESTINE MULT PERF     | \$907.53                         | \$771.40                         |
| 44604                |                  |                  | SUTURE LRG INTESTIN WOUT COLOS    | \$788.01                         | \$669.81                         |
| 44605                |                  |                  | REPAIR OF BOWEL LESION            | \$975.98                         | \$829.59                         |
| 44615                |                  |                  | SUTUR LRG INTESTINE W COLOSTOM    | \$790.83                         | \$672.21                         |
| 44620                |                  |                  | REPAIR BOWEL OPENING              | \$610.86                         | \$519.23                         |
| 44625                |                  |                  | REPAIR BOWEL OPENING              | \$744.26                         | \$632.62                         |
| 44626                |                  |                  | ENTEROSTOMY CLOSURE W/RESECT/A    | \$1,230.66                       | \$1,046.06                       |
| 44640                |                  |                  | REPAIR BOWEL-SKIN FISTULA         | \$1,056.80                       | \$898.28                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 44650                |                  |                  | REPAIR BOWEL FISTULA              | \$1,101.17                       | \$935.99                         |
| 44660                |                  |                  | REPAIR BOWEL-BLADDER FISTULA      | \$1,020.94                       | \$867.80                         |
| 44661                |                  |                  | REPAIR BOWEL-BLADDER FISTULA      | \$1,190.88                       | \$1,012.25                       |
| 44680                |                  |                  | SURGICAL REVISION, INTESTINE      | \$764.21                         | \$649.58                         |
| 44700                |                  |                  | EXCLUS SM BOWEL FROM PELVIS BY    | \$789.40                         | \$670.99                         |
| 44701                |                  |                  | INTRAOPERATIVE COLONIC LAVAGE     | \$144.90                         | \$123.17                         |
| 44720                |                  |                  | BACKBENCH RECONSTRUCTION OF CA    | \$227.04                         | \$192.98                         |
| 44721                |                  |                  | BACKBENCH RECONSTRUCTION OF CA    | \$331.39                         | \$281.68                         |
| 44800                |                  |                  | EXCISION OF BOWEL POUCH           | \$581.04                         | \$493.88                         |
| 44820                |                  |                  | EXCISION OF MESENTERY LESION      | \$615.17                         | \$522.89                         |
| 44850                |                  |                  | REPAIR OF MESENTERY               | \$549.96                         | \$467.47                         |
| 44900                |                  |                  | DRAINAGE OF APPENDIX ABSCESS      | \$518.70                         | \$440.89                         |
| 44950                |                  |                  | APPENDECTOMY                      | \$501.10                         | \$425.94                         |
| 44960                |                  |                  | APPENDECTOMY                      | \$619.17                         | \$526.29                         |
| 44970                |                  |                  | LAPAROSCOPY SURGICAL APPENDECT    | \$447.18                         | \$380.10                         |
| 45000                |                  |                  | DRAINAGE OF PELVIC ABSCESS        | \$258.71                         | \$219.91                         |
| 45005                |                  |                  | DRAINAGE OF RECTAL ABSCESS        | \$208.04                         | \$176.83                         |
| 45020                |                  |                  | DRAINAGE OF RECTAL ABSCESS        | \$276.44                         | \$234.97                         |
| 45100                |                  |                  | BIOPSY OF RECTUM                  | \$209.43                         | \$178.02                         |
| 45108                |                  |                  | REMOVAL OF ANORECTAL LESION       | \$261.92                         | \$222.63                         |
| 45110                |                  |                  | REMOVAL OF RECTUM                 | \$1,404.66                       | \$1,193.96                       |
| 45111                |                  |                  | PARTIAL REMOVAL OF RECTUM         | \$824.85                         | \$701.12                         |
| 45112                |                  |                  | REMOVAL OF RECTUM                 | \$1,465.02                       | \$1,245.26                       |
| 45113                |                  |                  | PROCTECTOMY/CREATE ILEAL RESER    | \$1,496.55                       | \$1,272.07                       |
| 45114                |                  |                  | PARTIAL REMOVAL OF RECTUM         | \$1,331.26                       | \$1,131.57                       |
| 45116                |                  |                  | PARTIAL REMOVAL OF RECTUM         | \$1,201.62                       | \$1,021.37                       |
| 45119                |                  |                  | PROCTECTOMY, ABDOMINOPERINEAL     | \$1,496.19                       | \$1,271.76                       |
| 45120                |                  |                  | REMOVAL OF RECTUM                 | \$1,206.23                       | \$1,025.30                       |
| 45121                |                  |                  | PROCTECTOMY:W/COLECTOMT,W/MULT    | \$1,326.96                       | \$1,127.92                       |
| 45123                |                  |                  | PROCTECTOMY W PERINEAL APPROAC    | \$815.10                         | \$692.83                         |
| 45126                |                  |                  | PELVIC EXTENTERATION W/PROCTEC    | \$2,206.67                       | \$1,875.67                       |
| 45130                |                  |                  | EXCISION OF RECTAL PROLAPSE       | \$802.05                         | \$681.74                         |
| 45135                |                  |                  | EXCISION OF RECTAL PROLAPSE       | \$964.03                         | \$819.43                         |
| 45136                |                  |                  | EXCISION ILEOANAL RESERVOIR W/    | \$1,370.67                       | \$1,165.07                       |
| 45150                |                  |                  | EXCISION OF RECTAL STRICTURE      | \$297.74                         | \$253.08                         |
| 45160                |                  |                  | EXCISION OF RECTAL LESION         | \$759.02                         | \$645.17                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 45190                |              |              | DESTRUCTION RECTAL TUMOR ANY M    | \$498.09                     | \$423.37                     |
| 45300                |              |              | PROCTOSIGMOIDOSCOPY: DIAGNOSTI    | \$65.10                      | \$55.34                      |
| 45303                |              |              | PROCTOSIGMOIDOSCOPY WITH DILAT    | \$650.82                     | \$553.19                     |
| 45305                |              |              | PROCTOSIGMOIDOSCOPY WITH BIOPS    | \$124.74                     | \$106.03                     |
| 45307                |              |              | PROCTOSIGMOIDOSCOPY:REMOVE FOR    | \$136.10                     | \$115.69                     |
| 45308                |              |              | PROCTOSIGMOIDOSCOPY REMOVAL TU    | \$96.75                      | \$82.24                      |
| 45309                |              |              | PROCTOSIGMOIDOSCOPY REMOVAL TU    | \$165.72                     | \$140.86                     |
| 45315                |              |              | PROCTOSIGMOIDOSCOPY: REMOVE MU    | \$146.06                     | \$124.15                     |
| 45315                | 22           |              | PROCTOSIGMOIDOSCOPY: REMOVE MU    | \$182.58                     | \$155.19                     |
| 45317                |              |              | PROCTOSIGMOIDOSCOPY: HEMORRHAG    | \$134.64                     | \$114.44                     |
| 45320                |              |              | PROCTOSIGMOIDOSCOPY:ABLATE TUM    | \$153.74                     | \$130.68                     |
| 45327                |              |              | RIGID PROCTOSIGMOIDOSCOPY W/ST    | \$80.30                      | \$68.26                      |
| 45330                |              |              | SIGMOIDOSCOPY,FLEX FIBEROPTIC:    | \$110.06                     | \$93.55                      |
| 45331                |              |              | SIGMOIDOSCOPY,FLEX FIBEROPT W/    | \$143.51                     | \$121.99                     |
| 45332                |              |              | SIGMOIDOSCOPY: DIAGNOSTIC         | \$231.29                     | \$196.59                     |
| 45333                |              |              | SIGMOIDOSCOPY: DIAGNOSTIC         | \$226.58                     | \$192.60                     |
| 45334                |              |              | SIGMOIDOSCOPY: DIAGNOSTIC         | \$130.90                     | \$111.27                     |
| 45335                |              |              | SIGMOID FLEX W/DIRECT SUBMUCOS    | \$158.66                     | \$134.86                     |
| 45335                | 26           |              | SIGMOID FLEX W/DIRECT SUBMUCOS    | \$69.73                      | \$59.27                      |
| 45338                |              |              | SIGMOIDOSCOPY REMOVAL TUMOR SN    | \$257.03                     | \$218.48                     |
| 45340                |              |              | SIGMOID FLEX W/DILATION BY BAL    | \$274.19                     | \$233.06                     |
| 45340                | 26           |              | SIGMOID FLEX W/DILATION BY BAL    | \$81.52                      | \$69.29                      |
| 45378                |              |              | DIAGNOSTIC COLONOSCOPY            | \$332.41                     | \$282.55                     |
| 45379                |              |              | COLONOSCOPY                       | \$420.05                     | \$357.04                     |
| 45380                |              |              | COLONOSCOPY AND BIOPSY            | \$395.02                     | \$335.76                     |
| 45381                |              |              | COLONOSCOPY FLEX W/DIR SUBMUCO    | \$383.23                     | \$325.75                     |
| 45381                | 26           |              | COLONOSCOPY FLEX W/DIR SUBMUCO    | \$197.32                     | \$167.72                     |
| 45382                |              |              | COLONOSCOPY,CONTROL BLEEDING      | \$529.94                     | \$450.45                     |
| 45384                |              |              | COLONOSCOPY REMOVAL TUMOR ETC.    | \$390.89                     | \$332.25                     |
| 45385                |              |              | COLONOSCOPY, LESION REMOVAL       | \$445.29                     | \$378.49                     |
| 45386                |              |              | COLONOSCOPY FLEX W/DILAT BY BA    | \$578.06                     | \$491.35                     |
| 45386                | 26           |              | COLONOSCOPY FLEX W/DILAT BY BA    | \$216.74                     | \$184.23                     |
| 45391                |              |              | COLONOSCOPY, FLEXIBLE, PROXIMA    | \$240.52                     | \$204.44                     |
| 45392                |              |              | COLONOSCOPY, FLEXIBLE, PROXIMA    | \$303.67                     | \$258.12                     |
| 45395                |              |              | LAPAROSCOPY, SURGICAL: PROCTEC    | \$1,536.38                   | \$1,305.92                   |
| 45397                |              |              | LAPAROSCOPY, SURGICAL: PROCTEC    | \$1,668.25                   | \$1,418.01                   |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 45400                |                  |                  | LAPAROSCOPY, SURGICAL: PROCTOP    | \$896.99                         | \$762.44                         |
| 45402                |                  |                  | LAPAROSCOPY, SURGICAL: PROCTOP    | \$1,214.30                       | \$1,032.15                       |
| 45500                |                  |                  | REPAIR OF RECTUM                  | \$372.42                         | \$316.56                         |
| 45505                |                  |                  | REPAIR OF RECTUM                  | \$395.70                         | \$336.34                         |
| 45520                |                  |                  | PERIRECTAL INJ..FOR PROLAPSE:     | \$74.50                          | \$63.33                          |
| 45540                |                  |                  | CORRECT RECTAL PROLAPSE           | \$799.17                         | \$679.29                         |
| 45541                |                  |                  | CORRECT RECTAL PROLAPSE           | \$671.02                         | \$570.37                         |
| 45550                |                  |                  | REPAIR RECTUM:REMOVE SIGMOID      | \$1,116.82                       | \$949.29                         |
| 45560                |                  |                  | REPAIR OF RECTOCELE               | \$538.92                         | \$458.08                         |
| 45562                |                  |                  | EXPLOR/REPAIR/PRESACRAL DRAINAGE  | \$777.18                         | \$660.60                         |
| 45563                |                  |                  | RECTA SURGERY W COLOSTOMY         | \$1,189.92                       | \$1,011.43                       |
| 45800                |                  |                  | REPAIR RECTUMBLADDER FISTULA      | \$867.95                         | \$737.76                         |
| 45805                |                  |                  | REPAIR FISTULA: COLOSTOMY         | \$1,039.05                       | \$883.19                         |
| 45820                |                  |                  | REPAIR RECTOURETHRAL FISTULA      | \$889.22                         | \$755.84                         |
| 45825                |                  |                  | REPAIR FISTULA: COLOSTOMY         | \$1,072.98                       | \$912.04                         |
| 45900                |                  |                  | REDUCTION OF RECTAL PROLAPSE      | \$142.27                         | \$120.93                         |
| 45905                |                  |                  | DILATION OF ANAL SPHINCTER        | \$129.21                         | \$109.83                         |
| 45910                |                  |                  | DILATION OF RECTAL NARROWING      | \$153.70                         | \$130.65                         |
| 45915                |                  |                  | REMOVE RECTAL OBSTRUCTION         | \$255.04                         | \$216.78                         |
| 45990                |                  |                  | ANORECTAL EXAM, SURGICAL, REQU    | \$88.74                          | \$75.43                          |
| 46020                |                  |                  | PLACEMENT OF SETON                | \$180.23                         | \$153.20                         |
| 46030                |                  |                  | REMOVAL OF RECTAL MARKER          | \$88.82                          | \$75.50                          |
| 46040                |                  |                  | INCISION OF RECTAL ABSCESS        | \$361.75                         | \$307.49                         |
| 46045                |                  |                  | INCISION OF RECTAL ABSCESS        | \$250.61                         | \$213.02                         |
| 46050                |                  |                  | INCISION OF ANAL ABSCESS          | \$128.27                         | \$109.03                         |
| 46060                |                  |                  | INCISION OF RECTAL ABSCESS        | \$309.63                         | \$263.19                         |
| 46070                |                  |                  | INCISION OF ANAL SEPTUM           | \$158.74                         | \$134.93                         |
| 46080                |                  |                  | INCISION OF ANAL SPHINCTER        | \$167.99                         | \$142.79                         |
| 46083                |                  |                  | EXC.EXT.THROMBOSED HEMORRHOID     | \$134.53                         | \$114.35                         |
| 46200                |                  |                  | REMOVAL OF ANAL FISSURE           | \$250.29                         | \$212.74                         |
| 46220                |                  |                  | REMOVAL OF ANAL TAB               | \$132.38                         | \$112.52                         |
| 46221                |                  |                  | LIGATION OF HEMORRHOID(S)         | \$161.20                         | \$137.02                         |
| 46230                |                  |                  | REMOVAL OF ANAL TABS              | \$194.61                         | \$165.42                         |
| 46250                |                  |                  | HEMORRHOIDECTOMY, EXTERNAL: CO    | \$317.34                         | \$269.74                         |
| 46255                |                  |                  | HEMORRHOIDECTOMY                  | \$360.72                         | \$306.61                         |
| 46257                |                  |                  | REMOVE HEMORRHOIDS & FISSURE      | \$287.02                         | \$243.97                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 46258                |                  |                  | REMOVE HEMORRHOIDS & FISTULA      | \$312.22                         | \$265.38                         |
| 46260                |                  |                  | HEMORRHOIDECTOMY                  | \$331.76                         | \$282.00                         |
| 46261                |                  |                  | REMOVE HEMORRHOIDS & FISSURE      | \$369.34                         | \$313.94                         |
| 46262                |                  |                  | HEMORRHOIDECTOMY..W FISTULECTO    | \$388.22                         | \$329.98                         |
| 46270                |                  |                  | REMOVAL OF ANAL FISTULA           | \$300.51                         | \$255.44                         |
| 46275                |                  |                  | REMOVAL OF ANAL FISTULA           | \$316.63                         | \$269.14                         |
| 46280                |                  |                  | REMOVAL OF ANAL FISTULA           | \$318.85                         | \$271.02                         |
| 46285                |                  |                  | REMOVAL OF ANAL FISTULA           | \$269.90                         | \$229.41                         |
| 46288                |                  |                  | REPAIR ANAL FISTULA W ADVACE F    | \$373.30                         | \$317.30                         |
| 46320                |                  |                  | REMOVAL OF HEMORRHOID CLOT        | \$128.48                         | \$109.21                         |
| 46500                |                  |                  | INJECTION TREATMENT OF ANUS       | \$127.55                         | \$108.42                         |
| 46505                |                  |                  | CHEMODENERVATION OF INTERNAL A    | \$198.04                         | \$168.33                         |
| 46505                | 26               |                  | CHEMODENERVATION OF INTERNAL A    | \$161.40                         | \$137.19                         |
| 46600                |                  |                  | ANOSCOPY: DIAGNOSTIC              | \$70.21                          | \$59.68                          |
| 46604                |                  |                  | ANOSCOPY WITH DIRECT DILATION     | \$355.38                         | \$302.08                         |
| 46606                |                  |                  | ANOSCOPY WITH BIOPSY              | \$156.85                         | \$133.32                         |
| 46608                |                  |                  | ANOSCOPY:REMOVE FOREIGN BODY      | \$202.08                         | \$171.77                         |
| 46610                |                  |                  | ANOSCOPY: REMOVE POLYP            | \$183.22                         | \$155.74                         |
| 46611                |                  |                  | ANOSCOPY WITH REMOVAL SINGLE T    | \$176.15                         | \$149.73                         |
| 46612                |                  |                  | ANOSCOPY: REMOVE MULTIPLE POLY    | \$258.67                         | \$219.87                         |
| 46614                |                  |                  | ANOSCOPY: CONTROL OF HEMORRHAG    | \$138.80                         | \$117.98                         |
| 46615                |                  |                  | ANOSCOPY W ABLATION FO TUMORS     | \$152.28                         | \$129.44                         |
| 46700                |                  |                  | REPAIR OF ANAL STRICTURE          | \$458.94                         | \$390.10                         |
| 46705                |                  |                  | REPAIR OF ANAL STRICTURE          | \$369.90                         | \$314.42                         |
| 46706                |                  |                  | REPAIR ANAL FISTULA W/FIBRIN G    | \$126.24                         | \$107.30                         |
| 46710                |                  |                  | REPAIR OF ILEOANAL POUCH FISTU    | \$810.26                         | \$688.72                         |
| 46712                |                  |                  | REPAIR OF ILEOANAL POUCH FISTU    | \$1,694.70                       | \$1,440.50                       |
| 46715                |                  |                  | REPAIR OF ANOVAGINAL FISTULA      | \$375.95                         | \$319.56                         |
| 46716                |                  |                  | REPAIR OF ANOVAGINAL FISTULA      | \$793.58                         | \$674.55                         |
| 46730                |                  |                  | CONSTRUCTION OF ABSENT ANUS       | \$1,325.99                       | \$1,127.09                       |
| 46735                |                  |                  | CONSTRUCTION OF ABSENT ANUS       | \$1,570.80                       | \$1,335.18                       |
| 46740                |                  |                  | CONSTRUCTION OF ABSENT ANUS       | \$1,468.34                       | \$1,248.09                       |
| 46742                |                  |                  | REP IMPERF ANUS/TRANSABD + SAC    | \$1,815.90                       | \$1,543.52                       |
| 46744                |                  |                  | REPAIR CLOACAL ANOMALY W PLAST    | \$2,568.14                       | \$2,182.92                       |
| 46746                |                  |                  | REP CLOACAL ANOM/ABDOM & SACRO    | \$2,919.99                       | \$2,481.99                       |
| 46748                |                  |                  | REP CLOACAL ANOMALY ANO-REC-AB    | \$2,930.42                       | \$2,490.86                       |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 46750                |                  |                  | REPAIR OF ANAL SPHINCTER          | \$527.60                         | \$448.46                         |
| 46751                |                  |                  | REPAIR OF ANAL SPHINCTER          | \$488.95                         | \$415.61                         |
| 46753                |                  |                  | RECONSTRUCTION OF ANUS            | \$420.17                         | \$357.14                         |
| 46754                |                  |                  | REMOVAL OF SUTURE FROM ANUS       | \$197.30                         | \$167.71                         |
| 46760                |                  |                  | REPAIR OF ANAL SPHINCTER          | \$743.45                         | \$631.93                         |
| 46761                |                  |                  | SPHINCTEROPLASTY,ANAL:LEV MUSC    | \$683.43                         | \$580.92                         |
| 46900                |                  |                  | REMOVAL OF ANAL LESION            | \$153.28                         | \$130.29                         |
| 46910                |                  |                  | REMOVAL OF ANAL LESION            | \$163.14                         | \$138.67                         |
| 46916                |                  |                  | CRYOSURGERY-ANAL LESIONS          | \$169.26                         | \$143.87                         |
| 46917                |                  |                  | DESTROY ANAL LESION(S):LASER S    | \$375.43                         | \$319.12                         |
| 46922                |                  |                  | DESTROY ANAL LESION(S)-SURG EX    | \$176.58                         | \$150.10                         |
| 46924                |                  |                  | DESTROY ANAL LESIONS,ANY METH,    | \$390.44                         | \$331.87                         |
| 46940                |                  |                  | TREATMENT OF ANAL FISSURE         | \$148.00                         | \$125.80                         |
| 46942                |                  |                  | TREATMENT OF ANAL FISSURE         | \$132.54                         | \$112.66                         |
| 46945                |                  |                  | LIGATION OF HEMORRHOIDS           | \$174.73                         | \$148.52                         |
| 46946                |                  |                  | LIGATION OF HEMORRHOIDS:MULT P    | \$216.10                         | \$183.68                         |
| 46947                |                  |                  | HEMORRHOIDOPEXY (EG, FOR PROLA    | \$278.83                         | \$237.01                         |
| 47000                |                  |                  | NEEDLE BIOPSY OF LIVER            | \$168.11                         | \$142.90                         |
| 47001                |                  |                  | BIOPSY LIVER(NOT SEPARATE PROC    | \$89.50                          | \$76.08                          |
| 47010                |                  |                  | DRAINAGE OF LIVER LESION          | \$844.05                         | \$717.44                         |
| 47015                |                  |                  | LAP W ASP/IINJ HEPAR PARASITE C   | \$785.60                         | \$667.76                         |
| 47100                |                  |                  | WEDGE BIOPSY OF LIVER             | \$618.78                         | \$525.96                         |
| 47120                |                  |                  | PARTIAL REMOVAL OF LIVER          | \$1,773.15                       | \$1,507.18                       |
| 47122                |                  |                  | HEPATECTOMY,RESECT LIVER:TRISE    | \$2,682.28                       | \$2,279.94                       |
| 47125                |                  |                  | PARTIAL REMOVAL OF LIVER          | \$2,407.12                       | \$2,046.05                       |
| 47130                |                  |                  | PARTIAL REMOVAL OF LIVER          | \$2,602.34                       | \$2,211.99                       |
| 47135                |                  |                  | LIVER TRANSPLANT,W/W/O RECI HE    | \$3,938.65                       | \$3,347.85                       |
| 47140                |                  |                  | DONOR HEPATECTOMY LT LAT SEGME    | \$2,646.74                       | \$2,249.73                       |
| 47141                |                  |                  | DONOR HEPATECTOMY TOT LT LOBEC    | \$3,199.14                       | \$2,719.27                       |
| 47142                |                  |                  | DONOR HEPATECTOMY TOT RT LOBEC    | \$3,523.17                       | \$2,994.69                       |
| 47143                |                  |                  | BACKBENCH STANDARD PREPARATION    | \$316.41                         | \$268.95                         |
| 47144                |                  |                  | BACKBENCH STANDARD PREPARATION    | \$474.61                         | \$403.42                         |
| 47145                |                  |                  | BACKBENCH STANDARD PREPARATION    | \$460.01                         | \$391.01                         |
| 47146                |                  |                  | BACKBENCH RECONSTRUCTION OF CA    | \$284.10                         | \$241.49                         |
| 47147                |                  |                  | BACKBENCH RECONSTRUCTION OF CA    | \$331.39                         | \$281.68                         |
| 47300                |                  |                  | SURGERY FOR LIVER LESION          | \$780.26                         | \$663.22                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 47350                |                  |                  | REPAIR LIVER WOUND                | \$995.28                         | \$845.99                         |
| 47360                |                  |                  | REPAIR LIVER WOUND                | \$1,342.94                       | \$1,141.50                       |
| 47361                |                  |                  | EXPLORE HEP WOUND/EXTEN DEBRID    | \$2,290.03                       | \$1,946.53                       |
| 47362                |                  |                  | RE-EXPLORE HEP WOUND/REMOVE PA    | \$954.63                         | \$811.44                         |
| 47370                |                  |                  | LAPOROSCOPY SURGICAL RADIOFREQ    | \$973.40                         | \$827.39                         |
| 47371                |                  |                  | LAPOROSCOPY SURGICAL CRYOSURGI    | \$975.22                         | \$828.93                         |
| 47380                |                  |                  | OPEN ABLATION LIVER TUMOR RADI    | \$1,128.94                       | \$959.60                         |
| 47381                |                  |                  | OPEN ABLATION LIVER TUMORS CRY    | \$1,144.70                       | \$972.99                         |
| 47382                |                  |                  | ABLATION LIVER TUMOR PERCU RAD    | \$714.63                         | \$607.44                         |
| 47400                |                  |                  | INCISION OF LIVER DUCT            | \$1,573.35                       | \$1,337.35                       |
| 47420                |                  |                  | INCISION OF BILE DUCT             | \$1,002.85                       | \$852.42                         |
| 47425                |                  |                  | INCISION OF BILE DUCT             | \$1,002.66                       | \$852.26                         |
| 47460                |                  |                  | INCISE BILE DUCT SPHINCTER        | \$918.70                         | \$780.90                         |
| 47480                |                  |                  | INCISION OF GALLBLADDER           | \$584.25                         | \$496.61                         |
| 47490                |                  |                  | PERCUTANEOUS CHOLECYSTOSTOMY      | \$346.92                         | \$294.88                         |
| 47550                |                  |                  | BILIARY ENDOSCOPY, INTRAOPERAT    | \$141.90                         | \$120.62                         |
| 47552                |                  |                  | BILIARY ENDOSCOPY...:DIAGNOSTI    | \$283.81                         | \$241.24                         |
| 47553                |                  |                  | BILIARY ENDOSCOPY...: & SPEC C    | \$281.62                         | \$239.38                         |
| 47554                |                  |                  | BILIARY ENDOSCOPY...:REMOVE ST    | \$428.49                         | \$364.21                         |
| 47555                |                  |                  | BILIARY ENDOSCOPY:DILATE DUCT     | \$332.49                         | \$282.62                         |
| 47556                |                  |                  | BILIARY ENDOSCOPY PERCU T-TUBE    | \$376.55                         | \$320.07                         |
| 47562                |                  |                  | LAPAROSCOPY SURGICAL CHOLECYST    | \$562.41                         | \$478.05                         |
| 47563                |                  |                  | LAP SURG CHOLECYSTECTOMY W/CHO    | \$603.69                         | \$513.13                         |
| 47564                |                  |                  | LAP SURG CHOLECYST W/EXPL COM     | \$707.00                         | \$600.95                         |
| 47570                |                  |                  | LAP SURG CHOLECYSTOENTEROSTOMY    | \$628.36                         | \$534.11                         |
| 47600                |                  |                  | REMOVAL OF GALLBLADDER            | \$689.90                         | \$586.41                         |
| 47605                |                  |                  | REMOVAL OF GALLBLADDER            | \$741.98                         | \$630.68                         |
| 47610                |                  |                  | REMOVAL OF GALLBLADDER            | \$936.70                         | \$796.20                         |
| 47612                |                  |                  | CHOLECYSTECTOMY:W/CHOLEDOCHOEN    | \$933.45                         | \$793.43                         |
| 47620                |                  |                  | REMOVAL OF GALLBLADDER            | \$1,021.64                       | \$868.39                         |
| 47700                |                  |                  | EXPLORATION OF BILE DUCTS         | \$805.80                         | \$684.93                         |
| 47701                |                  |                  | PORTOENTEROSTOMY                  | \$1,376.54                       | \$1,170.06                       |
| 47711                |                  |                  | EXCISION BILE DUCT TUMOR EXTRA    | \$1,154.20                       | \$981.07                         |
| 47712                |                  |                  | EXC BILE DUCT TUMOR INTRAHEPAT    | \$1,492.34                       | \$1,268.49                       |
| 47715                |                  |                  | EXCISE CHOLEDOCAL CYST            | \$953.03                         | \$810.08                         |
| 47720                |                  |                  | FUSE GALLBLADDER & BOWEL          | \$818.18                         | \$695.46                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 47721                |                  |                  | FUSE UPPER GI STRUCTURES          | \$968.74                         | \$823.43                         |
| 47740                |                  |                  | FUSE GALLBLADDER & BOWEL          | \$938.82                         | \$797.99                         |
| 47741                |                  |                  | ROUX-EN-Y W GASTROENTEROSTOMY     | \$1,072.56                       | \$911.68                         |
| 47760                |                  |                  | FUSE BILE DUCTS AND BOWEL         | \$1,285.18                       | \$1,092.41                       |
| 47765                |                  |                  | FUSE LIVER DUCTS & BOWEL          | \$1,249.27                       | \$1,061.88                       |
| 47780                |                  |                  | FUSE BILE DUCTS AND BOWEL         | \$1,320.31                       | \$1,122.27                       |
| 47785                |                  |                  | ROUX-EN-Y INTRAHEPATIC DUCT/GI    | \$1,543.70                       | \$1,312.14                       |
| 47800                |                  |                  | RECONSTRUCTION OF BILE DUCTS      | \$1,168.03                       | \$992.83                         |
| 47801                |                  |                  | PLACEMENT OF CHOLEDOCHAL STENT    | \$790.12                         | \$671.60                         |
| 47802                |                  |                  | U-TUBE HEPATICOENTEROSTOMY        | \$1,092.98                       | \$929.03                         |
| 47900                |                  |                  | EXTRA HEPATIC DUCT REPAIR         | \$1,007.46                       | \$856.34                         |
| 48000                |                  |                  | DRAINAGE OF ABDOMEN               | \$1,379.54                       | \$1,172.61                       |
| 48001                |                  |                  | DRAIN W CHOLE,GASTROSTOMY,JEJU    | \$1,729.03                       | \$1,469.68                       |
| 48020                |                  |                  | REMOVAL OF PANCREATIC STONE       | \$806.37                         | \$685.41                         |
| 48100                |                  |                  | BIOPSY OF PANCREAS                | \$623.87                         | \$530.29                         |
| 48102                |                  |                  | BX PANCREAS:PERCUTANEOUS NEEDL    | \$426.32                         | \$362.37                         |
| 48105                |                  |                  | RESECTION OR DEBRIDEMENT OF PA    | \$2,114.35                       | \$1,797.20                       |
| 48120                |                  |                  | REMOVAL OF PANCREAS LESION        | \$794.96                         | \$675.72                         |
| 48140                |                  |                  | PARTIAL REMOVAL OF PANCREAS       | \$1,137.54                       | \$966.91                         |
| 48145                |                  |                  | PARTIAL REMOVAL OF PANCREAS       | \$1,185.63                       | \$1,007.79                       |
| 48146                |                  |                  | PACREATOMY CHILD-TYPE PROCEDUR    | \$1,343.61                       | \$1,142.07                       |
| 48148                |                  |                  | REMOVAL OF PANCREATIC DUCT        | \$873.10                         | \$742.14                         |
| 48150                |                  |                  | PARTIAL REMOVAL OF PANCREAS       | \$2,364.38                       | \$2,009.73                       |
| 48152                |                  |                  | PANCREATECTOMY WO PANCREATOJEJ    | \$2,170.21                       | \$1,844.68                       |
| 48153                |                  |                  | PANCREATECTOMY NEAR TOTAL W PA    | \$2,361.97                       | \$2,007.67                       |
| 48154                |                  |                  | PANCREATECTOMY PROX SUBTOTAL W    | \$2,183.47                       | \$1,855.95                       |
| 48155                |                  |                  | REMOVAL OF PANCREAS               | \$1,270.31                       | \$1,079.77                       |
| 48400                |                  |                  | INJECTION PANCREATOGRAPHY INTR    | \$87.80                          | \$74.63                          |
| 48500                |                  |                  | SURGERY OF PANCREAS CYST          | \$791.15                         | \$672.48                         |
| 48510                |                  |                  | EXT.DRAINAGE,PANCREAS PSEUDOCY    | \$758.31                         | \$644.57                         |
| 48520                |                  |                  | FUSE PANCREAS CYST AND BOWEL      | \$780.46                         | \$663.39                         |
| 48540                |                  |                  | FUSE PANCREAS CYST AND BOWEL      | \$974.81                         | \$828.59                         |
| 48545                |                  |                  | PANCREATORRHAPHY FOR TRAUMA       | \$914.91                         | \$777.68                         |
| 48547                |                  |                  | DUODENALEXCLUSION W GASTROJEJU    | \$1,272.34                       | \$1,081.49                       |
| 48548                |                  |                  | PANCREATICOJEJUNOSTOMY, SIDE-T    | \$1,233.47                       | \$1,048.45                       |
| 48551                |                  |                  | BACKBENCH STANDARD PREPARATION    | \$146.65                         | \$124.65                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 48552                |                  |                  | BACKBENCH RECONSTRUCTION OF CA    | \$194.65                         | \$165.45                         |
| 49000                |                  |                  | EXPLORATION OF ABDOMEN            | \$596.41                         | \$506.95                         |
| 49002                |                  |                  | REEXPLORATION OF ABDOMEN          | \$541.80                         | \$460.53                         |
| 49010                |                  |                  | EXPLORE,RETROPERITONEAL AREA      | \$632.73                         | \$537.82                         |
| 49020                |                  |                  | DRAIN ABDOMINAL ABSCESS           | \$1,151.45                       | \$978.73                         |
| 49040                |                  |                  | DRAIN ABDOMINAL ABSCESS           | \$694.89                         | \$590.65                         |
| 49060                |                  |                  | DRAIN RETROPERITONEAL ABSCESS     | \$804.62                         | \$683.93                         |
| 49062                |                  |                  | OPEN DRAINAGE EXTRAPERITON LYM    | \$584.15                         | \$496.53                         |
| 49180                |                  |                  | NEEDLE BX,ABDOMINAL/RETROPERI.    | \$163.17                         | \$138.69                         |
| 49203                |                  |                  | EXCISION OR DESTRUCTION, OPEN,    | \$893.25                         | \$759.26                         |
| 49204                |                  |                  | EXCISION OR DESTRUCTION, OPEN,    | \$1,137.52                       | \$966.89                         |
| 49205                |                  |                  | EXCISION OR DESTRUCTION, OPEN,    | \$1,300.82                       | \$1,105.69                       |
| 49215                |                  |                  | EXCISE PRESACRAL/SACROCOCCYGEA    | \$1,664.34                       | \$1,414.69                       |
| 49250                |                  |                  | EXCISION OF UMBILICUS             | \$440.45                         | \$374.38                         |
| 49255                |                  |                  | OMENTECTOMY...RESECT OMENTUM      | \$584.48                         | \$496.81                         |
| 49320                |                  |                  | DIAG LAP ABD PERIT OMENT W/VO     | \$269.70                         | \$229.24                         |
| 49321                |                  |                  | LAP ABDOMEN/OMENTUM/PERITONEUM    | \$280.99                         | \$238.84                         |
| 49322                |                  |                  | LAP ABDOMEN/PERITONEUM/OMENT W    | \$302.65                         | \$257.25                         |
| 49323                |                  |                  | LAP ABD/PERIT/OMENT W DRAIN LY    | \$487.52                         | \$414.39                         |
| 49324                |                  |                  | LAPAROSCOPY, SURGICAL: WITH IN    | \$294.71                         | \$250.51                         |
| 49325                |                  |                  | LAPAROSCOPY, SURGICAL: WITH RE    | \$317.14                         | \$269.57                         |
| 49326                |                  |                  | LAPAROSCOPY, SURGICAL: WITH OM    | \$143.66                         | \$122.11                         |
| 49400                |                  |                  | PNEUMOPERITONEUM...INITIAL        | \$140.11                         | \$119.09                         |
| 49402                |                  |                  | REMOVAL OF PERITONEAL FOREIGN     | \$632.75                         | \$537.84                         |
| 49419                |                  |                  | INSERT INTRAPERITON CANNULA/CA    | \$354.98                         | \$301.73                         |
| 49421                |                  |                  | INSERT PERM.CANNULA/CATH-DRAIN    | \$235.08                         | \$199.82                         |
| 49423                |                  |                  | EXCH ABSCESS DRAIN CATH W/RAD     | \$527.52                         | \$448.39                         |
| 49424                |                  |                  | CONTRAST INJECT VIA PREV PLACE    | \$151.42                         | \$128.70                         |
| 49425                |                  |                  | PERITONEAL-VENOUS SHUNT           | \$594.66                         | \$505.46                         |
| 49426                |                  |                  | REVISION OF PERITONEAL-VENOUS     | \$503.78                         | \$428.22                         |
| 49427                |                  |                  | INJ PROC EVAL PLACED PER VENOU    | \$40.38                          | \$34.33                          |
| 49428                |                  |                  | PERITONEAL VENOUS SHUNT LIGATI    | \$348.24                         | \$296.00                         |
| 49429                |                  |                  | PERITONEAL VENOUS SHUNT REMOVA    | \$380.14                         | \$323.12                         |
| 49435                |                  |                  | INSERTION OF SUBCUTANEOUS EXTE    | \$92.40                          | \$78.54                          |
| 49436                |                  |                  | DELAYED CREATION OF EXIT SITE     | \$140.06                         | \$119.05                         |
| 49440                |                  |                  | INSERTION OF GASTROSTOMY TUBE,    | \$194.32                         | \$165.17                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 49441                |              |              | INSERTION OF DUODENOSTOMY OR J    | \$211.36                     | \$179.66                     |
| 49442                |              |              | INSERTION OF CECOSTOMY OR OTHE    | \$175.18                     | \$148.91                     |
| 49446                |              |              | CONVERSION OF GASTROSTOMY TUBE    | \$137.47                     | \$116.85                     |
| 49450                |              |              | REPLACEMENT OF GASTROSTOMY OR     | \$55.70                      | \$47.34                      |
| 49451                |              |              | REPLACEMENT OF DUODENOSTOMY OR    | \$76.83                      | \$65.35                      |
| 49452                |              |              | REPLACEMENT OF GASTRO-JEJUNOST    | \$119.95                     | \$101.96                     |
| 49460                |              |              | MECHANICAL REMOVAL OF OBSTRUCT    | \$39.18                      | \$33.31                      |
| 49465                |              |              | CONTRAST INJECTION(S) FOR RADI    | \$25.95                      | \$20.76                      |
| 49491                |              |              | REP INITIAL INGUINAL HERNIA IN    | \$564.28                     | \$479.64                     |
| 49492                |              |              | REP INIT ING HERNIA PRETERM IN    | \$703.74                     | \$598.18                     |
| 49495                |              |              | INGUINAL HERNIA REPAIR <6M RED    | \$308.18                     | \$261.96                     |
| 49496                |              |              | HERNIA REPAIR <6M INCARCERT/ST    | \$454.41                     | \$386.25                     |
| 49500                |              |              | REP INGUINAL HERNIA,UNDER 5 YR    | \$299.76                     | \$254.80                     |
| 49500                | 50           |              | REP INGUINAL HERNIA UNDER 5 YR    | \$599.52                     | \$509.59                     |
| 49501                |              |              | INGUI HERNIA REP 6M-5Y INARC/S    | \$456.35                     | \$387.90                     |
| 49505                |              |              | REP INGUINAL HERNIA,AGE 5 OR>:    | \$397.62                     | \$337.97                     |
| 49505                | 50           |              | REP INGUINAL HERNIA,AGE 5 OR>:    | \$795.23                     | \$675.95                     |
| 49507                |              |              | INGUINAL HERNIA REP >5 Y INCAR    | \$491.08                     | \$417.42                     |
| 49520                |              |              | REREPAIR INGUINAL HERNIA          | \$492.59                     | \$418.70                     |
| 49520                | 50           |              | REP RECURRENT INGUINAL HERNIA:    | \$985.18                     | \$837.41                     |
| 49521                |              |              | REPAIR INGUINAL HERNIA INCA/ST    | \$602.90                     | \$512.46                     |
| 49525                |              |              | REPAIR INGUINAL HERNIA:SLIDING    | \$442.43                     | \$376.07                     |
| 49525                | 50           |              | REPAIR SLIDING BILATERAL INGUI    | \$884.86                     | \$752.13                     |
| 49540                |              |              | REPAIR LUMBAR HERNIA              | \$529.48                     | \$450.06                     |
| 49540                | 50           |              | REPAIR BILATERAL LUMBAR HERNIA    | \$1,058.96                   | \$900.12                     |
| 49550                |              |              | REPAIR FEMORAL HERNIA             | \$446.32                     | \$379.37                     |
| 49550                | 50           |              | REPAIR BILATERAL FEMORAL HERNI    | \$892.64                     | \$758.74                     |
| 49553                |              |              | REPAIR FEMEROL HERNIA ANY AGE     | \$484.72                     | \$412.01                     |
| 49555                |              |              | REPAIR RECURRENT FEMORAL HERNI    | \$465.49                     | \$395.66                     |
| 49555                | 50           |              | REP BILATERAL RECURRENT FEMORA    | \$930.98                     | \$791.33                     |
| 49557                |              |              | REPAIR FEMEROL HERNIA INCARCER    | \$564.60                     | \$479.91                     |
| 49600                |              |              | REPAIR UMBILICAL LESION           | \$566.05                     | \$481.14                     |
| 49605                |              |              | REPAIR UMBILICAL LESION           | \$3,645.48                   | \$3,098.66                   |
| 49606                |              |              | REPAIR UMBILICAL LESION           | \$920.72                     | \$782.61                     |
| 49610                |              |              | REPAIR UMBILICAL LESION           | \$539.71                     | \$458.76                     |
| 49611                |              |              | REPAIR UMBILICAL LESION           | \$541.90                     | \$460.62                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 49650                |                  |                  | LAP SURG REP INITIAL INGUINAL     | \$333.95                         | \$283.86                         |
| 49651                |                  |                  | LAP REP RECURRENT INGUINAL HER    | \$431.27                         | \$366.58                         |
| 49900                |                  |                  | REPAIR OF ABDOMINAL WALL          | \$647.17                         | \$550.09                         |
| 49904                |                  |                  | OMENTAL FLAP, EXTRA ABDOMINAL     | \$1,228.21                       | \$1,043.98                       |
| 49905                |                  |                  | OMENTAL FLAP                      | \$306.96                         | \$260.92                         |
| 50010                |                  |                  | EXPLORATION OF KIDNEY             | \$551.44                         | \$468.72                         |
| 50020                |                  |                  | DR PERIRENAL/RENAL ABSCESS(SEP    | \$765.74                         | \$650.88                         |
| 50040                |                  |                  | NEPHROSTOMY,NEPHROTOMY W DRAIN    | \$733.55                         | \$623.52                         |
| 50045                |                  |                  | EXPLORATION OF KIDNEY             | \$749.06                         | \$636.70                         |
| 50060                |                  |                  | REMOVAL OF KIDNEY STONE           | \$915.45                         | \$778.13                         |
| 50065                |                  |                  | INCISION OF KIDNEY                | \$909.98                         | \$773.48                         |
| 50070                |                  |                  | INCISION OF KIDNEY                | \$963.30                         | \$818.80                         |
| 50075                |                  |                  | REMOVAL OF KIDNEY STONE           | \$1,189.67                       | \$1,011.22                       |
| 50080                |                  |                  | PERCUT NEPHRO/PYELO,W/ OR W/O     | \$708.59                         | \$602.30                         |
| 50081                |                  |                  | PERCUT NEPHRO/PYELO,W/ OR W/O     | \$1,031.70                       | \$876.95                         |
| 50100                |                  |                  | REVISE KIDNEY BLOOD VESSELS       | \$833.55                         | \$708.52                         |
| 50120                |                  |                  | EXPLORATION OF KIDNEY             | \$768.18                         | \$652.95                         |
| 50125                |                  |                  | EXPLORE AND DRAIN KIDNEY          | \$800.74                         | \$680.63                         |
| 50130                |                  |                  | REMOVAL OF KIDNEY STONE           | \$825.37                         | \$701.56                         |
| 50135                |                  |                  | EXPLORATION OF KIDNEY             | \$909.07                         | \$772.71                         |
| 50200                |                  |                  | RENAL BIOPSY:PERCUTANEOUS TROC    | \$131.65                         | \$111.90                         |
| 50205                |                  |                  | RENAL BIOPSY:SURG EXPOSURE OF     | \$565.66                         | \$480.81                         |
| 50220                |                  |                  | REMOVAL OF KIDNEY                 | \$827.15                         | \$703.08                         |
| 50225                |                  |                  | REMOVAL OF KIDNEY                 | \$959.84                         | \$815.86                         |
| 50230                |                  |                  | REMOVAL OF KIDNEY                 | \$1,034.09                       | \$878.97                         |
| 50234                |                  |                  | REMOVAL OF KIDNEY & URETER        | \$1,054.53                       | \$896.35                         |
| 50236                |                  |                  | REMOVAL OF KIDNEY & URETER        | \$1,185.18                       | \$1,007.41                       |
| 50240                |                  |                  | PARTIAL REMOVAL OF KIDNEY         | \$1,046.80                       | \$889.78                         |
| 50250                |                  |                  | ABLATION, OPEN, ONE OR MORE RE    | \$983.93                         | \$836.34                         |
| 50280                |                  |                  | REMOVAL OF KIDNEY LESION          | \$757.29                         | \$643.69                         |
| 50290                |                  |                  | REMOVAL OF KIDNEY LESION          | \$726.25                         | \$617.31                         |
| 50320                |                  |                  | DONOR NEPHRECTOMY,CARE HOMOG-L    | \$1,133.02                       | \$963.07                         |
| 50323                |                  |                  | BACKBENCH STANDARD PREPARATION    | \$134.73                         | \$114.52                         |
| 50325                |                  |                  | BACKBENCH STANDARD PREPARATION    | \$134.73                         | \$114.52                         |
| 50327                |                  |                  | BACKBENCH RECONSTRUCTION OF CA    | \$180.84                         | \$153.71                         |
| 50328                |                  |                  | BACKBENCH RECONSTRUCTION OF CA    | \$158.38                         | \$134.62                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 50329                |              |              | BACKBENCH RECONSTRUCTION OF CA    | \$151.33                     | \$128.63                     |
| 50340                |              |              | RECIPIENT NEPHRECTOMY:UNILATE     | \$653.10                     | \$555.14                     |
| 50340                | 50           |              | RECIPIENT NEPHRECTOMY:BILATER     | \$1,306.21                   | \$1,110.28                   |
| 50360                |              |              | HOMOTRANSPLANT/IMPLANT GRF,NO     | \$1,634.03                   | \$1,388.93                   |
| 50365                |              |              | SEE 50360-W/UNILAT RECI NEPHRE    | \$1,911.29                   | \$1,624.59                   |
| 50365                | 50           |              | SEE 50360-W/UNILAT RECI NEPHRE    | \$3,822.58                   | \$3,249.19                   |
| 50370                |              |              | REMOVE TRANSPLANTED KIDNEY        | \$725.39                     | \$616.58                     |
| 50380                |              |              | RENAL AUTOTRANSPLANT,REIMPLANT    | \$1,138.07                   | \$967.36                     |
| 50382                |              |              | REMOVAL (VIA SNARE/CAPTURE) AN    | \$1,184.58                   | \$1,006.89                   |
| 50384                |              |              | REMOVAL (VIA SNARE/CAPTURE) OF    | \$935.14                     | \$794.87                     |
| 50385                |              |              | REMOVAL (VIA SNARE/CAPTURE) AN    | \$202.90                     | \$172.46                     |
| 50386                |              |              | REMOVAL (VIA SNARE/CAPTURE) OF    | \$153.86                     | \$130.78                     |
| 50387                |              |              | REMOVAL AND REPLACEMENT OF EXT    | \$528.50                     | \$449.23                     |
| 50389                |              |              | REMOVAL OF NEPHROSTOMY TUBE, R    | \$320.95                     | \$272.81                     |
| 50390                |              |              | ASPIR&/OR INJ RENAL CYST/PELVI    | \$87.23                      | \$74.15                      |
| 50391                |              |              | INSTILLATION(S) OF THERAPEUTIC    | \$119.71                     | \$101.76                     |
| 50391                | 26           |              | INSTILLATION(S) OF THERAPEUTIC    | \$87.48                      | \$74.36                      |
| 50396                |              |              | MANOMETRIC STUDIES NEPH/PYE TU    | \$106.57                     | \$90.58                      |
| 50400                |              |              | REVISION OF KIDNEY/URETER         | \$924.06                     | \$785.45                     |
| 50405                |              |              | REVISION OF KIDNEY/URETER         | \$1,114.98                   | \$947.73                     |
| 50500                |              |              | REPAIR OF KIDNEY WOUND            | \$962.16                     | \$817.84                     |
| 50520                |              |              | CLOSE KIDNEY-SKIN FISTULA         | \$840.26                     | \$714.22                     |
| 50525                |              |              | REPAIR RENAL-ABDOMEN FISTULA      | \$1,063.26                   | \$903.77                     |
| 50526                |              |              | REPAIR RENAL-ABDOMEN FISTULA      | \$1,151.30                   | \$978.60                     |
| 50540                |              |              | REVISION OF HORSESHOE KIDNEY      | \$952.34                     | \$809.49                     |
| 50541                |              |              | LAP SURG ABLATION OF RENAL CYS    | \$759.17                     | \$645.29                     |
| 50542                |              |              | LAPOROSCOPY SURG RENAL MASS LE    | \$948.98                     | \$806.64                     |
| 50543                |              |              | LAPOROSCOPY SURG PARTIAL NEPHR    | \$1,204.91                   | \$1,024.18                   |
| 50544                |              |              | LAPAROSCOPY SURGICAL PYELOPLAS    | \$1,043.71                   | \$887.16                     |
| 50545                |              |              | SURG LAP: RADICAL NEPHRECTOMY     | \$1,120.26                   | \$952.22                     |
| 50546                |              |              | LAPAROSCOPY SURGICAL NEPHRECTO    | \$977.27                     | \$830.68                     |
| 50547                |              |              | LAP SURG DONOR NEPHRECTOMY/LIV    | \$1,264.10                   | \$1,074.49                   |
| 50548                |              |              | LAP ASSISTED NEPHROURETERECTOM    | \$1,133.16                   | \$963.19                     |
| 50551                |              |              | KIDNEY ENDOSCOPY                  | \$329.36                     | \$279.96                     |
| 50553                |              |              | RENALENDOSCOPY W URETERAL CATH    | \$348.86                     | \$296.53                     |
| 50555                |              |              | KIDNEY ENDOSCOPY & BIOPSY         | \$382.97                     | \$325.52                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 50557                |                  |                  | KIDNEY ENDOSCOPY & TREATMENT      | \$378.60                         | \$321.81                         |
| 50561                |                  |                  | RENAL ENDOSCOPY:REMOVE FOREIGN    | \$428.30                         | \$364.06                         |
| 50562                |                  |                  | RENAL ENDOSCOPY W/WO IRRIG W/R    | \$512.77                         | \$435.85                         |
| 50570                |                  |                  | RENAL ENDOSCOPY:EXCLUSIVE OF R    | \$430.66                         | \$366.06                         |
| 50572                |                  |                  | RENAL ENDOSCOPY W URETERAL CAT    | \$470.81                         | \$400.19                         |
| 50574                |                  |                  | KIDNEY ENDOSCOPY & BIOPSY         | \$497.78                         | \$423.11                         |
| 50575                |                  |                  | RENAL ENDOSCOPY W ENDOPYELOTOM    | \$628.06                         | \$533.85                         |
| 50576                |                  |                  | REANL ENDOSCOPY W FULGURATION/    | \$494.41                         | \$420.25                         |
| 50580                |                  |                  | RENAL ENDOSCOPY:REM FOREIGN BO    | \$533.57                         | \$453.53                         |
| 50590                |                  |                  | LITHOTRIPSY,ESW                   | \$728.00                         | \$618.80                         |
| 50592                |                  |                  | ABLATION, ONE OR MORE RENAL TU    | \$1,386.30                       | \$1,178.36                       |
| 50592                | 50               |                  | ABLATION RENAL TUMOR(S) PERC B    | \$2,079.45                       | \$1,767.53                       |
| 50593                |                  |                  | ABLATION, RENAL TUMOR(S), UNIL    | \$390.50                         | \$331.92                         |
| 50593                | 50               |                  | ABLATION, RENAL TUMOR(S), BILA    | \$780.99                         | \$663.84                         |
| 50600                |                  |                  | EXPLORATION OF URETER             | \$760.22                         | \$646.18                         |
| 50605                |                  |                  | URETEROYOMY/INSERT STENT          | \$760.02                         | \$646.01                         |
| 50610                |                  |                  | REMOVAL OF URETER STONE           | \$781.77                         | \$664.50                         |
| 50620                |                  |                  | REMOVAL OF URETER STONE           | \$725.74                         | \$616.88                         |
| 50630                |                  |                  | REMOVAL OF URETER STONE           | \$717.34                         | \$609.74                         |
| 50650                |                  |                  | REMOVAL OF URETER                 | \$831.50                         | \$706.77                         |
| 50660                |                  |                  | REMOVAL OF URETER                 | \$928.35                         | \$789.10                         |
| 50684                |                  |                  | INJECTION FOR URETER XRAY         | \$114.83                         | \$97.61                          |
| 50686                |                  |                  | MEASURE URETER PRESSURE           | \$147.21                         | \$125.13                         |
| 50688                |                  |                  | CHANGE OF URETER TUBE             | \$75.02                          | \$63.77                          |
| 50690                |                  |                  | INJECTION FOR URETER XRAY         | \$100.83                         | \$85.71                          |
| 50700                |                  |                  | REVISION OF URETER                | \$759.69                         | \$645.73                         |
| 50715                |                  |                  | RELEASE OF URETER                 | \$956.73                         | \$813.22                         |
| 50715                | 50               |                  | RELEASE OF URETER                 | \$1,913.46                       | \$1,626.44                       |
| 50722                |                  |                  | RELEASE OF URETER                 | \$837.73                         | \$712.07                         |
| 50725                |                  |                  | RELEASE/REVISE URETER             | \$902.02                         | \$766.71                         |
| 50727                |                  |                  | REVISION URINARY-CUTANEOUS ANA    | \$421.54                         | \$358.31                         |
| 50728                |                  |                  | REVISION URIN-CUTAN ANAST W/RE    | \$597.93                         | \$508.24                         |
| 50740                |                  |                  | FUSION OF URETER & KIDNEY         | \$902.26                         | \$766.92                         |
| 50750                |                  |                  | FUSION OF URETER & KIDNEY         | \$928.10                         | \$788.89                         |
| 50760                |                  |                  | FUSION OF URETERS                 | \$888.14                         | \$754.92                         |
| 50770                |                  |                  | TRANSURETEROURETEROSTOMY....      | \$929.83                         | \$790.36                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 50780                |              |              | REIMPLANT URETER IN BLADDER       | \$882.01                     | \$749.71                     |
| 50780                | 50           |              | URETERONEOCYSTOSTOMY...           | \$1,764.02                   | \$1,499.41                   |
| 50782                |              |              | URETERONEOCYSTOSTOMY TO BLADDE    | \$962.64                     | \$818.24                     |
| 50783                |              |              | REIMPLANT URETER IN BLADDER       | \$986.50                     | \$838.52                     |
| 50785                |              |              | REIMPLANT URETER IN BLADDER       | \$972.62                     | \$826.73                     |
| 50785                | 50           |              | REIMPLANT URETER IN BLADDER       | \$1,945.25                   | \$1,653.46                   |
| 50800                |              |              | IMPLANT URETER IN BOWEL           | \$713.46                     | \$606.44                     |
| 50800                | 50           |              | IMPLANT URETER IN BOWEL           | \$1,426.91                   | \$1,212.88                   |
| 50810                |              |              | FUSION OF URETER & BOWEL          | \$1,010.27                   | \$858.73                     |
| 50815                |              |              | URETEROCOLON CONDUIT/ANASTOMOS    | \$961.71                     | \$817.46                     |
| 50815                | 50           |              | URETEROCOLON CONDUIT/ANASTOMOS    | \$1,923.42                   | \$1,634.91                   |
| 50820                |              |              | CONSTRUCT BOWEL BLADDER           | \$1,040.80                   | \$884.68                     |
| 50820                | 50           |              | CONSTRUCT BOWEL BLADDER           | \$2,081.60                   | \$1,769.36                   |
| 50825                |              |              | CONTINENT DIVISION,W/BOWEL ANA    | \$1,329.17                   | \$1,129.79                   |
| 50830                |              |              | URINARY UNDIVERSION               | \$1,471.35                   | \$1,250.65                   |
| 50840                |              |              | REPLACE URETER BY BOWEL           | \$961.18                     | \$817.01                     |
| 50840                | 50           |              | REPLACE URETER BY BOWEL           | \$1,922.37                   | \$1,634.01                   |
| 50845                |              |              | CUTANEOUS APPENDICO-VESICOSTOM    | \$1,008.56                   | \$857.28                     |
| 50860                |              |              | TRANSPLANT URETER TO SKIN         | \$748.06                     | \$635.85                     |
| 50860                | 50           |              | TRANSPLANT URETER TO SKIN         | \$1,496.11                   | \$1,271.70                   |
| 50900                |              |              | REPAIR OF URETER                  | \$672.33                     | \$571.48                     |
| 50920                |              |              | CLOSURE URETER/SKIN FISTULA       | \$705.54                     | \$599.71                     |
| 50930                |              |              | CLOSURE URETER/BOWEL FISTULA      | \$899.50                     | \$764.57                     |
| 50940                |              |              | RELEASE OF URETER                 | \$712.83                     | \$605.91                     |
| 50945                |              |              | LAPAROSCOPY SURG URETEROLITHOT    | \$815.92                     | \$693.53                     |
| 50947                |              |              | SURG LAP: URETERONEO W/CYSTO/U    | \$1,166.61                   | \$991.62                     |
| 50948                |              |              | SURG LAP: URETERONEOCYS WO CYS    | \$1,056.18                   | \$897.76                     |
| 50951                |              |              | UTERAL ENDOSCOPY...EXCL OF RAD    | \$342.33                     | \$290.98                     |
| 50953                |              |              | ENDOSCOPY OF URETER               | \$359.30                     | \$305.41                     |
| 50955                |              |              | URETER ENDOSCOPY & BIOPSY         | \$445.38                     | \$378.57                     |
| 50957                |              |              | URETER ENDOSCOPY & TREATMENT      | \$383.59                     | \$326.05                     |
| 50961                |              |              | URETER ENDOSCOPY & TREATMENT      | \$351.34                     | \$298.64                     |
| 50970                |              |              | URETER ENDOSCOPY                  | \$324.60                     | \$275.91                     |
| 50972                |              |              | URETER ENDOSCOPY W/CATHETER       | \$315.81                     | \$268.44                     |
| 50974                |              |              | URETER ENDOSCOPY & BIOPSY         | \$414.04                     | \$351.93                     |
| 50976                |              |              | URETER ENDOSCOPY & TREATMENT      | \$409.17                     | \$347.79                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 50980                |              |              | URETER ENDOSCOPY & TREATMENT      | \$311.19                     | \$264.51                     |
| 51020                |              |              | INCISE & TREAT BLADDER            | \$356.68                     | \$303.18                     |
| 51030                |              |              | INCISE & TREAT BLADDER            | \$365.90                     | \$311.01                     |
| 51045                |              |              | INCISE BLADDER, DRAIN URETER      | \$362.43                     | \$308.07                     |
| 51050                |              |              | REMOVAL OF BLADDER STONE          | \$356.79                     | \$303.27                     |
| 51060                |              |              | REMOVAL OF URETER STONE           | \$450.83                     | \$383.21                     |
| 51065                |              |              | REMOVAL OF URETER STONE           | \$446.04                     | \$379.13                     |
| 51080                |              |              | DRAINAGE OF BLADDER ABSCESS       | \$321.27                     | \$273.08                     |
| 51100                |              |              | ASPIRATION OF BLADDER: BY NEED    | \$32.74                      | \$27.83                      |
| 51101                |              |              | ASPIRATION OF BLADDER: BY TROC    | \$43.39                      | \$36.88                      |
| 51102                |              |              | ASPIRATION OF BLADDER: WITH IN    | \$209.41                     | \$178.00                     |
| 51500                |              |              | REMOVAL OF BLADDER CYST           | \$520.37                     | \$442.31                     |
| 51520                |              |              | REMOVAL OF BLADDER LESION         | \$472.58                     | \$401.69                     |
| 51525                |              |              | REMOVAL OF BLADDER LESION         | \$678.63                     | \$576.84                     |
| 51530                |              |              | REMOVAL OF BLADDER LESION         | \$617.23                     | \$524.65                     |
| 51535                |              |              | REPAIR OF URETER LESION           | \$640.76                     | \$544.65                     |
| 51535                | 50           |              | CYSTOTOMY/EXC,INC/REP URETEROC    | \$1,281.52                   | \$1,089.29                   |
| 51550                |              |              | PARTIAL REMOVAL OF BLADDER        | \$761.86                     | \$647.58                     |
| 51555                |              |              | PARTIAL REMOVAL OF BLADDER        | \$1,014.71                   | \$862.51                     |
| 51565                |              |              | REVISE BLADDER & URETER(S)        | \$1,035.45                   | \$880.13                     |
| 51570                |              |              | REMOVAL OF BLADDER                | \$1,146.81                   | \$974.79                     |
| 51575                |              |              | REMOVAL OF BLADDER & NODES        | \$1,433.82                   | \$1,218.75                   |
| 51580                |              |              | REMOVE BLADDER: REVISE TRACT      | \$1,472.05                   | \$1,251.24                   |
| 51585                |              |              | REMOVAL OF BLADDER & NODES        | \$1,651.41                   | \$1,403.70                   |
| 51590                |              |              | REMOVE BLADDER: REVISE TRACT      | \$1,526.97                   | \$1,297.92                   |
| 51595                |              |              | REMOVE BLADDER: REVISE TRACT      | \$1,729.33                   | \$1,469.93                   |
| 51596                |              |              | CYSTECTOMY,COMP,CONT DIV.BOWEL    | \$1,847.22                   | \$1,570.13                   |
| 51597                |              |              | PELVIC EXENTER.W/W/O HYSTERECT    | \$1,797.82                   | \$1,528.15                   |
| 51600                |              |              | INJECTION FOR BLADDER XRAY        | \$198.46                     | \$168.69                     |
| 51605                |              |              | PREPARATION FOR BLADDER XRAY      | \$40.06                      | \$34.05                      |
| 51610                |              |              | INJECTION FOR BLADDER XRAY        | \$112.96                     | \$96.02                      |
| 51700                |              |              | IRRIGATION OF BLADDER             | \$78.62                      | \$66.83                      |
| 51700                | SA           |              | IRIGATION OF BLADDER              | NA                           | \$67.73                      |
| 51701                |              |              | INSERT NON-INDWELLING BLADDER     | \$49.78                      | \$42.31                      |
| 51701                | SA           |              | INSERT NON-INDWELLING BLADDER     | NA                           | \$50.44                      |
| 51701                | SA           | 26           | INSERT NON-INDWELLING BLADDER     | NA                           | \$18.93                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 51701                | 26           |              | INSERT NON-INDWELLING BLADDER     | \$23.44                      | \$19.92                      |
| 51702                |              |              | INSERT TEMP INDWELLING BLADDER    | \$65.65                      | \$55.80                      |
| 51702                | SA           |              | INSERT TEMP INDWELLING BLADDER    | NA                           | \$65.60                      |
| 51702                | SA           | 26           | INSERT TEMP INDWELLING BLADDER    | NA                           | \$20.30                      |
| 51702                | 26           |              | INSERT TEMP INDWELLING BLADDER    | \$25.14                      | \$21.37                      |
| 51703                |              |              | INSERT TEMP INDW BLAD CATH COM    | \$133.04                     | \$113.08                     |
| 51703                | 26           |              | INSERT TEMP INDW BLAD CATH COM    | \$68.43                      | \$58.17                      |
| 51705                |              |              | CHANGE OF BLADDER TUBE            | \$96.57                      | \$82.08                      |
| 51705                | SA           |              | CHANGE OF BLADDER TUBE            | NA                           | \$77.98                      |
| 51710                |              |              | CHANGE OF BLADDER TUBE            | \$98.71                      | \$83.90                      |
| 51715                |              |              | ENDOSCOPIC INJECT OF IMPL MAT/    | \$259.15                     | \$220.28                     |
| 51720                |              |              | TREATMENT OF BLADDER LESION       | \$88.76                      | \$75.45                      |
| 51725                |              |              | SIMPLE CYSTOMETROGRAM             | \$200.24                     | \$170.20                     |
| 51726                |              |              | COMPLEX CYSTOMETROGRAM            | \$284.71                     | \$242.00                     |
| 51736                |              |              | SIMPLE UROFLOWMETRY               | \$14.68                      | \$12.48                      |
| 51784                |              |              | EMG OF ANAL OR URETHRAL SPHINC    | \$71.22                      | \$60.54                      |
| 51784                | TC           |              | EMG OF ANAL OR URETHRAL SPHINC    | \$32.61                      | \$27.72                      |
| 51784                | 26           |              | EMG OF ANAL OR URETHRAL SPHINC    | \$38.56                      | \$32.78                      |
| 51785                |              |              | ELECTROMYOGRAPHY STUDIES-ANAL/    | \$203.78                     | \$173.21                     |
| 51792                |              |              | ELECTROMYOGRAPHY                  | \$229.47                     | \$195.05                     |
| 51797                |              |              | VOIDING PRESSURE STUDIES (VP):    | \$121.29                     | \$103.10                     |
| 51800                |              |              | REVISION OF BLADDER/URETHRA       | \$846.00                     | \$719.10                     |
| 51820                |              |              | REVISION OF URINARY TRACT         | \$897.68                     | \$763.03                     |
| 51840                |              |              | ATTACH BLADDER/URETHRA            | \$558.61                     | \$474.82                     |
| 51841                |              |              | ATTACH BLADDER/URETHRA            | \$664.76                     | \$565.05                     |
| 51845                |              |              | ABDOMINO-VAGINAL VESICAL NECK     | \$491.82                     | \$418.04                     |
| 51860                |              |              | REPAIR OF BLADDER WOUND           | \$609.43                     | \$518.02                     |
| 51865                |              |              | REPAIR OF BLADDER WOUND           | \$738.21                     | \$627.48                     |
| 51880                |              |              | REPAIR OF BLADDER OPENING         | \$397.49                     | \$337.86                     |
| 51900                |              |              | REPAIR BLADDER/VAGINA LESION      | \$651.46                     | \$553.74                     |
| 51920                |              |              | CLOSE BLADDER-UTERUS FISTULA      | \$599.31                     | \$509.42                     |
| 51925                |              |              | HYSTERECTOMY/BLADDER REPAIR       | \$844.70                     | \$717.99                     |
| 51940                |              |              | CORRECTION OF BLADDER DEFECT      | \$1,371.71                   | \$1,165.96                   |
| 51960                |              |              | REVISION OF BLADDER & BOWEL       | \$1,102.47                   | \$937.10                     |
| 51980                |              |              | CONSTRUCT BLADDER OPENING         | \$566.82                     | \$481.79                     |
| 51990                |              |              | LAP SURG URETH SUSP FOR STRESS    | \$644.62                     | \$547.93                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 51992                |                  |                  | LAP SURG SLING OP FOR STRESS I    | \$695.00                         | \$590.75                         |
| 52000                |                  |                  | CYSTOSCOPY                        | \$175.41                         | \$149.10                         |
| 52000                | 22               |                  | CYSTOSCOPY                        | \$224.98                         | \$191.23                         |
| 52001                |                  |                  | CYSTOURETHROSCOPY W/IRRIG/EVAC    | \$355.87                         | \$302.49                         |
| 52005                |                  |                  | CYSTOURETHROSCOPY                 | \$269.26                         | \$228.87                         |
| 52005                | 22               |                  | CYSTOURETHROSCOPY                 | \$336.58                         | \$286.09                         |
| 52007                |                  |                  | CYSTOURETHROSCOPY W/BRUSH BIOPS   | \$478.90                         | \$407.07                         |
| 52010                |                  |                  | CYSTOSCOPY W/ DUCT CATHETER       | \$394.79                         | \$335.57                         |
| 52204                |                  |                  | CYSTOURETHROSCOPY WITH BIOPSY:    | \$398.04                         | \$338.33                         |
| 52214                |                  |                  | CYSTOURETHROSCOPY WITH FULGURA    | \$707.11                         | \$601.04                         |
| 52224                |                  |                  | CYSTOURETHROSCOPY WITH FULGURA    | \$750.41                         | \$637.85                         |
| 52234                |                  |                  | CYSTOURETHROSCOPY WITH FULGURA    | \$212.14                         | \$180.32                         |
| 52235                |                  |                  | CYSTOURETHROSCOPY WITH FULGURA    | \$249.34                         | \$211.94                         |
| 52240                |                  |                  | CYSTOURETHROSCOPY WITH FULGURA    | \$405.39                         | \$344.58                         |
| 52250                |                  |                  | CYSTOURETHROSCOPY, INSERT RADI    | \$207.40                         | \$176.29                         |
| 52260                |                  |                  | CYSTOSCOPY & TREATMENT            | \$180.07                         | \$153.06                         |
| 52265                |                  |                  | CYSTOSCOPY AND TREATMENT          | \$390.52                         | \$331.94                         |
| 52270                |                  |                  | CYSTOSCOPY & REVISE URETHRA       | \$380.71                         | \$323.60                         |
| 52275                |                  |                  | CYSTOSCOPY & REVISE URETHRA       | \$512.44                         | \$435.57                         |
| 52276                |                  |                  | CYSTOURETHROSCOPY W/DIRECT VIS    | \$228.85                         | \$194.52                         |
| 52277                |                  |                  | CYSTOSCOPY AND TREATMENT          | \$283.42                         | \$240.91                         |
| 52281                |                  |                  | CYSTOURETHROSCOPY FOR URETHRAL    | \$290.66                         | \$247.06                         |
| 52282                |                  |                  | CYSTOURETHROSCOPY W/URETHRAL S    | \$291.33                         | \$247.63                         |
| 52283                |                  |                  | CYSTOURETHROSCOPY, STEROID INJ    | \$259.62                         | \$220.68                         |
| 52285                |                  |                  | CYSTOSCOPY AND TREATMENT          | \$257.89                         | \$219.20                         |
| 52290                |                  |                  | CYSTOSCOPY AND TREATMENT          | \$210.25                         | \$178.71                         |
| 52300                |                  |                  | CYSTOSCOPY AND TREATMENT          | \$243.60                         | \$207.06                         |
| 52301                |                  |                  | CYSTOURETHROSCOPY W/RESEC UNIL    | \$255.00                         | \$216.75                         |
| 52305                |                  |                  | CYSTOSCOPY AND TREATMENT          | \$241.90                         | \$205.62                         |
| 52310                |                  |                  | CYSTOSCOPY AND TREATMENT          | \$254.21                         | \$216.08                         |
| 52315                |                  |                  | CYSTOSCOPY AND TREATMENT          | \$436.91                         | \$371.37                         |
| 52317                |                  |                  | LITHOLAPAXY,SIMPLE:SMALL          | \$363.63                         | \$734.09                         |
| 52318                |                  |                  | LITHOLAPAXY:COMPLICATED OR LAR    | \$414.63                         | \$352.44                         |
| 52320                |                  |                  | CYSTOSCOPY AND TREATMENT          | \$213.34                         | \$181.34                         |
| 52325                |                  |                  | CYSTOURETHEROSCOPY,FRAGMENT CA    | \$279.38                         | \$237.47                         |
| 52327                |                  |                  | CYSTOSCOPE/SUBURETER INJ IMPLA    | \$270.59                         | \$230.00                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 52330                |                  |                  | CYSTOSCOPY AND TREATMENT          | \$527.10                         | \$448.04                         |
| 52332                |                  |                  | CYSTOURETHROSCOPY/INSERT STENT    | \$291.10                         | \$247.43                         |
| 52334                |                  |                  | CYSTO TO EST PERC NEPHROSTOMY,    | \$189.94                         | \$161.45                         |
| 52341                |                  |                  | CYSTOURETHROSCOPY W/TX URETERA    | \$277.42                         | \$235.80                         |
| 52342                |                  |                  | CYSTOURETHROS W/TX URETEROPELV    | \$298.52                         | \$253.74                         |
| 52343                |                  |                  | CYSTOURETHROS W/TX INTRA-RENAL    | \$330.27                         | \$280.73                         |
| 52344                |                  |                  | CYTOURETHROS W/URETEROSCOPY       | \$354.38                         | \$301.23                         |
| 52345                |                  |                  | CYSTOURETHROS W/URETEROSCOPY W    | \$376.51                         | \$320.04                         |
| 52346                |                  |                  | CYSTOURETHROS W/URETEROSCOPY W    | \$422.34                         | \$358.99                         |
| 52351                |                  |                  | DIAG CYSTOURETH W/URETEROSCOPY    | \$270.02                         | \$229.52                         |
| 52352                |                  |                  | CYSTOURETHROS W/URETEROSCOPY/P    | \$316.85                         | \$269.32                         |
| 52353                |                  |                  | CYSTOURETH W/URETERO/PYEL W/LI    | \$365.55                         | \$310.72                         |
| 52354                |                  |                  | CYTOURETHROSCOPY W/URETEROS W/    | \$338.05                         | \$287.34                         |
| 52355                |                  |                  | CYTOURETHROS W/URETEROS W/RESE    | \$404.04                         | \$343.43                         |
| 52400                |                  |                  | CYSTOURETHROS W/INCIS/FULG/RES    | \$452.72                         | \$384.81                         |
| 52402                |                  |                  | CYSTOURETHROSCOPY WITH TRANSUR    | \$236.12                         | \$200.70                         |
| 52450                |                  |                  | TRANSURETHRAL INCISION PROSTAT    | \$382.05                         | \$324.74                         |
| 52500                |                  |                  | REVISION OF BLADDER NECK          | \$418.54                         | \$355.76                         |
| 52601                |                  |                  | PROSTATECTOMY (TUR)               | \$589.55                         | \$501.12                         |
| 52640                |                  |                  | RELIEVE BLADDER CONTRACTURE       | \$323.64                         | \$275.09                         |
| 52647                |                  |                  | NON-CONTACT LASER TX OF POST O    | \$1,733.17                       | \$1,473.19                       |
| 52648                |                  |                  | LASER VAPOR W/WO TURP CONTROL     | \$1,785.86                       | \$1,517.98                       |
| 52649                |                  |                  | LASER ENUCLEATION OF THE PROST    | \$834.03                         | \$708.93                         |
| 52700                |                  |                  | DRAINAGE OF PROSTATE ABSCESS      | \$337.10                         | \$286.53                         |
| 53000                |                  |                  | INCISION OF URETHRA               | \$129.06                         | \$109.70                         |
| 53010                |                  |                  | INCISION OF URETHRA               | \$220.93                         | \$187.79                         |
| 53020                |                  |                  | MEATOTOMY...EXCEPT INFANT         | \$100.39                         | \$85.33                          |
| 53025                |                  |                  | INCISION OF URETHRA: INFANT       | \$71.09                          | \$60.43                          |
| 53040                |                  |                  | DRAINAGE OF URETHRA ABSCESS       | \$332.04                         | \$282.23                         |
| 53060                |                  |                  | DRAINAGE OF URETHRA ABSCESS       | \$162.33                         | \$137.98                         |
| 53080                |                  |                  | DRAINAGE OF URINARY LEAKAGE       | \$416.46                         | \$353.99                         |
| 53085                |                  |                  | DRAINAGE OF URINARY LEAKAGE       | \$602.99                         | \$512.54                         |
| 53200                |                  |                  | BIOPSY OF URETHRA                 | \$132.58                         | \$112.70                         |
| 53210                |                  |                  | URETHRECTOMY,TOT,W/CYSTOSTOMY:    | \$621.58                         | \$528.34                         |
| 53215                |                  |                  | URETHRECTOMY,TOT,W/CYSTOSTOMY:    | \$749.75                         | \$637.29                         |
| 53220                |                  |                  | TREATMENT OF URETHRA LESION       | \$361.70                         | \$307.44                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 53230                |                  |                  | EXCISE URETHRAL DIVERTICULUM:F    | \$484.28                         | \$411.64                         |
| 53235                |                  |                  | EXCISE URETHRAL DIVERTICULUM:M    | \$507.82                         | \$431.65                         |
| 53240                |                  |                  | MARSUPIALIZE URETH DIVERT,MALE    | \$338.74                         | \$287.93                         |
| 53250                |                  |                  | REMOVAL OF URETHRA GLAND          | \$312.34                         | \$265.49                         |
| 53260                |                  |                  | TREATMENT OF URETHRA LESION       | \$177.94                         | \$151.25                         |
| 53265                |                  |                  | TREATMENT OF URETHRA LESION       | \$198.02                         | \$168.31                         |
| 53270                |                  |                  | REMOVAL OF URETHRA GLAND          | \$181.54                         | \$154.31                         |
| 53275                |                  |                  | REPAIR OF URETHRA DEFECT          | \$229.04                         | \$194.68                         |
| 53400                |                  |                  | REVISE URETHRA, 1ST STAGE         | \$637.00                         | \$541.45                         |
| 53405                |                  |                  | REVISE URETHRA, 2ND STAGE         | \$704.45                         | \$598.78                         |
| 53410                |                  |                  | URETHROPLASTY...MALE ANTERIOR     | \$793.30                         | \$674.31                         |
| 53415                |                  |                  | URETHROPLASTY,TRANSPUBIC,ONE S    | \$902.60                         | \$767.21                         |
| 53420                |                  |                  | RECONSTRUCT URETHRA, STAGE 1      | \$686.66                         | \$583.66                         |
| 53425                |                  |                  | RECONSTRUCT URETHRA, STAGE 2      | \$772.10                         | \$656.29                         |
| 53430                |                  |                  | URETHROPLASTY,RECON FEMALE URE    | \$787.81                         | \$669.64                         |
| 53431                |                  |                  | URETHROPLASTY W/TUBULARIZ POST    | \$943.38                         | \$801.88                         |
| 53440                |                  |                  | CORRECT MALE URIN INCONT,W/W/O    | \$661.59                         | \$562.35                         |
| 53442                |                  |                  | PERINEAL PROSTHESIS REMOVAL       | \$574.31                         | \$488.17                         |
| 53444                |                  |                  | INSERTION OF TANDEM CUFF          | \$650.65                         | \$553.05                         |
| 53445                |                  |                  | PLMT INFLATABLE URETH/BLADDER     | \$714.05                         | \$606.94                         |
| 53446                |                  |                  | REMOV INFLAT URETH/BLADDER NEC    | \$521.53                         | \$443.30                         |
| 53447                |                  |                  | INFLATABLE SPHINCTER REMOVAL      | \$672.45                         | \$571.58                         |
| 53448                |                  |                  | REMOVE/REPLACE INFLAT URETH/BL    | \$1,019.81                       | \$866.84                         |
| 53449                |                  |                  | CORRECTION OF ABNORMAL SPHINCT    | \$486.94                         | \$413.90                         |
| 53450                |                  |                  | URETHROMEATOPLASTY W MUCOSAL A    | \$318.48                         | \$270.71                         |
| 53460                |                  |                  | URETHROMEATOPLASTY...(RICHARDSO   | \$365.10                         | \$310.34                         |
| 53500                |                  |                  | URETHROLYSIS TRANSVAG SECONDAR    | \$623.04                         | \$529.58                         |
| 53502                |                  |                  | URETHRORRHAPHY...SUTURE...,FEMA   | \$394.61                         | \$335.42                         |
| 53505                |                  |                  | URETHRORRHAPHY...SUTURE...,PEN    | \$388.18                         | \$329.95                         |
| 53510                |                  |                  | REPAIR OF URETHRA INJURY          | \$516.29                         | \$438.84                         |
| 53515                |                  |                  | REPAIR OF URETHRA INJURY          | \$652.74                         | \$554.83                         |
| 53520                |                  |                  | CLOSE URETHROSTOMY...FISTULA:M    | \$444.14                         | \$377.52                         |
| 53600                |                  |                  | DILATE URETHRAL STRICTURE,MALE    | \$79.59                          | \$67.65                          |
| 53601                |                  |                  | DILATE URETH STRICTURE,MALE:SU    | \$76.14                          | \$64.72                          |
| 53605                |                  |                  | DILATE URETH STRICTURE ...MALE    | \$57.04                          | \$48.48                          |
| 53620                |                  |                  | DILATE URETH.STRICT.,MALE:INIT    | \$122.04                         | \$103.73                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 53621                |                  |                  | DILATE URETH STRICT,MALE:SUBSE    | \$115.46                         | \$98.14                          |
| 53660                |                  |                  | DILATE FEMALE URETHRA...:INITI    | \$68.37                          | \$58.11                          |
| 53661                |                  |                  | DILATE FEMALE URETHRA...:SUBSEQ   | \$68.34                          | \$58.09                          |
| 53850                |                  |                  | TRANSURETH DESTRUC PROST/MICRO    | \$1,723.83                       | \$1,465.26                       |
| 53852                |                  |                  | TRANSURETH DESTRUC PROST/RADIO    | \$1,666.36                       | \$1,416.41                       |
| 54000                |                  |                  | SLITTING OF PREPUCE:...NEWBORN    | \$151.01                         | \$128.36                         |
| 54001                |                  |                  | SLITTING OF PREPUCE:EXCEPT NEW    | \$181.90                         | \$154.61                         |
| 54015                |                  |                  | DRAIN PENIS LESION                | \$265.97                         | \$226.07                         |
| 54050                |                  |                  | TREATMENT OF PENIS LESION         | \$97.89                          | \$83.20                          |
| 54055                |                  |                  | TREATMENT OF PENIS LESION         | \$94.20                          | \$80.07                          |
| 54056                |                  |                  | DESTROY PENILE LESION: CRYOSUR    | \$98.31                          | \$83.57                          |
| 54056                | FP               |                  | DESTROY PENILE LESION: CRYOSUR    | \$287.87                         | \$287.87                         |
| 54057                |                  |                  | DESTROY PENILE LESION:LASER SU    | \$117.18                         | \$99.61                          |
| 54060                |                  |                  | TREATMENT OF PENIS LESION         | \$170.38                         | \$144.82                         |
| 54065                |                  |                  | TREATMENT OF PENIS LESION         | \$169.92                         | \$144.43                         |
| 54100                |                  |                  | BIOPSY OF PENIS                   | \$158.36                         | \$134.61                         |
| 54105                |                  |                  | BIOPSY OF PENIS                   | \$263.28                         | \$223.79                         |
| 54110                |                  |                  | TREATMENT OF PENIS LESION         | \$502.42                         | \$427.06                         |
| 54111                |                  |                  | EXCISE PENILE PLAQUE/<5CM GRAF    | \$652.89                         | \$554.95                         |
| 54112                |                  |                  | EXC. PENILE PLAQUE/>5CM GRAFT     | \$764.66                         | \$649.96                         |
| 54115                |                  |                  | TREATMENT OF PENIS LESION         | \$355.44                         | \$302.12                         |
| 54120                |                  |                  | PARTIAL REMOVAL OF PENIS          | \$493.78                         | \$419.72                         |
| 54125                |                  |                  | REMOVAL OF PENIS                  | \$653.36                         | \$555.36                         |
| 54130                |                  |                  | REMOVE PENIS & NODES              | \$958.60                         | \$814.81                         |
| 54135                |                  |                  | REMOVE PENIS & NODES              | \$1,233.15                       | \$1,048.18                       |
| 54150                |                  |                  | CIRCUMCISION-NEWBORN              | \$162.04                         | \$137.73                         |
| 54150                | SB               |                  | CIRCUMCISION-NEWBORN BY CNM       | NA                               | \$162.04                         |
| 54160                |                  |                  | CIRCUMCISION ..... NEWBORN        | \$224.82                         | \$191.09                         |
| 54160                | SB               |                  | CIRCUMCISION ..... NEWBORN B      | NA                               | \$224.82                         |
| 54161                |                  |                  | CIRCUMCISION.....OTHER THAN NE    | \$163.11                         | \$138.65                         |
| 54162                |                  |                  | LYSIS/EXCIS PENILE POST CIRC A    | \$259.15                         | \$220.28                         |
| 54163                |                  |                  | REPAIR INCOMPLETE CIRCUMCISION    | \$169.25                         | \$143.86                         |
| 54200                |                  |                  | TREATMENT OF PENIS LESION         | \$96.94                          | \$82.40                          |
| 54205                |                  |                  | INJ PROC PYRONIE DISEASE:W EXP    | \$426.07                         | \$362.16                         |
| 54220                |                  |                  | IRRIGATION CORPORA CAVERNOSA/P    | \$212.15                         | \$180.33                         |
| 54230                |                  |                  | INJ FOR CORPORA CAVERNOSOGRAPH    | \$81.66                          | \$69.41                          |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 54231                |                  |                  | DYNAMIC CAVERNOSOMETRY W DRUGS    | \$115.70                         | \$98.35                          |
| 54235                |                  |                  | INJ CORPORA CAVERNOSA W/PHARM.    | \$72.56                          | \$61.68                          |
| 54240                |                  |                  | PENILE PLETHYSMOGRAPHY            | \$81.38                          | \$69.18                          |
| 54250                |                  |                  | NOCTURNAL PENILE TUMESCENCE TE    | \$106.38                         | \$90.43                          |
| 54300                |                  |                  | PLASTIC REPAIR FOR CHORDEE        | \$540.27                         | \$459.23                         |
| 54304                |                  |                  | REVISE PENIS/CORRECT CHORDEE      | \$635.37                         | \$540.06                         |
| 54308                |                  |                  | URETHROPLASTY,SEC STAGE HYPOSP    | \$600.77                         | \$510.65                         |
| 54312                |                  |                  | URETHROPLASTY....MORE THAN 3 C    | \$702.54                         | \$597.16                         |
| 54316                |                  |                  | URETHROPLASTY/RELEASE FROM SCR    | \$836.67                         | \$711.17                         |
| 54318                |                  |                  | URETHROPLASTY/RELEASE FROM SCR    | \$592.89                         | \$503.95                         |
| 54322                |                  |                  | ONE STAGE REP,W/ SIMP.MEATAL A    | \$657.41                         | \$558.80                         |
| 54324                |                  |                  | 1 STAGE REP.URETHROPLASTY-SKIN    | \$819.14                         | \$696.27                         |
| 54326                |                  |                  | 1 STAGE REP.URETHROPLASTY-MOB.    | \$793.49                         | \$674.46                         |
| 54328                |                  |                  | 1 STAGE REP,CORRECT CHORDEE&UR    | \$769.46                         | \$654.04                         |
| 54332                |                  |                  | 1 STAGE PROX PEMILE/PENOSCROTA    | \$837.43                         | \$711.82                         |
| 54336                |                  |                  | 1 STAGE PERINEAL HYPOSPADIAS R    | \$1,047.42                       | \$890.31                         |
| 54340                |                  |                  | REP.HYPOSPADIAS COMPLICATIONS,    | \$471.00                         | \$400.35                         |
| 54344                |                  |                  | REP.HYPOSPADIAS COMPLICATION/F    | \$812.11                         | \$690.30                         |
| 54348                |                  |                  | REP.HYPOSPADIAS COMPLICATION/E    | \$861.26                         | \$732.07                         |
| 54352                |                  |                  | REP HYPOSPADIAS CRIPPLE...EXTE    | \$1,227.10                       | \$1,043.04                       |
| 54360                |                  |                  | PLASTIC PENILE REPAIR/ANGULATI    | \$606.30                         | \$515.36                         |
| 54380                |                  |                  | REPAIR PENIS                      | \$668.17                         | \$567.94                         |
| 54385                |                  |                  | REPAIR PENIS                      | \$791.96                         | \$673.17                         |
| 54390                |                  |                  | REPAIR PENIS AND BLADDER          | \$1,047.74                       | \$890.58                         |
| 54400                |                  |                  | INSERT PENILE PROSTH,NON-INFLA    | \$450.42                         | \$382.85                         |
| 54401                |                  |                  | INSERTION OF PENILE PROSTHESIS    | \$540.70                         | \$459.60                         |
| 54405                |                  |                  | INSERT INFLATABLE PENILE PROST    | \$653.25                         | \$555.26                         |
| 54406                |                  |                  | REMOVAL COMPON INFLAT PENILE P    | \$591.58                         | \$502.84                         |
| 54408                |                  |                  | REPAIR COMPON INFLAT PENILE PR    | \$623.82                         | \$530.25                         |
| 54410                |                  |                  | REMOVE/REPLACE COMPON INFLAT P    | \$746.88                         | \$634.85                         |
| 54411                |                  |                  | REMOVE/REPLACE COMP INFLAT PEN    | \$777.82                         | \$661.15                         |
| 54415                |                  |                  | REMOVE NONINFLAT/INFLAT PENILE    | \$418.58                         | \$355.79                         |
| 54416                |                  |                  | REMOVE/REPL NONINFLAT/INFLAT P    | \$548.33                         | \$466.08                         |
| 54417                |                  |                  | REM/REPLACE NONINFLAT/INFLAT P    | \$687.24                         | \$584.15                         |
| 54420                |                  |                  | REVISION OF PENIS                 | \$573.69                         | \$487.63                         |
| 54430                |                  |                  | REVISION OF PENIS                 | \$514.93                         | \$437.69                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 54435                |              |              | PENILE FISTULATION FOR PRIAPIS    | \$328.70                     | \$279.40                     |
| 54440                |              |              | PLASTIC REPAIR-PENIS, FOR INJUR   | \$718.66                     | \$610.86                     |
| 54450                |              |              | PREPUTIAL STRETCHING              | \$70.01                      | \$59.51                      |
| 54500                |              |              | BIOPSY OF TESTIS                  | \$65.07                      | \$55.31                      |
| 54505                |              |              | BIOPSY OF TESTIS                  | \$182.20                     | \$154.87                     |
| 54505                | 50           |              | BIOPSY OF TESTIS, INCISIONAL: BI  | \$364.40                     | \$309.74                     |
| 54512                |              |              | EXCIS EXTRAPARENCHYMAL LESION     | \$430.88                     | \$366.25                     |
| 54520                |              |              | REMOVAL OF TESTIS                 | \$274.46                     | \$233.29                     |
| 54520                | 50           |              | ORCHIECTOMY, SIMPLE: BILATERAL    | \$548.93                     | \$466.59                     |
| 54522                |              |              | PARTIAL ORCHIECTOMY               | \$491.56                     | \$417.83                     |
| 54530                |              |              | RADICAL ORCHIECTOMY: INGUINAL A   | \$434.31                     | \$369.17                     |
| 54535                |              |              | EXTENSIVE TESTIS SURGERY          | \$600.20                     | \$510.17                     |
| 54550                |              |              | EXPLORATION FOR TESTIS            | \$392.36                     | \$333.51                     |
| 54550                | 50           |              | EXPLORATION FOR UNDESCENDED TE    | \$784.72                     | \$667.01                     |
| 54560                |              |              | EXPLORATION FOR TESTIS            | \$552.92                     | \$469.98                     |
| 54560                | 50           |              | EXPL UNDESC TESTIS W ABD EXP: B   | \$1,105.84                   | \$939.96                     |
| 54600                |              |              | REDUCE TESTIS TORSION             | \$356.83                     | \$303.31                     |
| 54600                | 22           |              | REDUCE TESTIS TORSION             | \$446.04                     | \$379.13                     |
| 54620                |              |              | SUSPENSION OF TESTIS              | \$248.32                     | \$211.07                     |
| 54640                |              |              | SUSPENSION OF TESTIS              | \$363.05                     | \$308.59                     |
| 54640                | 50           |              | ORCHIOPEXY W/ WO HERNIA REP: BIL  | \$726.10                     | \$617.18                     |
| 54650                |              |              | ORCHIOPEXY ABDOMINAL APPROACH     | \$579.19                     | \$492.31                     |
| 54660                |              |              | REVISION OF TESTIS                | \$276.02                     | \$234.62                     |
| 54660                | 50           |              | INSERT TESTICULAR PROSTH: BILAT   | \$552.05                     | \$469.24                     |
| 54670                |              |              | REPAIR TESTIS INJURY              | \$336.34                     | \$285.89                     |
| 54680                |              |              | RELOCATION OF TESTIS(ES)          | \$642.58                     | \$546.20                     |
| 54690                |              |              | LAPAROSCOPY SURG ORCHIECTOMY      | \$543.62                     | \$462.08                     |
| 54692                |              |              | LAP SURG ORCHIOPEXY FOR INTRA-    | \$629.56                     | \$535.13                     |
| 54700                |              |              | DRAINAGE OF SCROTUM               | \$182.22                     | \$154.89                     |
| 54800                |              |              | BIOPSY OF EPIDIDYMIS              | \$112.35                     | \$95.50                      |
| 54830                |              |              | REMOVE EPIDIDYMIS LESION          | \$284.36                     | \$241.71                     |
| 54840                |              |              | REMOVE EPIDIDYMIS LESION          | \$269.34                     | \$228.94                     |
| 54860                |              |              | REMOVAL OF EPIDIDYMIS             | \$325.10                     | \$276.34                     |
| 54861                |              |              | REMOVAL OF EPIDIDYMES             | \$445.92                     | \$379.03                     |
| 54865                |              |              | EXPLORATION OF EPIDIDYMIS, WIT    | \$284.70                     | \$242.00                     |
| 54900                |              |              | FUSION OF SPERMATIC DUCTS         | \$640.98                     | \$544.83                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 54901                |              |              | FUSION OF SPERMATIC DUCTS         | \$875.50                     | \$744.17                     |
| 55000                |              |              | DRAINAGE OF HYDROCELE             | \$118.69                     | \$100.88                     |
| 55040                |              |              | REMOVAL OF HYDROCELE              | \$280.25                     | \$238.21                     |
| 55041                |              |              | REMOVAL OF HYDROCELES             | \$396.82                     | \$337.30                     |
| 55060                |              |              | REPAIR OF HYDROCELE               | \$292.30                     | \$248.45                     |
| 55100                |              |              | DRAINAGE OF SCROTUM ABSCESS       | \$197.22                     | \$167.63                     |
| 55110                |              |              | SCROTAL EXPLORATION               | \$298.80                     | \$253.98                     |
| 55120                |              |              | REMOVAL OF SCROTUM LESION         | \$272.22                     | \$231.39                     |
| 55150                |              |              | REMOVAL OF SCROTUM                | \$374.78                     | \$318.57                     |
| 55175                |              |              | SCROTOPLASTY: SIMPLE              | \$278.42                     | \$236.65                     |
| 55180                |              |              | SCROTOPLASTY: COMPLICATED         | \$547.08                     | \$465.02                     |
| 55200                |              |              | INCISION OF SPERM DUCT            | \$447.79                     | \$380.62                     |
| 55300                |              |              | VASOTOMY FOR VASOGRAM, SEMINAL    | \$162.50                     | \$138.12                     |
| 55400                |              |              | REPAIR OF SPERM DUCT              | \$424.77                     | \$361.05                     |
| 55400                | 50           |              | VASOVASOSTOMY/VASOVASORRAPHY:B    | \$849.54                     | \$722.11                     |
| 55500                |              |              | REMOVAL OF HYDROCELE              | \$297.50                     | \$252.88                     |
| 55520                |              |              | REMOVAL OF SPERM CORD LESION      | \$322.74                     | \$274.33                     |
| 55530                |              |              | REVISE SPERMATIC CORD VEINS       | \$294.06                     | \$249.95                     |
| 55535                |              |              | REVISE SPERMATIC CORD VEINS       | \$336.34                     | \$285.89                     |
| 55540                |              |              | REVISE HERNIA & SPERM VEINS       | \$398.87                     | \$339.04                     |
| 55550                |              |              | LAP SURG W/LIGATION SPERMATIC     | \$336.21                     | \$285.78                     |
| 55600                |              |              | VESICULOTOMY:UNILATERAL           | \$332.70                     | \$282.79                     |
| 55600                | 50           |              | VESICULOTOMY:BILATERAL            | \$665.39                     | \$565.58                     |
| 55605                |              |              | INCISE SPERM DUCT POUCH           | \$415.82                     | \$353.44                     |
| 55650                |              |              | REMOVE SPERM DUCT POUCH           | \$578.77                     | \$491.95                     |
| 55650                | 50           |              | VESICULECTOMY,ANY APPROACH:BIL    | \$1,157.54                   | \$983.91                     |
| 55700                |              |              | BIOPSY OF PROSTATE                | \$195.38                     | \$166.07                     |
| 55720                |              |              | PROSTATOTOMY,EXT DRAIN PROS AB    | \$398.90                     | \$339.06                     |
| 55725                |              |              | DRAINAGE OF PROSTATE ABSCESS      | \$447.14                     | \$380.07                     |
| 55801                |              |              | REMOVAL OF PROSTATE               | \$859.96                     | \$730.97                     |
| 55810                |              |              | EXTENSIVE PROSTATE SURGERY        | \$1,063.90                   | \$904.32                     |
| 55812                |              |              | PROSTATE SURG W/LYMPH NODE BIO    | \$1,301.67                   | \$1,106.42                   |
| 55815                |              |              | PROSTATE SURG W BILAT PELVIC L    | \$1,429.05                   | \$1,214.69                   |
| 55821                |              |              | REMOVAL OF PROSTATE               | \$690.45                     | \$586.88                     |
| 55831                |              |              | REMOVAL OF PROSTATE               | \$751.70                     | \$638.94                     |
| 55842                |              |              | PROSTATE SURG/LYMPH NODE BIOPS    | \$1,154.58                   | \$981.40                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 55845                |              |              | EXTENSIVE PROSTATE SURGERY        | \$1,332.27                   | \$1,132.43                   |
| 55860                |              |              | EXPOSE PROSTATE-INSERT RADIOAC    | \$703.86                     | \$598.28                     |
| 55862                |              |              | EXPOSE PROSTATE:LYMPH NODE BIO    | \$890.85                     | \$757.22                     |
| 55865                |              |              | EXPOSE PROSTATE:BILATERAL LYMP    | \$1,084.82                   | \$922.09                     |
| 55866                |              |              | LAP SURG PROSTATECTOMY RETROPU    | \$1,432.14                   | \$1,217.32                   |
| 55873                |              |              | CRYOSURGICAL ABLATION OF PROST    | \$959.41                     | \$815.50                     |
| 55875                |              |              | TRANSPERINEAL PLACEMENT OF NEE    | \$621.19                     | \$528.00                     |
| 55876                |              |              | PLACEMENT OF INTERSTITIAL DEVI    | \$126.79                     | \$107.77                     |
| 55876                | 26           |              | PLACEMENT OF INTERSTITIAL DEVI    | \$92.47                      | \$78.60                      |
| 55920                |              |              | PLACEMENT OF NEEDLES OR CATHET    | \$358.29                     | \$304.54                     |
| 56405                |              |              | I&D OF PERINEAL ABSCESS(NONOB     | \$95.67                      | \$81.32                      |
| 56420                |              |              | DRAINAGE OF VULVA ABSCESS         | \$126.02                     | \$107.12                     |
| 56440                |              |              | MARSUPIALIZATION,BARTHOLIN GLA    | \$157.85                     | \$134.17                     |
| 56441                |              |              | LYSIS OF LABIAL ADHESIONS         | \$129.94                     | \$110.45                     |
| 56442                |              |              | HYMENOTOMY, SIMPLE INCISION       | \$38.94                      | \$33.10                      |
| 56501                |              |              | DESTROY VULVA LESION(S):SIMPLE    | \$114.42                     | \$97.25                      |
| 56501                | FP           |              | DESTROY VULVA LESION(S): SIMPL    | \$390.53                     | \$390.53                     |
| 56515                |              |              | TREATMENT OF VULVA LESIONS:EXT    | \$183.52                     | \$155.99                     |
| 56605                |              |              | BIOPSY OF PERINEAL: 1 LESION      | \$74.92                      | \$63.68                      |
| 56606                |              |              | BX VULVA/PERINEUM E ADDIT LEIS    | \$36.08                      | \$30.67                      |
| 56620                |              |              | PARTIAL REMOVAL OF VULVA          | \$425.29                     | \$361.49                     |
| 56625                |              |              | REMOVAL OF VULVA                  | \$476.22                     | \$404.78                     |
| 56630                |              |              | EXTENSIVE VULVA SURGERY           | \$666.56                     | \$566.58                     |
| 56631                |              |              | VULVECT RAD PART W UNILATERAL     | \$868.73                     | \$738.42                     |
| 56632                |              |              | VULVECTOMY W BILATERAL ING/FEM    | \$1,034.52                   | \$879.34                     |
| 56633                |              |              | VULVECTOMY RAD. COMPLETE          | \$870.39                     | \$739.83                     |
| 56634                |              |              | VULVECT. RAD. COMPL. W. UNILAT    | \$948.77                     | \$806.45                     |
| 56637                |              |              | VULVECT. RAD. COMPL. W. UNILAT    | \$1,146.71                   | \$974.71                     |
| 56640                |              |              | EXTENSIVE VULVA SURGERY           | \$1,146.03                   | \$974.13                     |
| 56640                | 50           |              | VULVECTOMY,RAD W/ING/ILI/PEL L    | \$2,292.06                   | \$1,948.25                   |
| 56700                |              |              | PARTIAL REMOVAL OF HYMEN          | \$150.96                     | \$128.32                     |
| 56740                |              |              | EXCISE BARTHOLIN'S GLAND OR CY    | \$247.90                     | \$210.72                     |
| 56800                |              |              | REPAIR OF VAGINA                  | \$210.31                     | \$178.77                     |
| 56805                |              |              | CLITOROPLASTY ADRENOGENITAL SY    | \$978.82                     | \$832.00                     |
| 56810                |              |              | PERINEOPLASTY, REPAIR OF PERIN    | \$222.77                     | \$189.35                     |
| 56820                |              |              | COLPOSCOPY OF VULVA               | \$97.18                      | \$82.61                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 56820                | FP           |              | COLPOSCOPY OF VULVA               | NA                           | \$249.01                     |
| 56820                | 26           |              | COLPOSCOPY OF VULVA               | \$74.79                      | \$63.57                      |
| 56821                |              |              | COLPOSCOPY OF VULVA W/BIOPSY      | \$131.91                     | \$112.13                     |
| 56821                | FP           |              | COLPOSCOPY OF VULVA W/BIOPSY      | NA                           | \$333.25                     |
| 56821                | 26           |              | COLPOSCOPY OF VULVA W/BIOPSY      | \$103.07                     | \$87.61                      |
| 57000                |              |              | EXPLORATION OF VAGINA             | \$161.42                     | \$137.20                     |
| 57010                |              |              | DRAINAGE OF PELVIC ABSCESS        | \$340.57                     | \$289.48                     |
| 57020                |              |              | COLPOCENTESIS(SEPARATE PROCEDU    | \$84.63                      | \$71.94                      |
| 57022                |              |              | I&D VAGINAL HEMATOMA POST-OBST    | \$139.17                     | \$118.29                     |
| 57023                |              |              | I&D VAGINAL HEMATOMA NON-OBSTE    | \$254.53                     | \$216.35                     |
| 57061                |              |              | DESTROY VAGINAL LESIONS:SIMPLE    | \$99.93                      | \$84.94                      |
| 57065                |              |              | DESTROY VAGINAL LESION(S):EXTE    | \$169.70                     | \$144.25                     |
| 57100                |              |              | BIOPSY OF VAGINA                  | \$78.71                      | \$66.91                      |
| 57100                | FP           |              | ENDOMETRIAL BIOPSY, SUCTION TY    | \$205.72                     | \$205.72                     |
| 57105                |              |              | BIOPSY OF VAGINA:EXTENSIVE,REQ    | \$120.41                     | \$102.35                     |
| 57106                |              |              | VAGINECTOMY, PARTIAL REMOV VAG    | \$364.48                     | \$309.81                     |
| 57107                |              |              | RADICAL VAGINECTOMY               | \$1,162.18                   | \$987.85                     |
| 57109                |              |              | RAD VAGINECTOMY/BIL TOT PELV L    | \$1,329.56                   | \$1,130.13                   |
| 57110                |              |              | REMOVAL OF VAGINA                 | \$749.59                     | \$637.15                     |
| 57111                |              |              | RAD VAGINECTOMY/COMPL REM VAGI    | \$1,375.19                   | \$1,168.91                   |
| 57120                |              |              | CLOSURE OF VAGINA                 | \$416.66                     | \$354.16                     |
| 57130                |              |              | REMOVE VAGINA LESION              | \$158.67                     | \$134.87                     |
| 57135                |              |              | REMOVE VAGINA LESION              | \$170.58                     | \$145.00                     |
| 57150                |              |              | TREAT VAGINAL INFECTION           | \$46.92                      | \$39.88                      |
| 57150                | SA           |              | TREAT VAGINAL INFECTION           | NA                           | \$40.94                      |
| 57155                |              |              | INSERT UTERINE TANDEM/VAG OVO     | \$365.68                     | \$310.83                     |
| 57160                |              |              | INSERT PESSARY                    | \$65.17                      | \$55.39                      |
| 57160                | SA           |              | INSERT PESSARY                    | NA                           | \$52.62                      |
| 57170                |              |              | FITTING OF DIAPHRAGM              | \$155.95                     | \$155.95                     |
| 57180                |              |              | TREAT NON-OBSTETRICAL HEMORRHA    | \$129.18                     | \$109.81                     |
| 57200                |              |              | REPAIR OF VAGINA                  | \$236.22                     | \$200.79                     |
| 57210                |              |              | REPAIR VAGINA/PERINEUM            | \$298.16                     | \$253.44                     |
| 57220                |              |              | REVISION OF URETHRA               | \$256.53                     | \$218.05                     |
| 57230                |              |              | REPAIR OF URETHRAL LESION         | \$309.65                     | \$263.20                     |
| 57240                |              |              | REPAIR BLADDER & VAGINA           | \$339.51                     | \$288.59                     |
| 57250                |              |              | REPAIR RECTUM & VAGINA            | \$315.18                     | \$267.91                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 57260                |                  |                  | REPAIR OF VAGINA                  | \$454.01                         | \$385.91                         |
| 57265                |                  |                  | EXTENSIVE REPAIR OF VAGINA        | \$602.14                         | \$511.82                         |
| 57267                |                  |                  | INSERTION OF MESH OR OTHER PRO    | \$240.37                         | \$204.31                         |
| 57268                |                  |                  | REPAIR ENTEROCELE,VAGINAL APPR    | \$379.24                         | \$322.35                         |
| 57270                |                  |                  | REPAIR OF BOWEL POUCH             | \$636.57                         | \$541.08                         |
| 57280                |                  |                  | SUSPENSION OF VAGINA              | \$774.59                         | \$658.40                         |
| 57282                |                  |                  | FIXATION FOR VAGINAL PROLAPSE     | \$400.02                         | \$340.01                         |
| 57283                |                  |                  | COLPOPEXY, VAGINAL: INTRA-PERI    | \$574.05                         | \$487.94                         |
| 57284                |                  |                  | PARAVAGINAL DEFECT REPAIR         | \$685.46                         | \$582.64                         |
| 57285                |                  |                  | PARAVAGINAL DEFECT REPAIR (INC    | \$518.59                         | \$440.80                         |
| 57287                |                  |                  | REM/REVIS SLING FOR STRESS INC    | \$550.84                         | \$468.21                         |
| 57288                |                  |                  | SLING OPERATION/STRESS INCONTI    | \$644.96                         | \$548.22                         |
| 57289                |                  |                  | REPAIR BLADDER & VAGINA           | \$606.50                         | \$515.52                         |
| 57291                |                  |                  | CONSTRUCT ARTIFICIAL VAGINA,W/    | \$445.77                         | \$378.90                         |
| 57292                |                  |                  | CONSTRUCT ARTIFICIAL VAG W/GRA    | \$695.69                         | \$591.33                         |
| 57295                |                  |                  | REVISION (INCLUDING REMOVAL) O    | \$413.06                         | \$351.10                         |
| 57296                |                  |                  | REVISION (INCLUDING REMOVAL) O    | \$746.21                         | \$634.28                         |
| 57300                |                  |                  | REPAIR RECTUM-VAGINA FISTULA      | \$411.53                         | \$349.80                         |
| 57305                |                  |                  | REPAIR RECTUM-VAGINA FISTULA      | \$698.59                         | \$593.80                         |
| 57307                |                  |                  | FISTULA REPAIR & COLOSTOMY        | \$800.22                         | \$680.18                         |
| 57308                |                  |                  | RECTOVAGINAL FIST CLOS W/PERIN    | \$520.66                         | \$442.56                         |
| 57310                |                  |                  | REPAIR URETHRA-VAGINA LESION      | \$360.28                         | \$306.24                         |
| 57311                |                  |                  | CLOSE FISTULA:W/BULBOCAV.TRANS    | \$410.98                         | \$349.33                         |
| 57320                |                  |                  | REPAIR BLADDER-VAGINA LESION      | \$421.58                         | \$358.35                         |
| 57330                |                  |                  | REPAIR BLADDER-VAGINA LESION      | \$615.22                         | \$522.94                         |
| 57335                |                  |                  | VAGINOPLASTY/ADRENOGENITAL SYN    | \$954.70                         | \$811.49                         |
| 57400                |                  |                  | DILATE VAGINA UNDER ANESTHESIA    | \$117.11                         | \$99.55                          |
| 57410                |                  |                  | PELVIC EXAM UNDER ANESTHESIA      | \$109.75                         | \$93.29                          |
| 57415                |                  |                  | REM. IMP. VAGINAL UNDER ANESTH    | \$123.87                         | \$105.29                         |
| 57420                |                  |                  | COLPOSCOPY ENTIRE VAGINA W/CER    | \$102.00                         | \$86.70                          |
| 57420                | FP               |                  | COLPOSCOPY ENTIRE VAGINA W/CER    | NA                               | \$262.89                         |
| 57420                | 26               |                  | COLPOSCOPY ENTIRE VAGINA W/CER    | \$78.93                          | \$67.09                          |
| 57421                |                  |                  | COLPOSCOPY ENTIRE VAG W/CERV W    | \$140.30                         | \$119.25                         |
| 57421                | FP               |                  | COLPOSCOPY ENTIRE VAG W/CERV W    | NA                               | \$352.30                         |
| 57421                | 26               |                  | COLPOSCOPY ENTIRE VAG W/CERV W    | \$110.10                         | \$93.59                          |
| 57423                |                  |                  | PARAVAGINAL DEFECT REPAIR (INC    | \$722.83                         | \$614.41                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 57425                |              |              | SURGICAL LAPAROSCOPY COLPOPEXY    | \$774.64                     | \$658.44                     |
| 57452                |              |              | EXAMINATION OF VAGINA: COLPOSC    | \$96.17                      | \$81.74                      |
| 57452                | FP           |              | EXAMINATION OF VAGINA:COLPOSCO    | \$252.45                     | \$252.45                     |
| 57454                |              |              | VAGINA EXAMINATION & BIOPSY       | \$137.58                     | \$116.94                     |
| 57454                | FP           |              | VAGINA EXAMINATION & BIOPSY       | \$333.72                     | \$333.72                     |
| 57455                |              |              | COLPOSCOPY CERVIX W/BIOPSY CER    | \$128.36                     | \$109.11                     |
| 57455                | 26           |              | COLPOSCOPY CERVIX W/BIOPSY CER    | \$99.52                      | \$84.59                      |
| 57456                |              |              | COLPOSCOPY CERVIX W/ENDOCERV C    | \$120.97                     | \$102.82                     |
| 57456                | 26           |              | COLPOSCOPY CERVIX W/ENDOCERV C    | \$92.81                      | \$78.89                      |
| 57460                |              |              | COLPOSCOPY:W.LOOP ELECT.EXC.CE    | \$294.37                     | \$250.21                     |
| 57461                |              |              | COLPOSCOPY CERV W/CONIZATION C    | \$328.18                     | \$278.96                     |
| 57461                | 26           |              | COLPOSCOPY CERV W/CONIZATION C    | \$170.43                     | \$144.87                     |
| 57500                |              |              | BIOPSY OF CERVIX                  | \$120.72                     | \$102.61                     |
| 57500                | FP           |              | BIOPSY OF CERVIX                  | \$311.31                     | \$311.31                     |
| 57505                |              |              | ENDOCERVICAL CURETTAGE (NOT AS    | \$89.71                      | \$76.26                      |
| 57510                |              |              | CAUTERIZATION OF CERVIX           | \$119.79                     | \$101.82                     |
| 57511                |              |              | CRYOCAUTERY OF CERVIX             | \$128.95                     | \$109.61                     |
| 57511                | FP           |              | CRYOCAUTERY OF CERVIX             | \$401.24                     | \$401.24                     |
| 57513                |              |              | LASER SURGERY                     | \$125.22                     | \$106.43                     |
| 57520                |              |              | BIOPSY OF CERVIX                  | \$275.56                     | \$234.23                     |
| 57522                |              |              | CX LOOP ELECTRODE EXCESION        | \$225.23                     | \$191.45                     |
| 57530                |              |              | REMOVAL OF CERVIX                 | \$283.27                     | \$240.78                     |
| 57531                |              |              | RAD TRACHELECTOMY W/BIL PELV L    | \$1,430.49                   | \$1,215.91                   |
| 57540                |              |              | REMOVAL OF RESIDUAL CERVIX        | \$641.78                     | \$545.51                     |
| 57545                |              |              | REMOVE CERVIX, REPAIR PELVIS      | \$683.20                     | \$580.72                     |
| 57550                |              |              | REMOVAL OF RESIDUAL CERVIX        | \$324.26                     | \$275.62                     |
| 57555                |              |              | REMOVE CERVIX, REPAIR VAGINA      | \$487.54                     | \$414.41                     |
| 57556                |              |              | REMOVE CERVIX, REPAIR BOWEL       | \$456.38                     | \$387.92                     |
| 57558                |              |              | DILATION AND CURETTAGE OF CERV    | \$102.82                     | \$87.39                      |
| 57558                | 26           |              | DILATION AND CURRETAGE OF CERV    | \$91.94                      | \$78.15                      |
| 57700                |              |              | REVISION OF CERVIX                | \$229.54                     | \$195.11                     |
| 57720                |              |              | REVISION OF CERVIX                | \$250.25                     | \$212.71                     |
| 57800                |              |              | INSTRUMENTAL DILATION OF CERV.    | \$52.78                      | \$44.87                      |
| 57800                | UD           |              | INSTRUMENTAL DILATION OF CERV.    | \$52.78                      | \$44.87                      |
| 58100                |              |              | ENDOMETRIAL BIOPSY, SUCTION TY    | \$96.45                      | \$81.98                      |
| 58100                | FP           |              | ENDOMETRIAL BIOPSY, SUCTION TY    | \$202.25                     | \$202.25                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 58100                | SA           |              | ENDOMETRIAL BIOPSY, SUCTION TY    | NA                           | \$77.88                      |
| 58110                |              |              | ENDOMETRIAL SAMPLING (BIOPSY)     | \$45.66                      | \$38.81                      |
| 58120                |              |              | DIAGNOSTIC/THERAPEUTIC D&C, NO    | \$193.28                     | \$164.29                     |
| 58140                |              |              | REMOVAL OF UTERUS LESION          | \$755.99                     | \$642.59                     |
| 58145                |              |              | REMOVAL OF UTERUS LESION          | \$445.38                     | \$378.58                     |
| 58146                |              |              | MYOMECTOMY >250 GMS ABDOMINAL     | \$974.66                     | \$828.46                     |
| 58150                |              |              | TOTAL HYSTERECTOMY:W/W/O TUBES    | \$790.01                     | \$671.51                     |
| 58152                |              |              | TAH:MARSHALL-MARCHETI-KRANTZ T    | \$1,058.51                   | \$899.74                     |
| 58180                |              |              | SUPRACERVICAL HYSTERECTOMY-SUB    | \$784.67                     | \$666.97                     |
| 58200                |              |              | TAH,W/PART VAGINECTOMY,...BX      | \$1,096.63                   | \$932.14                     |
| 58210                |              |              | RAD HYSTERECTOMY,BILAT PELVIC,    | \$1,459.27                   | \$1,240.38                   |
| 58240                |              |              | PELVIC EXENTERATION/MALIG,W/TA    | \$1,935.68                   | \$1,645.33                   |
| 58260                |              |              | VAGINAL HYSTERECTOMY              | \$683.78                     | \$581.21                     |
| 58262                |              |              | VAGINAL HYSTERECTOMY W. REM. T    | \$770.27                     | \$654.73                     |
| 58263                |              |              | VAG HYSTERECT:REPAIR ENTEROCEL    | \$832.46                     | \$707.59                     |
| 58267                |              |              | VAG HYSTERECT.W/COLPO-URETHROC    | \$883.29                     | \$750.79                     |
| 58270                |              |              | VAG HYSTERECT:REPAIR ENTEROCEL    | \$741.52                     | \$630.29                     |
| 58275                |              |              | VAG HYSTERECT:W/ TOT/PART COLP    | \$818.35                     | \$695.60                     |
| 58280                |              |              | VAG HYSTERECT:REPAIR ENTERECOL    | \$878.27                     | \$746.53                     |
| 58285                |              |              | VAGINAL HYSTERECTOMY: RADICAL     | \$1,120.84                   | \$952.71                     |
| 58290                |              |              | VAGINAL HYSTERECTOMY UTERUS >2    | \$977.84                     | \$831.16                     |
| 58291                |              |              | VAG HYSTER UTERUS >250 GM W/RE    | \$1,066.67                   | \$906.67                     |
| 58292                |              |              | VAG HYSTER W/REM TUBE/OVARY RE    | \$1,128.51                   | \$959.24                     |
| 58294                |              |              | VAG HYSTER UTERUS >250 GM W/RE    | \$1,035.86                   | \$880.48                     |
| 58300                |              |              | INSERT INTRAUTERINE DEVICE        | \$69.50                      | \$69.50                      |
| 58300                | SA           |              | IUD BY CNP/CNS                    | NA                           | \$66.03                      |
| 58300                | SB           |              | INSERTION OF IUD BY CNM           | NA                           | \$69.50                      |
| 58301                |              |              | REMOVE INTRAUTERINE DEVICE        | \$219.69                     | \$219.69                     |
| 58301                | FP           |              | REMOVE INTRAUTERINE DEVICE        | \$219.69                     | \$219.69                     |
| 58301                | FP           | SA           | REMOVAL OF IUD BY CNP/CNS IN F    | NA                           | \$219.69                     |
| 58301                | FP           | SB           | REMOVEAL OF IUD BY CNM IN FP C    | NA                           | \$219.69                     |
| 58301                | SA           |              | REMOVAL OF IUD BY CNP/CNS         | NA                           | \$219.69                     |
| 58301                | SB           |              | REMOVAL OF IUD BY CNM             | NA                           | \$219.69                     |
| 58340                |              |              | INJECTION FOR HYSTEROSALPINGOG    | \$126.97                     | \$107.92                     |
| 58346                |              |              | INSERT HEYMAN CAPS CLIN BRACHY    | \$362.98                     | \$308.53                     |
| 58350                |              |              | REOPEN FALLOPIAN TUBE             | \$86.02                      | \$73.12                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 58353                |                  |                  | ENDOMET ABLATION THERM WO NUST    | \$1,064.00                       | \$904.40                         |
| 58356                |                  |                  | ENDOMETRIAL CRYOABLATION WITH     | \$1,978.28                       | \$1,681.54                       |
| 58356                | 26               |                  | ENDOMETRIAL CRYOABLATION WITH     | \$316.90                         | \$269.37                         |
| 58400                |                  |                  | UTERINE SUSPENSION                | \$356.59                         | \$303.10                         |
| 58410                |                  |                  | UTERINE SUSPENSUON WITH SYMPAT    | \$663.50                         | \$563.98                         |
| 58520                |                  |                  | REPAIR OF RUPTURED UTERUS         | \$624.91                         | \$531.18                         |
| 58540                |                  |                  | HYSTGEROPLASTY, STRASSMAN TYPE    | \$751.28                         | \$638.59                         |
| 58541                |                  |                  | LAPAROSCOPY, SURGICAL, SUPRACE    | \$671.72                         | \$570.96                         |
| 58542                |                  |                  | LAPAROSCOPY, SURGICAL, SUPRACE    | \$742.80                         | \$631.38                         |
| 58543                |                  |                  | LAPAROSCOPY, SURGICAL, SUPRACE    | \$755.20                         | \$641.92                         |
| 58544                |                  |                  | LAPAROSCOPY, SURGICAL, SUPRACE    | \$817.15                         | \$694.58                         |
| 58545                |                  |                  | LAP SURG MYOMECTOMY EXCIS 1-4     | \$757.53                         | \$643.90                         |
| 58546                |                  |                  | LAP SURG MYOMECTOMY EXCIS 5 MY    | \$971.01                         | \$825.36                         |
| 58548                |                  |                  | LAPAROSCOPY, SURGICAL, WITH RA    | \$1,429.80                       | \$1,215.33                       |
| 58550                |                  |                  | LAP ASSISTED VAG HYSTERECTOMY     | \$746.82                         | \$634.79                         |
| 58552                |                  |                  | LAP SURG W/VAG HYSTER 250 GM O    | \$828.48                         | \$704.21                         |
| 58553                |                  |                  | LAP SURG W/VAG HYSTER UTERUS >    | \$971.01                         | \$825.36                         |
| 58554                |                  |                  | LAP SURG W/VAG HYST W/REMOV TU    | \$1,115.20                       | \$947.92                         |
| 58555                |                  |                  | DIAGNOSTIC HYSTEROSCOPY           | \$191.74                         | \$162.98                         |
| 58558                |                  |                  | HYSTEROSCOPY W/BIOPSY W/WO D&C    | \$240.66                         | \$204.56                         |
| 58559                |                  |                  | SURG HYSTEROSCOPY W/LYSIS ADHE    | \$293.53                         | \$249.50                         |
| 58560                |                  |                  | SURG HYSTEROSCOPY W/RESECT SEP    | \$320.06                         | \$272.05                         |
| 58561                |                  |                  | SURG HYSTEROSCOPY W/REMOV LEIO    | \$367.11                         | \$312.04                         |
| 58562                |                  |                  | SURG HYSTEROSCOPY W/REMOV FORI    | \$263.08                         | \$223.62                         |
| 58563                |                  |                  | SURG HYSTEROSCOPY W/ENDOMET AB    | \$1,707.93                       | \$1,451.74                       |
| 58565                |                  |                  | HYSTEROSCOPY, SURGICAL: WITH B    | \$1,943.20                       | \$1,651.72                       |
| 58565                | 26               |                  | HYSTEROSCOPY, SURGICAL WITH BI    | \$389.74                         | \$331.28                         |
| 58570                |                  |                  | LAPAROSCOPY, SURGICAL, WITH TO    | \$719.17                         | \$611.29                         |
| 58571                |                  |                  | LAPAROSCOPY, SURGICAL, WITH TO    | \$786.11                         | \$668.20                         |
| 58572                |                  |                  | LAPAROSCOPY, SURGICAL, WITH TO    | \$891.50                         | \$757.78                         |
| 58573                |                  |                  | LAPAROSCOPY, SURGICAL, WITH TO    | \$1,003.09                       | \$852.62                         |
| 58660                |                  |                  | SURG LAP W/LYSIS OF ADHESIONS     | \$576.46                         | \$489.99                         |
| 58661                |                  |                  | SURG LAP W/REMOVAL ADNEXAL STR    | \$562.35                         | \$478.00                         |
| 58662                |                  |                  | SURG LAP W/EXC LESIONS OF OVAR    | \$611.14                         | \$519.47                         |
| 58670                |                  |                  | SURG LAP W/FULGURATION OF OVID    | \$307.81                         | \$261.64                         |
| 58671                |                  |                  | SURG LAP W/OCCLUSION OF OVIDUC    | \$308.10                         | \$261.89                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 58700                |                  |                  | REMOVAL OF FALLOPIAN TUBE         | \$628.50                         | \$534.23                         |
| 58720                |                  |                  | SALPINGO-OOPHORECTOMY COMPLETE    | \$596.02                         | \$506.62                         |
| 58740                |                  |                  | LYSIS OF ADHESIONS (SALPINGOLY    | \$735.09                         | \$624.82                         |
| 58750                |                  |                  | TUBOTUBAL ANASTOMOSIS             | \$773.29                         | \$657.29                         |
| 58760                |                  |                  | FIMBRIOPLASTY                     | \$695.69                         | \$591.33                         |
| 58770                |                  |                  | SALPINGOSTOMY(SALPINGONEOSTOMY    | \$726.92                         | \$617.88                         |
| 58800                |                  |                  | DRAINAGE OF OVARIAN CYST(S)       | \$267.11                         | \$227.05                         |
| 58805                |                  |                  | DRAINAGE OF OVARIAN CYST(S)       | \$325.06                         | \$276.30                         |
| 58820                |                  |                  | DRAINAGE OF OVARIAN ABSCESS       | \$260.42                         | \$221.36                         |
| 58822                |                  |                  | DRAINAGE OF OVARIAN ABSCESS       | \$531.34                         | \$451.64                         |
| 58825                |                  |                  | TRANSPOSITION, OVARY(S)           | \$582.62                         | \$495.23                         |
| 58900                |                  |                  | BIOPSY OF OVARY(S)                | \$330.90                         | \$281.27                         |
| 58920                |                  |                  | PARTIAL REMOVAL OF OVARY(S)       | \$590.42                         | \$501.85                         |
| 58925                |                  |                  | REMOVAL OF OVARIAN CYST(S)        | \$593.56                         | \$504.53                         |
| 58940                |                  |                  | REMOVAL OF OVARY(S)               | \$396.49                         | \$337.01                         |
| 58943                |                  |                  | OOPHORECTOMY, OVAR MALIG, W/W/OU  | \$941.46                         | \$800.24                         |
| 58950                |                  |                  | RES OVAR MALIG, BILAL SALP/OOPH   | \$880.24                         | \$748.20                         |
| 58951                |                  |                  | SEE 58950 W/TAH AND LYMPHADENE    | \$1,139.53                       | \$968.60                         |
| 58952                |                  |                  | SEE 58950, W/ RAD DISSECT FOR D   | \$1,278.33                       | \$1,086.58                       |
| 58953                |                  |                  | BIL SALPINGO-OOPHORECT W/OMENT    | \$1,617.94                       | \$1,375.25                       |
| 58954                |                  |                  | BILAT SALPINGO-OOPHOR W/OMENT     | \$1,762.52                       | \$1,498.14                       |
| 58956                |                  |                  | BILATERAL SALPINGO-OOPHORECTOM    | \$1,125.89                       | \$957.00                         |
| 58957                |                  |                  | RESECTION (TUMOR DEBULKING) OF    | \$1,154.18                       | \$981.06                         |
| 58958                |                  |                  | RESECTION (TUMOR DEBULKING) OF    | \$1,276.97                       | \$1,085.42                       |
| 58960                |                  |                  | LAPAROTOMY-STAGE OVAR MALIG...    | \$765.46                         | \$650.64                         |
| 59000                |                  |                  | AMNIOCENTESIS, ANY METHOD         | \$120.82                         | \$102.69                         |
| 59001                |                  |                  | AMNIOCENTESIS: THER AMNIO FLD     | \$163.65                         | \$139.10                         |
| 59012                |                  |                  | CORDOCENTESIS(INTRAUTERINE):AN    | \$185.22                         | \$157.43                         |
| 59012                | UD               |                  | CORDOCENTESIS(INTRAUTERINE)ANT    | \$185.22                         | \$157.43                         |
| 59015                |                  |                  | CHORIONIC VILLUS SAMPLING CHRO    | \$137.50                         | \$116.87                         |
| 59020                |                  |                  | FETAL OXYTOCIN STRESS TEST        | \$55.00                          | \$46.75                          |
| 59025                |                  |                  | FETAL NON-STRESS TEST             | \$36.11                          | \$30.70                          |
| 59025                | 26               |                  | FETAL NON - STRESS TEST           | \$27.72                          | \$23.56                          |
| 59030                |                  |                  | FETAL SCALP BLOOD SAMPLE          | \$102.91                         | \$87.48                          |
| 59050                |                  |                  | INTERNAL FETAL MONITORING/CONS    | \$46.22                          | \$39.28                          |
| 59051                |                  |                  | FETAL MONITORING INTERPRETATIO    | \$38.26                          | \$32.52                          |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 59070                |              |              | TRANSABDOMINAL AMNIOINFUSION W    | \$349.02                     | \$296.66                     |
| 59070                | 26           |              | TRANSABDOMINAL AMNIOINFUSION W    | \$252.66                     | \$214.76                     |
| 59072                |              |              | FETAL UMBILICAL CORD OCCLUSION    | \$395.18                     | \$335.91                     |
| 59074                |              |              | FETAL FLUID DRAINAGE W/ ULTRAS    | \$329.34                     | \$279.94                     |
| 59074                | 26           |              | FETAL FLUID DRAINAGE W/ ULTRAS    | \$252.66                     | \$214.76                     |
| 59076                |              |              | FETAL SHUNT PLACEMENT W/ ULTRA    | \$395.18                     | \$335.91                     |
| 59100                |              |              | ABDOMINAL HYSTERTOMY FOR MOLE/    | \$1,672.15                   | \$1,672.15                   |
| 59120                |              |              | SURG TX ECTOPIC PG,TUBAL,W/SAL    | \$655.31                     | \$557.02                     |
| 59121                |              |              | SURG TX ECTOPIC PG:TUBAL,W/O S    | \$665.49                     | \$565.66                     |
| 59130                |              |              | SURG TX ECTOPIC PG: ABDOMINAL     | \$711.58                     | \$604.84                     |
| 59136                |              |              | SURG TX ECTOPIC PREG.WO SALPI/    | \$733.06                     | \$623.10                     |
| 59140                |              |              | SURG TX ECTOPIC PG: CERVICAL      | \$285.70                     | \$242.85                     |
| 59150                |              |              | LAPHROSCOPIC TX:ECTOPIC PREGWO    | \$654.30                     | \$556.15                     |
| 59151                |              |              | LAPAROSCOPIC TX ECT.PREG.W SAL    | \$649.16                     | \$551.79                     |
| 59160                |              |              | D&C AFTER DELIVERY                | \$211.60                     | \$179.86                     |
| 59200                |              |              | INSERT.HYGROSCOPIC CERVICAL DI    | \$70.96                      | \$60.32                      |
| 59200                | UD           |              | INSERT.HYGROSCOPIC CERVICAL DI    | \$70.96                      | \$60.32                      |
| 59300                |              |              | EPISIOTOMY/VAG REP BY OTHER MD    | \$166.98                     | \$141.94                     |
| 59320                |              |              | CERCLAGE/CERVIX,DURING PREG:VA    | \$137.90                     | \$117.21                     |
| 59325                |              |              | CERCLAGE CERVIX,DURING PREG.:A    | \$218.80                     | \$185.98                     |
| 59350                |              |              | REPAIR OF UTERUS                  | \$254.50                     | \$216.33                     |
| 59400                |              |              | OBSTETRICAL CARE                  | \$2,615.36                   | \$2,223.06                   |
| 59400                | SB           |              | OBSTETRICAL CARE                  | NA                           | \$2,615.36                   |
| 59510                |              |              | ROUTINE OB CARE,AP,PP,CESAREAN    | \$2,881.89                   | \$2,449.61                   |
| 59618                |              |              | ROUTINE OB CARE W/C/S P/VBAC A    | \$2,911.16                   | \$2,474.49                   |
| 59812                |              |              | TX SPONTANEOUS ABORTION,SURGIC    | \$721.04                     | \$721.04                     |
| 59820                |              |              | MISSED ABORTION ANY TRIMESTER     | \$877.79                     | \$877.79                     |
| 59821                |              |              | TX MISSED ABORT,SURG.SECOND TR    | \$862.87                     | \$862.87                     |
| 59830                |              |              | TREATMENT OF SEPTIC ABORTION      | \$914.53                     | \$914.53                     |
| 59840                |              |              | THERAPUTIC ABORTION BY D&C        | \$496.67                     | \$496.67                     |
| 59841                |              |              | ABORTION BY DILATION + EVACUAT    | \$843.93                     | \$843.93                     |
| 59850                |              |              | TOP BY INTRA-AMNIOTIC INJECTIO    | \$767.38                     | \$767.38                     |
| 59851                |              |              | SALINE TOP WITH D&C OR D&E        | \$844.67                     | \$844.67                     |
| 59852                |              |              | SALINE ABORTION WITH HYSTEROTO    | \$1,162.57                   | \$1,162.57                   |
| 59855                |              |              | TOP, >= 1 VAGINAL SUPP/ D & C     | \$834.03                     | \$834.03                     |
| 59856                |              |              | TOP, D & C &/OR D & E             | \$973.08                     | \$973.08                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 59857                |              |              | TOP >1=1 VAG SUPPOS W/HYSTEROT    | \$1,132.04                   | \$1,132.04                   |
| 59866                |              |              | MULTIFETAL PREGNANCY REDUCTION    | \$458.80                     | \$458.80                     |
| 59870                |              |              | UTERINE EVAC&CURETTAGE/HYDATID    | \$383.94                     | \$326.35                     |
| 59871                |              |              | REMOV CERCLAGE SUTURE W/GEN AN    | \$136.30                     | \$115.86                     |
| 60000                |              |              | I&D THYROGLOSSAL CYST, INFECTE    | \$125.55                     | \$106.72                     |
| 60100                |              |              | BIOPSY THYROID,PERCUTANEUS N      | \$99.78                      | \$84.81                      |
| 60200                |              |              | EXC CYST/ADENOMA THYROID          | \$535.02                     | \$454.77                     |
| 60210                |              |              | UNILAT PARTIAL THYROID LOBECTO    | \$571.38                     | \$485.67                     |
| 60212                |              |              | THYROID CONTRA LAT SUBTOTAL LO    | \$824.38                     | \$700.73                     |
| 60220                |              |              | TOTAL THYROID LOBECTOMY:UNILAT    | \$623.58                     | \$530.05                     |
| 60225                |              |              | PARTIAL REMOVAL OF THYROID        | \$748.18                     | \$635.96                     |
| 60240                |              |              | THYROIDECTOMY,TOTAL OR COMPLET    | \$819.62                     | \$696.68                     |
| 60252                |              |              | REMOVAL OF THYROID                | \$1,060.39                   | \$901.33                     |
| 60254                |              |              | EXTENSIVE THYROID SURGERY         | \$1,409.97                   | \$1,198.47                   |
| 60260                |              |              | REMAINING LOBE C/S ISTHMUS        | \$902.55                     | \$767.17                     |
| 60260                | 50           |              | THYROIDECTOMY,SECONDARY:BILATE    | \$1,805.10                   | \$1,534.34                   |
| 60270                |              |              | REMOVAL OF THYROID                | \$1,064.01                   | \$904.41                     |
| 60271                |              |              | THYROIDECTOMY W CERVICAL APPRO    | \$874.34                     | \$743.19                     |
| 60280                |              |              | REMOVE THYROID DUCT LESION        | \$359.66                     | \$305.71                     |
| 60281                |              |              | EXC.RECURRENT THYRO.DUCT CYST/    | \$489.42                     | \$416.00                     |
| 60300                |              |              | ASPIRATION AND/OR INJECTION,TH    | \$40.16                      | \$34.14                      |
| 60500                |              |              | EXPLORE PARATHYROID GLANDS        | \$823.31                     | \$699.82                     |
| 60502                |              |              | RE-EXPLORE PARATHYROID(S)         | \$1,035.41                   | \$880.10                     |
| 60505                |              |              | EXPLORE PARATHYROID GLANDS        | \$1,127.97                   | \$958.77                     |
| 60512                |              |              | PARATHYROID AUTOTRANSPLANTATIO    | \$210.99                     | \$179.34                     |
| 60520                |              |              | REMOVAL OF THYMUS GLAND           | \$877.14                     | \$745.57                     |
| 60521                |              |              | THYMECTOMY STERNAL/TRANSTHORAC    | \$1,003.31                   | \$852.82                     |
| 60522                |              |              | THYMECTOMY STERNAL/TRANSTHORAC    | \$1,208.38                   | \$1,027.13                   |
| 60540                |              |              | EXPLORE ADRENAL GLAND             | \$846.74                     | \$719.73                     |
| 60540                | 50           |              | ARENALECTOMY:BILATERAL,ONE STA    | \$1,693.47                   | \$1,439.45                   |
| 60545                |              |              | EXPLORE ADRENAL GLAND             | \$978.82                     | \$831.99                     |
| 60600                |              |              | REMOVE CAROTID BODY LESION        | \$1,003.48                   | \$852.96                     |
| 60605                |              |              | REMOVE CAROTID BODY LESION        | \$1,129.48                   | \$960.06                     |
| 60650                |              |              | SURG LAP W/ADRENALECTOMY PART     | \$970.15                     | \$824.63                     |
| 61000                |              |              | REMOVE CRANIAL CAVITY FLUID       | \$86.02                      | \$73.12                      |
| 61001                |              |              | REMOVE CRANIAL CAVITY FLUID       | \$87.80                      | \$74.63                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 61020                |              |              | REMOVE BRAIN CAVITY FLUID         | \$102.89                     | \$87.46                      |
| 61026                |              |              | PUNCTURE BURR HOLE FOR INJECTI    | \$109.01                     | \$92.66                      |
| 61050                |              |              | REMOVE BRAIN CANAL FLUID          | \$88.20                      | \$74.97                      |
| 61055                |              |              | CERVICAL PUNCTURE FOR INJECTIO    | \$119.59                     | \$101.65                     |
| 61070                |              |              | BRAIN CANAL SHUNT PROCEDURE       | \$59.09                      | \$50.23                      |
| 61105                |              |              | TWIST DRILL:SUBDURAL/VENTRICUL    | \$334.82                     | \$284.60                     |
| 61107                |              |              | TWIST DRILL HOLE/VENTRICULAR C    | \$282.02                     | \$239.71                     |
| 61108                |              |              | TWIST DRILL HOLE....EVAC/DRAIN    | \$642.09                     | \$545.77                     |
| 61120                |              |              | PIERCE SKULL FOR EXAMINATION      | \$542.24                     | \$460.90                     |
| 61140                |              |              | PIERCE SKULL FOR BIOPSY           | \$959.60                     | \$815.66                     |
| 61150                |              |              | PIERCE SKULL FOR DRAINAGE         | \$1,034.62                   | \$879.42                     |
| 61151                |              |              | PIERCE SKULL FOR DRAINAGE         | \$746.25                     | \$634.31                     |
| 61154                |              |              | PIERCE SKULL FOR DRAINAGE         | \$919.91                     | \$781.93                     |
| 61154                | 50           |              | BURR HOLE W/EVAC&/DR.HEMATOMA:    | \$1,839.82                   | \$1,563.85                   |
| 61156                |              |              | PIERCE SKULL FOR DRAINAGE         | \$974.43                     | \$828.27                     |
| 61210                |              |              | PIERCE SKULL: IMPLANT DEVICE      | \$327.66                     | \$278.51                     |
| 61215                |              |              | INSERT SYST.-CONNECT TO VENTRI    | \$327.53                     | \$278.40                     |
| 61250                |              |              | PIERCE SKULL & EXPLORE            | \$643.35                     | \$546.85                     |
| 61250                | 50           |              | BURR HOLE/TREPHINE-EXPLORE:BIL    | \$1,286.70                   | \$1,093.70                   |
| 61253                |              |              | PIERCE SKULL & EXPLORE            | \$729.79                     | \$620.32                     |
| 61304                |              |              | INCISE SKULL FOR EXPLORATION      | \$1,295.58                   | \$1,101.25                   |
| 61305                |              |              | INCISE SKULL FOR EXPLORATION      | \$1,540.01                   | \$1,309.01                   |
| 61312                |              |              | CRANIECTOMY/OTOMY-HEMATOMA:EXT    | \$1,474.30                   | \$1,253.16                   |
| 61313                |              |              | CRANIECTOMY/OTOMY-HEMATOMA:INT    | \$1,480.21                   | \$1,258.18                   |
| 61314                |              |              | CRANIECTOMY/OTOMY-HEMATOMA:EXT    | \$1,393.01                   | \$1,184.06                   |
| 61315                |              |              | CRANIECTOMY/OTOMY-HEMATOMA:INT    | \$1,629.50                   | \$1,385.07                   |
| 61316                |              |              | INCIS/SUBCU PLACE CRANIAL BONE    | \$74.63                      | \$63.44                      |
| 61320                |              |              | INCISE SKULL FOR DRAINAGE         | \$1,505.34                   | \$1,279.54                   |
| 61321                |              |              | INCISE SKULL FOR DRAINAGE         | \$1,658.57                   | \$1,409.78                   |
| 61322                |              |              | CRANIECT/CRANIOT DECOMP WO LOB    | \$1,689.04                   | \$1,435.68                   |
| 61323                |              |              | CRANIECT/CRANIOT DECOMP W/LOBE    | \$1,762.21                   | \$1,497.88                   |
| 61330                |              |              | EXPLORATION OF EYE SOCKET         | \$1,271.43                   | \$1,080.72                   |
| 61330                | 50           |              | EXPLORATION EYE SOCKET: BILATE    | \$2,542.86                   | \$2,161.43                   |
| 61333                |              |              | EXPLORE ORBIT: REMOVE LESION      | \$1,527.82                   | \$1,298.65                   |
| 61340                |              |              | RELIEVE CRANIAL PRESSURE          | \$1,109.86                   | \$943.38                     |
| 61340                | 50           |              | OTHER CRANIAL DECOMP,SUPRATENT    | \$2,219.73                   | \$1,886.77                   |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 61343                |                  |                  | CRANIECTOMY,DECOMPRESS MED/SPN    | \$1,736.55                       | \$1,476.07                       |
| 61345                |                  |                  | RELIEVE CRANIAL PRESSURE          | \$1,589.41                       | \$1,351.00                       |
| 61450                |                  |                  | INCISE SKULL FOR SURGERY          | \$1,475.34                       | \$1,254.04                       |
| 61458                |                  |                  | INCISE SKULL FOR SURGERY          | \$1,596.03                       | \$1,356.63                       |
| 61460                |                  |                  | CRANIECTOMY,SUBOCCIPITAL 1/MOR    | \$1,632.48                       | \$1,387.61                       |
| 61490                | 50               |                  | CRANIOTOMY FOR LOBOTOMY./CINQU    | \$3,001.74                       | \$2,551.48                       |
| 61500                |                  |                  | REMOVAL OF SKULL LESION           | \$1,054.08                       | \$895.97                         |
| 61501                |                  |                  | CRANIECTOMY FOR OSTEOMYELITIS     | \$876.46                         | \$744.99                         |
| 61510                |                  |                  | REMOVAL OF BRAIN LESION           | \$1,682.52                       | \$1,430.14                       |
| 61512                |                  |                  | REMOVE BRAIN LINING LESION        | \$2,044.35                       | \$1,737.70                       |
| 61514                |                  |                  | REMOVAL OF BRAIN ABSCESS          | \$1,480.74                       | \$1,258.63                       |
| 61516                |                  |                  | REMOVAL OF BRAIN LESION           | \$1,448.82                       | \$1,231.49                       |
| 61517                |                  |                  | IMPLANT BRAIN INTRACAV CHEMOTH    | \$75.67                          | \$64.32                          |
| 61518                |                  |                  | REMOVAL OF BRAIN LESION           | \$2,179.54                       | \$1,852.61                       |
| 61519                |                  |                  | REMOVE BRAIN LINING LESION        | \$2,390.07                       | \$2,031.56                       |
| 61520                |                  |                  | REMOVAL OF BRAIN LESION           | \$3,093.09                       | \$2,629.12                       |
| 61521                |                  |                  | CRANIECTOMY-EXCISE BRAIN TUMOR    | \$2,563.15                       | \$2,178.68                       |
| 61522                |                  |                  | REMOVAL OF BRAIN ABSCESS          | \$1,712.61                       | \$1,455.72                       |
| 61524                |                  |                  | REMOVAL OF BRAIN LESION           | \$1,623.31                       | \$1,379.82                       |
| 61526                |                  |                  | REMOVAL OF BRAIN LESION           | \$2,858.33                       | \$2,429.58                       |
| 61530                |                  |                  | REMOVAL OF BRAIN LESION           | \$2,417.76                       | \$2,055.10                       |
| 61531                |                  |                  | SUBD.IMPL.STRIPELECTRODES         | \$883.92                         | \$751.33                         |
| 61533                |                  |                  | CRANIECTOMY, TREPHINATION, BON    | \$1,164.94                       | \$990.20                         |
| 61534                |                  |                  | REMOVAL OF BRAIN LESION           | \$1,233.22                       | \$1,048.24                       |
| 61536                |                  |                  | REMOVAL OF BRAIN LESION           | \$2,065.51                       | \$1,755.69                       |
| 61537                |                  |                  | CRANIOTOMY W/ELEVATION BONE FL    | \$1,494.84                       | \$1,270.61                       |
| 61538                |                  |                  | REMOVAL OF BRAIN TISSUE           | \$1,571.41                       | \$1,335.70                       |
| 61539                |                  |                  | REMOVAL OF BRAIN TISSUE           | \$1,861.90                       | \$1,582.62                       |
| 61540                |                  |                  | CRANIOTOMY W/ELEV BONE FLAP PA    | \$1,778.81                       | \$1,511.99                       |
| 61541                |                  |                  | CRANIECTOMY-TRANSECT CORPUS CA    | \$1,656.42                       | \$1,407.96                       |
| 61543                |                  |                  | CRANIECTOMY-PARTIAL HEMISPHERE    | \$1,702.54                       | \$1,447.16                       |
| 61544                |                  |                  | REMOVE & TREAT BRAIN LESION       | \$1,450.82                       | \$1,233.20                       |
| 61545                |                  |                  | CRANIECTOMY....EXCISE CRANIOPH    | \$2,519.23                       | \$2,141.35                       |
| 61546                |                  |                  | REMOVAL OF PITUITARY GLAND        | \$1,808.90                       | \$1,537.57                       |
| 61548                |                  |                  | REMOVAL OF PITUITARY GLAND        | \$1,215.68                       | \$1,033.33                       |
| 61550                |                  |                  | RELEASE OF SKULL SEAMS            | \$727.32                         | \$618.22                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 61552                |                  |                  | RELEASE OF SKULL SEAMS            | \$958.92                         | \$815.08                         |
| 61556                |                  |                  | CRANIOTOMY/CRANIOSYNOSTOSIS:FR    | \$1,226.24                       | \$1,042.30                       |
| 61557                |                  |                  | CRANIOTOMY/CRANIOSYNOSTOSIS:BI    | \$1,340.68                       | \$1,139.58                       |
| 61558                |                  |                  | EXT CRANIECTOMY/MULT CRAN SUTU    | \$1,330.50                       | \$1,130.93                       |
| 61559                |                  |                  | EXT CRANIECTOMY/...RECONTOURIN    | \$1,902.65                       | \$1,617.25                       |
| 61563                |                  |                  | EXCISE,INTRA&EXT CRANIAL TUMOR    | \$1,517.46                       | \$1,289.84                       |
| 61564                |                  |                  | EXC,INTRA/EXT CRAN TUM: W NER     | \$1,948.16                       | \$1,655.94                       |
| 61566                |                  |                  | CRANIOTOMY W/ELEV BONE FLAP FO    | \$1,787.38                       | \$1,519.28                       |
| 61567                |                  |                  | CRANIOTOMY W/ELEV BONE FLAP FO    | \$2,016.61                       | \$1,714.12                       |
| 61570                |                  |                  | REMOVE BRAIN FOREIGN BODY         | \$1,422.76                       | \$1,209.35                       |
| 61571                |                  |                  | SURGERY FOR PENETRATING BRAIN     | \$1,547.94                       | \$1,315.75                       |
| 61575                |                  |                  | TANSORAL...TO BX,DECOMPRESS,EXC   | \$1,909.88                       | \$1,623.40                       |
| 61576                |                  |                  | SEE 61575:SPLIT TONGUE/MAND-TR    | \$3,001.05                       | \$2,550.89                       |
| 61580                |                  |                  | CRANIAL APPROACH TO ANTER.CRAN    | \$1,927.46                       | \$1,638.34                       |
| 61581                |                  |                  | CRANIAL FACIAL APPR. W ORBITAL    | \$2,005.47                       | \$1,704.65                       |
| 61582                |                  |                  | CRANIAL FACIAL EXTRADURAL W CR    | \$2,140.55                       | \$1,819.47                       |
| 61583                |                  |                  | CRANIOFACIA INTRADURA W CRANIO    | \$2,268.50                       | \$1,928.22                       |
| 61584                |                  |                  | ORBITOCRANIAL EXTRADURAL WO EX    | \$2,169.06                       | \$1,843.70                       |
| 61585                |                  |                  | ORBITOCRANIAL EXTRADURAL W EXE    | \$2,327.22                       | \$1,978.13                       |
| 61586                |                  |                  | BICORONAL TRANSZYGOMATIC W/WO     | \$1,689.48                       | \$1,436.06                       |
| 61590                |                  |                  | INFRATEMPORAL PREAURICULAR W/W    | \$2,448.98                       | \$2,081.63                       |
| 61591                |                  |                  | INFRATEMPORAL POSTAURICULAR W/    | \$2,549.94                       | \$2,167.45                       |
| 61592                |                  |                  | ORBITOCRANIAL ZYGOMATIC CRANIA    | \$2,449.51                       | \$2,082.09                       |
| 61595                |                  |                  | TRANSTEMPORAL APP.TO POSTERIOR    | \$1,811.18                       | \$1,539.50                       |
| 61596                |                  |                  | TRANSCOCHLEAR APP.POSTERIOR CR    | \$2,056.62                       | \$1,748.13                       |
| 61597                |                  |                  | TRANSCONDYLAR LATERAL TO POST.    | \$2,240.68                       | \$1,904.58                       |
| 61598                |                  |                  | TRANSPETROSAL POSTERIOR CRANIA    | \$2,012.93                       | \$1,710.99                       |
| 61600                |                  |                  | RESECT.NEOPlastic ETC.CRANIAL     | \$1,600.42                       | \$1,360.35                       |
| 61601                |                  |                  | RESECTION NEOPL.INTRADURAL W/W    | \$1,772.83                       | \$1,506.91                       |
| 61605                |                  |                  | RESECT.NEOPLA.ETC.INFRATEMPORA    | \$1,757.32                       | \$1,493.72                       |
| 61606                |                  |                  | RES.NEOPlastic ETC.INTRADURAL     | \$2,345.30                       | \$1,993.51                       |
| 61607                |                  |                  | RES.NEOPLAS.EXTRADURALPARASELL    | \$2,157.42                       | \$1,833.81                       |
| 61608                |                  |                  | RES.NOWPLastic INTRADURAL PARA    | \$2,550.07                       | \$2,167.56                       |
| 61611                |                  |                  | TRANSECTION CAROTID ARTERY PET    | \$399.81                         | \$339.84                         |
| 61613                |                  |                  | OBLITERATION CAROTID ANEURYSM     | \$2,432.16                       | \$2,067.34                       |
| 61615                |                  |                  | RESEC.NEOPLA.BASE POSTERIOR CR    | \$1,924.94                       | \$1,636.20                       |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 61616                |                  |                  | RES.NEOPL.POSTERIOR CRANIAL IN    | \$2,586.03                       | \$2,198.13                       |
| 61618                |                  |                  | SECOND.REPAIR DURA CSF LEAK W     | \$1,000.95                       | \$850.81                         |
| 61619                |                  |                  | SEOND.REPAIR DURA CSF LEAK W G    | \$1,186.78                       | \$1,008.76                       |
| 61623                |                  |                  | ENDOVASC TEMP BALLOON ARTERY O    | \$484.37                         | \$411.71                         |
| 61624                |                  |                  | TRANSCATH OCCLUSION/EMBOLIZATI    | \$928.18                         | \$788.95                         |
| 61626                |                  |                  | TRANSCATH OCCLU.EMBOL..HEAD OR    | \$749.11                         | \$636.75                         |
| 61680                |                  |                  | SURG...MALFORM:SUPRATENTORIAL:    | \$1,796.47                       | \$1,527.00                       |
| 61682                |                  |                  | SURG..MALFORM,SUPRATENTORIAL:C    | \$3,507.47                       | \$2,981.35                       |
| 61684                |                  |                  | SURG..MALFORM:INFRATENTORIAL,S    | \$2,308.62                       | \$1,962.32                       |
| 61686                |                  |                  | SURG..MALFORM:INFRATENTORIAL,C    | \$3,708.88                       | \$3,152.55                       |
| 61690                |                  |                  | SURG..MALFORM:DURAL,SIMPLE        | \$1,698.64                       | \$1,443.84                       |
| 61692                |                  |                  | SURG..MALFORM:DURAL,COMPLEX       | \$2,967.34                       | \$2,522.24                       |
| 61697                |                  |                  | SURG COMPLEX INTRACRANIAL ANEU    | \$2,925.86                       | \$2,486.98                       |
| 61698                |                  |                  | SURG COMPL INTRACRAN ANEUR VER    | \$2,805.53                       | \$2,384.70                       |
| 61700                |                  |                  | INNER SKULL VESSEL SURGERY        | \$2,923.75                       | \$2,485.19                       |
| 61702                |                  |                  | INNER SKULL VESSEL SURGERY        | \$2,731.81                       | \$2,322.04                       |
| 61703                |                  |                  | CLAMP NECK ARTERY                 | \$1,026.84                       | \$872.81                         |
| 61705                |                  |                  | REVISE CIRCULATION TO HEAD        | \$2,059.01                       | \$1,750.16                       |
| 61708                |                  |                  | REVISE CIRCULATION TO HEAD        | \$1,703.74                       | \$1,448.18                       |
| 61710                |                  |                  | REVISE CIRCULATION TO HEAD        | \$1,534.10                       | \$1,303.98                       |
| 61711                |                  |                  | FUSION OF SKULL ARTERIES          | \$2,098.00                       | \$1,783.30                       |
| 61720                |                  |                  | INCISE SKULL/BRAIN SURGERY        | \$950.62                         | \$808.02                         |
| 61735                |                  |                  | INCISE SKULL/BRAIN SURGERY        | \$1,139.22                       | \$968.33                         |
| 61750                |                  |                  | STEREOTACTIC PROC/INTRACRAN. L    | \$1,074.48                       | \$913.31                         |
| 61751                |                  |                  | STEREOTACTIC BIOPSY W/CAT SCAN    | \$1,058.54                       | \$899.76                         |
| 61760                |                  |                  | STER. IMPL. DEPTH ELECTRODES      | \$1,159.07                       | \$985.21                         |
| 61770                |                  |                  | STEREO.LOC./BURR HOLES:INSERT     | \$1,198.40                       | \$1,018.64                       |
| 61790                |                  |                  | TREAT TRIGEMINAL NERVE            | \$626.86                         | \$532.83                         |
| 61791                |                  |                  | CREATE LESION-NEUROLYTIC AGENT    | \$864.66                         | \$734.96                         |
| 61850                |                  |                  | IMPLANT NEUROELECTRODES           | \$746.74                         | \$634.73                         |
| 61860                |                  |                  | IMPLANT NEUROELECTRODES           | \$1,214.89                       | \$1,032.65                       |
| 61863                |                  |                  | TWIST DRILL BURR HOLE CRANIOTO    | \$1,159.78                       | \$985.81                         |
| 61864                |                  |                  | TWIST DRILL BURR HOLE CRAN EA     | \$294.68                         | \$250.48                         |
| 61867                |                  |                  | TWIST DRILL BURR HOLE CRAN 1ST    | \$1,762.07                       | \$1,497.76                       |
| 61868                |                  |                  | TWIST DRILL BURR HOLE CRAN EA     | \$518.82                         | \$441.00                         |
| 61880                |                  |                  | REVISE/REMOVE NEUROELECTRODE      | \$402.94                         | \$342.50                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 61885                |                  |                  | IMPLANT NEURORECEIVER             | \$412.06                         | \$350.25                         |
| 61886                |                  |                  | INCIS/PLACE CRAN NEUROS T M PUL   | \$526.58                         | \$447.60                         |
| 61888                |                  |                  | REVISE/REMOVE NEURORECEIVER       | \$324.09                         | \$275.47                         |
| 62000                |                  |                  | ELEVATION DEPRESSED SKULL FX:S    | \$614.46                         | \$522.29                         |
| 62005                |                  |                  | ELEVATE DEPRESSED SKULL FX:COM    | \$923.78                         | \$785.22                         |
| 62010                |                  |                  | ELEVATE DEPRESSED SKULL FX:REP    | \$1,174.80                       | \$998.58                         |
| 62100                |                  |                  | REPAIR BRAIN FLUID LEAKAGE        | \$1,273.09                       | \$1,082.12                       |
| 62115                |                  |                  | REDUC CRANIOMEGALIC SKULL:WO B    | \$1,241.84                       | \$1,055.56                       |
| 62117                |                  |                  | REDUCE CRANIOMEGALIC SKULL:W/W    | \$1,496.01                       | \$1,271.61                       |
| 62120                |                  |                  | REPAIR ENCEPHACELE,SKULL VAULT    | \$1,453.95                       | \$1,235.86                       |
| 62121                |                  |                  | CRANIOTOMY W REP ENCEPHALOCELE    | \$1,329.67                       | \$1,130.22                       |
| 62140                |                  |                  | CRANIOPLASTY/SKULL DEFECT:UP T    | \$811.58                         | \$689.85                         |
| 62141                |                  |                  | REPAIR OF SKULL DEFECT            | \$889.18                         | \$755.80                         |
| 62142                |                  |                  | REMOVE BONE FLAP/PROSTH.PLATE-    | \$658.62                         | \$559.83                         |
| 62143                |                  |                  | REPLACE BONE FLAP/PROSTH PLATE    | \$784.59                         | \$666.90                         |
| 62145                |                  |                  | REPAIR OF SKULL & BRAIN           | \$1,097.10                       | \$932.53                         |
| 62146                |                  |                  | CRANIOPLASTY W AUTOGFT: UP TO     | \$943.33                         | \$801.83                         |
| 62147                |                  |                  | CRANIOPLASTY W AUTOGFT: LARGER    | \$1,122.14                       | \$953.82                         |
| 62148                |                  |                  | INCIS/RETR EV SUBCU CRAN BONE G   | \$106.58                         | \$90.59                          |
| 62160                |                  |                  | INTRACRAN NEUROEND PLACE VENTR    | \$169.49                         | \$144.06                         |
| 62161                |                  |                  | INTRACRAN NEUROEND W/DISECT A     | \$1,195.52                       | \$1,016.19                       |
| 62162                |                  |                  | INTRACRAN NEUROEND W/EXCIS COL    | \$1,476.09                       | \$1,254.67                       |
| 62164                |                  |                  | INTRACRAN NEUROEND W/EXCIS BRN    | \$1,535.00                       | \$1,304.75                       |
| 62165                |                  |                  | INTRACRAN NEUROEND W/EXCIS PIT    | \$1,238.51                       | \$1,052.74                       |
| 62180                |                  |                  | ESTABLISH BRAIN CAVITY SHUNT      | \$1,229.58                       | \$1,045.15                       |
| 62190                |                  |                  | ESTABLISH BRAIN CAVITY SHUNT      | \$637.94                         | \$542.25                         |
| 62192                |                  |                  | ESTABLISH BRAIN CAVITY SHUNT      | \$734.72                         | \$624.51                         |
| 62194                |                  |                  | REPLACE/IRRIGATE CATHETER         | \$268.66                         | \$228.36                         |
| 62200                |                  |                  | VENTRICULOCISTERNOSTOMY,THIRD     | \$1,084.01                       | \$921.41                         |
| 62201                |                  |                  | VENTRICULOCISTERNOSTOMY,3RD VE    | \$898.81                         | \$763.99                         |
| 62220                |                  |                  | ESTABLISH BRAIN CAVITY SHUNT      | \$780.38                         | \$663.33                         |
| 62223                |                  |                  | ESTABLISH BRAIN CAVITY SHUNT      | \$778.90                         | \$662.06                         |
| 62225                |                  |                  | REPLACE/IRRIGATE CATHETER         | \$350.86                         | \$298.23                         |
| 62230                |                  |                  | REPLACE/REVISE BRAIN SHUNT        | \$632.82                         | \$537.90                         |
| 62252                |                  |                  | REPROGRAM OF PROGRAMMABLE CSF     | \$79.46                          | \$67.54                          |
| 62252                | TC               |                  | REPROGRAM OF PROGRAMMABLE CSF     | NA                               | \$37.91                          |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 62252                | 26               |                  | REPROGRAM OF PROGRAMMABLE CSF     | \$41.56                          | \$35.33                          |
| 62256                |                  |                  | REMOVE BRAIN CAVITY SHUNT         | \$418.28                         | \$355.54                         |
| 62258                |                  |                  | REPLACE BRAIN CAVITY SHUNT        | \$865.69                         | \$735.83                         |
| 62263                |                  |                  | PERCUT LYSIS EPIDURAL ADHESION    | \$633.83                         | \$538.76                         |
| 62264                | 26               |                  | PERC LYSIS EPIDUR ADHES MULT S    | \$195.90                         | \$166.52                         |
| 62268                |                  |                  | PERC.ASPIRATE-SPINAL CORD OR S    | \$265.45                         | \$225.63                         |
| 62269                |                  |                  | BX SPINAL CORD,PERCUTANEOUS NE    | \$269.84                         | \$229.36                         |
| 62270                |                  |                  | SPINAL FLUID TAP, DIAGNOSTIC      | \$139.87                         | \$118.89                         |
| 62272                |                  |                  | REDUCE SPINAL FLUID PRESSURE      | \$170.81                         | \$145.19                         |
| 62273                |                  |                  | TREAT LUMBAR SPINE LESION         | \$164.10                         | \$139.48                         |
| 62280                |                  |                  | TREAT SPINAL CORD LESION          | \$327.80                         | \$278.63                         |
| 62281                |                  |                  | INJ NEUROLYTIC SUB.EPID.CERV/T    | \$251.15                         | \$213.48                         |
| 62282                |                  |                  | TREAT SPINAL CANAL LESION         | \$307.51                         | \$261.38                         |
| 62284                |                  |                  | INJECTION FOR MYELOGRAM/CAT,SP    | \$201.30                         | \$171.11                         |
| 62287                |                  |                  | ASP PROC,PERCU,NUC PUL INTVERT    | \$461.26                         | \$392.07                         |
| 62290                |                  |                  | INJECT FOR SPINE DISK X-RAY       | \$344.22                         | \$292.58                         |
| 62291                |                  |                  | INJECT FOR SPINE DISK X-RAY       | \$301.54                         | \$256.31                         |
| 62292                |                  |                  | INJECTION INTO DISK LESION        | \$424.41                         | \$360.75                         |
| 62294                |                  |                  | INJECTION INTO SPINAL ARTERY      | \$600.02                         | \$510.01                         |
| 62350                |                  |                  | IMPL INTRATHECAL/EPID CATH W/O    | \$381.02                         | \$323.87                         |
| 62351                |                  |                  | IMPL INTRATHECAL/EPID CATH W/L    | \$624.21                         | \$530.58                         |
| 62355                |                  |                  | REMOVE PREV IMPL INTRATHEC/EPI    | \$279.62                         | \$237.68                         |
| 62360                |                  |                  | IMPL DEVICE INTRATHEC/EPID DRU    | \$184.14                         | \$156.52                         |
| 62361                |                  |                  | IMPLANT DEV/INTRATH/EPID INFUS    | \$328.00                         | \$278.80                         |
| 62362                |                  |                  | IMPL DEV INTRATH/EPID INFUS/PR    | \$397.96                         | \$338.27                         |
| 62365                |                  |                  | REMOVAL SUBCU RESERVOIR INTRA/    | \$308.44                         | \$262.17                         |
| 62367                |                  |                  | ELECT ANAL PROGRAM PUMP W/O RE    | \$36.76                          | \$31.25                          |
| 62368                |                  |                  | ELEC ANAL PROG IMPL PUMP W/REP    | \$48.90                          | \$41.56                          |
| 63001                |                  |                  | RELIEVE SPINAL CORD PRESSURE      | \$934.19                         | \$794.06                         |
| 63003                |                  |                  | RELIEVE SPINAL CORD PRESSURE      | \$949.00                         | \$806.65                         |
| 63005                |                  |                  | RELIEVE SPINAL CORD PRESSURE      | \$908.95                         | \$772.61                         |
| 63011                |                  |                  | RELIEVE SPINAL CORD PRESSURE      | \$839.18                         | \$713.30                         |
| 63012                |                  |                  | LAMINECTOMY WITH REM. OF ABN.     | \$933.34                         | \$793.34                         |
| 63015                |                  |                  | RELIEVE SPINAL CORD PRESSURE      | \$1,154.77                       | \$981.55                         |
| 63016                |                  |                  | RELIEVE SPINAL CORD PRESSURE      | \$1,141.96                       | \$970.67                         |
| 63017                |                  |                  | RELIEVE SPINAL CORD PRESSURE      | \$964.01                         | \$819.41                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 63020                |                  |                  | NECK SPINE DISK SURGERY           | \$906.21                         | \$770.28                         |
| 63020                | 50               |                  | LAMINOTOMY:ONE INTERSPACE,CERV    | \$1,812.42                       | \$1,540.55                       |
| 63030                |                  |                  | LOW BACK DISK SURGERY             | \$753.66                         | \$640.61                         |
| 63030                | 50               |                  | LAMINOTOMY:ONE INERSP,LUMBAR:B    | \$1,507.33                       | \$1,281.23                       |
| 63035                |                  |                  | ADDED SPINAL DISK SURGERY         | \$176.86                         | \$150.33                         |
| 63040                |                  |                  | NECK SPINE DISK SURGERY           | \$1,122.78                       | \$954.37                         |
| 63042                |                  |                  | LOW BACK DISK SURGERY             | \$1,062.59                       | \$903.20                         |
| 63043                |                  |                  | LAMINOTOMY W/DECOMP NERVE ROOT    | \$232.33                         | \$197.48                         |
| 63044                |                  |                  | LAMINOTOMY EACH ADDIT LUMBAR I    | \$247.42                         | \$210.31                         |
| 63045                |                  |                  | LAMINECTOMY....SING.SEG.:CERVI    | \$990.68                         | \$842.08                         |
| 63046                |                  |                  | LAMINECTOMY....SING.SEG.:THORA    | \$950.10                         | \$807.58                         |
| 63047                |                  |                  | LAMINECTOMY....SING.SEG.:LUMBA    | \$893.18                         | \$759.21                         |
| 63048                |                  |                  | LAMINECTOMY:EACH ADD SEG,CER,L    | \$180.64                         | \$153.54                         |
| 63050                |                  |                  | LAMINOPLASTY, CERVICAL, WITH D    | \$1,196.32                       | \$1,016.87                       |
| 63051                |                  |                  | LAMINOPLASTY, CERVICAL, WITH D    | \$1,362.63                       | \$1,158.24                       |
| 63055                |                  |                  | DECOMPRESS SP CRD,EQUINA/NRV R    | \$1,296.68                       | \$1,102.18                       |
| 63056                |                  |                  | DECOMPRESS SP CRD,EQUINA/NRV R    | \$1,210.46                       | \$1,028.89                       |
| 63057                |                  |                  | DECOMPRESS...EACH ADD SEG,THOR    | \$291.57                         | \$247.83                         |
| 63064                |                  |                  | DECOMPRESS SPN CRD,THORAC,SING    | \$1,435.36                       | \$1,220.06                       |
| 63066                |                  |                  | DECOMPRESS...THORACIC:EACH ADD    | \$179.76                         | \$152.80                         |
| 63075                |                  |                  | DISKECTOMY,DECOMPRESS SPN CRD,    | \$1,160.30                       | \$986.25                         |
| 63076                |                  |                  | DISKECTOMY....EACH ADD INTERSP    | \$225.96                         | \$192.07                         |
| 63077                |                  |                  | DISKECTOMY...THORACIC,SING INT    | \$1,229.70                       | \$1,045.24                       |
| 63078                |                  |                  | DISKECTOMY...THOR,EACH ADD INT    | \$178.82                         | \$152.00                         |
| 63081                |                  |                  | VERT CORPECTOMY...CERVICAL,SIN    | \$1,399.72                       | \$1,189.76                       |
| 63082                |                  |                  | VERT CORPECTOMY:CERVICAL,EACH     | \$243.62                         | \$207.07                         |
| 63085                |                  |                  | VERT CORPECTOMY...,THORACIC,SIN   | \$1,508.34                       | \$1,282.09                       |
| 63086                |                  |                  | VERT CORPECT...THOR.,EACH ADD     | \$172.22                         | \$146.38                         |
| 63087                |                  |                  | VERT CORP.LOW THOR,LUMB:SING S    | \$1,967.99                       | \$1,672.79                       |
| 63088                |                  |                  | VERT CORP,THOR/LUMB:EADH ADD S    | \$234.75                         | \$199.54                         |
| 63090                |                  |                  | VERT CORP:LOW THOR/LUMB/SAC:SI    | \$1,558.92                       | \$1,325.08                       |
| 63101                |                  |                  | VERTEBRAL CORPECTOMY THORACIC     | \$1,833.95                       | \$1,558.86                       |
| 63102                |                  |                  | VERTEBRAL CORPECTOMY LUMBAR SI    | \$1,833.95                       | \$1,558.86                       |
| 63103                |                  |                  | VERTEBRAL CORPECT EA ADDIT SEG    | \$257.93                         | \$219.24                         |
| 63170                |                  |                  | LAMINECTOMY/MYELOTOMY,THOR/THO    | \$1,172.86                       | \$996.93                         |
| 63172                |                  |                  | LAMINECTOMY....TO SUBARACHNOID    | \$1,051.64                       | \$893.89                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 63173                |                  |                  | LAMINECTOMY...:TO PERITONEAL S    | \$1,297.58                       | \$1,102.94                       |
| 63185                |                  |                  | INCISE SPINAL COLUMN/NERVES       | \$832.40                         | \$707.54                         |
| 63190                |                  |                  | INCISE SPINAL COLUMN/NERVES       | \$991.11                         | \$842.45                         |
| 63191                |                  |                  | LAMINECTOMY/SEC.SPINE ASS.NERV    | \$1,096.94                       | \$932.40                         |
| 63191                | 50               |                  | LAMINECTOMY/SECT.SPINE ASS.NER    | \$2,193.89                       | \$1,864.80                       |
| 63197                |                  |                  | INCISE SPINAL COLUMN & CORD       | \$1,239.95                       | \$1,053.96                       |
| 63200                |                  |                  | LAMINECTOMY,RELEASE TETHER...L    | \$1,135.91                       | \$965.53                         |
| 63250                |                  |                  | REVISE SPINAL CORD VESSELS        | \$2,230.63                       | \$1,896.04                       |
| 63251                |                  |                  | REVISE SPINAL CORD VESSELS        | \$2,376.42                       | \$2,019.96                       |
| 63252                |                  |                  | LAMINECTOMY,MALFORM.SP.CRD:THO    | \$2,370.68                       | \$2,015.08                       |
| 63265                |                  |                  | LAMINECTOMY,LESION...:CERVICAL    | \$1,275.25                       | \$1,083.96                       |
| 63266                |                  |                  | LAMINECTOMY,LESION...:THORACIC    | \$1,315.80                       | \$1,118.43                       |
| 63267                |                  |                  | LAMINECTOMY,LESION...:LUMBAR      | \$1,072.15                       | \$911.33                         |
| 63268                |                  |                  | LAMINECTOMY,LESION...:SACRAL      | \$1,046.02                       | \$889.12                         |
| 63270                |                  |                  | LAMINECTOMY,LESION...:CERVICAL    | \$1,573.23                       | \$1,337.25                       |
| 63271                |                  |                  | LAMINECTOMY,LESION...:THORACI     | \$1,583.12                       | \$1,345.65                       |
| 63272                |                  |                  | LAMINECTOMY,LESION...:LUMBAR      | \$1,481.09                       | \$1,258.92                       |
| 63273                |                  |                  | LAMINECTOMY,LESION...:SACRA       | \$1,423.66                       | \$1,210.11                       |
| 63275                |                  |                  | LAMINECTOMY,BX/EXC...:CERVICAL    | \$1,386.81                       | \$1,178.79                       |
| 63276                |                  |                  | LAMINECTOMY,BX/EXC...:THORACIC-   | \$1,377.37                       | \$1,170.76                       |
| 63277                |                  |                  | LAMINECTOMY,BX/EXC...:LUMBAR-EX   | \$1,231.30                       | \$1,046.60                       |
| 63278                |                  |                  | LAMINECTOMY,BX/EXC...:SACRAL-EX   | \$1,204.78                       | \$1,024.06                       |
| 63280                |                  |                  | LAMINECTOMY,BX/EXC...:CERVICAL-   | \$1,664.36                       | \$1,414.71                       |
| 63281                |                  |                  | LAMINECTOMY,BX/EXC...:THORACIC-   | \$1,647.17                       | \$1,400.09                       |
| 63282                |                  |                  | LAMINECTOMY,BX/EXC...:LUMBAR-IN   | \$1,553.75                       | \$1,320.69                       |
| 63283                |                  |                  | LAMINECTOMY,BX/EXC...:SACRAL-IN   | \$1,472.31                       | \$1,251.47                       |
| 63285                |                  |                  | LAMINECTOMY,BX/EXC...:CERVICAL-   | \$2,085.78                       | \$1,772.92                       |
| 63286                |                  |                  | LAMINECTOMY,BX/EXC...:THORACIC-   | \$2,073.61                       | \$1,762.57                       |
| 63287                |                  |                  | LAMINECTOMY,BX/EXC...:THORACOLU   | \$2,130.08                       | \$1,810.57                       |
| 63290                |                  |                  | LAMINECTOMY..EXTRA/INTRADURAL     | \$2,146.43                       | \$1,824.47                       |
| 63295                |                  |                  | OSTEOPLASTIC RECONSTRUCTION OF    | \$269.34                         | \$228.94                         |
| 63300                |                  |                  | VERT CORP,SING SEG:CERVICAL-EX    | \$1,433.52                       | \$1,218.49                       |
| 63301                |                  |                  | SEE 63300:EXTRADUR,THOR-TRANST    | \$1,559.40                       | \$1,325.49                       |
| 63302                |                  |                  | SEE 63300:EXTRADUR,THOR-THORAC    | \$1,580.34                       | \$1,343.29                       |
| 63303                |                  |                  | SEE 63303,EXTRA,LUM/SAC,TRANS/    | \$1,675.98                       | \$1,424.59                       |
| 63304                |                  |                  | SEE 63300:INTRADURAL,CERVICAL     | \$1,733.85                       | \$1,473.77                       |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 63305                |                  |                  | SEE 63300:INTRA,THOR-TRANSTHOR    | \$1,793.42                       | \$1,524.41                       |
| 63306                |                  |                  | SEE 63300:INTRA,THOR-THORACOLU    | \$1,868.24                       | \$1,588.00                       |
| 63307                |                  |                  | SEE 63300:LUM/SAC-TRANX/RETRO     | \$1,701.83                       | \$1,446.56                       |
| 63308                |                  |                  | SEE 63300:EACH ADD SEGMENT        | \$292.30                         | \$248.45                         |
| 63600                |                  |                  | REMOVE SPINAL CORD LESION         | \$671.08                         | \$570.42                         |
| 63610                |                  |                  | STIMULATION OF SPINAL CORD        | \$419.83                         | \$356.86                         |
| 63655                |                  |                  | IMPLANT NEUROELECTRODES           | \$630.86                         | \$536.23                         |
| 63685                |                  |                  | IMPLANT NEURORECEIVER             | \$375.55                         | \$319.22                         |
| 63700                |                  |                  | REPAIR MENINGOCELE,LESS THAN 5    | \$976.37                         | \$829.91                         |
| 63702                |                  |                  | REPAIR MENINGOCELE,> 5CM DIAME    | \$1,080.18                       | \$918.15                         |
| 63704                |                  |                  | REPAIR OF SPINAL HERNIATION       | \$1,242.95                       | \$1,056.51                       |
| 63706                |                  |                  | REPAIR OF SPINAL HERNIATION       | \$1,406.65                       | \$1,195.65                       |
| 63707                |                  |                  | REPAIR DURAL/CSF LEAK,NO LAMIN    | \$691.38                         | \$587.67                         |
| 63709                |                  |                  | REP DURAL/CSF LEAK...W/ LAMINE    | \$862.93                         | \$733.49                         |
| 63710                |                  |                  | GRAFT REPAIR OF SPINE DEFECT      | \$851.95                         | \$724.16                         |
| 63740                |                  |                  | INSTALL SPINAL SHUNT              | \$694.72                         | \$590.51                         |
| 63741                |                  |                  | CREAT SHUNT,LUMB,SUBAR-PER,PL     | \$471.02                         | \$400.36                         |
| 63744                |                  |                  | REVISION OF SPINAL SHUNT          | \$490.36                         | \$416.81                         |
| 63746                |                  |                  | REMOVAL OF SPINAL SHUNT           | \$376.38                         | \$319.93                         |
| 64400                |                  |                  | INJECTION FOR NERVE BLOCK         | \$101.62                         | \$86.38                          |
| 64405                |                  |                  | INJECTION FOR NERVE BLOCK         | \$86.67                          | \$73.67                          |
| 64408                |                  |                  | INJECTION FOR NERVE BLOCK         | \$101.14                         | \$85.97                          |
| 64415                |                  |                  | INJECTION FOR NERVE BLOCK         | \$123.66                         | \$105.11                         |
| 64416                |                  |                  | INJECT ANESTH AGENT BRACH PLEX    | \$80.17                          | \$68.14                          |
| 64417                |                  |                  | INJECTION FOR NERVE BLOCK         | \$136.09                         | \$115.68                         |
| 64418                |                  |                  | INJECTION FOR NERVE BLOCK         | \$99.70                          | \$84.75                          |
| 64420                |                  |                  | INJECTION FOR NERVE BLOCK         | \$116.41                         | \$98.95                          |
| 64421                |                  |                  | INJECTION FOR NERVE BLOCK         | \$158.57                         | \$134.78                         |
| 64425                |                  |                  | INJECTION FOR NERVE BLOCK         | \$115.15                         | \$97.88                          |
| 64430                |                  |                  | INJECTION FOR NERVE BLOCK         | \$134.61                         | \$114.42                         |
| 64435                |                  |                  | INJECTION FOR NERVE BLOCK         | \$136.40                         | \$115.94                         |
| 64435                | UD               |                  | INJECTION FOR NERVE BLOCK         | \$136.40                         | \$115.94                         |
| 64445                |                  |                  | INJECTION FOR NERVE BLOCK         | \$140.67                         | \$119.57                         |
| 64446                |                  |                  | INJ ANESTH AGENT SCIATIC NERVE    | \$80.17                          | \$68.14                          |
| 64447                |                  |                  | INJ ANESTH AGENT FEMORAL NERVE    | \$64.67                          | \$54.97                          |
| 64448                |                  |                  | INJ ANESTH AGENT FEM NERVE CON    | \$72.39                          | \$61.53                          |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER  
W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
MOD = MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
NA = NOT APPLICABLE

| CPT/HCPCS/CDT | MOD<br>1 | MOD<br>2 | PROCEDURE CODE DESCRIPTION     | MAXIMUM FEE<br>ALLOWANCE<br>SPECIALIST | MAXIMUM FEE<br>ALLOWANCE<br>NONSPECIALIST |
|---------------|----------|----------|--------------------------------|----------------------------------------|-------------------------------------------|
| PRACTITIONER  |          |          |                                |                                        |                                           |
| 64449         |          |          | INJECT ANESTH AGENT LUMBAR PLE | \$86.06                                | \$73.15                                   |
| 64450         |          |          | INJECTION FOR NERVE BLOCK      | \$81.22                                | \$69.04                                   |
| 64479         |          |          | INJ ANES AG/STER TRANS EPID CE | \$247.53                               | \$210.40                                  |
| 64480         |          |          | INJ ANES/STER TRANS EPID CERV/ | \$118.85                               | \$101.02                                  |
| 64483         |          |          | INJ ANES/STER TRANS EPID CERV/ | \$230.67                               | \$196.07                                  |
| 64484         |          |          | INJ ANES AG/STER TRANS EPID LU | \$96.17                                | \$81.74                                   |
| 64505         |          |          | INJECTION FOR NERVE BLOCK      | \$88.02                                | \$74.82                                   |
| 64510         |          |          | INJECTION FOR NERVE BLOCK      | \$134.26                               | \$114.12                                  |
| 64517         |          |          | INJECT ANESTH AGENT SUP HYPOGA | \$165.43                               | \$140.62                                  |
| 64517         | 26       |          | INJECT ANESTH AGENT SUP HYPOGA | \$102.33                               | \$86.98                                   |
| 64520         |          |          | INJECTION FOR NERVE BLOCK      | \$199.31                               | \$169.41                                  |
| 64530         |          |          | INJECTION FOR NERVE BLOCK      | \$199.68                               | \$169.73                                  |
| 64553         |          |          | IMPLANT NEUROELECTRODES        | \$174.70                               | \$148.50                                  |
| 64555         |          |          | IMPLANT NEUROELECTRODES        | \$182.90                               | \$155.46                                  |
| 64561         |          |          | PERCUT IMPLANT NEUROSTIM ELECT | \$781.97                               | \$664.67                                  |
| 64575         |          |          | IMPLANT NEUROELECTRODES        | \$246.15                               | \$209.23                                  |
| 64580         |          |          | IMPLANT NEUROELECTRODES        | \$261.36                               | \$222.16                                  |
| 64581         |          |          | INCISION FOR IMPLANT NEUROSTIM | \$640.10                               | \$544.08                                  |
| 64585         |          |          | REVISE/REMOVE NEUROELECTRODE   | \$260.05                               | \$221.04                                  |
| 64590         |          |          | IMPLANT NEURORECEIVER          | \$281.87                               | \$239.59                                  |
| 64595         |          |          | REVISE/REMOVE NEURORECEIVER    | \$257.42                               | \$218.81                                  |
| 64600         |          |          | INJECTION TX FACIAL NERVES (5  | \$425.33                               | \$361.53                                  |
| 64605         |          |          | INJECTION TREATMENT NERVES IN  | \$525.39                               | \$446.58                                  |
| 64610         |          |          | DESTRUC NERVE IN HEAD/RAD MONI | \$574.30                               | \$488.16                                  |
| 64612         |          |          | DESTR BY NEUROLYTIC AGENT.> NE | \$139.72                               | \$118.76                                  |
| 64620         |          |          | INJ TREATMENT INTERCOSTAL NERV | \$212.99                               | \$181.04                                  |
| 64630         |          |          | DESTROY PUDENTAL NERVE         | \$194.31                               | \$165.17                                  |
| 64640         |          |          | DESTRUCTION OF OTHER PERIPHERA | \$139.99                               | \$118.99                                  |
| 64650         |          |          | CHEMODENERVATION OF ECCRINE GL | \$53.42                                | \$45.41                                   |
| 64653         |          |          | CHEMODENERVATION OF ECCRINE GL | \$61.40                                | \$52.19                                   |
| 64680         |          |          | DESTRUCTION OF NERVE,CELIAC PL | \$316.48                               | \$269.01                                  |
| 64681         |          |          | DESTRUCT BY NEURO AGENT SUP HY | \$373.49                               | \$317.47                                  |
| 64681         | 26       |          | DESTRUCT BY NEURO AGENT SUP HY | \$190.42                               | \$161.86                                  |
| 64702         |          |          | REVISE FINGER/TOE NERVE        | \$282.73                               | \$240.32                                  |
| 64704         |          |          | REVISE HAND/FOOT NERVE         | \$274.82                               | \$233.60                                  |
| 64708         |          |          | REVISE ARM/LEG NERVE           | \$386.74                               | \$328.73                                  |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 64712                |                  |                  | REVISION OF SCIATIC NERVE         | \$441.38                         | \$375.18                         |
| 64713                |                  |                  | REVISION OF ARM NERVE(S)          | \$600.72                         | \$510.61                         |
| 64714                |                  |                  | REVISE LOW BACK NERVE(S)          | \$503.95                         | \$428.36                         |
| 64716                |                  |                  | REVISION OF CRANIAL NERVE         | \$421.02                         | \$357.86                         |
| 64718                |                  |                  | REVISE ULNAR NERVE AT ELBOW       | \$423.97                         | \$360.37                         |
| 64719                |                  |                  | REVISE ULNAR NERVE AT WRIST       | \$329.45                         | \$280.03                         |
| 64721                |                  |                  | REVISE MEDIAN NERVE AT WRIST      | \$339.40                         | \$288.49                         |
| 64722                |                  |                  | RELIEVE PRESSURE ON NERVE(S)      | \$265.94                         | \$226.05                         |
| 64726                |                  |                  | RELEASE FOOT/TOE NERVE            | \$242.78                         | \$206.37                         |
| 64727                |                  |                  | INTERNAL NERVE REVISION           | \$163.07                         | \$138.61                         |
| 64732                |                  |                  | INCISION OF BROW NERVE            | \$287.13                         | \$244.06                         |
| 64734                |                  |                  | INCISION OF CHEEK NERVE           | \$319.26                         | \$271.37                         |
| 64736                |                  |                  | INCISION OF CHIN NERVE            | \$297.21                         | \$252.63                         |
| 64738                |                  |                  | INCISION OF JAW NERVE             | \$369.47                         | \$314.05                         |
| 64740                |                  |                  | INCISION OF TONGUE NERVE          | \$370.84                         | \$315.21                         |
| 64742                |                  |                  | INCISION OF FACIAL NERVE          | \$377.70                         | \$321.04                         |
| 64744                |                  |                  | INCISE NERVE, BACK OF HEAD        | \$327.84                         | \$278.66                         |
| 64746                |                  |                  | INCISE DIAPHRAGM NERVE            | \$364.39                         | \$309.73                         |
| 64755                |                  |                  | INCISION VAGI/PROXIMAL STOMACH    | \$672.56                         | \$571.68                         |
| 64760                |                  |                  | INCISION OF VAGUS NERVE           | \$361.05                         | \$306.89                         |
| 64761                | 50               |                  | TRANSECTION/AVULSION OF PUDEND    | \$675.54                         | \$574.21                         |
| 64763                |                  |                  | INCISE HIP/THIGH NERVE            | \$423.30                         | \$359.81                         |
| 64763                | 50               |                  | TRANSECT/AVULSION OBTURATOR NE    | \$846.61                         | \$719.62                         |
| 64766                |                  |                  | INCISE HIP/THIGH NERVE            | \$483.56                         | \$411.03                         |
| 64766                | 50               |                  | TRANSECT/AVULSION OBTURATOR NE    | \$967.12                         | \$822.05                         |
| 64771                |                  |                  | INCISE CRANIAL NERVE, EXTRADURA   | \$457.35                         | \$388.75                         |
| 64772                |                  |                  | INCISION OF SPINAL NERVE          | \$436.23                         | \$370.80                         |
| 64774                |                  |                  | REMOVE SKIN NERVE LESION          | \$315.27                         | \$267.98                         |
| 64776                |                  |                  | REMOVE DIGIT NERVE LESION         | \$309.19                         | \$262.81                         |
| 64778                |                  |                  | EXCISE NEUROMA:EACH ADD DIGIT     | \$153.11                         | \$130.14                         |
| 64782                |                  |                  | REMOVE LIMB NERVE LESION          | \$350.30                         | \$297.75                         |
| 64783                |                  |                  | EXCISE NEUROMA,HAND/FOOT,@ ADD    | \$194.78                         | \$165.57                         |
| 64784                |                  |                  | REMOVE NERVE LESION               | \$575.17                         | \$488.89                         |
| 64786                |                  |                  | REMOVE SCIATIC NERVE LESION       | \$899.45                         | \$764.53                         |
| 64787                |                  |                  | INSERT CAP ON NERVE END           | \$225.03                         | \$191.28                         |
| 64788                |                  |                  | REMOVE SKIN NERVE LESION          | \$284.72                         | \$242.01                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 64790                |                  |                  | REMOVAL OF NERVE LESION           | \$663.90                         | \$564.32                         |
| 64792                |                  |                  | REMOVAL OF NERVE LESION           | \$844.57                         | \$717.88                         |
| 64795                |                  |                  | BIOPSY OF NERVE                   | \$163.45                         | \$138.93                         |
| 64802                |                  |                  | REMOVE SYMPATHETIC NERVES         | \$501.46                         | \$426.24                         |
| 64802                | 50               |                  | SYMPATHECTOMY,CERVICAL:BILATER    | \$1,002.91                       | \$852.48                         |
| 64804                |                  |                  | SYMPATHECTOMY,CERVIOOTHORACIC     | \$769.02                         | \$653.67                         |
| 64804                | 50               |                  | SYMPATHECTOMY,CERVIOOTHORACIC:B   | \$1,538.05                       | \$1,307.34                       |
| 64809                |                  |                  | REMOVE SYMPATHETIC NERVES         | \$671.98                         | \$571.18                         |
| 64809                | 50               |                  | SYMPATHECTOMY,THORACOLUMBAR:BI    | \$1,343.95                       | \$1,142.36                       |
| 64818                |                  |                  | REMOVE SYMPATHETIC NERVES         | \$544.11                         | \$462.50                         |
| 64818                | 50               |                  | SYMPATHECTOMY,LUMBAR:BILATERAL    | \$1,088.22                       | \$924.99                         |
| 64820                |                  |                  | SYMPATHECTOMY DIGID ARTERY-EAC    | \$613.47                         | \$521.45                         |
| 64821                |                  |                  | SYMPATHECTOMY: RADIAL ARTERY      | \$562.65                         | \$478.25                         |
| 64822                |                  |                  | SYMPATHECTOMY: ULNAR ARTERY       | \$560.69                         | \$476.58                         |
| 64823                |                  |                  | SYMPATHECTOMY: SUPERFIC PALMAR    | \$650.10                         | \$552.58                         |
| 64831                |                  |                  | REPAIR OF DIGIT NERVE             | \$580.32                         | \$493.27                         |
| 64832                |                  |                  | SUTURE DIGIT NERVE:@ ADD DIGIT    | \$303.48                         | \$257.96                         |
| 64834                |                  |                  | REPAIR OF HAND OR FOOT NERVE      | \$608.23                         | \$517.00                         |
| 64835                |                  |                  | REPAIR OF MEDIAN MOTOR THENAR     | \$657.91                         | \$559.23                         |
| 64836                |                  |                  | SUTURE 1 NERVE,HAND/FOOT:ULNAR    | \$655.12                         | \$556.85                         |
| 64837                |                  |                  | REPAIR ADDITIONAL NERVE           | \$336.17                         | \$285.74                         |
| 64840                |                  |                  | SUTURE OF POSTERIOR TIBIAL NER    | \$732.06                         | \$622.25                         |
| 64856                |                  |                  | REPAIR/TRANSPOSE NERVE            | \$810.74                         | \$689.13                         |
| 64857                |                  |                  | REPAIR ARM/LEG NERVE              | \$850.48                         | \$722.91                         |
| 64858                |                  |                  | REPAIR SCIATIC NERVE              | \$985.44                         | \$837.62                         |
| 64859                |                  |                  | SUTURE @ ADD MAJOR PERIPHERAL     | \$228.79                         | \$194.47                         |
| 64861                |                  |                  | REPAIR OF ARM NERVES              | \$1,128.14                       | \$958.92                         |
| 64862                |                  |                  | REPAIR OF LOW BACK NERVES         | \$1,146.67                       | \$974.67                         |
| 64864                |                  |                  | REPAIR OF FACIAL NERVE            | \$731.60                         | \$621.86                         |
| 64865                |                  |                  | REPAIR OF FACIAL NERVE            | \$985.57                         | \$837.73                         |
| 64866                |                  |                  | FUSION OF FACIAL/OTHER NERVE      | \$1,005.10                       | \$854.33                         |
| 64868                |                  |                  | FUSION OF FACIAL/OTHER NERVE      | \$874.31                         | \$743.17                         |
| 64885                |                  |                  | NERVE GFT HEAD/NECK:TO 4CM(INC    | \$996.02                         | \$846.62                         |
| 64886                |                  |                  | NERVE GFT...>4 CM LENGTH(INCL     | \$1,177.27                       | \$1,000.68                       |
| 64890                |                  |                  | NERVE GRAFT, HAND OR FOOT         | \$885.93                         | \$753.04                         |
| 64891                |                  |                  | NERVE GRAFT, HAND OR FOOT         | \$815.66                         | \$693.31                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 64892                |                  |                  | NERVE GRAFT, ARM OR LEG           | \$837.09                         | \$711.52                         |
| 64893                |                  |                  | NERVE GRAFT, ARM OR LEG           | \$905.18                         | \$769.41                         |
| 64895                |                  |                  | NERVE GRAFT, HAND OR FOOT         | \$1,011.98                       | \$860.19                         |
| 64896                |                  |                  | NERVE GRAFT, HAND OR FOOT         | \$1,113.72                       | \$946.66                         |
| 64897                |                  |                  | NERVE GRAFT, ARM OR LEG           | \$1,014.45                       | \$862.28                         |
| 64898                |                  |                  | NERVE GRAFT, ARM OR LEG           | \$1,098.39                       | \$933.63                         |
| 64901                |                  |                  | NERVE GRAFT, @ ADD NERVE:SING.    | \$542.08                         | \$460.77                         |
| 64902                |                  |                  | NERVE GRAFT,@ ADD NERE, MULTI     | \$622.06                         | \$528.75                         |
| 64905                |                  |                  | NERVE PEDICLE TRANSFER            | \$790.41                         | \$671.85                         |
| 64907                |                  |                  | NERVE PEDICLE TRANSFER            | \$1,113.82                       | \$946.74                         |
| 64910                |                  |                  | NERVE REPAIR: WITH SYNTHETIC C    | \$546.35                         | \$464.40                         |
| 64911                |                  |                  | NERVE REPAIR: WITH AUTOGENOUS     | \$662.50                         | \$563.12                         |
| 65091                |                  |                  | EVISCERATION EYE                  | \$497.36                         | \$422.76                         |
| 65093                |                  |                  | EVISCERATION EYE WITH IMPLANT     | \$523.46                         | \$444.94                         |
| 65101                |                  |                  | REMOVAL OF EYE                    | \$556.30                         | \$472.86                         |
| 65103                |                  |                  | REMOVE EYE/INSERT IMPLANT         | \$581.09                         | \$493.92                         |
| 65105                |                  |                  | REMOVE EYE/ATTACH IMPLANT         | \$636.42                         | \$540.96                         |
| 65110                |                  |                  | REMOVAL OF EYE                    | \$929.50                         | \$790.08                         |
| 65112                |                  |                  | REMOVE EYE, REVISE SOCKET         | \$1,104.60                       | \$938.91                         |
| 65114                |                  |                  | REMOVE EYE, REVISE SOCKET         | \$1,139.51                       | \$968.59                         |
| 65130                |                  |                  | INSERT OCULAR IMPLANT             | \$547.88                         | \$465.70                         |
| 65135                |                  |                  | INSERT OCULAR IMPLANT             | \$558.96                         | \$475.12                         |
| 65140                |                  |                  | ATTACH OCULAR IMPLANT             | \$600.95                         | \$510.81                         |
| 65150                |                  |                  | REVISE OCULAR IMPLANT             | \$477.85                         | \$406.17                         |
| 65155                |                  |                  | REINSERT OCULAR IMPLANT           | \$644.84                         | \$548.11                         |
| 65175                |                  |                  | REMOVAL OF OCULAR IMPLANT         | \$495.78                         | \$421.42                         |
| 65205                |                  |                  | REMOVE FOREIGN BODY FROM EYE      | \$45.05                          | \$38.29                          |
| 65210                |                  |                  | REMOVE FOREIGN BODY FROM EYE      | \$55.22                          | \$46.94                          |
| 65220                |                  |                  | REMOVE FOREIGN BODY FROM EYE      | \$45.64                          | \$38.79                          |
| 65222                |                  |                  | REMOVE FOREIGN BODY FROM EYE      | \$60.78                          | \$51.67                          |
| 65235                |                  |                  | REMOVE FOREIGN BODY FROM EYE      | \$479.31                         | \$407.42                         |
| 65260                |                  |                  | REMOVE FOREIGN BODY FROM EYE      | \$691.16                         | \$587.49                         |
| 65265                |                  |                  | REMOVE FOREIGN BODY FROM EYE      | \$777.09                         | \$660.52                         |
| 65270                |                  |                  | REPAIR OF EYE WOUND               | \$240.50                         | \$204.43                         |
| 65272                |                  |                  | REPAIR OF EYE WOUND               | \$388.33                         | \$330.08                         |
| 65273                |                  |                  | REPAIR OF EYE WOUND               | \$265.84                         | \$225.96                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 65275                |                  |                  | REPAIR OF CORNEA LACERATION NO    | \$390.96                         | \$332.32                         |
| 65280                |                  |                  | REPAIR OF EYE WOUND               | \$465.15                         | \$395.38                         |
| 65285                |                  |                  | REPAIR OF EYE WOUND               | \$739.64                         | \$628.69                         |
| 65286                |                  |                  | REPAIR LACERATION:APPLIC TISSU    | \$560.83                         | \$476.71                         |
| 65290                |                  |                  | REPAIR OF EYE SOCKET WOUND        | \$341.05                         | \$289.89                         |
| 65400                |                  |                  | REMOVAL OF EYE LESION             | \$483.44                         | \$410.92                         |
| 65410                |                  |                  | BIOPSY OF CORNEA                  | \$120.47                         | \$102.40                         |
| 65420                |                  |                  | REMOVAL OF EYE LESION             | \$439.00                         | \$373.15                         |
| 65426                |                  |                  | REMOVAL OF EYE LESION             | \$519.12                         | \$441.25                         |
| 65430                |                  |                  | CORNEAL SMEAR                     | \$92.31                          | \$78.47                          |
| 65435                |                  |                  | CURETTE/TREAT CORNEA              | \$64.20                          | \$54.57                          |
| 65436                |                  |                  | CURETTE/TREAT CORNEA              | \$277.47                         | \$235.85                         |
| 65450                |                  |                  | DESTROY CORNEAL LESION            | \$246.54                         | \$209.56                         |
| 65600                |                  |                  | REVISION OF CORNEA                | \$282.52                         | \$240.14                         |
| 65710                |                  |                  | CORNEAL TRANSPLANT                | \$788.88                         | \$670.55                         |
| 65730                |                  |                  | CORNEAL TRANSPLANT                | \$879.43                         | \$747.52                         |
| 65750                |                  |                  | CORNEAL TRANSPLANT                | \$902.63                         | \$767.24                         |
| 65755                |                  |                  | KERATOPLASTY(CORN TSPLT):PENET    | \$896.14                         | \$761.72                         |
| 65772                |                  |                  | CORNEAL RELAX INCISION,CORR SU    | \$329.82                         | \$280.35                         |
| 65775                |                  |                  | CORN WDGE RESECT,CORR SURG..AS    | \$393.57                         | \$334.53                         |
| 65780                |                  |                  | OCULAR SURFACE RECONSTRUCTION     | \$686.58                         | \$583.60                         |
| 65781                |                  |                  | LIMBAL STEM CELL ALLOGRAFT        | \$1,035.91                       | \$880.53                         |
| 65782                |                  |                  | LIMBAL CONJUNCTIVAL AUTOGRAFT     | \$894.46                         | \$760.29                         |
| 65800                |                  |                  | PARACENTESIS ANTERIOR CHAMBER     | \$124.12                         | \$105.50                         |
| 65810                |                  |                  | PARACENTESIS EYE.. REMOVE VIT     | \$320.55                         | \$272.47                         |
| 65815                |                  |                  | DRAINAGE OF EYE                   | \$507.02                         | \$430.97                         |
| 65820                |                  |                  | RELIEVE INNER EYE PRESSURE        | \$576.62                         | \$490.12                         |
| 65850                |                  |                  | TRABECULOTOMY AB EXTERNO          | \$634.38                         | \$539.22                         |
| 65855                |                  |                  | LASER TRABECULOPLASTY-1/MORE      | \$257.30                         | \$218.71                         |
| 65860                |                  |                  | SERV. ADH. ANT. SEGM.: LASER T    | \$254.65                         | \$216.45                         |
| 65865                |                  |                  | INCISE INNER EYE ADHESIONS        | \$376.37                         | \$319.91                         |
| 65870                |                  |                  | INCISE INNER EYE ADHESIONS        | \$425.24                         | \$361.45                         |
| 65875                |                  |                  | INCISE INNER EYE ADHESIONS        | \$446.97                         | \$379.92                         |
| 65880                |                  |                  | INCISE INNER EYE ADHESIONS        | \$473.38                         | \$402.38                         |
| 65900                |                  |                  | REMOVE EYE LESION                 | \$709.68                         | \$603.23                         |
| 65920                |                  |                  | REMOVE IMPLANT FROM EYE           | \$555.26                         | \$471.97                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 65930                |                  |                  | REMOVE BLOOD CLOT FROM EYE        | \$478.26                         | \$406.52                         |
| 66020                |                  |                  | INJECTION,ANTERIOR CHAMBER:AIR    | \$158.82                         | \$135.00                         |
| 66030                |                  |                  | INJECTION TTREATMENT OF EYE       | \$142.06                         | \$120.75                         |
| 66130                |                  |                  | REMOVE EYE LESION                 | \$581.45                         | \$494.23                         |
| 66150                |                  |                  | INCISION OF EYE                   | \$595.63                         | \$506.29                         |
| 66155                |                  |                  | INCISION OF EYE                   | \$592.14                         | \$503.32                         |
| 66160                |                  |                  | INCISION OF EYE                   | \$682.43                         | \$580.07                         |
| 66170                |                  |                  | INCISION OF EYE                   | \$817.52                         | \$694.89                         |
| 66172                |                  |                  | FISTUL.SCLERA.TRABECULECTOMY P    | \$1,013.82                       | \$861.74                         |
| 66180                |                  |                  | AQUEOUS SHT/EXTOCUL RESERVOIR     | \$846.46                         | \$719.49                         |
| 66185                |                  |                  | REVISION AQUEOUS SHUNT TO EXTO    | \$519.94                         | \$441.95                         |
| 66225                |                  |                  | REPAIR/GRAFT EYE LESION           | \$662.20                         | \$562.87                         |
| 66250                |                  |                  | FOLLOW-UP SURGERY OF EYE          | \$595.24                         | \$505.95                         |
| 66500                |                  |                  | INCISION OF IRIS                  | \$280.06                         | \$238.05                         |
| 66505                |                  |                  | INCISION OF IRIS                  | \$304.23                         | \$258.60                         |
| 66600                |                  |                  | REMOVE IRIS AND LESION            | \$566.39                         | \$481.43                         |
| 66605                |                  |                  | REMOVAL OF IRIS                   | \$767.48                         | \$652.36                         |
| 66625                |                  |                  | REMOVAL OF IRIS                   | \$330.38                         | \$280.83                         |
| 66630                |                  |                  | REMOVAL OF IRIS                   | \$398.02                         | \$338.31                         |
| 66635                |                  |                  | REMOVAL OF IRIS                   | \$401.88                         | \$341.60                         |
| 66680                |                  |                  | REPAIR IRIS & CILIARY BODY        | \$359.14                         | \$305.27                         |
| 66682                |                  |                  | SUTURE OF IRIS, CILIARY BODY      | \$430.13                         | \$365.61                         |
| 66700                |                  |                  | CILIARY BODY DESTR.:DIATHERMY     | \$336.37                         | \$285.91                         |
| 66710                |                  |                  | CILIARY BODY DESTR.:CYCLOPHOTO    | \$333.36                         | \$283.36                         |
| 66711                |                  |                  | CILIARY BODY DESTRUCTION: CYCL    | \$437.73                         | \$372.07                         |
| 66720                |                  |                  | CILIARY BODY DESTR.:CRYOTHERAP    | \$355.62                         | \$302.27                         |
| 66740                |                  |                  | CILIARY BODY DESTR.:CYCLODIALY    | \$330.64                         | \$281.04                         |
| 66761                |                  |                  | REVISION OF IRIS                  | \$314.14                         | \$267.02                         |
| 66762                |                  |                  | REVISION OF IRIS                  | \$343.66                         | \$292.11                         |
| 66770                |                  |                  | REMOVAL OF INNER EYE LESION       | \$378.10                         | \$321.39                         |
| 66820                |                  |                  | INCISION OF LENS LESION           | \$326.09                         | \$277.17                         |
| 66821                |                  |                  | DISCISSION SECONDARY: LASER       | \$216.65                         | \$184.15                         |
| 66825                |                  |                  | REP. INTR. LENS PROSTH. REQ.IN    | \$580.11                         | \$493.10                         |
| 66830                |                  |                  | REMOVAL OF LENS LESION            | \$506.06                         | \$430.15                         |
| 66840                |                  |                  | REMOVAL OF LENS MATERIAL          | \$494.73                         | \$420.52                         |
| 66850                |                  |                  | REMOVAL OF LENS MATERIAL          | \$560.90                         | \$476.77                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 66852                |                  |                  | REMOV LENS MAT: PARS PIANA APP    | \$604.89                         | \$514.15                         |
| 66920                |                  |                  | EXTRACTION OF LENS                | \$541.17                         | \$459.99                         |
| 66930                |                  |                  | EXTRACTION OF LENS                | \$612.57                         | \$520.68                         |
| 66940                |                  |                  | EXTRACTION OF LENS                | \$553.26                         | \$470.27                         |
| 66982                |                  |                  | EXTRACAPS CATARACT REMOV COMPL    | \$780.37                         | \$663.31                         |
| 66984                |                  |                  | EXTRA CATARACT REMOVAL W/LENS     | \$586.77                         | \$498.75                         |
| 66985                |                  |                  | INSERT LENS PROSTHESIS            | \$529.03                         | \$449.68                         |
| 66986                |                  |                  | EXCHANGE OF INTRAOCULAR LENS      | \$717.50                         | \$609.87                         |
| 66990                |                  |                  | USE OF OPHTHMALMIC ENDOSCOPE      | \$73.22                          | \$62.24                          |
| 67010                |                  |                  | PARTIAL REMOVAL OF EYE FLUID      | \$411.17                         | \$349.49                         |
| 67015                |                  |                  | RELEASE OF EYE FLUID              | \$448.03                         | \$380.83                         |
| 67025                |                  |                  | REPLACE EYE FLUID                 | \$539.82                         | \$458.84                         |
| 67027                |                  |                  | IMPLANT INTRAVITREAL DRUG DELI    | \$630.48                         | \$535.91                         |
| 67028                |                  |                  | INTRAVITREAL INJ,PHARMCOLOGIC     | \$105.54                         | \$89.71                          |
| 67030                |                  |                  | INCISE INNER EYE STRANDS          | \$358.96                         | \$305.12                         |
| 67031                |                  |                  | SEVERING VIT. STRANDA-LASER       | \$277.44                         | \$235.82                         |
| 67036                |                  |                  | VIRECTOMY MECHANICAL              | \$702.88                         | \$597.45                         |
| 67039                |                  |                  | VITRECTOMY,MECH,PPAPP:W FCL EN    | \$894.03                         | \$759.93                         |
| 67040                |                  |                  | VITRECTOMY...W/ENDOLASER PANRE    | \$1,034.43                       | \$879.27                         |
| 67041                |                  |                  | VITRECTOMY, MECHANICAL, PARS P    | \$913.52                         | \$776.49                         |
| 67042                |                  |                  | VITRECTOMY, MECHANICAL, PARS P    | \$1,043.94                       | \$887.35                         |
| 67043                |                  |                  | VITRECTOMY, MECHANICAL, PARS P    | \$1,097.20                       | \$932.62                         |
| 67101                |                  |                  | REPAIR DETACHED RETINA            | \$345.99                         | \$294.09                         |
| 67105                |                  |                  | PHOTOCOAGULATION/DETACHED RET     | \$311.82                         | \$265.05                         |
| 67107                |                  |                  | REPAIR DETACHED RETINA            | \$874.54                         | \$743.36                         |
| 67108                |                  |                  | REPAIR DETACHED RETINA            | \$1,178.07                       | \$1,001.36                       |
| 67110                |                  |                  | REPAIR RETI DETA,1/MORE SESS:W    | \$639.33                         | \$543.43                         |
| 67113                |                  |                  | REPAIR OF COMPLEX RETINAL DETA    | \$1,205.78                       | \$1,024.91                       |
| 67115                |                  |                  | RELEASE.ENCIRCLING MATERIAL(PO    | \$337.54                         | \$286.91                         |
| 67120                |                  |                  | REMOVE EYE IMPLANT MATERIAL       | \$489.10                         | \$415.73                         |
| 67121                |                  |                  | REMOVE IMPLANT,POSTERIOR,INTRA    | \$642.47                         | \$546.10                         |
| 67141                |                  |                  | TREAT RETINAL DETACH,CRYOTHER/    | \$370.93                         | \$315.29                         |
| 67145                |                  |                  | TREAT RETINAL DETACH,PHOTOCOAG    | \$372.19                         | \$316.36                         |
| 67208                |                  |                  | DEST.LOC.RETINAL LESION,CRYO.D    | \$429.59                         | \$365.15                         |
| 67210                |                  |                  | DEST.LOC.RETINAL LESION,PHOTOC    | \$515.14                         | \$437.87                         |
| 67218                |                  |                  | TREAT RETINAL LESION:IMPLANT R    | \$1,025.70                       | \$871.84                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 67220                |                  |                  | DESTRUCTION LOCAL LESION OF CH    | \$559.17                         | \$475.29                         |
| 67225                |                  |                  | DESTRUCTION LOCALIZED LESION C    | \$23.94                          | \$20.35                          |
| 67227                |                  |                  | DESTROY RETINOPATHY:CRYOTHER/D    | \$305.66                         | \$259.81                         |
| 67228                |                  |                  | DESTROY RETINOPATHY:PHOTOCOAGU    | \$357.20                         | \$303.62                         |
| 67229                |                  |                  | TREATMENT OF EXTENSIVE OR PROG    | \$795.84                         | \$676.46                         |
| 67229                | 50               |                  | TREATMENT OF EXTENSIVE OR PROG    | \$1,591.68                       | \$1,352.93                       |
| 67250                |                  |                  | REINFORCE EYE WALL:WO GRAFT       | \$599.51                         | \$509.59                         |
| 67255                |                  |                  | REINFORCE/GRAFT EYE WALL          | \$630.64                         | \$536.04                         |
| 67311                |                  |                  | REVISE EYE MUSCLE:ONE HORIZONT    | \$425.79                         | \$361.92                         |
| 67312                |                  |                  | REVISE TWO EYE MUSCLES            | \$512.10                         | \$435.28                         |
| 67314                |                  |                  | STRABISMUS SURG,REC/RES:1 VERT    | \$471.88                         | \$401.10                         |
| 67316                |                  |                  | STRABISMUS SURG,REC/RES:2/MORE    | \$574.73                         | \$488.52                         |
| 67318                |                  |                  | STRABISMUS SURG,ANY PROC,SUP O    | \$495.79                         | \$421.42                         |
| 67343                |                  |                  | RELEASE EXT SCAR TIS WO DETACH    | \$464.55                         | \$394.87                         |
| 67345                |                  |                  | CHEMODENERVATION OF EXTRAOCULA    | \$186.48                         | \$158.51                         |
| 67346                |                  |                  | BIOPSY OF EXTRAOCULAR MUSCLE      | \$148.14                         | \$125.92                         |
| 67400                |                  |                  | ORBITOTOMY...FOR EXPLOR,W/WO B    | \$707.86                         | \$601.68                         |
| 67405                |                  |                  | ORBITOTOMY:...WITH DRAINAGE ONL   | \$595.90                         | \$506.51                         |
| 67412                |                  |                  | ORBITOTOMY:...W REMOVAL OF LES    | \$686.08                         | \$583.17                         |
| 67413                |                  |                  | ORBITOTOMY:...W REMOVAL FOREIG    | \$697.05                         | \$592.49                         |
| 67414                |                  |                  | ORBITOTOMY WO BONE FLAP....       | \$779.98                         | \$662.98                         |
| 67415                |                  |                  | TRANSCONJUNCTIVAL OR ASPIRATIO    | \$84.10                          | \$71.48                          |
| 67420                |                  |                  | EXPLORE/TREAT EYE SOCKET          | \$1,258.98                       | \$1,070.13                       |
| 67430                |                  |                  | EXPLORE/TREAT EYE SOCKET          | \$954.66                         | \$811.46                         |
| 67440                |                  |                  | EXPLORE/DRAIN EYE SOCKET          | \$919.09                         | \$781.22                         |
| 67445                |                  |                  | ORBITOTOMY WO BONEFLAP-LATERAL    | \$955.17                         | \$811.89                         |
| 67450                |                  |                  | EXPLORE/BIOPSY EYE SOCKET         | \$946.36                         | \$804.41                         |
| 67515                |                  |                  | INJECT/TREAT EYE SOCKET           | \$40.19                          | \$34.16                          |
| 67550                |                  |                  | ORBITAL IMPLANT:INSERTION         | \$727.21                         | \$618.13                         |
| 67560                |                  |                  | ORBITAL IMPLANT:REMOVAL OR REV    | \$739.01                         | \$628.16                         |
| 67570                |                  |                  | OPTIC NERVE DECOMPRESSION....     | \$910.92                         | \$774.28                         |
| 67700                |                  |                  | DRAINAGE OF EYELID ABSCESS        | \$249.66                         | \$212.21                         |
| 67710                |                  |                  | INCISION OF EYELID                | \$216.59                         | \$184.10                         |
| 67715                |                  |                  | CANTHOTOMY(SEPARATE PROCEDURE)    | \$223.21                         | \$189.73                         |
| 67800                |                  |                  | EXCISION CHALAZION, SINGLE        | \$100.66                         | \$85.56                          |
| 67801                |                  |                  | EXCISE CHALAZION:MULTIPLE,SAME    | \$128.94                         | \$109.60                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 67805                |              |              | EXCISION OF CHALAZION:MULTIPLE    | \$159.28                     | \$135.39                     |
| 67808                |              |              | EXCISE CHALAZION:UNDER GEN ANE    | \$253.69                     | \$215.63                     |
| 67810                |              |              | BIOPSY OF EYELID                  | \$161.88                     | \$137.60                     |
| 67820                |              |              | REVISE EYELASHES                  | \$34.54                      | \$29.36                      |
| 67825                |              |              | REVISE EYELASHES                  | \$104.74                     | \$89.03                      |
| 67830                |              |              | CORRECT TRICHIASIS:INCISE LID     | \$244.41                     | \$207.75                     |
| 67835                |              |              | CORRECT TRICHIASIS:INCISE LID     | \$340.84                     | \$289.71                     |
| 67840                |              |              | REMOVE EYELID LESION EXC CHALA    | \$253.71                     | \$215.66                     |
| 67850                |              |              | TREAT EYELID LESION               | \$170.18                     | \$144.65                     |
| 67875                |              |              | TEMPORARY CLOSURE EYELIDS BY S    | \$157.05                     | \$133.49                     |
| 67880                |              |              | REVISION OF EYELID                | \$350.38                     | \$297.82                     |
| 67882                |              |              | REVISION OF EYELID                | \$426.91                     | \$362.88                     |
| 67900                |              |              | REPAIR BROW PTOSIS....            | \$513.44                     | \$436.42                     |
| 67901                |              |              | REPAIR BLEPHAROPTOSIS:...W SUTU   | \$433.49                     | \$368.46                     |
| 67901                | 50           |              | REPAIR EYELID DEFECT              | \$866.98                     | \$736.93                     |
| 67902                |              |              | REPAIR BLEPHAROPTOSIS:...W FASC   | \$499.27                     | \$424.38                     |
| 67902                | 50           |              | REPAIR EYELID DEFECT              | \$998.54                     | \$848.76                     |
| 67903                |              |              | REPAIR BLEPHAROPTOSIS:...INTERN   | \$540.33                     | \$459.28                     |
| 67904                |              |              | REPAIR BLEPHAROPTOSIS:...EXTER    | \$537.46                     | \$456.84                     |
| 67906                |              |              | REPAIR BLEPHAROPTOSIS:...W FAS    | \$410.82                     | \$349.20                     |
| 67908                |              |              | REPAIR BLEPHAROPTOSIS:...RESEC    | \$395.77                     | \$336.40                     |
| 67909                |              |              | REDUCTION OVERCORRECTION PTOSI    | \$452.69                     | \$384.78                     |
| 67911                |              |              | REVISE EYELID DEFECT              | \$337.98                     | \$287.28                     |
| 67912                |              |              | CORRECT LAGOPHTHAL W/IMPL UP E    | \$831.46                     | \$706.74                     |
| 67914                |              |              | REPAIR ECTROPIAN: SUTURE          | \$337.42                     | \$286.81                     |
| 67915                |              |              | REPAIR EYELID DEFECT              | \$308.83                     | \$262.51                     |
| 67916                |              |              | REPAIR ECTROPIAN:BLEPHAROPLAST    | \$449.64                     | \$382.19                     |
| 67917                |              |              | REPAIR ECTROPIAN:BLEPHAROPLAST    | \$488.36                     | \$415.11                     |
| 67921                |              |              | REPAIR ENTROPIAN: SUTURE          | \$322.89                     | \$274.45                     |
| 67922                |              |              | REPAIR EYELID DEFECT              | \$302.37                     | \$257.01                     |
| 67923                |              |              | REPAIR ENTROPIAN:BLEPHAROPLAST    | \$470.62                     | \$400.03                     |
| 67924                |              |              | REPAIR ENTROPIAN:BLEPHAROPLAST    | \$495.26                     | \$420.97                     |
| 67930                |              |              | REPAIR EYELID WOUND               | \$313.84                     | \$266.76                     |
| 67935                |              |              | SUTURE RECENT WOUND EYELID..FU    | \$497.60                     | \$422.96                     |
| 67938                |              |              | REMOVE EYELID FOREIGN BODY        | \$227.02                     | \$192.97                     |
| 67950                |              |              | CANTHOPLASTY(RECONSTRUCTION CA    | \$488.14                     | \$414.92                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 67961                |                  |                  | REVISION OF EYELID                | \$484.84                         | \$412.11                         |
| 67966                |                  |                  | REVISION OF EYELID                | \$529.11                         | \$449.75                         |
| 67971                |                  |                  | RECONSTRUCTION OF EYELID          | \$572.55                         | \$486.67                         |
| 67973                |                  |                  | RECONSTRUCTION OF EYELID          | \$745.33                         | \$633.53                         |
| 67974                |                  |                  | RECONSTRUCTION OF EYELID          | \$741.66                         | \$630.41                         |
| 67975                |                  |                  | RECONSTRUCTION OF EYELID          | \$539.60                         | \$458.66                         |
| 68020                |                  |                  | INCISE/DRAIN EYELID LINING        | \$92.93                          | \$78.99                          |
| 68040                |                  |                  | TREATMENT OF EYELID LESIONS       | \$52.14                          | \$44.32                          |
| 68100                |                  |                  | BIOPSY OF EYELID LINING           | \$155.35                         | \$132.05                         |
| 68110                |                  |                  | REMOVE EYELID LINING LESION       | \$198.06                         | \$168.35                         |
| 68115                |                  |                  | REMOVE EYELID LINING LESION       | \$281.04                         | \$238.88                         |
| 68130                |                  |                  | REMOVE EYELID LINING LESION       | \$459.17                         | \$390.29                         |
| 68135                |                  |                  | REMOVE EYELID LINING LESION       | \$122.58                         | \$104.20                         |
| 68200                |                  |                  | TREAT EYELID BY INJECTION         | \$34.41                          | \$29.25                          |
| 68320                |                  |                  | REVISE/GRAFT EYELID LINING        | \$561.16                         | \$476.99                         |
| 68325                |                  |                  | REVISE/GRAFT EYELID LINING        | \$467.95                         | \$397.76                         |
| 68326                |                  |                  | REVISE/GRAFT EYELID LINING        | \$454.25                         | \$386.11                         |
| 68328                |                  |                  | REVISE/GRAFT EYELID LINING        | \$522.28                         | \$443.94                         |
| 68330                |                  |                  | REVISE EYELID LINING              | \$479.76                         | \$407.80                         |
| 68335                |                  |                  | REVISE/GRAFT EYELID LINING        | \$454.79                         | \$386.57                         |
| 68340                |                  |                  | SEPARATE EYELID ADHESIONS         | \$439.68                         | \$373.73                         |
| 68360                |                  |                  | REVISE EYELID LINING              | \$417.80                         | \$355.13                         |
| 68362                |                  |                  | REVISE EYELID LINING              | \$460.21                         | \$391.18                         |
| 68371                |                  |                  | HARVEST CONJUNCT ALLOGRAFT LIV    | \$328.42                         | \$279.15                         |
| 68400                |                  |                  | INCISE/DRAIN TEAR GLAND           | \$256.64                         | \$218.14                         |
| 68420                |                  |                  | INCISE/DRAIN TEAR SAC             | \$286.66                         | \$243.66                         |
| 68440                |                  |                  | INCISE TEAR DUCT OPENING          | \$102.10                         | \$86.79                          |
| 68500                |                  |                  | REMOVAL OF TEAR GLAND             | \$695.18                         | \$590.90                         |
| 68505                |                  |                  | PARTIAL REMOVAL TEAR GLAND        | \$723.86                         | \$615.28                         |
| 68510                |                  |                  | BIOPSY OF TEAR GLAND              | \$401.60                         | \$341.36                         |
| 68520                |                  |                  | REMOVAL OF TEAR SAC               | \$500.49                         | \$425.41                         |
| 68525                |                  |                  | BIOPSY OF TEAR SAC                | \$215.13                         | \$182.86                         |
| 68530                |                  |                  | CLEARANCE OF TEAR DUCT            | \$398.58                         | \$338.80                         |
| 68540                |                  |                  | REMOVE TEAR GLAND LESION          | \$669.48                         | \$569.06                         |
| 68550                |                  |                  | REMOVE TEAR GLAND LESION          | \$828.34                         | \$704.09                         |
| 68700                |                  |                  | REPAIR TEAR DUCTS                 | \$421.38                         | \$358.18                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 68705                |              |              | REVISE TEAR DUCT OPENING          | \$209.90                     | \$178.42                     |
| 68720                |              |              | CREATE TEAR SAC DRAIN             | \$563.33                     | \$478.83                     |
| 68745                |              |              | CREATE TEAR DUCT DRAIN            | \$555.26                     | \$471.97                     |
| 68750                |              |              | CREATE TEAR DUCT DRAIN            | \$567.46                     | \$482.34                     |
| 68760                |              |              | CLOSE TEAR DUCT OPENING           | \$177.80                     | \$151.13                     |
| 68761                |              |              | CLOSE LACR. PUNCT., PLUG, EACH    | \$122.13                     | \$103.81                     |
| 68770                |              |              | CLOSE TEAR SYSTEM FISTULA         | \$340.22                     | \$289.18                     |
| 68801                |              |              | DILATION LACRIMAL PUNCTUM W/WO    | \$93.69                      | \$79.64                      |
| 68801                | 50           |              | DILATION LACRIMAL PUNCTUM W/WO    | \$194.70                     | \$165.50                     |
| 68810                |              |              | PROBING NASOLACRIMAL DUCT W/WO    | \$163.46                     | \$138.94                     |
| 68810                | 50           |              | PROBING NASOLACRIMAL DUCT W/WO    | \$375.07                     | \$318.81                     |
| 68811                |              |              | PROBING NASOLAC DUCT W/WO IRRI    | \$142.01                     | \$120.71                     |
| 68811                | 50           |              | PROBING NASOLAC DUCT W/WO IRRI    | \$213.02                     | \$181.06                     |
| 68815                |              |              | PROBING NASOLAC DUCT W INSERT     | \$386.43                     | \$328.47                     |
| 68815                | 50           |              | PROBING NASOLAC DUCT W INSERT     | \$772.86                     | \$656.93                     |
| 68816                |              |              | PROBING OF NASOLACRIMAL DUCT,     | \$174.85                     | \$148.62                     |
| 68816                | 50           |              | PROBING OF NASOLACRIMAL DUCT B    | \$349.70                     | \$297.24                     |
| 68840                |              |              | EXPLORE/IRRIGATE TEAR DUCTS       | \$95.58                      | \$81.24                      |
| 68850                |              |              | INJECTION FOR TEAR SAC X-RAY      | \$56.34                      | \$47.89                      |
| 69000                |              |              | DRAIN EXTERNAL EAR LESION         | \$147.44                     | \$125.32                     |
| 69005                |              |              | DRAIN EXTERNAL EAR LESION         | \$171.48                     | \$145.76                     |
| 69020                |              |              | DRAIN OUTER EAR CANAL LESION      | \$186.04                     | \$158.13                     |
| 69100                |              |              | BIOPSY OF EXTERNAL EAR            | \$84.51                      | \$71.84                      |
| 69105                |              |              | BIOPSY EXTERNAL EAR CANAL         | \$108.67                     | \$92.37                      |
| 69110                |              |              | PARTIAL REMOVAL EXTERNAL EAR      | \$346.65                     | \$294.65                     |
| 69120                |              |              | REMOVAL OF EXTERNAL EAR           | \$349.30                     | \$296.91                     |
| 69140                |              |              | REMOVE EAR CANAL LESION(S)        | \$722.78                     | \$614.36                     |
| 69145                |              |              | REMOVE EAR CANAL LESION(S)        | \$285.82                     | \$242.94                     |
| 69150                |              |              | EXTENSIVE EAR CANAL SURGERY       | \$916.00                     | \$778.60                     |
| 69155                |              |              | EXTENSIVE EAR/NECK SURGERY        | \$1,378.37                   | \$1,171.61                   |
| 69200                |              |              | CLEAR OUTER EAR CANAL             | \$85.96                      | \$73.07                      |
| 69200                | SA           |              | CLEAR OUTER EAR CANAL             | NA                           | \$69.41                      |
| 69205                |              |              | CLEAR OUTER EAR CANAL             | \$87.03                      | \$73.98                      |
| 69210                |              |              | REMOVE IMPACTED CERUMEN,UNILAT    | \$42.14                      | \$35.82                      |
| 69210                | SA           |              | REMOVE IMPACTED CERUMEN 1-2 EA    | NA                           | \$34.02                      |
| 69220                |              |              | DEBRIDEMENT,MASTOIDECTOMY CAV/    | \$84.47                      | \$71.80                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 69220                | 50               |                  | DEBRIDEMENT,MASTOID CAVITY,SIM    | \$217.42                         | \$184.81                         |
| 69222                |                  |                  | DEBRID,MASTOID,CAV,COMPLEX/W A    | \$178.77                         | \$151.95                         |
| 69222                | 50               |                  | DEBRID,MASTOID,CAV,COMPLEX/W A    | \$357.54                         | \$303.91                         |
| 69300                |                  |                  | REVISE EXTERNAL EAR               | \$365.54                         | \$310.71                         |
| 69300                | 50               |                  | OTOPLASTY,PROTRUD EAR/W/WO/SZ     | \$731.09                         | \$621.42                         |
| 69310                |                  |                  | RECONSTRUCT EXTERNAL EAR CANAL    | \$919.65                         | \$781.70                         |
| 69320                |                  |                  | REBUILD OUTER EAR CANAL           | \$1,318.74                       | \$1,120.93                       |
| 69420                |                  |                  | INCISION OF EARDRUM               | \$152.50                         | \$129.63                         |
| 69421                |                  |                  | MYRINGOTOMY....REQUIRING GEN A    | \$132.75                         | \$112.84                         |
| 69424                |                  |                  | VENT TUBE REMOVAL:UNILATERAL      | \$103.24                         | \$87.75                          |
| 69424                | 50               |                  | VENT TUBE REMOVAL:BILATERAL       | \$206.48                         | \$175.51                         |
| 69433                |                  |                  | OFFICE TYMPANOSTOMY, UNILAT       | \$157.07                         | \$133.51                         |
| 69433                | 50               |                  | TYMPANOSTOMY LOCAL/TOPICAL ANE    | \$314.14                         | \$267.02                         |
| 69436                |                  |                  | TYMPANOSTOMY:UNILATERAL           | \$145.62                         | \$123.77                         |
| 69440                |                  |                  | EXPLORATION OF MIDDLE EAR         | \$555.60                         | \$472.26                         |
| 69450                |                  |                  | TYMPANOLYSIS, TRANSCANAL          | \$428.27                         | \$364.03                         |
| 69501                |                  |                  | MASTOIDECTOMY                     | \$614.38                         | \$522.22                         |
| 69502                |                  |                  | MASTOIDECTOMY                     | \$814.56                         | \$692.38                         |
| 69505                |                  |                  | REMOVE MASTOID STRUCTURES         | \$1,025.99                       | \$872.09                         |
| 69511                |                  |                  | EXTENSIVE MASTOID SURGERY         | \$1,053.42                       | \$895.41                         |
| 69530                |                  |                  | EXTENSIVE MASTOID SURGERY         | \$1,387.15                       | \$1,179.08                       |
| 69535                |                  |                  | REMOVE PART OF TEMPORAL BONE      | \$2,314.69                       | \$1,967.48                       |
| 69540                |                  |                  | REMOVE EAR LESION                 | \$168.12                         | \$142.90                         |
| 69550                |                  |                  | REMOVE EAR LESION                 | \$878.64                         | \$746.84                         |
| 69552                |                  |                  | REMOVE EAR LESION                 | \$1,364.59                       | \$1,159.90                       |
| 69554                |                  |                  | REMOVE EAR LESION                 | \$2,164.86                       | \$1,840.13                       |
| 69601                |                  |                  | MASTOID SURGERY REVISION          | \$880.80                         | \$748.68                         |
| 69602                |                  |                  | MASTOID SURGERY REVISION          | \$911.43                         | \$774.72                         |
| 69603                |                  |                  | MASTOID SURGERY REVISION          | \$1,100.90                       | \$935.77                         |
| 69604                |                  |                  | MASTOID SURGERY REVISION          | \$942.14                         | \$800.82                         |
| 69610                |                  |                  | REPAIR OF EAR DRUM                | \$339.35                         | \$288.45                         |
| 69610                | 50               |                  | TYMPAN MEMBRANE PATCH W/TISSUE    | \$678.70                         | \$576.90                         |
| 69620                |                  |                  | REPAIR OF EARDRUM                 | \$578.37                         | \$491.61                         |
| 69631                |                  |                  | REPAIR EARDRUM STRUCTURES         | \$716.06                         | \$608.65                         |
| 69632                |                  |                  | REBUILD EARDRUM STRUCTURES        | \$891.26                         | \$757.57                         |
| 69633                |                  |                  | REBUILD EARDRUM STRUCTURES - T    | \$854.99                         | \$726.74                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 69635                |                  |                  | REPAIR EARDRUM STRUCTURES         | \$1,022.36                       | \$869.01                         |
| 69636                |                  |                  | REBUILD EARDRUM STRUCTURES        | \$1,173.74                       | \$997.68                         |
| 69637                |                  |                  | REBUILD EARDRUM STRUCTURES - T    | \$1,167.25                       | \$992.16                         |
| 69641                |                  |                  | REVISE MIDDLE EAR & MASTOID       | \$866.59                         | \$736.60                         |
| 69642                |                  |                  | REVISE MIDDLE EAR & MASTOID       | \$1,125.69                       | \$956.83                         |
| 69643                |                  |                  | REVISE MIDDLE EAR & MASTOID       | \$1,024.53                       | \$870.85                         |
| 69644                |                  |                  | REVISE MIDDLE EAR & MASTOID       | \$1,270.21                       | \$1,079.68                       |
| 69645                |                  |                  | REVISE MIDDLE EAR & MASTOID       | \$1,237.79                       | \$1,052.12                       |
| 69646                |                  |                  | REVISE MIDDLE EAR & MASTOID       | \$1,317.33                       | \$1,119.73                       |
| 69650                |                  |                  | RELEASE MIDDLE EAR BONE           | \$665.38                         | \$565.58                         |
| 69660                |                  |                  | REVISE MIDDLE EAR BONE            | \$784.30                         | \$666.65                         |
| 69661                |                  |                  | REVISE MIDDLE EAR BONE W/DRILL    | \$1,034.62                       | \$879.43                         |
| 69662                |                  |                  | REVISION STAPEDECTOMY/OTOMY       | \$992.32                         | \$843.47                         |
| 69666                |                  |                  | REPAIR OVAL WINDOW FISTULA        | \$670.56                         | \$569.98                         |
| 69667                |                  |                  | REPAIR ROUND WINDOW FISTULA       | \$671.22                         | \$570.53                         |
| 69670                |                  |                  | REMOVE MASTOID AIR CELLS          | \$789.06                         | \$670.70                         |
| 69676                |                  |                  | TYMPANIC NEURECTOMY: UNILATERA    | \$690.34                         | \$586.79                         |
| 69676                | 50               |                  | TYMPANIC NEVRETOMY:BILATERAL      | \$1,380.67                       | \$1,173.57                       |
| 69700                |                  |                  | CLOSE MASTOID FISTULA             | \$594.18                         | \$505.06                         |
| 69714                |                  |                  | OSSEOINTEG IMPLANT WO/MASTOIDE    | \$906.26                         | \$770.32                         |
| 69717                |                  |                  | REPLACE OSSEOINTEG IMPL W/MAST    | \$991.87                         | \$843.09                         |
| 69720                |                  |                  | RELEASE FACIAL NERVE              | \$982.26                         | \$834.92                         |
| 69725                |                  |                  | RELEASE FACIAL NERVE              | \$1,558.23                       | \$1,324.50                       |
| 69740                |                  |                  | REPAIR FACIAL NERVE               | \$997.82                         | \$848.14                         |
| 69745                |                  |                  | REPAIR FACIAL NERVE               | \$1,069.67                       | \$909.22                         |
| 69801                |                  |                  | INCISE INNER EAR                  | \$202.81                         | \$172.39                         |
| 69805                |                  |                  | EXPLORE INNER EAR                 | \$873.47                         | \$742.45                         |
| 69806                |                  |                  | EXPLORE INNER EAR                 | \$794.95                         | \$675.71                         |
| 69905                |                  |                  | REMOVE INNER EAR                  | \$762.99                         | \$648.54                         |
| 69910                |                  |                  | REMOVE INNER EAR & MASTOID        | \$867.35                         | \$737.25                         |
| 69915                |                  |                  | INCISE INNER EAR NERVE            | \$1,280.35                       | \$1,088.30                       |
| 69930                |                  |                  | COCHLEAR DEVICE IMPLANTATION      | \$1,072.50                       | \$911.62                         |
| 69950                |                  |                  | INCISE INNER EAR NERVE            | \$1,519.67                       | \$1,291.72                       |
| 69955                |                  |                  | RELEASE FACIAL NERVE              | \$1,654.31                       | \$1,406.17                       |
| 69960                |                  |                  | RELEASE INNER EAR CANAL           | \$1,600.05                       | \$1,360.04                       |
| 69970                |                  |                  | REMOVE INNER EAR LESION           | \$1,811.26                       | \$1,539.57                       |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 69990                |              |              | USE OF OPERATING MICROSCOPE       | \$196.73                     | \$167.22                     |
| 73092                |              |              | X-RAY OF INFANT ARM, MINIMUM O    | \$20.00                      | \$13.79                      |
| 73592                |              |              | X-RAY OF INFANT LEG, MINIMUM O    | \$20.00                      | \$13.79                      |
| 81002                | U9           |              | ROUTINE URINE ANALYSIS            | NA                           | NA                           |
| 81025                | U9           |              | URINE PREG TEST:VISUAL COLOR C    | NA                           | NA                           |
| 84166                | 26           |              | PROTEIN: ELECTROPHORETIC FRACT    | NA                           | \$16.74                      |
| 84181                | 26           |              | PROTEIN:WEST.BLOT INT.&REP.BLO    | NA                           | \$16.74                      |
| 84182                | 26           |              | PROTEIN:WEST.BLOT IMM.PROBE BA    | NA                           | \$17.72                      |
| 85060                |              |              | BLOOD SMEAR, PERIPHERAL, INTER    | NA                           | \$20.93                      |
| 85097                |              |              | BONE MARROW SMEAR INTERPRET       | NA                           | \$77.62                      |
| 85097                | 26           |              | BONE MARROW SMEAR INTERPR.ONLY    | NA                           | \$44.82                      |
| 85390                | 26           |              | FIBRINOLYSINS SCREEN              | NA                           | \$16.41                      |
| 85396                |              |              | COAGULATION/FIBRINOLYSIS ASSAY    | NA                           | \$18.31                      |
| 85576                | 26           |              | PLATELET:AGGREGATION (IN VITRO    | NA                           | \$17.42                      |
| 86077                |              |              | BLOOD BANK PHYSICIAN SERVICES:    | NA                           | \$43.84                      |
| 86078                |              |              | BLOOD BANK PHYSICIAN SERVICES:    | NA                           | \$46.22                      |
| 86079                |              |              | BLOOD BANK PHYSICIAN SERVICES:    | NA                           | \$45.87                      |
| 86255                | 26           |              | FLUORESCENT ANTIBODY: SCREEN      | NA                           | \$17.08                      |
| 86256                | 26           |              | FLUORESCENT ANTIBODY: TITER       | NA                           | \$17.08                      |
| 86320                | 26           |              | SERUM IMMUNOELECTROPHORESIS       | NA                           | \$17.08                      |
| 86325                | 26           |              | OTHER IMMUNOELECTROPHORESIS       | NA                           | \$16.41                      |
| 86327                | 26           |              | IMMUNOELECTROPHORESIS: CROSSED    | NA                           | \$19.98                      |
| 86334                | 26           |              | IMMUNOFIXATION ELECTROPHORESIS    | NA                           | \$17.08                      |
| 86335                | 26           |              | IMMUNOFIXATION ELECTROPHORESIS    | NA                           | \$16.74                      |
| 86490                |              |              | COCCIDIOIDOMYCOSIS SKIN TEST      | NA                           | \$7.25                       |
| 86510                |              |              | HISTOPLASMOSIS SKIN TEST          | \$6.82                       | \$5.80                       |
| 86580                | U9           |              | TB PATCH OR INTRADERMAL TEST      | NA                           | NA                           |
| 87084                | U9           |              | PRESUM PATHOG CUL SCR:W/COLONY    | NA                           | NA                           |
| 87164                | 26           |              | DARK FIELD EXAMINATION            | NA                           | \$16.06                      |
| 87880                | QW           | U9           | STREP GROUP A                     | NA                           | NA                           |
| 88104                |              |              | CYTOPATHOLOGY                     | NA                           | \$47.73                      |
| 88104                | TC           |              | CYTOPATHOLOGY                     | NA                           | \$21.29                      |
| 88104                | 26           |              | CYTOPATHOLOGY FLUIDS WASHINGS     | NA                           | \$26.44                      |
| 88106                |              |              | CYTOPATHOLOGY                     | NA                           | \$64.69                      |
| 88106                | TC           |              | CYTOPATHOLOGY                     | NA                           | \$38.25                      |
| 88106                | 26           |              | CYTOPATH FLUIDS WASH-BRUS FILT    | NA                           | \$19.73                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 88108                |              |              | CYTOPATHOLOGY, FLUIDS, WASHING    | NA                           | \$59.94                      |
| 88108                | TC           |              | CYTOPATHOLOGY, FLUIDS, WASHING    | NA                           | \$33.50                      |
| 88108                | 26           |              | CYTTPATH FL CONC TECH SMEAR IN    | NA                           | \$22.55                      |
| 88112                |              |              | CYTOPATH/LIQUID BASE SLIDE PRE    | NA                           | \$70.87                      |
| 88112                | TC           |              | CYTOPATH/LIQUID BASE SLIDE PRE    | NA                           | \$40.67                      |
| 88112                | 26           |              | CYTOPATH/LIQUID BASE SLIDE PRE    | NA                           | \$29.18                      |
| 88125                |              |              | FORENSIC CYTOPATHOLOGY            | NA                           | \$17.97                      |
| 88125                | TC           |              | FORENSIC CYTOPATHOLOGY            | NA                           | \$5.72                       |
| 88125                | 26           |              | FORENSIC CYTOPATHOLOGY            | NA                           | \$12.25                      |
| 88141                |              |              | CYTOPATH CER-VAG ANY REPORTING    | NA                           | \$18.96                      |
| 88141                | FP           |              | CYTOPATH CER-VAG ANY REPORTING    | NA                           | \$45.20                      |
| 88160                |              |              | CYTOPATHOLOGY                     | NA                           | \$45.15                      |
| 88160                | TC           |              | CYTOPATHOLOGY                     | NA                           | \$21.62                      |
| 88160                | 26           |              | CYTOPATHOLOGY                     | NA                           | \$23.53                      |
| 88161                |              |              | CYTOPATH.....PREP,SCREEN,INTER    | NA                           | \$48.88                      |
| 88161                | TC           |              | CYTOPATH.....PREP,SCREEN,INTER    | NA                           | \$25.35                      |
| 88161                | 26           |              | CYTOPATH ANY SOURCE PREP SC IN    | NA                           | \$23.53                      |
| 88162                |              |              | CYTOPATH...:EXT.STUDY,+5 SLIDES   | NA                           | \$60.11                      |
| 88162                | 26           |              | CYTOPATH...:EXT.STUDY,+5 SLIDES   | NA                           | \$36.11                      |
| 88172                |              |              | IMMEDIATE EVAL/ASPIRATE,SPEC A    | NA                           | \$44.92                      |
| 88172                | TC           |              | IMMEDIATE EVAL/ASPIRATE,SPEC A    | NA                           | \$16.54                      |
| 88172                | 26           |              | IMMEDIATE EVAL/ASPIRATE,SPEC A    | NA                           | \$28.38                      |
| 88173                |              |              | FINE NEEDLE ASPIRATE...:INTERP/   | NA                           | \$118.62                     |
| 88173                | TC           |              | FINE NEEDLE ASPIRATE...:INTERP/   | NA                           | \$53.18                      |
| 88173                | 26           |              | FINE NEEDLE ASPIRATE...:INTERP/   | NA                           | \$65.45                      |
| 88182                |              |              | FLOW CYTOMETRY EACH CELL SURFA    | NA                           | \$93.58                      |
| 88182                | TC           |              | FLOW CYTOMETRY EACH CELL SURFA    | NA                           | \$57.16                      |
| 88182                | 26           |              | FLOW CYTOMETRY EACH CELL SURFA    | NA                           | \$35.49                      |
| 88187                |              |              | FLOW CYTOMETRY, INTERPRETATION    | NA                           | \$38.83                      |
| 88188                |              |              | FLOW CYTOMETRY, INTERPRETATION    | NA                           | \$65.91                      |
| 88189                |              |              | FLOW CYTOMETRY, INTERPRETATION    | NA                           | \$87.93                      |
| 88291                |              |              | CYTO MOLECULAR REPORT             | NA                           | \$22.80                      |
| 88302                |              |              | SURGICAL PATHOLOGY, COMPLETE      | \$32.88                      | \$28.25                      |
| 88302                | 26           |              | SURG PATH GR MICRO EXAM NORM T    | NA                           | \$6.44                       |
| 88304                |              |              | SURGICAL PATHOLOGY, COMPLETE      | \$42.96                      | \$37.13                      |
| 88304                | UD           |              | SURGICAL PATHOLOGY, INDUCED AB    | NA                           | \$50.74                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 88305                |              |              | SURGICAL PATHOLOGY, COMPLETE      | NA                           | \$72.24                      |
| 88305                | FP           |              | COLPOSCOPY PATHOLOGY              | NA                           | \$141.32                     |
| 88305                | TC           |              | SURGICAL PATHOLOGY, COMPLETE      | NA                           | \$32.61                      |
| 88305                | 26           |              | SURG PATH WITHOUT COMPLEX DISS    | NA                           | \$35.80                      |
| 88307                |              |              | SURGICAL PATHOLOGY, COMPLETE      | NA                           | \$161.02                     |
| 88307                | TC           |              | SURGICAL PATHOLOGY, COMPLETE      | NA                           | \$85.90                      |
| 88307                | 26           |              | SURG PATH REQ COMPLEX DISSECTI    | NA                           | \$75.12                      |
| 88309                |              |              | SURGICAL PATHOLOGY, COMPLETE      | NA                           | \$225.50                     |
| 88309                | TC           |              | SURGICAL PATHOLOGY, COMPLETE      | NA                           | \$118.14                     |
| 88309                | 26           |              | SURG PATH COMP PROB W WO EXT D    | NA                           | \$107.37                     |
| 88311                |              |              | SURGICAL PATHOLOGY: DECALCIFIC    | NA                           | \$15.98                      |
| 88311                | TC           |              | SURGICAL PATHOLOGY: DECALCIFIC    | NA                           | \$4.70                       |
| 88311                | 26           |              | SURGICAL PATHOLOGY: DECALCIFIC    | NA                           | \$11.28                      |
| 88312                |              |              | SPECIAL STAINS                    | NA                           | \$69.53                      |
| 88312                | TC           |              | SPECIAL STAINS                    | NA                           | \$44.06                      |
| 88312                | 26           |              | SPECIAL STAIN GR 1 FOR MICRO E    | NA                           | \$25.47                      |
| 88313                |              |              | SPECIAL STAINS                    | NA                           | \$50.58                      |
| 88313                | TC           |              | SPECIAL STAINS                    | NA                           | \$39.31                      |
| 88313                | 26           |              | SPECIAL STAIN GR 2 FOR MICRO E    | NA                           | \$11.28                      |
| 88314                |              |              | GROSS & MICROSCOPIC EXAM 3 SPE    | NA                           | \$82.54                      |
| 88314                | TC           |              | GROSS & MICROSCOPIC EXAM 3 SPE    | NA                           | \$58.39                      |
| 88314                | 26           |              | GROSS MICRO HISTOCHEM STAIN W     | NA                           | \$21.26                      |
| 88319                |              |              | DETERMINATIVE HISTOCHEMISTRY T    | NA                           | \$97.95                      |
| 88319                | TC           |              | DETERMINATIVE HISTOCHEMISTRY T    | NA                           | \$68.05                      |
| 88319                | 26           |              | DETERMINATIVE HISTOCHEMISTRY T    | NA                           | \$24.82                      |
| 88321                |              |              | MICROSLIDE CONSULTATION           | NA                           | \$69.38                      |
| 88323                |              |              | MICROSLIDE CONSULTATION           | NA                           | \$105.14                     |
| 88323                | TC           |              | MICROSLIDE CONSULTATION           | NA                           | \$28.78                      |
| 88323                | 26           |              | MICROSLIDE CONSULTATION           | NA                           | \$63.50                      |
| 88325                |              |              | COMPREHENSIVE REVIEW OF DATA      | NA                           | \$172.01                     |
| 88329                |              |              | CONSULTATION DURING SURGERY       | NA                           | \$43.83                      |
| 88331                |              |              | CONSULTATION DURING SURGERY       | NA                           | \$77.31                      |
| 88331                | TC           |              | CONSULTATION DURING SURGERY       | NA                           | \$21.20                      |
| 88331                | 26           |              | CONSULT DURING SURG W FROZEN S    | NA                           | \$35.43                      |
| 88332                |              |              | CONSULTATION DURING SURGERY       | NA                           | \$35.44                      |
| 88332                | TC           |              | CONSULTATION DURING SURGERY       | NA                           | \$7.71                       |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 88332                | 26           |              | CONSULTATION DURING SURGERY       | NA                           | \$27.73                      |
| 88333                |              |              | PATHOLOGY CONSULTATION DURING     | NA                           | \$76.94                      |
| 88333                | 26           |              | PATHOLOGY CONSULTATION DURING     | NA                           | \$57.10                      |
| 88342                |              |              | IMMUNOCYTOCHEMISTRY (INCLUDING    | NA                           | \$77.89                      |
| 88342                | TC           |              | IMMUNOCYTOCHEMISTRY (INCLUDING    | NA                           | \$37.91                      |
| 88342                | 26           |              | IMMUNOCYTOCHEM EACH ANTIBODY I    | NA                           | \$37.11                      |
| 88346                |              |              | IMMUNOFLUORESCENT ST EA DIRECT    | NA                           | \$81.94                      |
| 88346                | TC           |              | IMMUNOFLUORESCENT ST EA DIRECT    | NA                           | \$41.64                      |
| 88346                | 26           |              | IMMUNOFLUORESCENT ST EA DIRECT    | NA                           | \$37.73                      |
| 88348                | 26           |              | ELECTRON MICRO DIAGNOSTIC         | NA                           | \$71.23                      |
| 88349                | 26           |              | ELECTRON MICRO SCANNING           | NA                           | \$36.11                      |
| 88355                |              |              | MORPHOMETRIC ANALYSIS:SKELETAL    | \$136.87                     | \$116.34                     |
| 88355                | TC           |              | MORPHOMETRIC ANALYSIS:SKELETAL    | NA                           | \$52.99                      |
| 88355                | 26           |              | MORPHOMETRIC ANALY SKELETAL MU    | NA                           | \$84.79                      |
| 88356                |              |              | SKELETAL MUSCLE NERVE:MORPHOME    | NA                           | \$221.52                     |
| 88356                | TC           |              | SKELETAL MUSCLE NERVE:MORPHOME    | NA                           | \$93.81                      |
| 88356                | 26           |              | MORPHOMETRIC ANALYSIS NERVE       | NA                           | \$127.41                     |
| 88358                |              |              | MORPHOMETRIC ANALYSIS TUMOR       | NA                           | \$63.55                      |
| 88358                | 26           |              | MORPHOMETRIC ANALYSIS TUMOR       | NA                           | \$43.66                      |
| 88360                |              |              | MORPHOMETRIC ANALYSIS, TUMOR I    | NA                           | \$95.83                      |
| 88360                | 26           |              | MORPHOMETRIC ANALYSIS, TUMOR I    | NA                           | \$44.28                      |
| 88361                |              |              | TUMOR HER-2/NEU QUANT/OR SEMIQ    | NA                           | \$139.62                     |
| 88362                |              |              | NERVE TEASING PREPARATIONS        | NA                           | \$219.69                     |
| 88362                | TC           |              | NERVE TEASING PREPARATIONS        | NA                           | \$103.68                     |
| 88362                | 26           |              | NERVE TEASING PREPARATIONS        | NA                           | \$102.49                     |
| 88365                |              |              | TISSUE IN SITU HYBRIDIZATION I    | NA                           | \$111.68                     |
| 88365                | TC           |              | TISSUE IN SITU HYBRIDIZATION I    | NA                           | \$55.55                      |
| 88365                | 26           |              | TISSUE IN SITU HYBRIDIZATION I    | NA                           | \$45.72                      |
| 88367                |              |              | MORPHOMETRIC ANALYSIS, IN SITU    | NA                           | \$115.82                     |
| 88367                | 26           |              | MORPHOMETRIC ANALYSIS, IN SITU    | NA                           | \$35.91                      |
| 88368                | 26           |              | MORPHOMETRIC ANALYSIS, INSITU     | NA                           | \$43.15                      |
| 88371                | 26           |              | PROTEIN ANAL.TISSUE,INT.& REPO    | NA                           | \$16.41                      |
| 88372                | 26           |              | PROTEIN ANAL.TISSUE:IMM. PROBE    | NA                           | \$16.99                      |
| 88385                | 26           |              | ARRAY-BASED EVALUATION OF MULT    | NA                           | \$64.67                      |
| 89049                |              |              | CAFFEINE HALOTHANE CONTRACTURE    | NA                           | \$166.82                     |
| 89220                |              |              | SPUTUM OBTAINING SPEC AEROSOL     | NA                           | \$15.18                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 90378                |              |              | RESP SYNCYTIAL VIRUS IMMUNE GL    | NA                           | \$1,802.45                   |
| 90380                |              |              | RESPIRATORY SYNCYTIAL VIRUS, M    | NA                           | \$490.05                     |
| 90381                |              |              | RESPIRATORY SYNCYTIAL VIRUS, M    | NA                           | \$490.05                     |
| 90465                | HU           |              | IMMUNIZATION ADMINISTRATION UN    | NA                           | \$16.18                      |
| 90467                | HU           |              | IMMUNIZATION ADMINISTRATION UN    | NA                           | \$11.44                      |
| 90468                | HU           |              | IMMUNIZATION ADMINISTRATION UN    | NA                           | \$8.77                       |
| 90471                |              |              | ADMINISTRATION OF VACCINE         | NA                           | \$16.18                      |
| 90471                | FP           |              | IMMUNIZATION ADMINIS SING/COMB    | NA                           | \$40.19                      |
| 90471                | U9           |              | IMMUNIZATION ADMINIS SING/COMB    | NA                           | NA                           |
| 90472                |              |              | ADMINISTRATION OF VACCINE, EAC    | NA                           | \$11.50                      |
| 90472                | U9           |              | IMMUNIZ ADMIN EACH ADDITIONAL     | NA                           | NA                           |
| 90473                |              |              | IMMUNIZATION ADMIN INTRANASAL/    | \$9.30                       | \$7.91                       |
| 90473                | HU           |              | IMMUNIZATION ADMIN INTRANASAL/    | \$17.89                      | \$15.21                      |
| 90474                |              |              | IMMUNIZATION ADMIN INTRANASAL/    | NA                           | \$8.43                       |
| 90474                | HU           |              | IMMUNIZATION ADMIN INTRANASAL/    | NA                           | \$8.43                       |
| 90584                |              |              | DENGUE VACCINE, QUADRIVALENT,     | NA                           | \$98.01                      |
| 90633                |              |              | HEPATITIS A VACCINE PEDIATRIC     | NA                           | \$38.24                      |
| 90633                | U9           |              | HEPATITIS A VACC PED/ADOL DOSA    | NA                           | NA                           |
| 90634                |              |              | HEPATITIS A VACCINE PEDIATRIC     | NA                           | NA                           |
| 90644                |              |              | MENINGOCOCCAL CONJUGATE VACCIN    | NA                           | NA                           |
| 90647                | U9           |              | HEMOPHILUS INFLUENZA B VACC 3     | NA                           | NA                           |
| 90648                | U9           |              | HEMOPHILUS INFLUENZA B VACC 4     | NA                           | NA                           |
| 90649                | U9           |              | HUMAN PAPILLOMA VIRUS (HPV) VA    | NA                           | NA                           |
| 90655                |              |              | INFLUENZA VACCINE, TRIVALENT,     | NA                           | \$19.33                      |
| 90656                | U9           |              | INFLUENZA VIRUS VACCINE, SPLIT    | NA                           | NA                           |
| 90657                |              |              | INFLUENZA VACCINE, TRIVALENT,     | NA                           | \$9.41                       |
| 90658                | U9           |              | INFLUENZA VIRUS VACC 3 YRS & O    | NA                           | NA                           |
| 90660                | U9           |              | INFLUENZA VIRUS VACC-LIVE INTR    | NA                           | NA                           |
| 90669                | U9           |              | PNEUMOCOCCAL CONJUGATE VACC PO    | NA                           | NA                           |
| 90680                |              |              | ROTAVIRUS VACCINE, PENTAVALENT    | NA                           | \$88.64                      |
| 90681                |              |              | ROTAVIRUS VACCINE, HUMAN, ATTE    | NA                           | \$130.44                     |
| 90685                |              |              | INFLUENZA VACCINE, QUADRIVALEN    | NA                           | \$22.05                      |
| 90687                |              |              | INFLUENZA VACCINE, QUADRIVALEN    | NA                           | \$15.72                      |
| 90689                |              |              | INFLUENZA VACCINE, QUADRIVALEN    | NA                           | \$18.18                      |
| 90696                |              |              | DIPHThERIA, TETANUS, ACELLULAR    | NA                           | \$61.75                      |
| 90697                |              |              | DIPHThERIA, TETANUS, ACELLULAR    | NA                           | \$126.99                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 90698                |              |              | DIPHTHERIA, TETANUS, ACELLULAR    | NA                           | \$92.70                      |
| 90700                |              |              | DIPHTHERIA, TETANUS, AND ACELL    | NA                           | \$30.73                      |
| 90700                | U9           |              | IMMUN DIPHTH/TETANUS/ACCELLULAR/  | NA                           | NA                           |
| 90702                |              |              | DIPHTHERIA AND TETANUS VACCINE    | NA                           | \$31.56                      |
| 90702                | U9           |              | IMMUNIZATION DIPHTHERIA/TETANU    | NA                           | NA                           |
| 90703                | U9           |              | TETANUS TOXOID FOR TRAUMA         | NA                           | NA                           |
| 90704                | U9           |              | IMMUNIZATION - MUMPS              | NA                           | NA                           |
| 90705                | U9           |              | IMMUNIZATION MEASLES              | NA                           | NA                           |
| 90706                | U9           |              | IMMUNIZATION RUBELLA              | NA                           | NA                           |
| 90707                | U9           |              | IMMUN MEASLES-MUMPS-RUBELLA       | NA                           | NA                           |
| 90710                |              |              | MEASLES, MUMPS, RUBELLA, AND V    | NA                           | \$160.95                     |
| 90710                | U9           |              | MEASLES/MUMPS/RUBELLA/VARICELL    | NA                           | NA                           |
| 90713                | U9           |              | IMMUNIZATION POLIO, INJECTION     | NA                           | NA                           |
| 90714                | U9           |              | TETANUS/DIPHTHERIA TOXOID AGE 7   | NA                           | NA                           |
| 90715                | U9           |              | TETANUS/DIPHTH/ACCELLULAR PERT    | NA                           | NA                           |
| 90716                | U9           |              | IMMUN VARICELLA/CHICKENPOX VAC    | NA                           | NA                           |
| 90718                | U9           |              | IMMUNIZATION TD ABSORBED 7 YRS    | NA                           | NA                           |
| 90723                |              |              | DIPHTHERIA, TETANUS, ACELLULAR    | NA                           | \$90.90                      |
| 90723                | U9           |              | DTP/HEPATITIS B/POLIOVIRUS VAC    | NA                           | NA                           |
| 90732                | U9           |              | IMMUNIZ,PNEUMOCOCCAL VACC,POLY    | NA                           | NA                           |
| 90733                | U9           |              | IMM, MENINGOCOCCAL POLYSACCHAR    | NA                           | NA                           |
| 90734                | U9           |              | MENINGO CONJU VACC SEROGROUP A    | NA                           | NA                           |
| 90743                |              |              | HEPATITIS B VACCINE, ADOLESCEN    | NA                           | \$74.28                      |
| 90743                | U9           |              | HEPATITIS B VACCINE ADOL 2 DOS    | NA                           | NA                           |
| 90744                |              |              | HEPATITIS B VACCINE, PEDIATRIC    | NA                           | \$29.62                      |
| 90744                | U9           |              | IMMUNIZATION, HEP B PED/ADOL 3    | NA                           | NA                           |
| 90748                | U9           |              | IMMUN ACT, HEP B/HIB VACCINE      | NA                           | NA                           |
| 90772                | FP           |              | THERAPEUTIC, PROPHYLACTIC/DIAG    | \$16.18                      | \$16.18                      |
| 90774                | SB           |              | THERAP/PROPH/DIAG INJ, IV PUSH    | NA                           | \$35.68                      |
| 90775                | SB           |              | THERAP/PROPH/DIAG INJ EACH ADD    | NA                           | \$16.58                      |
| 90791                |              |              | PSYCHIATRIC DIAGNOSTIC EVALUAT    | \$191.05                     | \$191.05                     |
| 90791                | SA           |              | PSYCHIATRIC DIAGNOSTIC EVALUAT    | NA                           | \$191.05                     |
| 90791                | SA           | 26           | PSYCHIATRIC DIAGNOSTIC EVALUAT    | NA                           | \$191.05                     |
| 90791                | UC           |              | PSYCHIATRIC DIAGNOSTIC EVALUAT    | \$191.05                     | \$191.05                     |
| 90791                | 26           |              | PSYCHIATRIC DIAGNOSTIC EVALUAT    | \$191.05                     | \$191.05                     |
| 90792                |              |              | PSYCHIATRIC DIAGNOSTIC EVALUAT    | \$486.30                     | \$486.30                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 90792                | SA           |              | PSYCHIATRIC DIAGNOSTIC EVALUAT    | NA                           | \$486.30                     |
| 90792                | SA           | 26           | PSYCHIATRIC DIAGNOSTIC EVALUAT    | NA                           | \$486.30                     |
| 90792                | UC           |              | PSYCHIATRIC DIAGNOSTIC EVALUAT    | \$486.30                     | \$486.30                     |
| 90792                | 26           |              | PSYCHIATRIC DIAGNOSTIC EVALUAT    | \$486.30                     | \$486.30                     |
| 90806                | UD           |              | INDIVIDUAL PSYCHOTHERAPY 45-50    | \$83.74                      | \$71.18                      |
| 90832                |              |              | PSYCHOTHERAPY, 30 MINUTES W/PA    | \$79.31                      | \$50.10                      |
| 90832                | SA           |              | PSYCHOTHERAPY, 30 MINUTES W/PA    | NA                           | \$79.31                      |
| 90832                | SA           | 26           | PSYCHOTHERAPY, 30 MINUTES W/PA    | NA                           | \$32.66                      |
| 90832                | UC           |              | PSYCHOTHERAPY, 30 MINUTES W/PA    | NA                           | \$79.31                      |
| 90832                | 26           |              | PSYCHOTHERAPY, 30 MINUTES W/PA    | \$79.31                      | \$36.34                      |
| 90833                |              |              | PSYCHOTHERAPY, 30 MINUTES W/PA    | \$81.78                      | \$38.75                      |
| 90833                | SA           |              | PSYCHOTHERAPY, 30 MINUTES W/PA    | NA                           | \$81.78                      |
| 90833                | SA           | 26           | PSYCHOTHERAPY, 30 MINUTES W/PA    | NA                           | \$27.61                      |
| 90833                | UC           |              | PSYCHOTHERAPY, 30 MINUTES W/PA    | \$81.78                      | \$45.59                      |
| 90833                | 26           |              | PSYCHOTHERAPY, 30 MINUTES W/PA    | \$34.19                      | \$29.06                      |
| 90834                |              |              | PSYCHOTHERAPY . 45 MINUTES W/P    | \$104.95                     | \$75.24                      |
| 90834                | SA           |              | PSYCHOTHERAPY, 45 MINUTES W/PA    | NA                           | \$104.95                     |
| 90834                | SA           | 26           | PSYCHOTHERAPY, 45 MINUTES W/PA    | NA                           | \$48.97                      |
| 90834                | UC           |              | PSYCHOTHERAPY, 45 MINUTES W/PA    | \$104.95                     | \$89.21                      |
| 90834                | UD           |              | PSYCHOTHERAPY, 45 MINUTES W/PA    | \$83.74                      | \$71.18                      |
| 90834                | 26           |              | PSYCHOTHERAPY, 45 MINUTES W/PA    | \$104.95                     | \$54.48                      |
| 90836                |              |              | PSYCHOTHERAPY, 45 MINUTES W/PA    | \$104.95                     | \$62.86                      |
| 90836                | SA           |              | PSYCHOTHERAPY, 45 MINUTES W/PA    | NA                           | \$104.95                     |
| 90836                | UC           |              | PSYCHOTHERAPY, 45 MINUTES W/PA    | \$104.95                     | \$73.96                      |
| 90847                |              |              | SPECIAL FAMILY THERAPY            | \$126.46                     | \$89.11                      |
| 90847                | SA           |              | SPECIAL FAMILY THERAPY            | NA                           | \$126.46                     |
| 90847                | SA           | 22           | SPECIAL FAMILY THERAPY            | NA                           | \$100.11                     |
| 90847                | UC           |              | SPECIAL FAMILY THERAPY            | \$126.46                     | \$104.83                     |
| 90847                | UC           | 22           | SPECIAL FAMILY THERAPY            | \$123.97                     | \$123.97                     |
| 90847                | 22           |              | SPECIAL FAMILY THERAPY            | \$123.97                     | \$105.37                     |
| 90853                |              |              | GROUP MEDICAL PSYCHOTHERAPY...    | \$30.53                      | \$23.63                      |
| 90853                | SA           |              | PSYCHOTHERAPY, GROUP(MAX 8 PAT    | NA                           | \$30.53                      |
| 90853                | UC           |              | GROUP MEDICAL PSYCHOTHERAPY       | \$30.53                      | \$28.39                      |
| 90870                |              |              | ELECTROCONVULSIVE THERAPY         | \$126.45                     | \$107.48                     |
| 90887                |              |              | CONSULTATION WITH FAMILY          | \$30.83                      | \$26.20                      |
| 90887                | SA           |              | CONSULTATION WITH FAMILY          | NA                           | \$59.61                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 90887                | UC               |                  | CONSULTATION WITH FAMILY          | \$73.82                          | \$73.82                          |
| 90935                |                  |                  | HEMODIALYSIS PROC W SINGLE PHY    | \$62.49                          | \$53.11                          |
| 90937                |                  |                  | HEMODIALYSIS PROC REQ EVALUATI    | \$101.70                         | \$86.44                          |
| 90945                |                  |                  | DIALYSIS PROC OTHER THAN HEMOD    | \$65.06                          | \$55.30                          |
| 90947                |                  |                  | DIALYSIS PROC NOT HEMODIALYSIS    | \$103.95                         | \$88.36                          |
| 90951                |                  |                  | ESRD RELAT SERV 4 OR MORE VS/M    | \$705.66                         | \$599.81                         |
| 90952                |                  |                  | ESRD RELATED SERV W/2-3 VS/MON    | \$468.23                         | \$398.00                         |
| 90953                |                  |                  | ESRD RELAT SERV W/1 VS/MONTH <    | \$334.93                         | \$284.69                         |
| 90954                |                  |                  | ESRD RELAT SERV W/4 VS/MONTH 2    | \$478.18                         | \$406.45                         |
| 90955                |                  |                  | ESRD RELAT SERV W/2-3 VS/MON 2    | \$398.34                         | \$338.59                         |
| 90956                |                  |                  | ESRD RELAT SERV W/1 VS/MONTH 2    | \$318.58                         | \$270.80                         |
| 90957                |                  |                  | ESRD RELAT SERV W/4 VS/MON 12-    | \$420.08                         | \$357.07                         |
| 90958                |                  |                  | ESRD RELAT SERV W/2-3 VS/MON 1    | \$349.82                         | \$297.35                         |
| 90959                |                  |                  | ESRD RELAT SERV W/1 VS/MON 12-    | \$279.65                         | \$237.70                         |
| 90960                |                  |                  | ESRD RELAT SERV W/4 VS/MON 20     | \$263.34                         | \$223.84                         |
| 90961                |                  |                  | ESRD RELAT SERV W/2-3 VS/MON 2    | \$219.29                         | \$186.39                         |
| 90962                |                  |                  | ESRD RELAT SERV W/1 VS/MON 20     | \$175.24                         | \$148.95                         |
| 90963                |                  |                  | ESRD RELAT SERV HOME <2 YRS OL    | \$552.87                         | \$469.94                         |
| 90964                |                  |                  | ESRD RELAT SERV HOME/MONTH 2-1    | \$398.34                         | \$338.59                         |
| 90965                |                  |                  | ESRD RELAT SERV HOME/MONTH 12-    | \$349.82                         | \$297.35                         |
| 90966                |                  |                  | ESRD RELAT SERV HOME/MONTH 20     | \$219.29                         | \$186.39                         |
| 90967                |                  |                  | ESRD RELAT SERV HOME/DAY <2 YR    | \$18.28                          | \$15.54                          |
| 90968                |                  |                  | ESRD RELAT SERV HOME/DAY 2-11     | \$11.64                          | \$9.89                           |
| 90969                |                  |                  | ESRD RELAT SERV HOME/DAY 12-19    | \$13.24                          | \$11.25                          |
| 90970                |                  |                  | ESRD RELAT SERV HOME/DAY 20 YR    | \$7.44                           | \$6.32                           |
| 91010                |                  |                  | ESOPHAGEAL MOTILITY STUDY         | \$188.28                         | \$160.04                         |
| 91010                | TC               |                  | ESOPHAGEAL MOTILITY STUDY         | NA                               | \$123.24                         |
| 91010                | 26               |                  | ESOPHAGEAL MOTILITY STUDY         | \$56.22                          | \$47.79                          |
| 91020                |                  |                  | ESOPHAGOGASTRIC MANOMETRIC STU    | \$203.06                         | \$193.42                         |
| 91020                | TC               |                  | ESOPHAGOGASTRIC MANOMETRIC STU    | NA                               | \$138.83                         |
| 91020                | 26               |                  | ESOPHAGOGASTRIC MANOMETRIC STU    | \$64.22                          | \$54.59                          |
| 91022                |                  |                  | DUODENAL MOTILITY (MANOMETRIC)    | \$178.78                         | \$151.96                         |
| 91022                | TC               |                  | DUODENAL MOTILITY (MANOMETRIC)    | NA                               | \$102.14                         |
| 91022                | 26               |                  | DUODENAL MOTILITY (MANOMETRIC)    | \$64.90                          | \$55.17                          |
| 91030                |                  |                  | ACID PERFUSION FOR ESOPHAGITIS    | \$113.33                         | \$107.20                         |
| 91030                | TC               |                  | ACID PERFUSION FOR ESOPHAGITIS    | NA                               | \$72.51                          |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 91030                | 26           |              | ACID PERFUSION FOR ESOPHAGITIS    | \$40.81                      | \$34.69                      |
| 91034                |              |              | ESOPHAGUS, GASTROESOPHAGEAL RE    | \$201.69                     | \$171.44                     |
| 91034                | TC           |              | ESOPHAGUS GASTROESOPHAGEAL REF    | NA                           | \$151.42                     |
| 91034                | 26           |              | ESOPHAGUS GASTROESOPHAGEAL REF    | \$43.98                      | \$37.38                      |
| 91035                |              |              | ESOPHAGUS, GASTROESOPHAGEAL RE    | \$421.23                     | \$410.58                     |
| 91035                | TC           |              | ESOPHAGUS GASTROESOPHAGEAL REF    | NA                           | \$350.19                     |
| 91035                | 26           |              | ESOPHAGUS GASTROESOPHAGEAL REF    | \$71.05                      | \$60.39                      |
| 91037                |              |              | ESOPHAGEAL FUNCTION TEST, GAST    | \$133.95                     | \$127.36                     |
| 91037                | TC           |              | ESOPHAGEAL FUNCTION TEST,GASTR    | NA                           | \$89.98                      |
| 91037                | 26           |              | ESOPHAGEAL FUNCTION TEST,GASTR    | \$43.98                      | \$37.38                      |
| 91038                |              |              | ESOPHAGEAL FUNCTION TEST, GAST    | \$113.98                     | \$106.51                     |
| 91038                | TC           |              | ESOPHAGEAL FUNCTION TEST, GAST    | NA                           | \$64.19                      |
| 91038                | 26           |              | ESOPHAGEAL FUNCTION TEST,GASTR    | \$49.78                      | \$42.32                      |
| 91040                |              |              | ESOPHAGEAL BALLOON DISTENSION     | \$356.69                     | \$303.19                     |
| 91040                | TC           |              | ESOPHAGEAL BALLOON DISTENTION     | NA                           | \$306.20                     |
| 91040                | 26           |              | ESOPHAGEAL BALLOON DISTENSION     | \$43.98                      | \$37.38                      |
| 91110                |              |              | GI TRACT IMAGING INTRALUMINAL     | \$874.34                     | \$850.16                     |
| 91110                | TC           |              | GI TRACT IMAGING INTRALUMINAL     | NA                           | \$713.15                     |
| 91110                | 26           |              | GI TRACT IMAGING INTRALUMINAL     | \$132.35                     | \$112.50                     |
| 91111                |              |              | GASTROINTESTINAL TRACT IMAGING    | \$663.76                     | \$657.01                     |
| 91111                | TC           |              | GASTROINTESTINAL TRACT IMAGING    | \$618.79                     | \$618.79                     |
| 91111                | 26           |              | GASTROINTESTINAL TRACT IMAGING    | \$44.97                      | \$38.22                      |
| 91120                |              |              | RECTAL SENSATION, TONE, AND CO    | \$407.44                     | \$400.80                     |
| 91120                | TC           |              | RECTAL SENSATION TONE, AND COM    | NA                           | \$363.17                     |
| 91120                | 26           |              | RECTAL SENSATION TONE AND COMP    | \$44.27                      | \$37.63                      |
| 91122                |              |              | ANORECTAL MANOMETRY               | \$235.53                     | \$223.51                     |
| 91122                | TC           |              | ANORECTAL MANOMETRY               | NA                           | \$154.64                     |
| 91122                | 26           |              | ANORECTAL MANOMETRY               | \$80.16                      | \$68.14                      |
| 91318                |              |              | SEVERE ACUTE RESPIRATORY SYNDR    | NA                           | \$56.93                      |
| 91319                |              |              | SEVERE ACUTE RESPIRATORY SYNDR    | NA                           | \$76.23                      |
| 91321                |              |              | SEVERE ACUTE RESPIRATORY SYNDR    | NA                           | \$126.72                     |
| 92002                |              |              | EYE EXAM: INTERMEDIATE: NEW PT    | \$61.33                      | \$61.33                      |
| 92004                |              |              | EYE EXAM: COMPREHENSIVE: NEW P    | \$111.66                     | \$111.66                     |
| 92004                | 22           |              | EYE EXAM: COMPREHENSIVE: NEW P    | \$139.58                     | \$139.58                     |
| 92012                |              |              | EYE EXAM: INTERMEDIATE: ESTABL    | \$56.72                      | \$56.72                      |
| 92014                |              |              | EYE EXAM: COMPREHENSIVE: ESTAB    | \$83.50                      | \$83.50                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 92014                | 22           |              | EYE EXAM: COMPREHENSIVE: ESTAB    | \$104.38                     | \$104.38                     |
| 92015                |              |              | DETERMINATION OF REFRACTIVE ST    | \$38.50                      | \$38.50                      |
| 92018                |              |              | EYE EXAM W/ANESTHESIA-COMPLETE    | \$117.42                     | \$99.80                      |
| 92019                |              |              | EYE EXAM W/ANESTHESIA-LIMITED     | \$61.30                      | \$52.11                      |
| 92020                |              |              | GONIOSCOPY W/DIAGNOSTIC EVALUA    | \$23.53                      | \$20.00                      |
| 92025                |              |              | COMPUTERIZED CORNEAL TOPOGRAPH    | \$25.34                      | \$23.21                      |
| 92025                | TC           |              | COMPUTERIZED CORNEAL TOPOGRAPH    | NA                           | \$11.17                      |
| 92025                | 26           |              | COMPTERIZED CORNEAL TOPOGRAPHY    | \$14.17                      | \$12.04                      |
| 92060                |              |              | SENSORIMOTOR EXAM...              | \$47.47                      | \$42.63                      |
| 92060                | TC           |              | SENSORIMOTOR EXAM...              | \$15.22                      | \$15.22                      |
| 92060                | 26           |              | SENSORIMOTOR EXAM...              | \$32.25                      | \$27.41                      |
| 92065                |              |              | ORTHOPTIC/PLEOPTIC TRAINING       | \$30.27                      | \$25.73                      |
| 92081                |              |              | VISUAL FIELD EXAM, UNI/BILATER    | \$35.77                      | \$30.40                      |
| 92082                |              |              | VISUAL FIELD EXAM, INTERMEDIAT    | \$50.43                      | \$42.87                      |
| 92083                |              |              | VISUAL FIELD EXAM/EXTENS UNILA    | \$64.91                      | \$55.18                      |
| 92100                |              |              | SERIAL TONOGRAPHY W/EVALUATION    | \$75.48                      | \$64.16                      |
| 92136                |              |              | OPHTHALMIC BIOMETRY               | \$74.17                      | \$63.04                      |
| 92136                | TC           |              | OPHTHALMIC BIOMETRY               | \$41.85                      | \$49.90                      |
| 92136                | 26           |              | OPHTHALMIC BIOMETRY               | \$25.51                      | \$21.69                      |
| 92235                |              |              | OPHTHALMOSCOPY W/ANGIOGRAPHY      | \$91.05                      | \$77.39                      |
| 92235                | TC           |              | OPHTHALMOSCOPY W/ANGIOGRAPHY      | NA                           | \$47.96                      |
| 92235                | 26           |              | OPHTHALMOSCOPY W/ANGIOGRAPHY      | \$38.76                      | \$32.95                      |
| 92240                |              |              | INDOCYANINE-GREEN ANGIOGRAPHY     | \$221.07                     | \$187.91                     |
| 92240                | TC           |              | INDOCYANINE-GREEN ANGIOGRAPHY     | \$159.79                     | \$159.79                     |
| 92240                | 26           |              | INDOCYANINE-GREEN ANGIOGRAPHY     | \$48.24                      | \$41.00                      |
| 92250                |              |              | OPHTHALMOSCOPY W/FUNDUS PHOTO     | \$53.49                      | \$45.47                      |
| 92250                | TC           |              | OPHTHALMOSCOPY W/FUNDUS PHOTO     | NA                           | \$31.08                      |
| 92250                | 26           |              | OPHTHALMOSCOPY W/FUNDUS PHOTO     | \$20.66                      | \$17.56                      |
| 92260                |              |              | OPHTHALMOSCOPY W/DYNAMOMETRY      | \$15.44                      | \$15.00                      |
| 92265                |              |              | OCULOELECTROMYOGRAPHY             | \$77.94                      | \$72.49                      |
| 92265                | TC           |              | OCULOELECTROMYOGRAPHY             | NA                           | \$40.67                      |
| 92265                | 26           |              | OCULOELECTROMYOGRAPHY             | \$36.30                      | \$30.85                      |
| 92270                |              |              | ELECTRO-OCULOGRAPHY               | \$78.99                      | \$73.34                      |
| 92270                | TC           |              | ELECTRO-OCULOGRAPHY               | NA                           | \$41.30                      |
| 92270                | 26           |              | ELECTRO-OCULOGRAPHY               | \$37.70                      | \$32.04                      |
| 92286                |              |              | SPECULAR ENDOTHELIAL MICROSCOP    | \$40.38                      | \$34.32                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 92286                | TC           |              | SPECULAR ENDOTHELIAL MICROSCOP    | NA                           | \$18.01                      |
| 92286                | 26           |              | SPECULAR ENDOTHELIAL MICROSCOP    | \$22.78                      | \$19.36                      |
| 92326                |              |              | REPLACEMENT OF CONTACT LENS       | \$39.86                      | \$33.88                      |
| 92502                |              |              | OTOLARYNGOLOGIC EXAM UNDER ANE    | \$86.88                      | \$73.85                      |
| 92504                |              |              | BINOCULAR MICROSCOPY              | \$22.95                      | \$19.51                      |
| 92507                |              |              | SPEECH LANGUAGE HEARING THERAP    | \$54.69                      | \$46.48                      |
| 92511                |              |              | NASOPHARYNGOSCOPY                 | \$116.36                     | \$98.91                      |
| 92512                |              |              | NASAL FUNCTION STUDIES            | \$56.66                      | \$48.16                      |
| 92516                |              |              | FACIAL NERVE FUNCTION TEST        | \$54.60                      | \$46.41                      |
| 92520                |              |              | LARYNGEAL FUNCTION STUDIES        | \$41.90                      | \$35.62                      |
| 92526                |              |              | TX SWALLOW DYSFUNC FOR FEEDING    | \$73.62                      | \$62.58                      |
| 92541                |              |              | SPONTANEOUS NYSTAGMUS W/RECORD    | \$23.92                      | \$20.33                      |
| 92541                | TC           |              | SPONTANEOUS NYSTAGMUS W/RECORD    | NA                           | \$1.60                       |
| 92541                | 26           |              | SPONTANEOUS NYSTAGMUS W/RECORD    | \$19.69                      | \$16.73                      |
| 92542                |              |              | POSITIONAL NYSTAGMUS W/RECORDI    | \$28.06                      | \$23.85                      |
| 92542                | TC           |              | POSITIONAL NYSTAGMUS W/RECORDI    | NA                           | \$1.60                       |
| 92542                | 26           |              | POSITIONAL NYSTAGMUS W/RECORDI    | \$16.16                      | \$13.74                      |
| 92544                |              |              | OPTOKINETIC NYSTAGMUS W/RECORD    | \$16.73                      | \$14.22                      |
| 92544                | TC           |              | OPTOKINETIC NYSTAGMUS W/RECORD    | NA                           | \$1.60                       |
| 92544                | 26           |              | OPTOKINETIC NYSTAGMUS W/RECORD    | \$12.58                      | \$10.70                      |
| 92545                |              |              | OSCILLATING TRACKING W/RECORDI    | \$16.31                      | \$13.86                      |
| 92545                | TC           |              | OSCILLATING TRACKING W/RECORDI    | NA                           | \$1.60                       |
| 92545                | 26           |              | OSCILLATING TRACKING W/RECORDI    | \$11.30                      | \$9.60                       |
| 92547                |              |              | ADDED USE OF VERTICAL ELECTROD    | \$4.49                       | \$3.81                       |
| 92548                |              |              | COMPUTERIZED DYNAMIC POSTUROGR    | \$96.91                      | \$93.13                      |
| 92548                | TC           |              | COMPUTERIZED DYNAMIC POSTUROGR    | \$71.69                      | \$71.69                      |
| 92548                | 26           |              | COMPUTERIZED DYNAMIC POSTUROGR    | \$25.22                      | \$21.44                      |
| 92552                |              |              | PURE TONE AUDIOMETRY: AIR ONLY    | \$16.10                      | \$13.69                      |
| 92552                | SA           |              | PURE TONE AUDIOMETRY: AIR ONLY    | NA                           | \$13.00                      |
| 92552                | U9           |              | PURE TONE AUDIOMETRY: AIR ONLY    | NA                           | NA                           |
| 92553                |              |              | PURE TONE AUDIOMETRY: AIR AND     | \$24.16                      | \$20.54                      |
| 92553                | SA           |              | PURE TONE AUDIOMETRY: AIR AND     | NA                           | \$19.51                      |
| 92555                |              |              | SPEECH AUDIOMETRY, THRESHOLD ON   | \$14.07                      | \$11.96                      |
| 92557                |              |              | BASIC COMPREHENSIVE AUDIOMETRY    | \$38.87                      | \$33.04                      |
| 92562                |              |              | LOUDNESS BALANCE TEST             | \$15.09                      | \$12.82                      |
| 92563                |              |              | TONE DECAY HEARING TEST           | \$14.07                      | \$11.96                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 92565                |              |              | STENGER TEST, PURE TONE           | \$14.75                      | \$12.54                      |
| 92567                |              |              | TYMPANOMETRY                      | \$15.01                      | \$12.76                      |
| 92567                | SA           |              | TYMPANOMETRY                      | NA                           | \$13.02                      |
| 92568                |              |              | ACOUSTIC REFLEX TESTING           | \$14.07                      | \$11.96                      |
| 92568                | SA           |              | ACOUSTIC REFLEX TESTING CNP/CN    | NA                           | \$11.36                      |
| 92569                |              |              | ACOUSTIC REFLEX DECAY TEST        | \$15.09                      | \$12.82                      |
| 92577                |              |              | STENGER TEST, SPEECH              | \$14.93                      | \$12.69                      |
| 92582                |              |              | CONDITIONING PLAY AUDIOMETRY      | \$26.54                      | \$22.56                      |
| 92583                |              |              | SELECT PICTURE AUDIOMETRY         | \$32.55                      | \$27.67                      |
| 92587                |              |              | EVOKED OTOACOUSTIC EMISSIONS/L    | \$22.12                      | \$18.80                      |
| 92587                | TC           |              | EVOKED OTOACOUSTIC EMISSIONS/L    | NA                           | \$3.21                       |
| 92587                | 26           |              | EVOKED OTOACOUSTIC EMISSIONS/L    | \$6.44                       | \$5.47                       |
| 92588                |              |              | EVOKED OTOACOUS EMISSIONS/COMP    | \$33.73                      | \$28.67                      |
| 92588                | TC           |              | EVOKED OTOAVOUS EMISSIONS/COMP    | NA                           | \$4.40                       |
| 92588                | 26           |              | EVOKED OTOACOUS EMISSIONS/COMP    | \$17.10                      | \$14.54                      |
| 92597                |              |              | EVALUATION FOR VOICE/AUG COMMU    | \$73.64                      | \$62.59                      |
| 92601                |              |              | DIAG ANALYSIS COCHLEAR IMPL <7    | \$121.14                     | \$102.97                     |
| 92602                |              |              | DX ANAL COCH IMPL <7 YRS SUBSE    | \$83.14                      | \$70.67                      |
| 92603                |              |              | DIAG ANAL COCH IMPL 7+> YRS W/    | \$75.01                      | \$63.76                      |
| 92604                |              |              | DIAG ANAL COCH IMPL 7+> YRS SU    | \$47.86                      | \$40.68                      |
| 92607                |              |              | EVAL RX SPEECH-GEN AUG COMMUN     | \$106.30                     | \$90.36                      |
| 92608                |              |              | EVAL RX SPEECH-GEN AUG/ALT COM    | \$20.14                      | \$17.12                      |
| 92609                |              |              | THER SERV SPEECH-GENERATING DE    | \$55.12                      | \$46.85                      |
| 92610                |              |              | EVAL ORAL/PHARYNGEAL SWALLOWIN    | \$88.55                      | \$75.27                      |
| 92611                |              |              | MOTION FLUOROSC EVAL SWALLOW F    | \$90.20                      | \$76.67                      |
| 92612                |              |              | FLEX FIBEROPTIC ENDO EVAL SWAL    | \$134.63                     | \$114.44                     |
| 92612                | 26           |              | FLEX FIBEROPTIC ENDO EVAL SWAL    | \$63.73                      | \$54.17                      |
| 92614                |              |              | FLEX FIBER ENDO EVAL LARYNG SE    | \$126.50                     | \$107.52                     |
| 92614                | 26           |              | FLEX FIBER ENDO EVAL LARYNG SE    | \$63.73                      | \$54.17                      |
| 92616                |              |              | FLEX ENDO EVAL SWALLOW/LARYN S    | \$176.57                     | \$150.08                     |
| 92616                | 26           |              | FLEX ENDO EVAL SWALLOW/LARYN S    | \$94.81                      | \$80.59                      |
| 92620                |              |              | EVALUATION OF CENTRAL AUDITORY    | \$40.45                      | \$34.38                      |
| 92621                |              |              | EVALUATION OF CENTRAL AUDITORY    | \$10.25                      | \$8.71                       |
| 92625                |              |              | ASSESSMENT OF TINNITUS (INCLUD    | \$39.77                      | \$33.80                      |
| 92626                |              |              | EVALUATION OF AUDITORY REHABIL    | \$76.41                      | \$64.95                      |
| 92627                |              |              | EVALUATION OF AUDITORY REHABIL    | \$19.25                      | \$16.36                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 92640                |              |              | DIAGNOSTIC ANALYSIS WITH PROGR    | \$47.87                      | \$40.69                      |
| 92950                |              |              | CARDIOPULMONARY RESUSCITATION     | \$270.94                     | \$230.30                     |
| 92950                | SA           |              | CARDIOPULMONARY RESUSCITATION     | NA                           | \$218.78                     |
| 92960                |              |              | ELECTRICAL CARDIOVERSION          | \$165.74                     | \$140.88                     |
| 92961                |              |              | CARDIOVERSION ELECTIVE INTERNA    | \$224.60                     | \$190.91                     |
| 92970                |              |              | CARDIOASSIST-METHOD CIRC.ASSIS    | \$151.67                     | \$128.92                     |
| 92971                |              |              | CARDIOASSIST-METHOD...EXTERNAL    | \$86.58                      | \$73.59                      |
| 92973                |              |              | PERCU TRANSLUM CORONARY THROMB    | \$154.27                     | \$131.13                     |
| 92974                |              |              | TRANSCATHETER PLACEMENT RAD DE    | \$141.10                     | \$119.93                     |
| 92975                |              |              | THROMBOLYSIS, CORONARY:           | \$339.36                     | \$288.46                     |
| 92977                |              |              | THROMBOLYSIS, CORONARY:           | \$59.35                      | \$50.45                      |
| 92978                |              |              | INTRAVASC ULTRASOUND(COR VESS)    | \$244.90                     | \$232.48                     |
| 92978                | TC           |              | INTRAVASC ULTRASOUND(COR VESS)    | \$162.12                     | \$162.12                     |
| 92978                | 26           |              | INTRAVASC ULTRASOUND(COR VESS)    | \$82.78                      | \$70.36                      |
| 92979                |              |              | INTRAVASC ULTRASOUND EACH ADD     | \$148.17                     | \$138.22                     |
| 92979                | TC           |              | INTRAVASC ULTRASOUND EACH ADD     | \$81.86                      | \$81.86                      |
| 92979                | 26           |              | INTRAVASC ULTRASOUND EACH ADD     | \$66.30                      | \$56.36                      |
| 92986                |              |              | PERCU.BALLOON VALVULOPLASTY:AO    | \$1,135.31                   | \$965.02                     |
| 92987                |              |              | PERCUT BALLOON VALVULOPLASTY M    | \$1,179.36                   | \$1,002.46                   |
| 92990                |              |              | PERCU.BALLOON VALVULOPLASTY:PU    | \$915.92                     | \$778.53                     |
| 92997                |              |              | PERC TRANSLUM PULM ART BALLOON    | \$554.49                     | \$471.31                     |
| 92998                |              |              | PERC TRANSLUM PULM ART BALLOON    | \$272.65                     | \$231.75                     |
| 93000                |              |              | ROUTINE ECG W/AT LEAST 12 LEAD    | \$17.74                      | \$15.08                      |
| 93005                |              |              | ECG...TRACING ONLY,WO I&R         | \$9.16                       | \$7.79                       |
| 93010                |              |              | ECG: INTERPRETATION AND REPORT    | \$7.70                       | \$6.55                       |
| 93015                |              |              | CARDIOVASCULAR STRESS TEST        | \$74.49                      | \$63.32                      |
| 93016                |              |              | CARDIAC STRESS TEST PHY.SUPERV    | \$20.58                      | \$17.50                      |
| 93017                |              |              | CARDIOVASCULAR STRESS TEST: TR    | \$36.85                      | \$31.32                      |
| 93024                |              |              | ERGONOVINE PROVOCATION TEST       | \$93.80                      | \$85.78                      |
| 93024                | TC           |              | ERGONOVINE PROVOCATION TEST       | NA                           | \$40.36                      |
| 93024                | 26           |              | ERGONOVINE PROVOCATION TEST       | \$53.44                      | \$45.42                      |
| 93025                |              |              | MICROVOLT T-WAVES ALTERNANS VE    | \$159.84                     | \$135.86                     |
| 93040                |              |              | RHYTHM ECG:1-3 LEADS W/INTERPR    | \$12.43                      | \$10.57                      |
| 93042                |              |              | RHYTHM ECG: INTERPRET+REPORT O    | \$7.05                       | \$5.99                       |
| 93224                |              |              | ECG MONITOR/24 HR...PHY REV&IN    | \$94.49                      | \$80.32                      |
| 93225                |              |              | ECG MONIT 24HR....MONITORING      | \$28.01                      | \$23.81                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 93226                |              |              | ECG MONIT 24HR..SCAN ANAL W RE    | \$39.54                      | \$33.61                      |
| 93235                | SA           |              | ECG 24 HR. REPORT, CNP/CNS R      | NA                           | \$91.73                      |
| 93268                |              |              | ECG,PT DEMAND:PRE-SYMPTOM MEM     | \$217.14                     | \$184.57                     |
| 93270                |              |              | PATIENT DEMAND RECORDING SNGL     | \$9.92                       | \$8.43                       |
| 93271                |              |              | PATIENT DEMAND MONITOR SINGLE/    | \$181.41                     | \$154.20                     |
| 93272                |              |              | PAITENT DEMAND INTERP SINGLE/M    | \$23.48                      | \$19.96                      |
| 93278                |              |              | SIGNAL-AVERAGED ECG,W/WO ECG      | \$32.48                      | \$27.61                      |
| 93278                | TC           |              | SIGNAL-AVERAGED ECG,W/WO ECG      | NA                           | \$19.54                      |
| 93303                |              |              | TRANSTHORACIC ECHOCARDIOGRAPHY    | \$196.65                     | \$187.87                     |
| 93303                | TC           |              | TRANSTHORACIC ECHOCARDIOGRAPHY    | \$138.08                     | \$138.08                     |
| 93303                | 26           |              | TRANSTHORACIC ECHOCARDIOGRAPHY    | \$58.58                      | \$49.79                      |
| 93304                |              |              | TRANSTHORACIC ECHOCARD FU/LIMI    | \$103.79                     | \$98.73                      |
| 93304                | TC           |              | TRANSTHORACIC ECHOCARD FU/LIMI    | \$69.99                      | \$69.99                      |
| 93304                | 26           |              | TRANSTHORACIC ECHOCARD FU/LIMI    | \$33.81                      | \$28.74                      |
| 93307                |              |              | ECHOCARDIOGRAPHY: REAL-TIME SC    | \$144.07                     | \$122.46                     |
| 93307                | TC           |              | ECHOCARDIOGRAPHY: REAL-TIME SC    | \$95.85                      | \$97.32                      |
| 93307                | TC           | 22           | ECHOCARDIOGRAPHY: 2 D&M MODE      | \$172.60                     | \$172.60                     |
| 93307                | 22           |              | ECHOCARDIOGRAPHY: 2 D&M MODE      | \$224.91                     | \$217.06                     |
| 93307                | 22           | 26           | ECHOCARDIOGRAPHY: 2 D&M MODE      | \$52.31                      | \$44.46                      |
| 93307                | 26           |              | ECHOCARDIOGRAPHY: REAL-TIME SC    | \$41.85                      | \$35.57                      |
| 93308                |              |              | ECHOCARDIOGRAPHY: REAL-TIME SC    | \$94.13                      | \$90.51                      |
| 93308                | TC           |              | ECHOCARDIOGRAPHY: REAL-TIME SC    | NA                           | \$69.99                      |
| 93308                | 26           |              | ECHOCARDIOGRAPHY: REAL-TIME SC    | \$24.14                      | \$20.52                      |
| 93312                |              |              | ECHOCARDIOGRAPHY REAL TIME W I    | \$235.86                     | \$221.06                     |
| 93312                | TC           |              | ECHOCARDIOGRAPHY REAL TIME W I    | \$137.14                     | \$137.14                     |
| 93312                | 26           |              | ECHOCARDIOGRAPHY: REAL-TIME SC    | \$98.73                      | \$83.92                      |
| 93313                |              |              | ECHOCARDIOGRAPHY/TRANSESOPH PR    | \$11.67                      | \$9.92                       |
| 93314                |              |              | ECHOCARD/IMAGE ACQUISITION INT    | \$193.78                     | \$185.30                     |
| 93314                | TC           |              | ECHOCARD/IMAGE ACQUISITION INT    | \$137.14                     | \$137.14                     |
| 93314                | 26           |              | ECHOCARD/IMAGE ACQUISITION INT    | \$56.66                      | \$48.16                      |
| 93315                |              |              | TRANSESOPHAGEAL ECHOCARDIOGRAP    | \$253.77                     | \$233.18                     |
| 93315                | TC           |              | TRANSESOPHAGEAL ECHOCARDIOGRAP    | \$127.07                     | \$127.07                     |
| 93315                | 26           |              | TRANSESOPHAGEAL ECHOCARDIOGRAP    | \$124.83                     | \$106.11                     |
| 93316                |              |              | PROBE PLACEMENT/TRANSESOPH ECH    | \$27.61                      | \$23.47                      |
| 93317                |              |              | TRANSESOPHAGEAL ECHOCARD INTER    | \$209.96                     | \$197.59                     |
| 93317                | TC           |              | TRANSESOPHAGEAL ECHOCARD INTER    | \$127.07                     | \$127.07                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 93317                | 26           |              | TRANSESOPHAGEAL ECHOCARD INTER    | \$82.96                      | \$70.52                      |
| 93318                |              |              | TRANSESOPHAGEAL ECHOCARD MONIT    | \$89.98                      | \$76.49                      |
| 93318                | 26           |              | TRANSESOPHAGEAL ECHOCARD MONIT    | \$89.98                      | \$76.49                      |
| 93320                |              |              | DOPPLER ECHOCARDIOGRAPHY          | \$56.71                      | \$48.20                      |
| 93320                | TC           |              | DOPPLER ECHOCARDIOGRAPHY          | \$38.07                      | \$33.30                      |
| 93320                | 26           |              | DOPPLER ECHOCARDIOGRAPHY          | \$17.40                      | \$14.79                      |
| 93321                |              |              | DOPPLER ECG...FOLLOWUP/LIMITED    | \$28.65                      | \$24.35                      |
| 93321                | TC           |              | DOPPLER ECG FOLLOW UP/LIMITED     | NA                           | \$21.15                      |
| 93321                | 26           |              | DOPPLER ECG FOLLOW UP/LIMITED     | \$7.07                       | \$6.01                       |
| 93325                |              |              | DOPPLER COLOR FLOW VELOC MAPPI    | \$27.07                      | \$23.01                      |
| 93325                | TC           |              | DOPPLER COLOR FLOW VELOC MAPPI    | NA                           | \$23.84                      |
| 93325                | 26           |              | DOPPLER COLOR FLOW VELOC MAPPI    | \$3.22                       | \$2.74                       |
| 93350                |              |              | 2D ECHO W/WO M MODE, INTERP&RE    | \$131.50                     | \$121.35                     |
| 93350                | TC           |              | 2D ECHO W/WO M MODE, TRACING      | NA                           | \$63.88                      |
| 93350                | 26           |              | 2D ECHO W/WO M MODE, INTERP &     | \$67.62                      | \$57.47                      |
| 93524                | 26           |              | TRANSSEPTAL & RETROGRADE LT CA    | \$341.50                     | \$290.27                     |
| 93571                |              |              | INTRAVASCULAR DOPPLER VELOC IN    | \$243.88                     | \$231.62                     |
| 93571                | TC           |              | INTRAVASCULAR DOPPLER VELOC IN    | NA                           | \$162.12                     |
| 93571                | 26           |              | INTRAVASCULAR DOPPLER VELOC IN    | \$79.73                      | \$67.77                      |
| 93572                |              |              | INTRAVASC DOPPLER VELOC EA ADD    | \$63.68                      | \$54.13                      |
| 93572                | 26           |              | INTRAVASC DOPPLER VELOC EA ADD    | \$63.68                      | \$54.13                      |
| 93580                |              |              | PERC TRANSCATH CLOS CONG INT C    | \$856.17                     | \$727.74                     |
| 93581                |              |              | PERC TRANS CLOS CONG VENT SEP     | \$1,141.28                   | \$970.09                     |
| 93600                |              |              | BUNDLE OF HIS RECORDING           | \$170.25                     | \$144.71                     |
| 93602                |              |              | INTRA-ATRIAL RECORDING            | \$120.11                     | \$102.09                     |
| 93603                |              |              | RIGHT VENTRICULAR RECORDING:      | \$120.50                     | \$102.43                     |
| 93609                |              |              | INTRAVENT.ATRIAL MAP TACHYCARD    | \$288.06                     | \$244.85                     |
| 93610                |              |              | INTRA-ATRIAL PACING               | \$176.36                     | \$149.91                     |
| 93612                |              |              | INTRAVENTRICULAR PACING           | \$167.69                     | \$142.54                     |
| 93613                |              |              | INTRACARD ELECTOPHYS 3-DIMENS     | \$306.42                     | \$260.46                     |
| 93615                |              |              | ESOPHAGEAL RECORDING OF ATRIAL    | \$39.21                      | \$33.33                      |
| 93618                |              |              | INDUCE ARRHYTHMIA BY ELEC. PAC    | \$341.66                     | \$290.41                     |
| 93619                |              |              | EPS W RA/RV/HIS W PACING & REC    | \$630.19                     | \$535.66                     |
| 93619                | 26           |              | EPS W RA/RV/HIS W PACING & REC    | \$354.42                     | \$301.26                     |
| 93623                |              |              | PROGRAM STIM&PACING W IN INFUS    | \$133.68                     | \$113.63                     |
| 93623                | 26           |              | PROGRAM STIM&PACING W IV INFUS    | \$133.68                     | \$113.63                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 93624                |              |              | ELECTROPHYSIOLOGIC F/U STUDY      | \$307.50                     | \$261.38                     |
| 93640                |              |              | ELECTROPHYSIO EVAL CARD-DEFIBR    | \$321.87                     | \$273.59                     |
| 93641                |              |              | EPS TEST CARDIO-DEFIB PULS GEN    | \$494.33                     | \$420.18                     |
| 93641                | TC           |              | EPS TEST CARDIO-DEFIB PULS GEN    | \$171.63                     | \$145.89                     |
| 93641                | 26           |              | EPS TEST CARDIO-DEFIB PULS GEN    | \$278.00                     | \$236.30                     |
| 93642                |              |              | EPS EVAL OF COR-DEFIB INDUCED     | \$354.26                     | \$301.12                     |
| 93642                | TC           |              | EPS EVAL OF COR-DEFIB INDUCED     | \$89.72                      | \$76.94                      |
| 93642                | 26           |              | EPS EVAL OF COR-DEFIB INDUCED     | \$234.06                     | \$198.95                     |
| 93660                |              |              | AUTONOMIC NERVOUS SYS.EVAL.CAR    | \$144.22                     | \$122.59                     |
| 93662                |              |              | INTRACARDIAC ECHOCARDIOGRAPHY     | \$128.86                     | \$109.53                     |
| 93662                | 26           |              | INTRACARDIAC ECHOCARDIOGRAPHY     | \$128.86                     | \$109.53                     |
| 93701                |              |              | BIOIMPEDANCE, THORACIC, ELECTR    | \$26.44                      | \$22.47                      |
| 93701                | TC           |              | BIOIMPEDANCE, THORACIC, ELECTR    | \$21.05                      | \$21.05                      |
| 93701                | 26           |              | BIOIMPEDANCE, THORACIC, ELECTR    | \$8.05                       | \$7.00                       |
| 93724                |              |              | ELECTRONIC ANALYSIS ANTITACHY     | \$279.16                     | \$237.29                     |
| 93724                | TC           |              | ELECTRONIC ANALYSIS ANTITACHY     | NA                           | \$31.81                      |
| 93724                | 26           |              | ELECTRONIC ANALYSIS ANTITACHY     | \$223.88                     | \$190.30                     |
| 93731                | 26           |              | ELEC ANAL DUAL CHAMBER INT PAC    | \$20.30                      | \$17.25                      |
| 93732                | TC           |              | REPROGRAM/ANAL DUAL-CHAMBER PA    | NA                           | \$18.48                      |
| 93732                | 26           |              | REPROGRAM/ANAL DUAL-CHAMBER PA    | \$41.85                      | \$35.57                      |
| 93733                | TC           |              | TELEPHONIC ANAL. DUAL-CHAM PAC    | NA                           | \$26.54                      |
| 93734                | 26           |              | ELEC ANAL SINGLE-CHAMBER PACEM    | \$17.40                      | \$14.79                      |
| 93735                | TC           |              | REPROGRAM/ANAL SING-CHAMB. PAC    | NA                           | \$16.10                      |
| 93735                | 26           |              | REPROGRAM/ANAL SING-CHAMB. PAC    | \$33.49                      | \$28.46                      |
| 93736                | TC           |              | TELEPHONIC ANAL.SING CHAM PACE    | \$23.14                      | \$23.14                      |
| 93741                | TC           |              | ELECT ANAL CARDIO-DEFIB WO/REP    | NA                           | \$23.91                      |
| 93741                | 26           |              | ELECT ANAL CARDIO-DEFIB WO/REP    | \$36.70                      | \$31.19                      |
| 93743                | TC           |              | ELECT ANAL CARD-DEFIB DUAL CHA    | NA                           | \$25.94                      |
| 93743                | 26           |              | ELECT ANAL CARD-DEFIB DUAL CHA    | \$47.02                      | \$39.97                      |
| 93745                |              |              | INITIAL SET-UP AND PROGRAMMING    | \$65.46                      | \$59.22                      |
| 93745                | TC           |              | INITIAL SET-UP & PROGRAMMING B    | NA                           | \$23.83                      |
| 93745                | 26           |              | INITIAL SET-UP & PROGRAMMING B    | \$22.63                      | \$19.24                      |
| 93798                |              |              | PHY SERV OP CARD.REHAB:W ECG C    | \$24.75                      | \$21.04                      |
| 93880                |              |              | DUPLEX SCAN EXTRACRAN.ART:COMP    | \$166.92                     | \$141.88                     |
| 93880                | TC           |              | DUPLEX SCAN EXTRACRAN.ART:COMP    | \$126.29                     | \$107.35                     |
| 93880                | 26           |              | DUPLEX SCAN EXTRACRAN.ART:COMP    | \$26.94                      | \$22.90                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 93882                |              |              | DUPLEX SCAN EXTRACRAN.ART:7/U     | \$137.75                     | \$117.09                     |
| 93882                | TC           |              | DUPLEX SCAN EXTRACRAN.ART:7/U     | \$112.59                     | \$97.89                      |
| 93882                | 26           |              | DUPLEX SCAN EXTRACRAN.ART:7/U     | \$18.58                      | \$15.79                      |
| 93886                |              |              | TRANSCRANIAL DOPPLER....COMPLE    | \$174.68                     | \$148.48                     |
| 93886                | TC           |              | TRANSCRANIAL DOPPLER....COMPLE    | \$126.67                     | \$107.67                     |
| 93886                | 26           |              | TRANSCRANIAL DOPPLER....COMPLE    | \$44.05                      | \$37.44                      |
| 93888                |              |              | TRANSCRAN.DOPPLER STUDY...7/U.    | \$103.45                     | \$87.93                      |
| 93888                | TC           |              | TRANSCRAN.DOPPLER STUDY...7/U.    | \$70.90                      | \$70.90                      |
| 93888                | 26           |              | TRANSCRAN.DOPPLER STUDY...7/U.    | \$26.41                      | \$22.45                      |
| 93890                |              |              | TRANSCRANIAL DOPPLER STUDY        | \$159.97                     | \$135.97                     |
| 93890                | TC           |              | TRANSCRANIAL DOPPLER STUDY        | NA                           | \$108.46                     |
| 93890                | 26           |              | TRANSCRANIAL DOPPLER STUDY        | \$46.96                      | \$39.92                      |
| 93892                |              |              | TRANSCRANIAL DOPPLER STUDY OF     | \$167.84                     | \$142.66                     |
| 93892                | TC           |              | TRANSCRANIAL DOPPLER STUDY OF     | NA                           | \$103.51                     |
| 93892                | 26           |              | TRANSCRANIAL DOPPLER STUDY OF     | \$53.74                      | \$45.68                      |
| 93893                |              |              | TRANSCRANIAL DOPPLER STUDY OF     | \$167.76                     | \$142.60                     |
| 93893                | TC           |              | TRANSCRANIAL DOPPLER STUDY OF     | NA                           | \$103.51                     |
| 93893                | 26           |              | TRANSCRANIAL DOPPLER STUDY OF     | \$53.74                      | \$45.68                      |
| 93922                |              |              | PHYSIO STUDIES U/L EXTREMITY A    | \$92.71                      | \$78.80                      |
| 93922                | TC           |              | PHYSIO STUDIES U/L EXTREMITY A    | NA                           | \$79.90                      |
| 93922                | 26           |              | PHYSIO STUDIES U/L EXTREMITY A    | \$11.21                      | \$9.53                       |
| 93923                |              |              | U/L EXT STUDIES MULTIPLE LEVEL    | \$143.36                     | \$121.86                     |
| 93923                | TC           |              | U/L EXT STUDIES MULTIPLE LEVEL    | NA                           | \$120.98                     |
| 93923                | 26           |              | U/L EXT STUDIES MULTIPLE LEVEL    | \$20.50                      | \$17.42                      |
| 93924                |              |              | LOWER EXT ARTERIES STUDY AT RE    | \$177.41                     | \$150.80                     |
| 93924                | TC           |              | LOWER EXT ARTERIES STUDY AT RE    | NA                           | \$152.51                     |
| 93925                |              |              | DUPLEX SCAN LOWER EXTREM.ART..    | \$200.89                     | \$170.76                     |
| 93925                | TC           |              | DUPLEX SCAN LOWER EXTREM.ART..    | \$171.26                     | \$171.26                     |
| 93925                | 26           |              | DUPLEX SCAN LOWER EXTREM.ART..    | \$26.30                      | \$22.36                      |
| 93926                |              |              | DUPLEX SCAN...7/U OR LIMITED S    | \$128.75                     | \$109.44                     |
| 93926                | TC           |              | DUPLEX SCAN...7/U OR LIMITED S    | \$108.44                     | \$108.44                     |
| 93926                | 26           |              | DUPLEX SCAN...7/U OR LIMITED S    | \$17.92                      | \$15.23                      |
| 93930                |              |              | DUPLEX SCAN UPPER EXT...COMPLE    | \$166.86                     | \$141.83                     |
| 93930                | TC           |              | DUPLEX SCAN UPPER EXT...COMPLE    | \$126.29                     | \$107.35                     |
| 93930                | 26           |              | DUPLEX SCAN UPPER EXT...COMPLE    | \$21.15                      | \$17.98                      |
| 93931                |              |              | DUPLEX SCAN UPPER EXT...7/U OR    | \$124.49                     | \$105.82                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 93931                | TC           |              | DUPLEX SCAN UPPER EXT...7/U OR    | \$108.44                     | \$108.44                     |
| 93931                | 26           |              | DUPLEX SCAN UPPER EXT...7/U OR    | \$14.08                      | \$11.97                      |
| 93970                |              |              | DUPLEX SCAN EXT.VEINS...COMP.B    | \$206.61                     | \$175.62                     |
| 93970                | TC           |              | DUPLEX SCAN EXT.VEINS...COMP.B    | \$171.29                     | \$171.29                     |
| 93970                | 26           |              | DUPLEX SCAN EXT.VEINS...COMP.B    | \$31.07                      | \$26.41                      |
| 93971                |              |              | DUPLEX SCAN EXT.VEINS...7/U LI    | \$127.31                     | \$108.21                     |
| 93971                | TC           |              | DUPLEX SCAN EXT.VEINS...7/U LI    | \$106.83                     | \$91.35                      |
| 93971                | 26           |              | DUPLEX SCAN EXT.VEINS...7/U LI    | \$20.20                      | \$17.17                      |
| 93975                |              |              | DUPLEX SCAN ART.INFLOW/VENOUS     | \$234.17                     | \$199.04                     |
| 93975                | TC           |              | DUPLEX SCAN ART.INFLOW/VENOUS     | \$171.26                     | \$171.26                     |
| 93975                | 26           |              | DUPLEX SCAN ART.INFLOW/VENOUS     | \$58.49                      | \$49.72                      |
| 93976                |              |              | DUPLEX SCAN...PELVIC...7/U LIM    | \$160.31                     | \$136.26                     |
| 93976                | TC           |              | DUPLEX SCAN...PELVIC...7/U LIM    | \$119.90                     | \$142.52                     |
| 93976                | 26           |              | DUPLEX SCAN...PELVIC...7/U LIM    | \$40.38                      | \$34.32                      |
| 93978                |              |              | DUPLEX SCAN AORTA....COMPLETE     | \$166.73                     | \$141.72                     |
| 93978                | TC           |              | DUPLEX SCAN AORTA....COMPLETE     | \$126.62                     | \$107.63                     |
| 93978                | 26           |              | DUPLEX SCAN AORTA....COMPLETE     | \$29.78                      | \$25.32                      |
| 93979                |              |              | DUPLEX SCAN AORTA...7/U..LIMIT    | \$128.58                     | \$109.29                     |
| 93979                | TC           |              | DUPLEX SCAN AORTA...7/U..LIMIT    | \$103.75                     | \$89.72                      |
| 93979                | 26           |              | DUPLEX SCAN AORTA...7/U..LIMIT    | \$19.89                      | \$16.90                      |
| 93980                |              |              | DUPLEX SCAN FOR PENILE VESSELS    | \$131.11                     | \$111.44                     |
| 93980                | TC           |              | DUPLEX SCAN FOR PENILE VESSELS    | NA                           | \$66.85                      |
| 93980                | 26           |              | DUPLEX SCAN FOR PENILE VESSELS    | \$55.80                      | \$47.43                      |
| 93981                |              |              | PENILE DUPLEX SCAN FOLLOW UP      | \$79.75                      | \$67.79                      |
| 93981                | TC           |              | PENILE DUPLEX SCAN FOLLOW UP      | NA                           | \$57.18                      |
| 93981                | 26           |              | PENILE DUPLEX SCAN FOLLOW UP      | \$19.26                      | \$16.37                      |
| 93990                |              |              | DUPLEX SCAN HEMODIALYSIS ACCES    | \$121.26                     | \$103.07                     |
| 93990                | TC           |              | DUPLEX SCAN HEMODIALYSIS ACCES    | \$103.10                     | \$108.08                     |
| 93990                | 26           |              | DUPLEX SCAN HEMODIALYSIS ACCES    | \$11.84                      | \$10.06                      |
| 94010                |              |              | SPIROMETRY WITH GRAPH, VITAL C    | \$28.99                      | \$28.99                      |
| 94010                | TC           |              | SPIROMETRY WITH GRAPH, VITAL C    | \$21.62                      | \$21.62                      |
| 94011                |              |              | TEST TO MEASURE EXPIRATORY AIR    | \$44.33                      | \$37.68                      |
| 94012                |              |              | TEST TO MEASURE EXPIRATORY AIR    | \$72.27                      | \$61.43                      |
| 94013                |              |              | TEST TO MEASURE REMAINING AIR     | \$17.36                      | \$14.75                      |
| 94014                |              |              | PATIENT INIT SPIROMETRY FOR 30    | \$43.11                      | \$36.65                      |
| 94015                |              |              | PT INIT SPIROMETRIC REC TC ONL    | NA                           | \$20.31                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 94016                |              |              | PT SPIROM REC MD I&R ONLY         | \$22.80                      | \$19.38                      |
| 94060                |              |              | BRONCHOSPASM EVALUATION           | \$48.17                      | \$47.02                      |
| 94060                | SA           |              | BRONCHOSPASM EVALUATION           | NA                           | \$46.02                      |
| 94060                | SA           | TC           | BRONCHOSPASM EVALUATION           | NA                           | \$35.02                      |
| 94060                | TC           |              | BRONCHOSPASM EVALUTION            | \$35.02                      | \$35.02                      |
| 94070                | 26           |              | BRONCHOSPASM EVALUATION: PROLO    | \$25.97                      | \$22.07                      |
| 94200                |              |              | MAXIMUM BREATHING CAPACITY        | \$19.29                      | \$18.57                      |
| 94200                | TC           |              | MAXIMUM BREATHING CAPACITY        | \$14.50                      | \$14.50                      |
| 94200                | 26           |              | MAXIMUM BREATHING CAPACITY        | \$4.79                       | \$4.07                       |
| 94375                |              |              | RESPIRATORY FLOW VOLUME LOOP      | \$31.04                      | \$29.08                      |
| 94375                | TC           |              | RESPIRATORY FLOW VOLUME LOOP      | \$17.90                      | \$17.90                      |
| 94375                | 26           |              | RESPIRATORY FLOW VOLUME LOOP      | \$13.15                      | \$11.18                      |
| 94452                |              |              | HIGH ALTITUDE SIMULATION TEST     | \$45.58                      | \$43.57                      |
| 94452                | TC           |              | HIGH ALTITUDE SIMULATION TEST     | NA                           | \$32.14                      |
| 94452                | 26           |              | HIGH ALTITUDE SIMULATION TEST     | \$13.45                      | \$11.43                      |
| 94453                |              |              | HIGH ALTITUDE SIMULATION TEST     | \$65.06                      | \$62.46                      |
| 94453                | TC           |              | HIGH ALTITUDE SIMULATION TEST     | NA                           | \$47.74                      |
| 94453                | 26           |              | HIGH ALTITUDE SIMULATION TEST     | \$17.31                      | \$14.72                      |
| 94610                |              |              | INTRAPULMONARY SURFACTANT ADMI    | \$52.34                      | \$44.49                      |
| 94621                |              |              | PULMONARY STRESS TESTING COMPL    | \$124.60                     | \$115.36                     |
| 94621                | TC           |              | PULMONARY STRESS TESTING COMPL    | NA                           | \$63.00                      |
| 94621                | 26           |              | PULMONARY STRESS TESTING COMPL    | \$61.60                      | \$52.36                      |
| 94644                |              |              | CONTINUOUS INHALATION TREATMEN    | \$31.85                      | \$27.07                      |
| 94645                |              |              | CONTINUOUS INHALATION TREATMEN    | \$12.14                      | \$10.32                      |
| 94664                |              |              | AEROSOL/VAPOR INHALATIONS...      | \$11.70                      | \$9.94                       |
| 94664                | U9           |              | AEROSOL/VAPOR INHALATIONS         | NA                           | NA                           |
| 94680                |              |              | OXYGEN UPTAKE: DIRECT: SIMPLE     | \$59.36                      | \$50.46                      |
| 94680                | TC           |              | OXYGEN UPTAKE: DIRECT: SIMPLE     | NA                           | \$46.46                      |
| 94680                | 26           |              | OXYGEN UPTAKE: DIRECT: SIMPLE     | \$11.23                      | \$9.55                       |
| 94681                |              |              | OXYGEN UPTAKE W/CO2 OUTPUT        | \$48.38                      | \$41.12                      |
| 94681                | TC           |              | OXYGEN UPTAKE W/C02 OUTPUT        | \$10.41                      | \$50.18                      |
| 94690                |              |              | OXYGEN UPTAKE: REST: INDIRECT     | \$54.96                      | \$46.72                      |
| 94690                | TC           |              | OXYGEN UPTAKE: REST: INDIRECT     | NA                           | \$51.94                      |
| 94690                | 26           |              | OXYGEN UPTAKE: RESET: INDIRECT    | \$3.18                       | \$2.71                       |
| 94761                | U9           |              | NONINVAS EAR/PULSE OXIMETRY MU    | NA                           | NA                           |
| 94762                |              |              | SEE 94760:CONT.OVERNIGHT MONIT    | \$17.22                      | \$14.64                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 94772                |                  |                  | CIRCADIAN RESP PATTERN...INFAN    | \$234.49                         | \$221.13                         |
| 94772                | TC               |                  | CIRCADIAN RESP PATTERN INFAN      | \$145.41                         | \$145.41                         |
| 94772                | 26               |                  | CIRCADIAN RESP PATTERN INFANT     | \$89.08                          | \$75.72                          |
| 94774                |                  |                  | TEST TO MONITOR PEDIATRIC BREA    | \$120.00                         | \$115.00                         |
| 94775                |                  |                  | TEST TO MONITOR PEDIATRIC BREA    | \$85.00                          | \$85.00                          |
| 94777                |                  |                  | TEST TO MONITOR PEDIATRIC BREA    | \$35.00                          | \$30.00                          |
| 94780                |                  |                  | TEST OF CAR SEAT OR BED (1 YEA    | \$26.82                          | \$22.80                          |
| 94781                |                  |                  | TEST OF CAR SEAT OR BED (1 YEA    | \$10.54                          | \$8.96                           |
| 95012                |                  |                  | NITRIC OXIDE EXPIRED GAS DETER    | \$16.60                          | \$14.11                          |
| 95044                |                  |                  | PATCH OR APPLICATION TEST (S)     | \$6.03                           | \$5.13                           |
| 95060                |                  |                  | OPHTHALMIC MUCOUS MEMBRANE TES    | \$12.46                          | \$10.59                          |
| 95065                |                  |                  | NASAL MUCOUS MEMBRANE TEST        | \$7.08                           | \$6.02                           |
| 95070                |                  |                  | INHALATION BRONCH CHALLENGE TE    | \$33.06                          | \$28.10                          |
| 95115                |                  |                  | ALLER.INJ.W/OUT EXTRACT PROV O    | \$9.54                           | \$8.11                           |
| 95117                |                  |                  | ALLER.INJ.W/OUT EXTRACT PROV-+    | \$11.08                          | \$9.42                           |
| 95144                |                  |                  | IMMUNO TX,SUPERVISION & PROVIS    | NA                               | \$8.64                           |
| 95165                |                  |                  | PROF.SUP.&PROV.OF AGNS FOR IMM    | \$8.64                           | \$7.34                           |
| 95180                |                  |                  | RAPID DESENSITIZATION PROC,EAC    | \$133.95                         | \$113.86                         |
| 95250                |                  |                  | GLUCOSE MONITORING UP TO 72 HO    | \$139.73                         | \$118.77                         |
| 95251                |                  |                  | AMBULATORY CONTINUOUS GLUCOSE     | \$23.48                          | \$19.96                          |
| 95782                |                  |                  | SLEEP STUDY IN SLEEP LAB (YOUN    | \$489.22                         | \$415.83                         |
| 95782                | TC               |                  | POLYSOMNOGRAPHY: YOUNGER THAN     | NA                               | \$424.39                         |
| 95782                | 26               |                  | POLYSOMNOGRAPHY: YOUNGER THAN     | \$64.84                          | \$55.11                          |
| 95783                |                  |                  | SLEEP STUDY IN SLEEP LAB WITH     | \$519.97                         | \$441.97                         |
| 95783                | TC               |                  | POLYSOMNOGRAPHY: YOUNGER THAN     | NA                               | \$449.52                         |
| 95783                | 26               |                  | POLYSOMNOGRAPHY: YOUNGER THAN     | \$70.45                          | \$59.88                          |
| 95805                |                  |                  | MSLT,REC,ANAL&INTERP OF PSYCH     | \$451.55                         | \$383.82                         |
| 95805                | TC               |                  | SLEEP LATENCY TESTING             | \$391.34                         | \$403.47                         |
| 95805                | 26               |                  | MSLT,REC,ANAL&INTERP OF PSYCH     | \$60.14                          | \$51.12                          |
| 95807                |                  |                  | SLEEP STUDY 3 OR MORE BY TECHN    | \$161.99                         | \$392.69                         |
| 95807                | TC               |                  | SLEEP STUDY 3 OR MORE BY TECHN    | NA                               | \$397.45                         |
| 95808                |                  |                  | POLYSOMNOGRAPHY 1-3 PARAMETERS    | \$548.86                         | \$531.04                         |
| 95808                | TC               |                  | POLYSOMNOGRAPHY 1-3 PARAMETERS    | NA                               | \$430.02                         |
| 95808                | 26               |                  | POLYSOMNOGRAPHY 1-3 PARAMETERS    | \$89.72                          | \$76.26                          |
| 95810                |                  |                  | POLYSOMNOGRAPHY 4+ PARAMETERS     | \$657.33                         | \$558.73                         |
| 95810                | TC               |                  | POLYSOMNOGRAPHY 4+ PARAMETERS     | NA                               | \$533.86                         |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 95810                | 26           |              | POLYSOMNOGRAPHY 4+ PARAMETERS     | \$123.48                     | \$104.96                     |
| 95811                |              |              | POLYSOMNOGRAPHY 4 OR MORE PARA    | \$689.23                     | \$585.85                     |
| 95811                | TC           |              | POLYSOMNOGRAPHY 4 OR MORE PARA    | NA                           | \$561.10                     |
| 95811                | 26           |              | POLYSOMNOGRAPHY 4 OR MORE PARA    | \$128.14                     | \$108.92                     |
| 95812                |              |              | EEG EXTENDED MONITORING UP TO     | \$176.22                     | \$168.55                     |
| 95812                | TC           |              | EEF EXTENDED MONITORING UP TO     | NA                           | \$125.04                     |
| 95812                | 26           |              | EEG EXTENDED MONITORING UP TO     | \$51.19                      | \$43.51                      |
| 95813                |              |              | EEG EXTENDED MONITORING >1 HOU    | \$231.26                     | \$219.09                     |
| 95813                | TC           |              | EEG EXTENDED MONITORING >1 HOU    | \$150.14                     | \$150.14                     |
| 95813                | 26           |              | EEG EDTENDED MONITORING >1 HOU    | \$81.11                      | \$68.95                      |
| 95816                |              |              | EEG,INCL RECOR AWAKE&D,SAME FA    | \$165.07                     | \$157.35                     |
| 95816                | TC           |              | EEG,INCL RECOR AWAKE&D,SAME FA    | \$113.55                     | \$113.55                     |
| 95816                | 26           |              | EEG,INCL RECOR AWAKE&D,SAME FA    | \$51.53                      | \$43.80                      |
| 95819                |              |              | EEG-STD/PORT: SAME FACILITY       | \$140.31                     | \$132.58                     |
| 95819                | TC           |              | EEG-STD/PORT: SAME FACILITY       | \$88.78                      | \$88.78                      |
| 95819                | 26           |              | EEG-STD/PORT: SAME FACILITY       | \$51.53                      | \$43.80                      |
| 95822                |              |              | EEG: SLEEP ONLY                   | \$196.15                     | \$188.42                     |
| 95822                | TC           |              | EEG: SLEEP ONLY                   | \$144.62                     | \$144.62                     |
| 95822                | 26           |              | EEG: SLEEP ONLY                   | \$51.53                      | \$43.80                      |
| 95824                |              |              | EEG: CEREBRAL DEATH RECORDING     | \$35.10                      | \$29.83                      |
| 95824                | 26           |              | EEG: CEREBRAL DEATH RECORDING     | \$35.10                      | \$29.83                      |
| 95829                |              |              | ELECTROCORTICOGRAM AT SURGERY(    | \$1,265.56                   | \$1,075.73                   |
| 95830                |              |              | MD INSERT SPHENOIDAL ELECTRODE    | \$168.96                     | \$143.62                     |
| 95851                |              |              | RANGE OF MOTION:@ EXTREMITY,NO    | \$17.57                      | \$14.93                      |
| 95852                |              |              | RANGE OF MOTION: HAND             | \$12.59                      | \$10.70                      |
| 95857                |              |              | TENSILON TEST FOR MYASTHENIA G    | \$37.70                      | \$33.93                      |
| 95857                | TC           |              | TENSILON TEST FOR MYASTHENIA G    | \$12.55                      | \$12.55                      |
| 95857                | 26           |              | TENSILON TEST FOR MYASTHENIA G    | \$25.15                      | \$21.38                      |
| 95860                |              |              | ELECTROMYOGRAPH:1 EXTREMITY&PA    | \$80.60                      | \$73.68                      |
| 95860                | TC           |              | ELECTROMYOGRAPH:1 EXTREMITY&PA    | \$34.51                      | \$34.51                      |
| 95860                | 26           |              | ELECTROMYOGRAPH:1 EXTREMITY&PA    | \$46.08                      | \$39.17                      |
| 95861                |              |              | ELECTROMYOGRAPH:2 EXTREMITIES&    | \$100.37                     | \$89.29                      |
| 95861                | TC           |              | ELECTROMYOGRAPH:2 EXTREMITIES&    | \$26.54                      | \$26.54                      |
| 95861                | 26           |              | ELECTROMYOGRAPH:2 EXTREMITIES&    | \$73.83                      | \$62.76                      |
| 95863                |              |              | ELECTROMYOGRAPH:3 EXTREMITIES&    | \$122.59                     | \$109.25                     |
| 95863                | TC           |              | ELECTROMYOGRAPH:3 EXTREMITIES&    | \$33.66                      | \$33.66                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 95863                | 26           |              | ELECTROMYOGRAPH:3 EXTREMITIES&    | \$88.93                      | \$75.59                      |
| 95864                |              |              | ELECTROMYOGRAPH:4 EXTREMITIES&    | \$159.37                     | \$145.10                     |
| 95864                | TC           |              | ELECTROMYOGRAPH:4 EXTREMITIES&    | \$64.26                      | \$64.26                      |
| 95864                | 26           |              | ELECTROMYOGRAPH:4 EXTREMITIES&    | \$95.10                      | \$80.83                      |
| 95865                |              |              | NEEDLE ELECTROMYOGRAPHY: LARYN    | \$102.08                     | \$90.36                      |
| 95865                | TC           |              | NEEDLE ELECTROMYOGRAPHY: LARYN    | NA                           | \$23.95                      |
| 95865                | 26           |              | NEEDLE ELECTROMYOGRAPHY: LARYN    | \$78.13                      | \$66.41                      |
| 95866                |              |              | NEEDLE ELECTROMYOGRAPHY: HEMID    | \$68.26                      | \$59.68                      |
| 95866                | 26           |              | NEEDLE ELECTROMYOGRAPHY,HEMIDI    | \$60.59                      | \$51.50                      |
| 95867                |              |              | MYOGRAPHY: CRANIAL NERVE: UNIL    | \$58.60                      | \$52.94                      |
| 95867                | TC           |              | MYOGRAPHY: CRANIAL NERVE: UNIL    | \$20.86                      | \$20.86                      |
| 95867                | 26           |              | MYOGRAPHY: CRANIAL NERVE: UNIL    | \$37.74                      | \$32.08                      |
| 95868                |              |              | MYOGRAPHY: CRANIAL NERVE: BILA    | \$81.31                      | \$72.90                      |
| 95868                | TC           |              | MYOGRAPHY: CRANIAL NERVE: BILA    | \$25.22                      | \$25.22                      |
| 95868                | 26           |              | MYOGRAPHY: CRANIAL NERVE: BILA    | \$56.09                      | \$47.67                      |
| 95869                | 26           |              | ELECTROMYOGRAPHY: SPECIFIC MUS    | \$17.72                      | \$15.06                      |
| 95870                | 26           |              | ELECTROMYOGRAPHY OTH THAN PARA    | \$17.72                      | \$15.06                      |
| 95872                |              |              | ELECTROMYOGRAPHY,SING.FIBER,AN    | \$93.00                      | \$82.32                      |
| 95872                | TC           |              | ELECTROMYOGRAPHY,SING.FIBER,AN    | \$21.83                      | \$21.83                      |
| 95872                | 26           |              | ELECTROMYOGRAPHY,SING.FIBER,AN    | \$71.17                      | \$60.49                      |
| 95873                |              |              | ELECTRICAL STIMULATION FOR GUI    | \$25.10                      | \$22.67                      |
| 95873                | 26           |              | ELECTRICAL STIMULATION FOR GUI    | \$17.72                      | \$15.06                      |
| 95874                |              |              | NEEDLE ELECTROMYOGRAPHY FOR GU    | \$25.43                      | \$22.96                      |
| 95874                | 26           |              | NEEDLE ELECTROMYOGRAPHY FOR GU    | \$18.06                      | \$15.35                      |
| 95875                |              |              | ISCHEMIC LIMB EXERCISE,EMG,...    | \$87.22                      | \$79.39                      |
| 95875                | TC           |              | ISCHEMIC LIMB EXERCISE,EMG,...    | NA                           | \$35.02                      |
| 95875                | 26           |              | ISCHEMIC LIMB EXERCISE,EMG,...    | \$52.20                      | \$44.37                      |
| 95921                |              |              | TESTING AUT NERV SYS FUNCTION     | \$54.32                      | \$48.19                      |
| 95921                | TC           |              | TESTING AUT NERV SYS FUNCTION     | \$13.48                      | \$13.48                      |
| 95921                | 26           |              | TESTING AUT NERV SYS FUNCTION     | \$40.83                      | \$34.71                      |
| 95922                |              |              | TESTING AUTO NERV SYST FUNCTIO    | \$58.88                      | \$52.07                      |
| 95922                | TC           |              | TESTING AUTO NERV SYST FUNCTIO    | \$13.48                      | \$13.48                      |
| 95922                | 26           |              | TESTING AUTO SYST FUNCTION        | \$45.40                      | \$38.59                      |
| 95923                |              |              | TESTING AUTO NERV SYST FUNCTIO    | \$96.34                      | \$89.91                      |
| 95923                | TC           |              | TESTING AUTO NERV SYST FUNCTIO    | \$53.51                      | \$53.51                      |
| 95923                | 26           |              | TESTING AUTO NERV SYST FUNCTIO    | \$42.82                      | \$36.40                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 95925                |              |              | SOMATOSENSORY TESTING, ONE > NE   | \$58.72                      | \$54.86                      |
| 95925                | 26           |              | SOMATOSENSORY TESTING, ONE > NE   | \$25.72                      | \$21.86                      |
| 95926                |              |              | SHORT LAT SOMATOSEN STUDY/LOWE    | \$64.76                      | \$60.90                      |
| 95926                | 26           |              | SHORT LAT SOMATOSEN STUDY/LOWE    | \$25.76                      | \$21.90                      |
| 95927                |              |              | SHORT-LAT SOMATOSEN STUDY/TRUN    | \$65.74                      | \$61.73                      |
| 95927                | 26           |              | SHORT-LAT SOMATOSEN STUDY/TRUN    | \$26.74                      | \$22.73                      |
| 95928                |              |              | CENTRAL MOTOR EVOKED POTENTIAL    | \$152.89                     | \$142.20                     |
| 95928                | TC           |              | CENTRAL MOTOR EVOKED POTENTIAL    | NA                           | \$81.63                      |
| 95928                | 26           |              | CENTRAL MOTOR EVOKED POTENTIAL    | \$71.26                      | \$60.57                      |
| 95929                |              |              | CENTRAL MOTOR EVOKED POTENTIAL    | \$159.33                     | \$148.64                     |
| 95929                | TC           |              | CENTRAL MOTOR EVOKED POTENTIAL    | NA                           | \$88.07                      |
| 95929                | 26           |              | CENTRAL MOTOR EVOKED POTENTIAL    | \$71.26                      | \$60.57                      |
| 95930                |              |              | VISUAL EVOKED POTENTIAL TESTIN    | \$73.27                      | \$62.28                      |
| 95930                | TC           |              | VISUAL EVOKED POTENTIAL TESTIN    | \$53.76                      | \$46.95                      |
| 95930                | 26           |              | VISUAL EVOKED POTENTIAL TESTIN    | \$16.74                      | \$14.23                      |
| 95933                |              |              | BLINK REFLEX,ELETRODIAGNOSTIC     | \$56.21                      | \$52.01                      |
| 95933                | TC           |              | BLINK REFLEX,ELETRODIAGNOSTIC     | NA                           | \$28.23                      |
| 95933                | 26           |              | BLINK REFLEX,ELETRODIAGNOSTIC     | \$27.98                      | \$23.78                      |
| 95937                |              |              | NEUROMUSCULAR JUNC.TEST.:@ NER    | \$44.20                      | \$39.39                      |
| 95937                | TC           |              | NEUROMUSCULAR JUNC. TEST: @ NE    | NA                           | \$12.13                      |
| 95937                | 26           |              | NEUROMUSCULAR JUNC. TEST: @ NE    | \$32.07                      | \$27.26                      |
| 95954                |              |              | PHARM/PHYSICAL ACTIVATION DUR     | \$226.58                     | \$209.10                     |
| 95954                | TC           |              | PHARM/PHYSICAL ACTIVATION DUR     | \$109.99                     | \$109.99                     |
| 95954                | 26           |              | PHARM/PHYSICAL ACTIVATION DUR     | \$116.59                     | \$99.10                      |
| 95955                |              |              | EEG DURING NONINTRACRANIAL SUR    | \$117.47                     | \$99.85                      |
| 95957                |              |              | DIGITAL ANALYSIS OF EEG           | \$155.90                     | \$141.71                     |
| 95957                | TC           |              | DIGITAL ANALYSIS OF EEG           | NA                           | \$61.22                      |
| 95957                | 26           |              | DIGITAL ANALYSIS OF EEG           | \$94.70                      | \$80.49                      |
| 95958                |              |              | WADA ACTIVATION TEST FOR HEMIS    | \$262.85                     | \$232.90                     |
| 95958                | TC           |              | WADA ACTIVATION TEST FOR HEMIS    | \$63.21                      | \$63.21                      |
| 95958                | 26           |              | WADA ACTIVATION TEST FOR HEMIS    | \$199.64                     | \$169.69                     |
| 95961                |              |              | FUNCT CORTICAL MAPPI:INIT HR P    | \$199.37                     | \$176.43                     |
| 95961                | TC           |              | FUNCT CORTICAL MAPPI:INIT HR P    | \$46.50                      | \$46.50                      |
| 95961                | 26           |              | FUNCT CORTICAL MAPPI:INIT HR P    | \$152.86                     | \$129.93                     |
| 95962                |              |              | FUNCT CORTICAL MAP:EA ADD HR P    | \$204.61                     | \$180.89                     |
| 95962                | TC           |              | FUNCT CORTICAL MAP:EA ADD HR P    | NA                           | \$46.50                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 95962                | 26               |                  | FUNCT CORTICAL MAP:EA ADD HR P    | \$158.10                         | \$134.39                         |
| 95965                |                  |                  | MEGNETOENCEPHALOGRAPHY RECORD/    | \$927.91                         | \$788.72                         |
| 95965                | 26               |                  | NEEDLE ELECTROMYOGRAPHY, LARYN    | \$382.59                         | \$325.20                         |
| 95966                |                  |                  | MAGNETOENCEPHALOGRAPHY RECORD/    | \$220.00                         | \$187.00                         |
| 95967                |                  |                  | MAGNETOENCEPHALOGRAPHY RECORD/    | \$192.28                         | \$163.44                         |
| 95970                |                  |                  | ELECT ANAL IMPL NEUROSTIM PULS    | \$19.39                          | \$16.48                          |
| 95971                |                  |                  | ELECT ANAL IMPL NEUROSTIM PULS    | \$49.80                          | \$42.33                          |
| 95972                |                  |                  | ELECT ANAL IMPL NEUROSTIM PULS    | \$59.07                          | \$50.21                          |
| 95980                |                  |                  | ELECTRONIC ANALYSIS OF IMPLANT    | \$33.00                          | \$28.06                          |
| 95981                |                  |                  | ELECTRONIC ANALYSIS OF IMPLANT    | \$23.97                          | \$20.37                          |
| 95981                | 26               |                  | ELECTRONIC ANALYSIS OF IMPLANT    | \$13.00                          | \$11.06                          |
| 95982                |                  |                  | ELECTRONIC ANALYSIS OF IMPLANT    | \$35.78                          | \$30.41                          |
| 95982                | 26               |                  | ELECTRONIC ANALYSIS OF IMPLANT    | \$25.84                          | \$21.96                          |
| 95990                |                  |                  | REFILL/MAINT IMPL PUMP DRUG DE    | \$52.66                          | \$44.76                          |
| 95991                |                  |                  | REFILL/MAINT IMPL PUMP BY PHYS    | \$75.65                          | \$64.30                          |
| 96000                |                  |                  | COMP COMPUTER-BASED MOTION ANA    | \$78.14                          | \$66.42                          |
| 96001                |                  |                  | COMP COMPUTER-BASED MOTION ANA    | \$93.33                          | \$79.33                          |
| 96002                |                  |                  | DYNAMIC SURFACE ELECTROMYOGRAP    | \$18.64                          | \$15.84                          |
| 96003                |                  |                  | DYNAMIC FINE WIRE ELECTROMYOGR    | \$16.36                          | \$13.91                          |
| 96004                |                  |                  | MD REVIEW/INTERPRETATION 96000    | \$102.81                         | \$87.39                          |
| 96105                |                  |                  | ASSESS APHASIA W/INTERP REP PE    | \$65.36                          | \$55.56                          |
| 96105                | UC               |                  | ASSESS APHASIA W/INTERP REP PE    | \$65.36                          | \$65.36                          |
| 96116                |                  |                  | NEUROBEHAVIORAL STATUS EXAM (C    | \$92.29                          | \$78.44                          |
| 96116                | UC               |                  | NEUROBEHAVIORAL STATUS EXAM(CL    | \$92.29                          | \$92.29                          |
| 96125                |                  |                  | STANDARDIZED COGNITIVE PERFORM    | \$78.72                          | \$66.91                          |
| 96125                | SA               |                  | STANDARDIZED COGNITIVE PERFORM    | NA                               | \$63.57                          |
| 96125                | 26               |                  | STANDARDIZED COGNITIVE PERFORM    | \$65.36                          | \$55.56                          |
| 96156                |                  |                  | HLTH BHV ASSMT/REASSESSMENT       | \$21.18                          | \$18.00                          |
| 96156                | EP               |                  | HEALTH BEHAV ASSESS/REASSESSME    | NA                               | \$200.00                         |
| 96156                | SA               |                  | HLTH BHV ASSMT/REASSESSMENT       | NA                               | \$13.68                          |
| 96156                | UC               |                  | HLTH BHV ASSMT/REASSESSMENT       | \$21.18                          | \$21.18                          |
| 96158                |                  |                  | HLTH BHV INDV 1ST 30              | \$38.82                          | \$33.00                          |
| 96158                | EP               |                  | HEALTH BEHAVIOR INTV INITIAL 3    | NA                               | \$42.50                          |
| 96158                | SA               |                  | HLTH BHV IVNTJ INDIV 1ST 30       | NA                               | \$31.34                          |
| 96158                | UC               |                  | HLTH BHV IVNTJ INDIV 1ST 30       | \$38.82                          | \$19.41                          |
| 96159                |                  |                  | HLTH BHV IVNTJ INDIV EA ADDL      | \$19.41                          | \$16.50                          |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 96159                | EP           |              | HEALTH BEHAV INTERV EA ADD 15     | NA                           | \$21.25                      |
| 96159                | SA           |              | HLTH BHV IVNTJ INDIV EA ADDL      | NA                           | \$15.67                      |
| 96159                | UC           |              | HLTH BHV IVNTJ INDIV EA ADDL      | \$19.42                      | \$19.41                      |
| 96164                | EP           |              | HEALTH BEHAV ITVN GRP INITIAL     | NA                           | \$11.20                      |
| 96164                | SA           |              | HLT BHV IVNTJ GRP 1ST 30          | NA                           | \$7.78                       |
| 96165                | EP           |              | HEALTH BEHAV ITVN EA ADD 15 MI    | NA                           | \$5.60                       |
| 96165                | SA           |              | HLTH BHV IVNTJ GRP EA ADDL        | NA                           | \$3.89                       |
| 96167                |              |              | HLTH BHV IVNTJ FAM 1ST 30         | \$38.12                      | \$32.40                      |
| 96167                | EP           |              | HEALTH BEHAV ITVN FAMILY INIT     | NA                           | \$50.00                      |
| 96167                | SA           |              | HLTH BHV IVNTJ FAM 1ST 30         | NA                           | \$30.78                      |
| 96167                | UC           |              | HLTH BHV IVNTJ FAM 1ST 30         | \$38.12                      | \$19.06                      |
| 96168                |              |              | HLTH BHV IVNTJ FAM EA ADDL        | \$19.06                      | \$16.20                      |
| 96168                | EP           |              | HLTH BEH ITVN FAM/PT ADD 15MIN    | NA                           | \$25.00                      |
| 96168                | SA           |              | HLTH BHV IVNTJ FAM EA ADDL        | NA                           | \$15.39                      |
| 96168                | UC           |              | HLTH BHV IVNTJ FAM EA ADDL        | \$19.06                      | \$19.06                      |
| 96170                |              |              | HLTH BHV IVNTJ FAM WO PT 1ST      | \$6.92                       | \$5.88                       |
| 96170                | EP           |              | HEALTH BEHAVE INTERV W/O PATIE    | NA                           | \$50.00                      |
| 96170                | SA           |              | HLTH BHV IVNTJ FAM WO PT 1ST      | NA                           | \$5.88                       |
| 96170                | UC           |              | HLTH BHV IVNTJ FAM WO PT 1ST      | \$37.48                      | \$18.74                      |
| 96171                |              |              | HLTH BHV IVNTJ FAM W/O PT EA      | \$3.46                       | \$2.94                       |
| 96171                | EP           |              | HEALTH BEHAV INTV FAM W/O PT 1    | NA                           | \$25.00                      |
| 96171                | SA           |              | HLTH BHV IVNTJ FAM W/O PT EA      | NA                           | \$2.94                       |
| 96171                | UC           |              | HLTH BHV IVNTJ FAM W/O PT EA      | \$18.74                      | \$18.74                      |
| 96360                |              |              | IV INFUSION,HYDRATION,INIT,UP     | \$40.44                      | \$34.37                      |
| 96360                | SA           |              | IV INFUSION,HYDRATION,INIT,UP     | NA                           | \$32.66                      |
| 96361                |              |              | IV INFUSION,HYDRATION,EACH ADD    | \$14.24                      | \$12.10                      |
| 96361                | SA           |              | IV INFUSION,HYDRATION,EACH ADD    | NA                           | \$11.50                      |
| 96365                |              |              | INTRAVENOUS INFUSION, FOR THER    | \$68.42                      | \$58.15                      |
| 96365                | SA           |              | INTRAVENOUS INFUSION FOR THERA    | NA                           | \$55.25                      |
| 96366                |              |              | INTRAVENOUS INFUSION, FOR THER    | \$20.29                      | \$17.25                      |
| 96366                | SA           |              | INTRAVENOUS INFUSION FOR THERA    | NA                           | \$18.15                      |
| 96367                |              |              | INTRAVENOUS INFUSION FOR THERA    | \$33.06                      | \$28.10                      |
| 96367                | SA           |              | INTRAVENOUS INFUSION FOR THERA    | NA                           | \$26.70                      |
| 96368                |              |              | INTRAVENOUS INFUSION FOR THERA    | \$20.83                      | \$17.71                      |
| 96368                | SA           |              | INTRAVENOUS INFUSION FOR THERA    | NA                           | \$16.82                      |
| 96369                |              |              | SUBCUTANEOUS INFUSION FOR THER    | \$142.21                     | \$120.88                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

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

MOD = MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

NA = NOT APPLICABLE

| CPT/HCPCS/CDT | MOD<br>1 | MOD<br>2 | PROCEDURE CODE DESCRIPTION     | MAXIMUM FEE<br>ALLOWANCE | MAXIMUM FEE<br>ALLOWANCE |
|---------------|----------|----------|--------------------------------|--------------------------|--------------------------|
| PRACTITIONER  |          |          |                                | SPECIALIST               | NONSPECIALIST            |
| 96369         | SA       |          | SUBCU INFUSION,INITIAL UP TO 1 | NA                       | \$114.84                 |
| 96370         |          |          | SUBCUTANEOUS INFUSION FOR THER | \$13.89                  | \$11.80                  |
| 96370         | SA       |          | SUBCU INFUSION EACH ADDITIONAL | NA                       | \$11.21                  |
| 96371         |          |          | SUBCUTANEOUS INFUSION FOR THER | \$64.02                  | \$54.41                  |
| 96371         | SA       |          | SUBCU INFUSION ADDITIONAL PUMP | NA                       | \$51.69                  |
| 96372         |          |          | THERAPEUTIC PROPHY/DIAG INJ, S | \$16.18                  | \$13.76                  |
| 96372         | SA       |          | THERAPEUTIC, PROPHY/DIAG INJ,  | NA                       | \$13.07                  |
| 96373         |          |          | THERAPEUTIC/PROPHY/DIAG INJ,IN | \$16.48                  | \$14.01                  |
| 96374         |          |          | THERAP/PROPHY/DIAG INJ, IV PUS | \$41.55                  | \$35.32                  |
| 96374         | SA       |          | THERAP/PROPHY/DIAG INJ, IV PUS | NA                       | \$33.55                  |
| 96375         |          |          | THERAPEUTIC/PROPH/DIAG INJ, AD | \$17.67                  | \$15.02                  |
| 96375         | SA       |          | THERAPEUTIC/PROPHY/DIAG INJ, A | NA                       | \$14.27                  |
| 96376         |          |          | THER/PROPH/DIAG INJ,EACH ADDIT | \$21.28                  | \$18.09                  |
| 96376         | SA       |          | THER/PROPH/DIAG INJ,EACH ADDIT | NA                       | \$17.18                  |
| 96401         |          |          | CHEMOTHERAPY ADMINISTRATION, S | \$46.63                  | \$39.64                  |
| 96401         | SA       |          | CHEMOTHERAPY ADMINIS SUBCU OR  | NA                       | \$37.66                  |
| 96402         |          |          | CHEMOTHERAPY ADMINISTRATION, S | \$32.71                  | \$27.80                  |
| 96402         | SA       |          | CHEMO ADMIN SUBCU/IM HORM ANTI | NA                       | \$30.07                  |
| 96405         |          |          | CHEMOTHERAPH INTRALESIONAL 1-7 | \$86.00                  | \$73.10                  |
| 96406         |          |          | CHEMOTHERAPY INTRALESIONAL >7  | \$124.83                 | \$109.34                 |
| 96409         |          |          | CHEMOTHERAPY ADMINISTRATION: I | \$108.76                 | \$92.45                  |
| 96409         | SA       |          | CHEMOTHERAPY ADMIN IV PUSH SIN | NA                       | \$87.82                  |
| 96411         |          |          | CHEMOTHERAPY ADMINISTRATION: I | \$62.58                  | \$53.19                  |
| 96411         | SA       |          | CHEMO ADMIN IV PUSH EACH ADD S | NA                       | \$50.64                  |
| 96413         |          |          | CHEMOTHERAPY ADMINISTRATION, I | \$148.91                 | \$126.57                 |
| 96413         | SA       |          | CHEMO ADMINIS IV INFUS UP TO 1 | NA                       | \$50.53                  |
| 96415         |          |          | CHEMOTHERAPY ADMINISTRATION, I | \$30.72                  | \$26.11                  |
| 96415         | SA       |          | CHEMO ADMIN IV INFUSION EACH A | NA                       | \$24.81                  |
| 96416         |          |          | CHEMOTHERAPY ADMINISTRATION, I | \$151.87                 | \$129.09                 |
| 96416         | SA       |          | CHEMO ADMIN INIT PROLONGED INF | NA                       | \$122.64                 |
| 96417         |          |          | CHEMOTHERAPY ADMINISTRATION, I | \$68.94                  | \$58.60                  |
| 96417         | SA       |          | CHEMO ADMIN IV INFUS EACH ADD  | NA                       | \$60.45                  |
| 96420         |          |          | CHEMOTHERAPY INTRA-ARTERIAL:PU | \$98.32                  | \$83.57                  |
| 96420         | SA       |          | CHEMOTHERAPY INTRA-ARTERIAL, P | NA                       | \$79.39                  |
| 96422         |          |          | CHEMOTHERAPY, INFUSION ..UP TO | \$171.94                 | \$146.15                 |
| 96422         | SA       |          | CHEMOTHERAPY, INFUSION UP TO 1 | NA                       | \$138.84                 |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 96423                |                  |                  | CHEMOTHERAPY...1 TO 8 HRS:EA A    | \$70.09                          | \$59.57                          |
| 96423                | SA               |                  | CHEMOTHERAPY 1 TO 8 HRS, EACH     | NA                               | \$56.60                          |
| 96425                |                  |                  | CHEMOTHERAPY INFUSION >8HRS PE    | \$159.72                         | \$135.76                         |
| 96425                | SA               |                  | CHEMOTHERAPY INFUSION >8HRS PE    | NA                               | \$128.97                         |
| 96440                |                  |                  | CHEMOTHERAPY-PLEURAL CAVITY RE    | \$356.46                         | \$302.99                         |
| 96450                |                  |                  | CHEMOTHERAPY-CNS,REQUIRING LUM    | \$191.29                         | \$162.60                         |
| 96521                |                  |                  | REFILLING AND MAINTENANCE OF P    | \$136.31                         | \$115.87                         |
| 96521                | SA               |                  | PORTABLE PUMP REFILLING/MAINT     | NA                               | \$110.07                         |
| 96522                |                  |                  | REFILLING AND MAINTENANCE OF I    | \$98.31                          | \$83.57                          |
| 96522                | SA               |                  | REFILLING/MAINTENANCE IMPLANT     | NA                               | \$79.39                          |
| 96523                |                  |                  | IRRIGATION OF IMPLANTED VENOUS    | \$24.97                          | \$21.22                          |
| 96523                | SA               |                  | IRRIGATION OF IMPLANTED VENOUS    | NA                               | \$20.16                          |
| 96542                |                  |                  | CHEMO,INTRAVENTRICULAR 1+AGENT    | \$130.66                         | \$111.06                         |
| 96567                |                  |                  | PHOTODYNAMIC THER BY EXTREN AP    | \$67.67                          | \$57.52                          |
| 96570                |                  |                  | PHOTODYNAMIC THERAPY 1ST 30 MI    | \$50.58                          | \$43.00                          |
| 96571                |                  |                  | PHOTODYNAMIC THERAPY EA ADDIT     | \$24.72                          | \$21.01                          |
| 96900                |                  |                  | ACTINOTHERAPY (ULTRAVIOLET LIG    | \$15.52                          | \$13.19                          |
| 96910                |                  |                  | PHOTOCHEMOTHERAPY: TAR AND ULT    | \$34.77                          | \$29.55                          |
| 96912                |                  |                  | PHOTOCHEMOTHERAPY/PUVA            | \$44.22                          | \$37.59                          |
| 96913                |                  |                  | PHOTOCHEMOTHER/REP 4-8 HRS CAR    | \$59.94                          | \$50.95                          |
| 96920                |                  |                  | LASER TREAT PSORIASIS <250 SQ     | \$123.13                         | \$104.66                         |
| 96920                | 26               |                  | LASER TREAT PSORIASIS <250 SQ     | \$55.95                          | \$47.56                          |
| 96921                |                  |                  | LASER TX PSORIASIS 250-500 SQ     | \$126.43                         | \$107.47                         |
| 96921                | 26               |                  | LASER TX PSORIASIS 250-500 SQ     | \$57.22                          | \$48.64                          |
| 96922                |                  |                  | LASER TX PSORIASIS >500 SQ CM     | \$185.98                         | \$158.09                         |
| 96922                | 26               |                  | LASER TX PSORIASIS >500 SQW CM    | \$88.62                          | \$75.32                          |
| 97151                |                  |                  | BEHAVIOR IDENTIFICATION ASSESS    | NA                               | \$25.00                          |
| 97152                |                  |                  | BEHAVIOR IDENTIFICATION ASSESS    | NA                               | \$11.20                          |
| 97153                |                  |                  | ADAPTIVE BEHAVIOR TREATMENT BY    | NA                               | \$15.00                          |
| 97154                |                  |                  | ADAPTIVE BEHAVIOR TREATMENT BY    | NA                               | \$4.80                           |
| 97155                |                  |                  | ADAPTIVE BEHAVIOR TREATMENT BY    | NA                               | \$21.25                          |
| 97156                |                  |                  | ADAPTIVE BEHAVIOR TREATMENT BY    | NA                               | \$25.00                          |
| 97157                |                  |                  | ADAPTIVE BEHAVIOR TREATMENT BY    | NA                               | \$12.40                          |
| 97158                |                  |                  | ADAPTIVE BEHAVIOR TREATMENT BY    | NA                               | \$5.60                           |
| 97535                |                  |                  | SELF CARE/HOME MNGMNT TX DIR E    | \$25.72                          | \$21.86                          |
| 97597                |                  |                  | REMOVAL OF DEVITALIZED TISSUE     | \$42.21                          | \$35.88                          |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 97598                |              |              | REMOVAL OF DEVITALIZED TISSUE     | \$26.92                      | \$22.88                      |
| 97605                |              |              | NEGATIVE PRESSURE WOUND THERAP    | \$29.52                      | \$25.09                      |
| 97606                |              |              | NEGATIVE PRESSURE WOUND THERAP    | \$31.74                      | \$26.98                      |
| 97802                |              |              | MED NUTRITION THER INIT ASSESS    | \$27.23                      | \$23.15                      |
| 97803                |              |              | MED NUTRITION THER RE-ASSESS 1    | \$23.46                      | \$19.94                      |
| 97810                |              |              | ACUPUNCTURE, ONE OR MORE NEEDL    | \$29.98                      | \$25.48                      |
| 97811                |              |              | ACUPUNCTURE, ONE OR MORE NEEDL    | \$22.83                      | \$19.41                      |
| 97813                |              |              | ACUPUNCTURE, ONE OR MORE NEEDL    | \$31.68                      | \$26.93                      |
| 97814                |              |              | ACUPUNCTURE, ONE OR MORE NEEDL    | \$25.55                      | \$21.72                      |
| 98925                |              |              | OSTEOPATHIC MANIPULATIVE RX 1+    | \$25.68                      | \$21.83                      |
| 98940                |              |              | CHIROPRACTIC MANIP TX SPINAL 1    | \$22.33                      | \$18.98                      |
| 98941                |              |              | CHIROPRACTIC MANIP TX SPINAL 3    | \$31.02                      | \$26.37                      |
| 98942                |              |              | CHIROPRACTIC MANIP TX SPINAL 5    | \$40.31                      | \$34.27                      |
| 99151                |              |              | USE OF A DRUG TO INDUCE DEPRES    | \$42.98                      | \$36.53                      |
| 99151                | 26           |              | MODERATE SEDATION SERVICES BY     | \$12.53                      | \$10.65                      |
| 99155                |              |              | USE OF A DRUG TO INDUCE DEPRES    | \$43.18                      | \$36.70                      |
| 99183                |              |              | HYPERBARCI OXYGEN PHYSICIAN AT    | \$108.21                     | \$100.48                     |
| 99202                |              |              | E/M OFFICE/OP NEW PATIENT         | \$59.30                      | \$50.41                      |
| 99202                | FP           | SB           | E/M INITIAL VS BY CNM IN FP CL    | NA                           | \$142.04                     |
| 99202                | SA           |              | E/M OFFICE/OP NEW PATIENT         | NA                           | \$47.88                      |
| 99202                | SB           |              | E/M OFFICE/OP NEW PATIENT BY C    | NA                           | \$59.30                      |
| 99202                | SB           | 52           | E/M INITIAL VS BY CNM IN FP CL    | NA                           | \$37.28                      |
| 99202                | UC           |              | E/M OFFICE/OP NEW PATIENT         | \$59.30                      | \$59.30                      |
| 99203                |              |              | E/M OFFICE/OP NEW PATIENT..MIN    | \$88.12                      | \$74.90                      |
| 99203                | FP           | SB           | E/M INITIAL FP VISIT BY CNM IN    | NA                           | \$218.86                     |
| 99203                | FP           | 22           | NEW PATIENT OFFICE OR OTHER OU    | NA                           | \$305.23                     |
| 99203                | SA           |              | E/M OFFICE/OP NEW PATIENT..MIN    | NA                           | \$67.32                      |
| 99203                | SA           | UD           | E/M OFFICE/OP NEW PATIENT.CNP/    | NA                           | \$67.32                      |
| 99203                | SB           |              | E/M OFFICE/OP NEW PATIENT BY C    | NA                           | \$83.37                      |
| 99203                | SB           | 52           | E/M INITIAL FP VISIT BY CNM IN    | NA                           | \$218.86                     |
| 99203                | UC           |              | E/M OFFICE/OP NEW PATIENT..MIN    | \$83.37                      | \$83.37                      |
| 99203                | UD           |              | E/M OFFICE/OP NEW PATIENT..MIN    | \$83.37                      | \$70.86                      |
| 99204                |              |              | E/M OFFICE/OP NEW PATIENT         | \$124.38                     | \$105.72                     |
| 99204                | FP           |              | E/M OFFICE/OP NEW VISIT FP CL     | \$323.66                     | \$323.66                     |
| 99204                | FP           | SB           | E/M OFFICE/OP NEW VISIT IN FL     | NA                           | \$323.66                     |
| 99204                | FP           | 52           | E/M INITIAL FP VISIT IN FP CLI    | \$323.66                     | \$323.66                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 99204                | SA           |              | E/M OFFICE/OP NEW PATIENT         | NA                           | \$95.02                      |
| 99204                | SB           |              | E/M OFFICE/OP NEW PATIENT BY C    | NA                           | \$117.67                     |
| 99204                | SB           | 52           | E/M INITIAL FP VISIT IN FP CL     | NA                           | \$78.37                      |
| 99204                | UC           |              | E/M OFFICE/OP NEW PATIENT         | \$117.67                     | \$117.67                     |
| 99205                |              |              | E/M OFFICE OP NEW PATIENT..MIN    | \$157.75                     | \$134.08                     |
| 99205                | FP           |              | E/M OFFICE/OP NEW IN FL CL        | NA                           | \$426.78                     |
| 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    | \$426.78                     | \$426.78                     |
| 99205                | SB           | 52           | E/M INITIAL FP VS IN FP CL CNM    | NA                           | \$100.47                     |
| 99205                | UC           |              | E/M OFFICE OP NEW PATIENT..MIN    | \$149.24                     | \$149.24                     |
| 99211                |              |              | E/M ESTAB.PATIENT MINIMAL PROB    | \$18.90                      | \$16.07                      |
| 99211                | SA           |              | E/M ESTAB.PATIENT MINIMAL PROB    | NA                           | \$15.27                      |
| 99211                | SB           |              | E/M ESTABLISHED PATIENT - VS B    | NA                           | \$18.90                      |
| 99211                | UC           |              | E/M ESTAB.PATIENT MINIMAL PROB    | \$19.98                      | \$19.98                      |
| 99211                | U9           |              | E/M ESTAB PATIENT MINIMAL PROB    | NA                           | NA                           |
| 99212                |              |              | E/M OFFICE/OP - ESTABLISHED PA    | \$35.34                      | \$30.04                      |
| 99212                | FP           | SB           | E/M FOLLOW UP VS BY CNM IN FP     | NA                           | \$111.15                     |
| 99212                | SA           |              | E/M OFFICE/OP - ESTABLISHED PA    | NA                           | \$27.00                      |
| 99212                | SB           |              | E/M ESTABLISHED PT. VS BY CNM     | NA                           | \$33.30                      |
| 99212                | SB           | 52           | E/M FOLLOW UP VS BY CNM IN FP     | NA                           | \$19.40                      |
| 99212                | UC           |              | E/M OFFICE/OP - ESTABLISHED PA    | \$35.34                      | \$35.34                      |
| 99212                | U9           |              | E/M OFFICE/OP ESTABLISHED PATI    | NA                           | NA                           |
| 99213                |              |              | E/M OFFICE/OP ESTAB PATIENT       | \$48.07                      | \$40.86                      |
| 99213                | FP           |              | E/M F/U VIVIT IN FAMILY PLANNI    | \$176.33                     | \$176.33                     |
| 99213                | FP           | SB           | E/M F/U VISIT-FP CLINIC BY CNM    | NA                           | \$176.33                     |
| 99213                | FP           | 22           | FOLLOW-UP TEEN-DIRECTED FP SER    | NA                           | \$209.91                     |
| 99213                | FP           | 52           | E/M F/U VISIT IN FAMILY PLANNI    | \$176.33                     | \$176.33                     |
| 99213                | SA           |              | E/M OFFICE/OP ESTAB PATIENT       | NA                           | \$36.73                      |
| 99213                | SA           | UD           | E/M OFFICE/OP ESTAB PATIENT CN    | NA                           | \$36.73                      |
| 99213                | SB           |              | E/M ESTABLISHES PT VISIT BY CN    | NA                           | \$45.48                      |
| 99213                | SB           | 52           | E/M F/U VISIT-FP CLINIC BY CNM    | NA                           | \$27.84                      |
| 99213                | UC           |              | E/M OFFICE/OP ESTAB PATIENT       | \$48.07                      | \$48.07                      |
| 99213                | UD           |              | E/M OFFICE/OP ESTAB PATIENT       | \$48.07                      | \$40.86                      |
| 99213                | U9           |              | E/M OFFICE/OP ESTAB PATIENT       | NA                           | NA                           |
| 99214                |              |              | E/M OFFICE/OP ESTABLISHED PATI    | \$75.26                      | \$63.97                      |
| 99214                | FP           |              | E/M FOLLOW UP VISIT - FAMILY P    | \$248.96                     | \$248.96                     |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 99214                | FP           | SB           | E/M FP VISIT BY CNM - FP CLINI    | NA                           | \$248.96                     |
| 99214                | FP           | 52           | E/M FOLLOW UP VISIT - FAMILY P    | \$248.96                     | \$248.96                     |
| 99214                | SA           |              | E/M OFFICE/OP ESTABLISHED PATI    | NA                           | \$57.49                      |
| 99214                | SB           |              | E/M FOLLOW UP VISIT EST PT BY     | NA                           | \$71.20                      |
| 99214                | SB           | 52           | E/M FP VISIT BY CNM - FP CLINI    | NA                           | \$45.84                      |
| 99214                | UC           |              | E/M OFFICE/OP ESTABLISHED PATI    | \$75.26                      | \$75.26                      |
| 99214                | U9           |              | E/M OFFICE/OP ESTABLISHED PATI    | NA                           | NA                           |
| 99215                |              |              | E/M OFFICE/OP ESTAB PT VISIT      | \$108.99                     | \$92.65                      |
| 99215                | FP           |              | E/M FP VISIT-ESTAB PT IN FP CL    | \$348.19                     | \$348.19                     |
| 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         | \$348.19                     | \$348.19                     |
| 99215                | SA           |              | E/M OFFICE/OP ESTAB PT VISIT B    | NA                           | \$83.27                      |
| 99215                | SB           |              | E/M VISIT-ESTABLISHED PT-BY CN    | NA                           | \$103.11                     |
| 99215                | SB           | 52           | E/M FP VISIT BY CNM IN FP CLIN    | NA                           | \$68.18                      |
| 99215                | UC           |              | E/M OFFICE/OP ESTAB PT VISIT      | \$108.99                     | \$108.99                     |
| 99215                | U9           |              | E/M OFFICE/OP ESTAB PT VISIT      | NA                           | NA                           |
| 99221                |              |              | E/M INITIAL HOSPITAL CARE         | \$57.81                      | \$49.14                      |
| 99221                | SA           |              | E/M INITIAL HOSPITAL CARE         | NA                           | \$46.68                      |
| 99221                | SB           |              | E/M INITIAL HOSPITAL CARE BY C    | NA                           | \$57.81                      |
| 99222                |              |              | E/M INITIAL HOSPITAL CARE         | \$95.73                      | \$81.37                      |
| 99223                |              |              | E/M INITIAL HOSPITAL CARE         | \$133.33                     | \$113.33                     |
| 99231                |              |              | E/M SUBSEQUENT HOSPITAL CARE      | \$28.93                      | \$24.59                      |
| 99231                | SA           |              | E/M SUBSEQUENT HOSPITAL CARE      | NA                           | \$23.36                      |
| 99231                | SB           |              | E/M SUBSEQUENT HOSPITAL CARE B    | NA                           | \$28.93                      |
| 99232                |              |              | E/M SUBSEQUENT HOSPITAL CARE      | \$47.25                      | \$40.16                      |
| 99232                | SA           |              | E/M SUBSEQUENT HOSPITAL CARE      | NA                           | \$38.15                      |
| 99232                | SB           |              | E/M SUBSEQUENT HOSPITAL CARE C    | NA                           | \$47.25                      |
| 99233                |              |              | E/M SUBSEQUENT HOSPITAL CARE      | \$67.16                      | \$57.09                      |
| 99234                |              |              | IP HOSP CARE/SAME DAY ADMIT/DI    | \$114.98                     | \$97.74                      |
| 99235                |              |              | IP HOSP CARE/SAME DAY ADMIT/DI    | \$151.57                     | \$128.83                     |
| 99236                |              |              | IP HOSP CARE/SAME DAY ADMIT/DI    | \$189.17                     | \$160.79                     |
| 99238                |              |              | HOSPITAL DISCHARGE DAY MANAGEM    | \$60.27                      | \$51.23                      |
| 99238                | SA           |              | HOSP DISCH DAY MNGMNT BY CNP/C    | NA                           | \$48.67                      |
| 99238                | SB           |              | HOSPITAL DISCHARGE DAY MNGMNT     | NA                           | \$60.27                      |
| 99239                |              |              | HOSP DISCH DAY MNGMNT >30 MINU    | \$82.17                      | \$69.84                      |
| 99242                |              |              | E/M OFFICE/OP CONSULT NEW/EST     | \$79.02                      | \$67.17                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 99243                |              |              | E/M OFFICE/OP CONSULT NEW/EST     | \$105.38                     | \$89.58                      |
| 99244                |              |              | E/M OFFICE/OP CONSULT NEW/EST     | \$148.39                     | \$126.13                     |
| 99244                | SM           |              | CONSULTATION FOR SECOND OPINIO    | \$148.39                     | \$126.13                     |
| 99244                | SN           |              | CONSULTATION FOR THIRD OPINION    | \$148.39                     | \$126.13                     |
| 99245                |              |              | E/M OFFICE/OP CONSULT NEW/EST     | \$191.69                     | \$162.93                     |
| 99253                |              |              | E/M INITIAL IP/NF CONSULT NEW/    | \$83.86                      | \$71.28                      |
| 99254                |              |              | E/M INITIAL IP/NF CONSULT NEW/    | \$120.56                     | \$102.48                     |
| 99255                |              |              | E/M INITIAL IP/NF CONSULT NEW/    | \$166.22                     | \$141.28                     |
| 99283                |              |              | E.M EMERG DEPT. VISIT NEW/EST     | \$52.38                      | \$44.53                      |
| 99283                | SA           |              | E.M EMERG DEPT. VISIT NEW/EST     | NA                           | \$42.30                      |
| 99284                |              |              | E.M EMERG.DEPT. VISIT NEW/EST     | \$81.74                      | \$69.48                      |
| 99284                | SA           |              | E.M EMERG.DEPT. VISIT NEW/EST     | NA                           | \$66.00                      |
| 99285                |              |              | E/M EMERG.DEPT. VISIT NEW/EST     | \$127.98                     | \$108.78                     |
| 99291                |              |              | CRITICAL CARE.....FIRST HOUR      | \$219.90                     | \$186.91                     |
| 99292                |              |              | CRITICAL CARE..EACH ADDITIONAL    | \$97.02                      | \$82.47                      |
| 99304                |              |              | INITIAL NURSING FACILITY CARE,    | \$56.05                      | \$47.64                      |
| 99304                | SA           |              | INITIAL NURSING FACILITY CARE,    | NA                           | \$45.26                      |
| 99305                |              |              | INITIAL NURSING FACILITY CARE,    | \$74.35                      | \$63.20                      |
| 99305                | SA           |              | INITIAL NURSING FACILITY CARE     | NA                           | \$60.04                      |
| 99306                |              |              | INITIAL NURSING FACILITY CARE,    | \$87.70                      | \$74.54                      |
| 99306                | SA           |              | INITIAL NURSING FACILITY CARE,    | NA                           | \$70.82                      |
| 99307                |              |              | SUBSEQUENT NURSING FACILITY CA    | \$29.02                      | \$24.66                      |
| 99307                | SA           |              | SUBSEQUENT NURSING FAC CARE PE    | NA                           | \$23.43                      |
| 99308                |              |              | SUBSEQUENT NURSING FACILITY CA    | \$48.07                      | \$40.86                      |
| 99308                | SA           |              | SUBSEQUENT NURSING FAC CARE,PE    | NA                           | \$38.82                      |
| 99309                |              |              | SUBSEQUENT NURSING FACILITY CA    | \$67.70                      | \$57.55                      |
| 99309                | SA           |              | SUBSEQUENT NURSING FAC CARE,PE    | NA                           | \$54.67                      |
| 99310                |              |              | SUBSEQUENT NURSING FACILITY CA    | \$84.79                      | \$72.07                      |
| 99310                | SA           |              | SUBSEQUENT NURSING FAC CARE,PE    | NA                           | \$68.47                      |
| 99315                |              |              | NF DISCHARGE DAY MNGMT 30 MIN     | \$52.47                      | \$44.60                      |
| 99315                | SA           |              | NF DISCHARGE DAY MNGMT 30 MIN     | NA                           | \$42.37                      |
| 99316                |              |              | NF DISCHARGE DAY MNGMT > 30 MI    | \$69.22                      | \$58.83                      |
| 99316                | SA           |              | NF DISCHARGE DAY MNGMT > 30 MI    | NA                           | \$55.89                      |
| 99341                |              |              | E/M HOME VISIT NEW PATIENT        | \$49.70                      | \$42.24                      |
| 99341                | SA           |              | E/M HOME VISIT NEW PATIENT        | NA                           | \$40.13                      |
| 99341                | SB           |              | E/M HOME VISIT NEW PATIENT        | NA                           | \$49.70                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 99342                |              |              | E/M HOME VISIT - NEW PATIENT      | \$73.20                      | \$62.22                      |
| 99342                | SA           |              | E/M HOME VISIT - NEW PATIENT      | NA                           | \$59.11                      |
| 99342                | SB           |              | E/M HOME VISIT - NEW PATIENT      | NA                           | \$73.20                      |
| 99344                |              |              | E/M HOME VISIT NEW PATIENT 60     | \$139.68                     | \$118.73                     |
| 99344                | SA           |              | E/M HOME VISIT NEW PATIENT 60     | NA                           | \$112.79                     |
| 99345                |              |              | E/M HOME VISIT NEW PATIENT 75     | \$172.76                     | \$146.85                     |
| 99345                | SA           |              | E/M HOME VISIT NEW PATIENT 75     | NA                           | \$139.50                     |
| 99347                |              |              | E/M HOME VISIT ESTABLISHED PT     | \$38.78                      | \$35.00                      |
| 99348                |              |              | E/M HOME VISIT ESTABLISHED PT     | \$61.29                      | \$52.09                      |
| 99348                | SA           |              | E/M HOME VISIT ESTABLISHED PT     | NA                           | \$49.49                      |
| 99349                |              |              | E/M HOME VISIT ESTABLISHED PT     | \$94.69                      | \$80.48                      |
| 99349                | SA           |              | E/M HOME VISIT ESTABLISHED PT     | NA                           | \$76.46                      |
| 99350                |              |              | E/M HOME VISIT ESTABLISHED PT     | \$139.68                     | \$118.73                     |
| 99350                | SA           |              | E/M HOME VISIT ESTABLISHED PT     | NA                           | \$112.79                     |
| 99381                |              |              | E/M INITIAL PREV.MED.NEW PT.UN    | \$80.06                      | \$68.05                      |
| 99381                | EP           |              | EPSDT VISIT 0-2 YEARS NEW PATI    | \$80.06                      | \$68.05                      |
| 99381                | EP           | HU           | CHEC VISIT UNDER 1 YEAR OF AGE    | NA                           | \$335.00                     |
| 99381                | EP           | SA           | EARLY PERIODIC SCREENING EXAMI    | NA                           | \$64.65                      |
| 99381                | EP           | 22           | EARLY PERIODIC SCREENING EXAMI    | \$80.06                      | \$68.05                      |
| 99381                | HU           | SA           | CHEC VISIT UNDER 1 YR OF AGE      | NA                           | \$318.25                     |
| 99381                | HU           | 22           | CHEC VISIT < 1 YEAR COMBO MED/    | NA                           | \$670.00                     |
| 99381                | SA           |              | E/M INITIAL EVAL PREV MED UNDE    | NA                           | \$64.65                      |
| 99381                | SA           | 22           | HEALTHSTART PED PREVENTION        | NA                           | \$64.65                      |
| 99381                | 22           |              | HEALTHSTART PED PREVENT EXAM      | \$80.06                      | \$68.05                      |
| 99382                |              |              | E/M INITIAL EVAL PREV MED. 1 T    | \$86.53                      | \$73.55                      |
| 99382                | EP           |              | EPSDT VISIT 2 TO 4 YEARS          | \$86.53                      | \$73.55                      |
| 99382                | EP           | HU           | CHEC VISIT FOR AGES 1 TO 4 YRS    | NA                           | \$335.00                     |
| 99382                | EP           | SA           | EPSDT EXAM NEW PATIENT            | NA                           | \$69.87                      |
| 99382                | EP           | 22           | EPSDT EXAM 12-24 MONTHS           | \$86.53                      | \$73.55                      |
| 99382                | HU           | SA           | CHEC VISIT AGES 1 TO 4            | NA                           | \$318.25                     |
| 99382                | HU           | 22           | CHECK VISIT 1-4 YEAR COMBO MED    | NA                           | \$670.00                     |
| 99382                | SA           |              | E/M INITIAL EVAL PREV MED 1 TO    | NA                           | \$69.87                      |
| 99382                | SA           | 22           | HEALTHSTART PED PREV NEW PT       | NA                           | \$69.87                      |
| 99382                | SA           | 52           | EPSDT VISIT 2 TO 4 YEARS          | NA                           | \$69.87                      |
| 99382                | U9           |              | E/M INITIAL EVAL PREV MED 1 -     | NA                           | NA                           |
| 99382                | 22           |              | HEALTHSTART PED PREV NEW PT       | \$86.53                      | \$73.55                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 99383                |              |              | E/M INITIAL PREV MED 5-11 YRS     | \$85.17                      | \$72.39                      |
| 99383                | EP           |              | EPSDT VISIT 5 TO 11 YEARS         | \$85.17                      | \$72.39                      |
| 99383                | EP           | HU           | CHEC VISIT FOR AGES 5 TO 11       | NA                           | \$335.00                     |
| 99383                | HU           | SA           | CHEC VISIT AFES 5-11              | NA                           | \$318.25                     |
| 99383                | HU           | 22           | CHEC VISIT 5-11 YEAR COMBO MED    | NA                           | \$670.00                     |
| 99383                | SA           |              | E/M INITIAL PREV MED 5-11 YRS     | NA                           | \$68.77                      |
| 99383                | SA           | 52           | EPSDT VISIT NEW PT 5-11 YEARS     | NA                           | \$68.77                      |
| 99383                | U9           |              | E/M INITIAL PREV MED 5 - 11 YE    | NA                           | NA                           |
| 99384                |              |              | E/M INITIAL PREV.MEDICINE AGE1    | \$92.67                      | \$78.77                      |
| 99384                | EP           |              | EPSDT VISIT AGE 12-17             | \$92.67                      | \$78.77                      |
| 99384                | EP           | HU           | CHEC VISIT FOR AGES 12 TO 17      | NA                           | \$335.00                     |
| 99384                | HU           | SA           | CHEC VISIT AGES 12-17             | NA                           | \$318.25                     |
| 99384                | HU           | 22           | CHEC VISIT 12-17 YEAR COMBO ME    | NA                           | \$670.00                     |
| 99384                | SA           |              | E/M INITIAL PREV MEDICINE AGE     | NA                           | \$74.83                      |
| 99384                | SA           | 52           | EPSDT VISIT NEW PT 12 TO 17 YE    | NA                           | \$74.83                      |
| 99384                | SB           |              | E/M INITIAL PREV MEDICINE AGE     | NA                           | \$92.67                      |
| 99384                | U9           |              | E/M INITIAL PREV MEDICINE AGE     | NA                           | NA                           |
| 99385                |              |              | E/M INITIAL PREV.MED AGES 18-3    | \$92.67                      | \$78.77                      |
| 99385                | EP           |              | EPSDT VISIT 18 TO 20 YEARS        | \$92.67                      | \$78.77                      |
| 99385                | SA           |              | E/M INITIAL PREV MED AGES 18 T    | NA                           | \$74.83                      |
| 99385                | SA           | 52           | EPSDT VISIT NEW PT 18 TO 20 YE    | NA                           | \$74.83                      |
| 99385                | SB           |              | E/M INITIAL PREV MED AGES 18-3    | NA                           | \$92.67                      |
| 99391                |              |              | E/M EST.PT. PREV.MED.-AGE UNDE    | \$64.05                      | \$54.44                      |
| 99391                | EP           |              | EPSDT VISIT UNDER 1 YEAR OF A     | \$64.05                      | \$54.44                      |
| 99391                | EP           | SA           | EARLY PERIODIC SCREENING EXAMI    | NA                           | \$51.72                      |
| 99391                | EP           | 22           | EARLY PERIODIC SCREENING EXAMI    | \$64.05                      | \$54.44                      |
| 99391                | SA           |              | E/M EST PT PREV MED UNDER 1 YE    | NA                           | \$51.72                      |
| 99391                | SA           | 22           | HEALTHSTART PED PREVENTION        | NA                           | \$51.72                      |
| 99391                | 22           |              | HEALTHSTART PED PREVENT EXAM      | \$64.05                      | \$54.44                      |
| 99392                |              |              | E/M EST.PT. PREV.MED.-AGES 1 -    | \$71.54                      | \$60.81                      |
| 99392                | EP           |              | EPSDT VISIT 2 TO 4 YEARS          | \$71.54                      | \$60.81                      |
| 99392                | EP           | SA           | EPSDT EXAM ESTAB PATIENT          | NA                           | \$57.77                      |
| 99392                | EP           | 22           | EPSDT EXAM 12-24 MONTHS           | \$71.54                      | \$60.81                      |
| 99392                | SA           |              | E/M EST PT PREV MED AGES 1-4 Y    | NA                           | \$57.77                      |
| 99392                | SA           | 22           | HEALTHSTART PED PREV ESTAB PT     | NA                           | \$57.77                      |
| 99392                | SA           | 52           | EPSDT VISIT ESTAB PT 2 TO 4 YE    | NA                           | \$57.77                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE  
**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD 1</b> | <b>MOD 2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE ALLOWANCE</b> | <b>MAXIMUM FEE ALLOWANCE</b> |
|----------------------|--------------|--------------|-----------------------------------|------------------------------|------------------------------|
| <b>PRACTITIONER</b>  |              |              |                                   | <b>SPECIALIST</b>            | <b>NONSPECIALIST</b>         |
| 99392                | U9           |              | E/M EST PT PREV MED AGES 1-4 Y    | NA                           | NA                           |
| 99392                | 22           |              | HEALTHSTART PED PREV ESTAB PT     | \$71.54                      | \$60.81                      |
| 99393                |              |              | E/M EST.PT. PREV.MED. AGES 5 T    | \$70.86                      | \$60.23                      |
| 99393                | EP           |              | EPSDT VISIT 5 TO 11 YEARS         | \$70.86                      | \$60.23                      |
| 99393                | SA           |              | E/M EST PT PREV MED AGES 5 TO     | NA                           | \$57.22                      |
| 99393                | SA           | 52           | EPSDT VISIT ESTAB PT AGE 5 - 1    | NA                           | \$57.22                      |
| 99393                | U9           |              | E/M EST PT PREV MED AGES 5 TO     | NA                           | NA                           |
| 99394                |              |              | E/M EST.PT. PREV.MED. AGES 12-    | \$77.68                      | \$66.03                      |
| 99394                | EP           |              | EPSDT VISIT AGE 12-17 YRS         | \$77.68                      | \$66.03                      |
| 99394                | SA           |              | E/M EST PT PREV MED AGES 12-17    | NA                           | \$62.73                      |
| 99394                | SA           | 52           | EPSDT VISIT ESTAB PT 12 - 17 Y    | NA                           | \$62.73                      |
| 99394                | SB           |              | E/M EST.PT.PREV.MED. BY CNM       | NA                           | \$77.68                      |
| 99394                | U9           |              | E/M EST PT PREV MED AGES 12-17    | NA                           | NA                           |
| 99395                |              |              | E/M EST.PT. PREV.MED. AGES 18-    | \$78.36                      | \$66.61                      |
| 99395                | EP           |              | EPSDT VISIT 18TO 20 YEARS         | \$78.36                      | \$66.61                      |
| 99395                | SA           |              | E/M EST PT PREV MED AGES 18-39    | NA                           | \$63.28                      |
| 99395                | SA           | 52           | EPSDT VISIT ESTAB PT 18-20 YEA    | NA                           | \$63.28                      |
| 99395                | SB           |              | E/M EST.PT. PREV.MED. BY CNM      | NA                           | \$78.36                      |
| 99401                | EP           |              | PREVENTIVE MEDICINE COUNSELING    | NA                           | \$23.50                      |
| 99406                |              |              | SMOKING/TOBACCO USE CESS COUNS    | \$10.42                      | \$8.85                       |
| 99406                | 26           |              | SMOKING/TOBACCO USE CESS COUNS    | \$9.73                       | \$8.27                       |
| 99407                |              |              | SMOKING/TOBACCO USE CESS COUNS    | \$20.45                      | \$17.38                      |
| 99407                | 26           |              | SMOKING/TOBACCO USE CESS COUNS    | \$19.42                      | \$16.51                      |
| 99408                |              |              | ALCOHOL &/OR SUBSTANCE ABUSE S    | \$24.34                      | \$20.69                      |
| 99409                |              |              | ALCOHOL &/OR SUBSTANCE ABUSE S    | \$47.74                      | \$40.58                      |
| 99460                |              |              | INITIAL HOSP/BIRTHING CENTER C    | \$50.04                      | \$42.53                      |
| 99460                | SA           |              | INITIAL HOSP/BIRTHING CENTER C    | \$40.41                      | \$34.35                      |
| 99460                | SB           |              | INITIAL EDUCATION AND MANAGEME    | NA                           | \$39.70                      |
| 99461                |              |              | INITIAL CARE PER DAY/E&M NORMA    | \$73.46                      | \$62.44                      |
| 99461                | SB           |              | INITIAL EVALUATION AND MANAGEM    | NA                           | \$32.30                      |
| 99462                |              |              | SUBSEQUENT HOSP CARE/DAY NORMA    | \$26.98                      | \$22.94                      |
| 99462                | SA           |              | SUBSEQUENT HOSP CARE/DAY NORMA    | NA                           | \$21.79                      |
| 99462                | SB           |              | FOLLOW-UP HOSPITAL CARE OF NEW    | NA                           | \$23.50                      |
| 99463                |              |              | INITIAL HOSP/BIRTHING CENTER C    | \$69.22                      | \$58.83                      |
| 99463                | SA           |              | INITIAL HOSP/BIRTHING CENTER C    | NA                           | \$55.89                      |
| 99463                | SB           |              | INITIAL HOSPITAL OR BIRTHING C    | NA                           | \$39.70                      |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

**CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2023**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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

**MOD =** MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NA =** NOT APPLICABLE

| <b>CPT/HCPCS/CDT</b> | <b>MOD<br/>1</b> | <b>MOD<br/>2</b> | <b>PROCEDURE CODE DESCRIPTION</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> | <b>MAXIMUM FEE<br/>ALLOWANCE</b> |
|----------------------|------------------|------------------|-----------------------------------|----------------------------------|----------------------------------|
| <b>PRACTITIONER</b>  |                  |                  |                                   | <b>SPECIALIST</b>                | <b>NONSPECIALIST</b>             |
| 99464                |                  |                  | ATTENDANCE AT DELIVERY/INIT ST    | \$65.14                          | \$55.37                          |
| 99464                | SA               |                  | ATTENDANCE AT DELIV/STAB NEWBO    | NA                               | \$52.60                          |
| 99465                |                  |                  | DELIVERY/BIRTHING ROOM RESUSCI    | \$127.74                         | \$108.58                         |
| 99465                | SA               |                  | DELIVERY/BIRTHING RM RESUSCITA    | NA                               | \$103.15                         |
| 99466                |                  |                  | CRITICAL CARE INTERFAC TRANSP     | \$207.74                         | \$176.58                         |
| 99467                |                  |                  | CRITICAL CARE INTERFAC TRANSP     | \$106.91                         | \$90.88                          |
| 99468                |                  |                  | INITIAL INPT NEONATAL CRIT CAR    | \$800.82                         | \$680.69                         |
| 99469                |                  |                  | SUBSEQ INPATIENT NEONATAL CRIT    | \$348.61                         | \$296.32                         |
| 99471                |                  |                  | INITIAL PEDIATRIC CRITICAL CAR    | \$699.84                         | \$594.86                         |
| 99472                |                  |                  | SUBSEQ PED CRITICAL CARE PER D    | \$347.70                         | \$295.54                         |
| 99475                |                  |                  | INITIAL INPATIENT HOSPITAL CRI    | \$296.67                         | \$252.17                         |
| 99476                |                  |                  | FOLLOW-UP INPATIENT HOSPITAL C    | \$183.91                         | \$156.32                         |
| 99477                |                  |                  | INITIAL HOSPITAL CARE,E&M NEON    | \$273.50                         | \$232.48                         |
| 99478                |                  |                  | SUBSEQUENT INTENSIVE CARE PER     | \$123.53                         | \$105.00                         |
| 99479                |                  |                  | SUBSEQ INTENS CARE LBW INFANT/    | \$112.95                         | \$96.01                          |
| 99480                |                  |                  | SUBSEQUENT INTENSIVE CARE PER     | \$108.82                         | \$92.49                          |
| 99481                |                  |                  | REDUCE TEMPERATURE OF TOTAL BO    | NA                               | NA                               |
| 99482                |                  |                  | REDUCE TEMPERATURE OF HEAD IN     | NA                               | NA                               |

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.