

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
G0104	COLORECTAL CA SCREEN	\$37.82
G0127	TRIMMING DYSTROPHIC NAILS	\$6.31
G0392	AV FISTULA OR GRAFT ARTERIAL	\$995.50
G0393	AV FISTULA OR GRAFT VENOUS	\$995.50
10021	FINE NEEDLE ASPIR WO IMAG GUID	\$36.70
10022	FINE NEEDLE ASPIR W/IMAG GUID	\$46.37
10030	GUIDE CATHET FLUID DRAINAGE	\$263.37
10040	ACNE SURGERY	\$20.25
10060	DRAINAGE OF SKIN ABSCESS	\$32.95
10061	DRAIN SKIN ABSCESS COMPLICATED	\$55.50
10080	I & D OF SIMPLE PILONIDAL CYST	\$63.83
10081	I & D COMPLICATED PILONIDAL CY	\$85.04
10120	SIMPLE REMOVAL FOREIGN BODY	\$52.81
10140	DRAINAGE HEMATOMA SIMPLE	\$51.02
10160	PUNCTURE DRAINAGE OF LESION	\$41.00
11000	DEBRIDEMENT INFECT SKIN	\$16.11
11001	DEBRIDE INFECT SKIN EA ADD 10%	\$3.57
11045	DEB SUBQ TISSUE ADD-ON	\$55.67
11046	DEB MUSC/FASCIA ADD-ON	\$55.67
11047	DEB BONE ADD-ON	\$167.29
11055	TRIM SINGLE BENIGN LESION	\$13.01
11056	TRIM 2-4 BENIGN LESIONS	\$20.03
11057	TRIM OVER 4 BENIGN LESIONS	\$20.95
11100	BIOPSY OF SINGLE SKIN LESION	\$35.99
11101	BX SKIN: EACH ADD LESION	\$6.17
11200	EXCISION UP TO 15 SKIN TAGS	\$20.79

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
11201	EXCISION,SKIN TAGS,ADDITIONAL	\$2.71
11300	SHAVING, LESION TO 0.5 CM OR L	\$37.01
11301	SHAVING EPID, LESION 0.6 TO IC	\$40.04
11302	SHAVING, LESION 1.1 TO 2C	\$40.04
11303	SHAVING, LESION 2.1 TO 3C	\$40.04
11305	SHAVING, LESION TO 0.5 CM	\$22.38
11306	SHAVING, LESION 0.6 TO 1 CM	\$40.04
11307	SHAVING, LESION 1.1 TO 2 CM	\$48.70
11308	SHAVING, LESION 2.1 TO 3CM	\$40.04
11310	SHAVING, LESION TO 0.5CM OR LE	\$41.18
11311	SHAVING, LESION 0.6 TO 1CM	\$34.02
11312	SHAVING, LESION 1.1 TO 2CM	\$54.78
11313	SHAVING, LESION 2.1 TO 3CM	\$59.80
11400	EXCISE BENIGN LESION TO 0.5 CM	\$44.22
11401	EXCISE BENIGN LESION 0.6 TO 1C	\$49.05
11402	EXCISE BENIGN LESION 1.1 TO 2C	\$53.89
11403	EXCISE BENIGN LESION 2.1 TO 3C	\$58.54
11420	EXCISE BENIGN LESION TO 0.5 CM	\$41.36
11421	EXCISE BENIGN LESION 0.6 TO 1	\$49.41
11422	EXCISE BENIGN LESION 1.1 TO 2	\$54.43
11423	EXCISE BENIGN LESION 2.1 TO 3C	\$59.62
11440	EXCISE BENIGN LESION TO 0.5 CM	\$47.26
11441	EXCISE BENIGN LESION 0.6 TO 1C	\$53.89
11443	EXCISE BENIGN LESION 2.1 TO 3C	\$65.35
11600	EXCISE MALIGNANT LESION TO 0.5	\$63.91
11601	EXCISE MALIGNANCY 0.6 TO 1CM	\$73.22

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
11602	EXCISE MALIGNANCY 1.1 TO 2CM	\$78.95
11603	EXCISE MALIGNANCY 2.1 TO 3CM	\$85.40
11620	EXCISE MALIGNANT LESION T .5 C	\$64.63
11621	EXCISE MALIGNANCY 0.6 TO 1CM	\$73.58
11622	EXCISE MALIGNANCY 1.1 TO 2CM	\$80.38
11623	EXCISE MALIGNANCY 2.1 TO 3CM	\$88.44
11640	EXCISE MALIGNANT LESION TO .5	\$67.31
11641	EXCISE MALIGNANCY 0.6 TO 1CM	\$76.09
11642	EXCISE MALIGNANCY 1.1 TO 2CM	\$83.96
11643	EXCISE MALIGNANCY 2.1 TO 3CM	\$92.02
11719	TRIM NONDYSTROPHIC NAILS	\$2.01
11720	DEBRIDE NAILS 1-5	\$7.65
11721	DEBRIDE NAILS 6 OR MORE	\$9.26
11730	SIMPLE REMOVAL OF NAIL PLATE	\$28.96
11732	EACH ADDITIONAL NAIL PLATE	\$7.15
11740	EVACUATE HEMATOMA UNDER NAIL	\$13.41
11750	EXCISION NAIL & NAIL MATRIX	\$61.05
11755	BIOPSY OF NAIL UNITS ANY METHD	\$42.61
11760	SIMPLE RECONSTRUCTION NAIL BED	\$119.85
11762	RECONSTRUCT NAIL BED W GRAFT	\$85.57
11765	WEDGE EXCISION OF SKIN OF NAIL	\$40.04
11900	INTRALESIONAL INJECTION: UP TO	\$13.41
11901	INTRALESIONAL INJECTION: OVER	\$14.49
11976	REMOVE WO REINSERT,IMPL.CON.CA	\$36.70
11981	INSERT NON-BIO DRUG DELIV IMPL	\$13.11
11982	REMOVAL NON-BIO DRUG DELIV IMP	\$13.11

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
11983	REM W/INS NON-BIO DRUG DEL IMP	\$13.11
12001	SIMPLE WOUND REPAIR TO 2.5 CM	\$20.65
12002	SIMPLE WOUND REPAIR 2.6 TO 7.5	\$23.46
12004	SIMPLE WOUND REPAIR 7.6 TO 12.	\$23.46
12011	SIMPLE WOUND REPAIR TO 2.5 CM	\$23.46
12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	\$23.46
12014	SIMPLE WOUND REPAIR 5.1 TO 7.5	\$23.46
12015	SIMPLE WOUND REPAIR 7.6 TO 12.	\$32.95
12031	LAYER CLOSURE WOUND TO 2.5 CM	\$63.07
12032	LAYER CLOSURE 2.6 TO 7.5CM	\$63.07
12041	LAYER CLOSURE WOUND TO 2.5 CM	\$32.95
12042	LAYER CLOSURE 2.6 TO 7.5CM	\$63.07
12051	LAYER CLOSURE WOUND TO 2.5 CM	\$63.07
12052	LAYER CLOSURE 2.6 TO 5CM	\$63.07
12053	LAYER CLOSURE 5.1 TO 7.5CM	\$63.07
13102	REP COMP TRUNK EACH ADD 5 CM	\$65.27
13122	REP COMP SCALP/ARM/LEG	\$24.05
13133	REP COMP FOREHEAD/CHEEK/CHIN	\$65.27
13153	REP COMP EYELID/NOSE/EAR/LIP	\$65.27
14301	ADJACENT TISSUE TRANSFER OR RE	\$597.63
14302	ADJACENT TISSUE TRANSFER OR RE	\$432.58
15002	WND PREP, CH/INF, TRK/ARM/LG	\$394.56
15003	WND PREP, CH/INF ADDL 100 CM	\$99.40
15004	WND PREP CH/INF, F/N/HF/G	\$119.85
15005	WND PREP, F/N/HF/G, ADDL CM	\$99.40
15271	SKIN SUB GRAFT TRNK/ARM/LEG	\$394.56

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
15272	SKIN SUB GRAFT T/A/L ADD-ON	\$24.05
15273	SKIN SUB GRFT T/ARM/LG CHILD	\$597.63
15274	SKN SUB GRFT T/A/L CHILD ADD	\$65.27
15275	SKIN SUB GRAFT FACE/NK/HF/G	\$394.56
15276	SKIN SUB GRAFT F/N/HF/G ADDL	\$24.05
15277	SKN SUB GRFT F/N/HF/G CHILD	\$597.63
15278	SKN SUB GRFT F/N/HF/G CH ADD	\$65.27
15777	ACELLULAR DERM MATRIX IMPLT	\$338.35
15780	SKIN ABRASION TOTAL FACE	\$250.27
15781	ABRASION OF SKIN FOR REMOVAL O	\$134.39
15782	ABRASION OF SKIN FOR REMOVAL O	\$236.13
15783	DERMABRASION SUPERFICIAL ANY S	\$119.85
15786	ABRASION SINGLE LESION	\$22.38
15787	ABRASION EA ADD 4 LESION OR LE	\$13.20
15788	CHEMICAL PEEL, FACIAL: EPIDERM	\$22.38
15789	CHEMICAL PEEL,DERMAL, FACIAL	\$63.07
15792	CHEMICAL PEEL, NONFACIAL,EPIDM	\$41.72
15793	CHEMICAL PEEL, NONFACIAL: DERM	\$22.38
15819	CERVICOPLASTY	\$394.56
15850	REMOVE SUTURES UNDER ANESTHESI	\$394.56
15852	DRESSING CHANGE..UNDER ANESTHE	\$13.11
16000	INIT TREAT 1ST DEGREE BURN	\$12.88
16020	DRESS/DEBRID BURN SMALL NO ANE	\$27.18
17000	DESTROY BENIGN/PREMALIG LESION	\$21.28
17003	DESTROY BENIGN/PREMALIG LESION	\$1.60
17004	DESTROY BENIGN/PREMALIG LESION	\$48.16

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
17106	DESTR SKIN LESION LIOSQ CM	\$98.46
17107	DESTRUCTION SKIN LESION	\$119.85
17108	DESTRUCTION SKIN LESION	\$170.97
17110	DESTROY-ANY METHOD-UP TO 15 LE	\$22.38
17111	DESTROY FLAT WARTS 15 OR MORE	\$40.04
17250	CHEMICAL CAUTERY OF WOUND	\$30.04
17260	DESTR,MALIG LESION..0.5CM OR L	\$28.43
17261	DESTRUCT,MALIG LESION..0.6-1.0	\$40.04
17262	DESTRUCT,MALIG LESION..1.1-2.0	\$40.04
17263	DESTRUCT,MALIG LESION 2.1-3.0	\$40.04
17264	DESTRUCT MALIG LESION 3.1-4.0	\$63.07
17266	DESTR MALIG LESION DIAM >4.0CM	\$69.10
17270	DESTR MALIG LESION,DIA 0.5OR L	\$48.34
17271	DESTR MALIG LESION 0.6-1.0 CM	\$51.20
17272	DESTR MALIG LESION 1.1-2.0 CM	\$40.04
17273	DESTR MALIG LESION 2.1-3.0 CM	\$62.48
17274	DESTR MALIG LESION 3.1-4.0 CM	\$70.72
17276	DESTR MALIG LESION OVER 4.0 CM	\$78.06
17280	DESTR MALIG LESION 0.5CM OR L	\$40.04
17281	DESTR MALIG LESION 0.6-1.0 CM	\$54.07
17282	DESTR MALIG LESION 1.1-2.0 CM	\$60.87
17283	DESTR,MALIG LESION 2.1-3.0 CM	\$63.07
17284	DESTR MALIG LESION 3.1-4.0 CM	\$63.07
17286	DESTR MALIG LESION OVER 4.0 CM	\$63.07
17311	MOHS, 1 STAGE, H/N/HF/G	\$119.85
17312	MOHS ADDL STAGE	\$97.45

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
17313	MOHS, 1 STAGE, T/A/L	\$119.85
17314	MOHS, ADDL STAGE, T/A/L	\$90.29
17315	MOHS SURG, ADDL BLOCK	\$16.65
17340	CRYOTHERAPY OF SKIN	\$8.18
17360	CHEMICAL EXFOLIATION FOR ACNE	\$35.40
17380	ELECTROLYSIS EPILATION EA 1/2	\$119.85
19000	PUNCTURE ASPIRATION BREAST CYS	\$40.46
19001	PUNCTURE ASP BREAST CYST EA AD	\$3.70
19081	BX BREAST 1ST LESION STRTCTC	\$263.37
19083	BX BREAST 1ST LESION US IMAG	\$263.37
19085	BX BREAST 1ST LESION MR IMAG	\$395.43
19105	CRYOSURG ABLATE FA, EACH	\$1,011.47
19297	PLACE BREAST CATH FOR RAD	\$1,259.19
19396	PREP MOULAGE FOR CUSTOM IMPLAN	\$611.74
20103	EXPLORE WOUND, EXTREMITY	\$263.37
20150	EXCIS EPIPYS BAR W/WO AUTO GRT	\$669.79
20500	INJECT SINUS TRACT: THERAPEUTI	\$27.93
20520	REMOVE FOREIGN BODY: SIMPLE	\$64.99
20526	THERAPEUTIC INJECTION CARPAL T	\$19.87
20527	INJ DUPUYTREN CORD W/ENZYME	\$22.20
20550	INJECT TENDON SHEATH/LIGAMENT	\$15.04
20551	INJECTION: TENDON ORIGIN/INSER	\$15.76
20552	TRIGGER POINT INJECTION	\$15.04
20553	INJ TRIGGER POINTS 3 OR < MUSC	\$17.55
20555	PLACEMENT OF NEEDLES OR CATHET	\$406.88
20600	ARTHROCENTESIS: SMALL JOINT/ B	\$11.28

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
20604	DRAIN/INJ JOINT/BURSA W/US	\$19.16
20605	ARTHROCENTESIS: MED. JOINT/ BU	\$12.00
20606	DRAIN/INJ JOINT/BURSA W/US	\$20.77
20610	ARTHROCENTESIS: MAJOR JOINT/ B	\$14.50
20611	DRAIN/INJ JOINT/BURSA W/US	\$24.17
20612	ASPIR/INJECT GANLION CYST(S)	\$16.83
20615	ASPIRATE/INJECTION-BONE CYST	\$77.88
20696	APPLICATION OF MULTIPLANE (PIN	\$3,943.33
20697	APPLICATION OF MULTIPLANE (PIN	\$306.56
20822	REPLANT DIGIT,EXCLUDE THUMB,CO	\$669.79
20950	MONITOR INTERSTITIAL FLUID	\$134.39
20982	ABLATION, BONE TUMOR(S)	\$669.79
20983	ABLATE BONE TUMOR(S) PERQ	\$1,151.43
21011	EXCIS TUMOR SUBCU:<2 CM	\$115.65
21012	EXCISION, TUMOR, SOFT TISSUE O	\$395.43
21013	EXCISION, TUMOR, SOFT TISSUE O	\$152.89
21014	EXCISION, TUMOR, SOFT TISSUE O	\$395.43
21016	RADICAL RESECTION OF TUMOR (EG	\$395.43
21030	EXCISE BENIGN TUMOR OF FACIAL	\$167.21
21031	EXCISION TORUS MANDIBULARIS	\$136.42
21032	EXCISE MAXILLARY TORUS PALATIN	\$138.92
21048	EXC BENIGN TUM/CYST MAXILLA	\$997.11
21073	MANIPULATION OF TEMPOROMANDIBU	\$129.08
21076	PREPARE FACE/ORAL PROSTHESIS	\$192.82
21079	I&P INTERIM OBTURATOR PROSTHES	\$415.15
21080	I&P DEFINITIVE OBTURATOR PROST	\$466.89

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
21081	I&P MANDIBULAR RESECTION PROST	\$436.10
21082	I&P PALATAL AUGMENTATION PROS	\$427.68
21083	I&P PALATAL LIFT PROSTHESIS	\$419.45
21084	I&P SPEECH AID PROSTHESIS	\$475.84
21085	I&P ORAL SURGICAL SPLINT	\$192.82
21086	I&P AURICULAR PROSTHESIS	\$453.46
21087	I&P NASAL PROSTHESIS	\$452.21
21088	FACIAL PROSTHESIS	\$997.11
21110	INTERDENTAL FIXATION	\$192.82
21137	REDUCTION FOREHEAD	\$452.08
21138	REDUCE FOREHEAD:PROS MAT/BO GF	\$997.11
21139	REDUCE FOREHEAD	\$997.11
21150	LEFORT11:ANTERIOR INTRUSION	\$997.11
21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	\$452.08
21199	OSTEOTOMY MAND SEGMENTAL	\$997.11
21260	ORBITAL REVISION: EXTRACRANIAL	\$997.11
21356	TREAT DEPRESSED ZYGOM FRACTURE	\$452.08
21552	BIOPSY, SOFT TISSUE OF NECK OR	\$395.43
21554	BIOPSY, SOFT TISSUE OF NECK OR	\$395.43
21557	RAD RESECT TUMOR,SFT TISS NECK	\$395.43
21558	RADICAL RESECTION OF TUMOR (EG	\$395.43
21685	HYOID MYOTOMY & SUSPENSION	\$452.08
21931	EXCISION, TUMOR, SOFT TISSUE O	\$395.43
21932	EXCISION, TUMOR, SOFT TISSUE O	\$395.43
21933	EXCISION, TUMOR, SOFT TISSUE O	\$395.43
21936	RADICAL RESECTION OF TUMOR (EG	\$395.43

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
22510	PERQ CERVICOTHORACIC INJECT	\$669.79
22511	PERQ LUMBOSACRAL INJECTION	\$669.79
22513	PERQ VERTEBRAL AUGMENTATION	\$1,766.35
22514	PERQ VERTEBRAL AUGMENTATION	\$1,766.35
22520	PERC VERTEBROPLASTY INJ THORAC	\$693.45
22521	PERC VERTEBROPLASTY INJ LUMBAR	\$693.45
22522	PERC VERTEBROPLASTY INJ EA ADD	\$654.61
22523	PERCUT KYPHOPLASTY, THOR	\$1,772.07
22524	PERCUT KYPHOPLASTY, LUMBAR	\$1,772.07
22525	PERCUT KYPHOPLASTY, ADD-ON	\$1,792.54
22526	IDET, SINGLE LEVEL	\$738.63
22527	IDET, 1 OR MORE LEVELS	\$738.63
22551	NECK SPINE FUSE&REMOVE ADDL	\$3,943.33
22554	ARTHRODESIS,W/BONE ALLOGRAFT	\$3,943.33
22612	ARTHRODESIS,LOC/BONE ALLO...:LU	\$1,766.35
22901	EXCISION, TUMOR, SOFT TISSUE O	\$395.43
22902	EXCISION, TUMOR, SOFT TISSUE O	\$395.43
22903	EXCISION, TUMOR, SOFT TISSUE O	\$395.43
22904	RADICAL RESECTION OF TUMOR (EG	\$395.43
22905	RADICAL RESECTION OF TUMOR (EG	\$395.43
23071	BIOPSY, SOFT TISSUE OF SHOULDE	\$395.43
23073	BIOPSY, SOFT TISSUE OF SHOULDE	\$395.43
23078	RADICAL RESECTION OF TUMOR (EG	\$395.43
23333	REMOVE SHOULDER FB DEEP	\$395.43
23334	SHOULDER PROSTHESIS REMOVAL	\$395.43
24071	BIOPSY, SOFT TISSUE OF UPPER A	\$395.43

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
24073	BIOPSY, SOFT TISSUE OF UPPER A	\$395.43
24079	RADICAL RESECTION OF TUMOR (EG	\$395.43
24149	RAD RESECTION ELBOW W/CONTRAC	\$669.79
24200	REMOVAL OF ARM FOREIGN BODY	\$68.03
24300	MANIPULATE ELBOW UNDER ANESTH	\$306.56
24332	TENOLYSIS, TRICEPS	\$406.88
24343	REP LAT COLLATERAL LIGAMENT	\$669.79
24344	RECONSTRUCT LAT COLL LIG ELBOW	\$1,243.11
24346	RECONSTRUCT MED COLLAT LIG ELBO	\$1,766.35
24357	TENOTOMY, ELBOW, LATERAL OR ME	\$406.88
24358	TENOTOMY, ELBOW, LATERAL OR ME	\$669.79
24359	TENOTOMY, ELBOW, LATERAL OR ME	\$669.79
24370	REVISE RECONST ELBOW JOINT	\$3,943.33
24371	REVISE RECONST ELBOW JOINT	\$3,943.33
24640	TREAT HEAD SUBLUXATION IN CHIL	\$43.33
24650	TRT CLSD HEAD/NECK FX W/O MANI	\$48.19
25001	INCIS FLEX TENDON SHEATH WRIST	\$406.88
25071	BIOPSY, SOFT TISSUE OF FOREARM	\$395.43
25073	BIOPSY, SOFT TISSUE OF FOREARM	\$395.43
25078	RADICAL RESECTION OF TUMOR (EG	\$395.43
25109	EXCISE TENDON FOREARM/WRIST	\$406.88
25259	WRIST MANIPULATION UNDER ANEST	\$306.56
25394	OSTEOPLASTY CARPAL BONE SHORT	\$669.79
25430	INSERT VASC PED TO CARPAL BONE	\$669.79
25431	REP NONUNION CARPAL BONE EACH	\$1,243.11
25500	TREAT FX-RADIUS W/O MANIPULATI	\$48.19

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
25530	TRT CLSD ULNAR FX W/O MANIPULA	\$48.19
25560	TRT CLSD RADULNAR SHAFT FX	\$48.19
25600	TRT CLSD DIST RAD FX W/O MANIP	\$66.40
25622	TREAT CLOSED CARPAL SCAPHOID F	\$48.19
25630	TREAT CLSD FX:W/O MANIP,EACH B	\$48.19
25650	TRT CLSD ULNAR STYLOID FX	\$66.40
25651	PERC SKEL FIX ULNAR STYLOID FX	\$669.79
25652	OPEN TX ULNAR STYLOID FX	\$1,243.11
25931	TRANSMETACARPAL REAMPUTATION	\$406.88
26010	DRAINAGE OF FINGER ABSCESS	\$63.83
26111	ARTHROTOMY WITH BIOPSY: 1.5 CM	\$395.43
26113	ARTHROTOMY WITH BIOPSY: 1.5 CM	\$395.43
26118	RADICAL RESECTION OF TUMOR (EG	\$395.43
26340	MANIP FINGER JT UNDER ANESTHES	\$306.56
26341	MANIPULAT PALM CORD POST INJ	\$31.69
26600	TREAT CLSD FX...W/O MANIP:EACH	\$48.19
26641	TREAT THUMB DISLOCATION W/MANI	\$66.40
26670	TREAT CLSD HAND DISLOCATION W/	\$66.40
26700	TREAT KNUCKLE DISLOCATION	\$66.40
26720	TREAT CLSD FX:W/O MANIP, EACH	\$48.19
26725	TREAT CLSD FX:W/ MANIP, EACH	\$66.40
26740	TREAT CLSD ART FX...W/O MANIP,	\$66.40
26750	TREAT CLSD FX...W/O MANIP, EAC	\$48.19
26755	TREAT CLSD FX...W/ MANIP, EACH	\$66.40
26770	TRMT OF CLOS INTERPHAL JOINT D	\$48.19
26775	CLOSED RX INTERPHAL JT DISLOC	\$58.12

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
27043	BIOPSY, SOFT TISSUE OF PELVIS	\$395.43
27045	BIOPSY, SOFT TISSUE OF PELVIS	\$395.43
27059	DECOMPRESSION FASCIOTOMY(IES),	\$395.43
27200	TRMT OF CLOSED COCCYGEAL FX	\$48.19
27220	TREAT (HIP SOCKET) FRACTURE AC	\$66.40
27256	TRMT OF CONGENITAL HIP DISLOCA	\$48.19
27267	CLOSED TREATMENT OF FEMORAL FR	\$306.56
27279	ARTHRODESIS SACROILIAC JOINT	\$3,943.33
27337	ARTHROTOMY, WITH SYNOVECTOMY,	\$395.43
27339	ARTHROTOMY, WITH SYNOVECTOMY,	\$395.43
27364	RAD RESECT TUMOR,SOFT TISSUE	\$395.43
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	\$1,766.35
27416	OSTEOCHONDRAL AUTOGRAFT(S), KN	\$1,243.11
27446	TOTAL KNEE REPLACEMENT	\$3,943.33
27475	REPAIR OF FEMUR EPIPHYSIS	\$669.79
27479	REPAIR OF LEG EPIPHYSES	\$669.79
27616	RADICAL RESECTION OF TUMOR (EG	\$395.43
27632	EXCISION OF LESION OF TENDON S	\$395.43
27634	EXCISION OF LESION OF TENDON S	\$395.43
27720	REPAIR OF TIBIA	\$1,243.11
27726	REPAIR OF FIBULA NONUNION AND/	\$1,243.11
27767	CLOSED TREATMENT OF POSTERIOR	\$66.40
27768	CLOSED TREATMENT OF POSTERIOR	\$306.56
27769	OPEN TREATMENT OF POSTERIOR MA	\$1,243.11
28001	DRAINAGE OF BURSA OF FOOT	\$89.16
28010	INCISION OF TOE TENDON	\$61.41

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
28039	EXCISION,TUMOR,SOFT TISSUE	\$395.43
28041	EXCISION,TUMOR,SOFT TISSUE FT	\$395.43
28047	RADICAL RESECTION OF TUMOR (EG	\$395.43
28190	REMOVAL OF FOOT FOREIGN BODY	\$93.63
28220	RELEASE OF FOOT TENDON	\$141.07
28230	INCISION OF FOOT TENDON(S)	\$138.03
28232	INCISION OF TOE TENDON	\$130.33
28272	CAPSULOTOMY....INTERPHAL.,EACH	\$128.72
28430	TREAT CLSD TALUS FX,W/O MANIP	\$48.19
28446	OPEN OSTEOCHONDRAL AUTOGRAFT,	\$1,243.11
28450	TREAT CLSD TARSAL FX:W/O MANIP	\$66.40
28455	TREAT CLSD TARSAL FX:W/MANIP,	\$83.78
28470	TREAT CLSD METATAR FX.W/O MANI	\$48.19
28475	TREAT CLSD METATAR FX,W/ MANIP	\$48.19
28490	TREAT BIG TOE FRACTURE	\$48.19
28495	TREAT BIG TOE FRACTURE	\$48.19
28510	TREAT CLSD FX...W/O MANIP, EAC	\$39.92
28515	TREAT CLSD FX...W/ MANIP., EAC	\$51.92
28530	TX CLOSED SESAMOID FRACTURE	\$37.60
28540	TREAT FOOT DISLOCATION	\$48.19
28570	TREAT FOOT DISLOCATION	\$48.19
28600	TREAT FOOT DISLOCATION	\$66.40
28630	TREAT TOE DISLOCATION	\$45.29
28660	TREAT TOE DISLOCATION	\$33.66
28890	HIGH ENERGY ESWT, PLANTAR F	\$99.54
29000	APPLICATION OF BODY CAST	\$58.12

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
29010	APPLICATION OF BODY CAST	\$58.12
29015	APPLICATION OF BODY CAST	\$58.12
29020	APPLICATION OF BODY CAST	\$32.63
29025	APPLICATION OF BODY CAST	\$32.63
29035	APPLICATION OF BODY CAST	\$58.12
29040	APPLICATION OF BODY CAST	\$58.12
29044	APPLICATION OF BODY CAST	\$33.34
29046	APPLICATION OF BODY CAST	\$58.12
29049	APPLICATION OF SHOULDER CAST	\$24.53
29055	APPLICATION OF SHOULDER CAST	\$58.12
29058	APPLICATION OF SHOULDER CAST	\$35.45
29065	APPLICATION OF LONG ARM CAST	\$31.33
29075	APPLICATION OF FOREARM CAST	\$28.65
29085	APPLY HAND/WRIST CAST	\$31.15
29086	FINGER CAST APPLICATION	\$27.75
29105	APPLY LONG ARM SPLINT	\$27.21
29125	APPLY FOREARM SPLINT	\$16.76
29126	APPLY FOREARM SPLINT	\$18.64
29130	APPLICATION OF FINGER SPLINT	\$8.05
29131	APPLICATION OF FINGER SPLINT	\$11.13
29200	STRAPPING OF CHEST	\$7.70
29220	STRAPPING OF LOW BACK	\$14.76
29240	STRAPPING OF SHOULDER	\$11.40
29260	STRAPPING OF ELBOW OR WRIST	\$11.27
29280	STRAPPING OF HAND OR FINGER	\$11.67
29305	APPLICATION OF HIP CAST	\$58.12

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
29325	APPLICATION OF HIP CASTS	\$58.12
29345	APPLICATION OF LONG LEG CAST	\$40.46
29355	APPLICATION OF LONG LEG CAST	\$39.92
29358	APPLICATION OF LONG LEG CAST	\$51.92
29365	APPLICATION OF LONG LEG CAST	\$38.13
29405	APPLY SHORT LEG CAST	\$25.60
29425	APPLY SHORT LEG CAST	\$24.17
29435	APPLY SHORT LEG CAST	\$35.09
29440	ADDITION OF WALKER TO CAST	\$11.46
29445	APPLIC RIGID CONTACT LEG CAST	\$33.66
29450	APPLIC CLUB FOOT CAST	\$32.94
29505	APPLICATION LONG LEG SPLINT	\$28.47
29515	APPLICATION LOWER LEG SPLINT	\$22.02
29520	STRAPPING OF HIP	\$10.33
29530	STRAPPING OF KNEE	\$10.86
29540	STRAPPING OF ANKLE	\$5.73
29550	STRAPPING OF TOES	\$8.45
29580	APPLICATION OF PASTE BOOT	\$15.76
29581	APPLICATION OF MULTI-LAYER VEN	\$26.68
29584	APPL MULTLAY COMPRS ARM/HAND	\$29.18
29700	REMOVAL/REVISION OF CAST	\$20.23
29705	REMOVAL/REVISION OF CAST	\$18.44
29710	REMOVAL/REVISION OF CAST	\$34.02
29715	REMOVAL/REVISION OF CAST	\$14.89
29720	REPAIR OF BODY CAST	\$29.18
29730	WINDOWING OF CAST	\$17.73

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
29740	WEDGING OF CAST	\$27.03
29750	WEDGING OF CLUBFOOT CAST	\$20.59
29828	ARTHROSCOPY, SHOULDER, SURGICA	\$1,243.11
29866	AUTGRFT IMPLANT KNEE W/SCOPE	\$1,243.11
29904	ARTHROSCOPY, SUBTALAR JOINT, S	\$669.79
29905	ARTHROSCOPY, SUBTALAR JOINT, S	\$669.79
29906	ARTHROSCOPY, SUBTALAR JOINT, S	\$406.88
29907	ARTHROSCOPY, SUBTALAR JOINT, S	\$1,766.35
29914	HIP ARTHRO W/FEMOROPLASTY	\$1,243.11
29915	HIP ARTHRO ACETABULOPLASTY	\$1,766.35
29916	HIP ARTHRO W/LABRAL REPAIR	\$1,766.35
30000	DRAINAGE OF NOSE LESION	\$36.15
30020	DRAINAGE OF NOSE LESION	\$87.50
30100	INTRANASAL BIOPSY	\$53.17
30110	REMOVAL OF NOSE POLYP(S)	\$83.96
30200	INJECTION TREATMENT OF NOSE	\$42.43
30210	NASAL SINUS THERAPY	\$53.71
30300	REMOVE NASAL FOREIGN BODY	\$13.11
31000	IRRIGATION MAXILLARY SINUS	\$69.64
31002	IRRIGATION SPHENOID SINUS	\$192.82
31040	EXPLORATION BEHIND UPPER JAW	\$452.08
31231	DIAGNOSTIC ENDOSCOPY FO NOSE	\$39.51
31295	SINUS ENDO W/BALLOON DIL	\$857.37
31296	SINUS ENDO W/BALLOON DIL	\$857.37
31297	SINUS ENDO W/BALLOON DIL	\$857.37
31500	INSERT WINDPIPE AIRWAY	\$36.15

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
31502	TRACHEOTOMY TUBE CHANGE	\$36.15
31505	DIAGNOSTIC LARYNGOSCOPY	\$30.26
31520	DIAGNOSTIC LARYNGOSCOPY	\$104.89
31575	LARYNGOSCOPY,FIBEROPTIC:DX	\$36.16
31579	LARYNGOSCOPY...W STROBOSCOPY	\$61.94
31605	INCISION OF NECK CARTILAGES	\$192.82
31626	BRONCHOSCOPY, RIGID OR FLEXIBL	\$857.37
31632	BRONCHOSCOPY RIGID/FLEXIBLE	\$211.21
31633	BRONCHOSCOPY RIGID/FLEXIBLE	\$211.21
31634	BRONCH W/BALLOON OCCLUSION	\$857.37
31647	BRONCHIAL VALVE INIT INSERT	\$857.37
31648	BRONCHIAL VALVE REMOV INIT	\$556.93
31649	BRONCHIAL VALVE REMOV ADDL	\$290.08
31652	BRONCH EBUS SAMPLNG 1/2 NODE	\$556.93
31653	BRONCH EBUS SAMPLNG 3/> NODE	\$556.93
32550	INSERTION OF INDWELLING TUNNEL	\$608.71
32552	REMOVAL OF INDWELLING TUNNELED	\$135.00
32553	PLACEMENT OF INTERSTITIAL DEVI	\$287.09
32554	ASPIRATE PLEURA W/O IMAGING	\$135.00
32555	ASPIRATE PLEURA W/ IMAGING	\$135.00
32556	INSERT CATH PLEURA W/O IMAGE	\$337.68
32557	INSERT CATH PLEURA W/ IMAGE	\$135.00
32960	THERAPEUTIC PNEUMOTHORAX	\$135.00
32998	PERQ RF ABLATE TX, PUL TUMOR	\$1,151.43
33206	INSERTION HEART PACEMAKER/ATRI	\$3,831.88
33207	INSERT HEART PACEMAKER/VENTRIC	\$3,831.88

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
33208	INSERT HEART PACEMAKER/AV SEQU	\$3,831.88
33210	INSERTION OF HEART ELECTRODE	\$2,893.51
33211	INSERT/REPLACE TEMP PACEMAKER	\$2,893.51
33214	UPGRADE OF IMPLANTED PACEMAKER	\$3,831.88
33215	REPOSITION PACEMAKER	\$241.15
33216	REVISION IMPLANTED ELECTRODE	\$2,893.51
33217	INSERT/REPLACE/REPOSITION PACE	\$2,893.51
33218	REPAIR PACEMAKER ELECTRODES	\$696.10
33220	PACEMAKER	\$696.10
33221	INSERT PULSE GEN MULT LEADS	\$6,307.83
33224	INSERT PACING ELECTRODE CVS	\$3,831.88
33225	INSERT PACING ELECTRODE CVS	\$4,286.96
33226	REPOS PREV IMPLANTED CVS	\$628.34
33227	REMOVE&REPLACE PM GEN SINGL	\$2,893.51
33228	REMOV&REPLC PM GEN DUAL LEAD	\$3,831.88
33229	REMOV&REPLC PM GEN MULT LEADS	\$6,307.83
33230	INSRT PULSE GEN W/DUAL LEADS	\$9,790.75
33231	INSRT PULSE GEN W/MULT LEADS	\$13,328.88
33234	REMOVE PULSE GENERATOR/ELECTRO	\$696.10
33235	REMOVE PACER/PULSE GEN/ELECTRO	\$696.10
33240	INSERT/REPLACE CARDIOVERTER	\$9,790.75
33241	REMOVE CARDIOVERTER PULSE GEN	\$696.10
33249	REVISION/REMOVE CV W CV PULSE	\$13,328.88
33262	REMOV&REPLC CVD GEN SING LEAD	\$9,790.75
33263	REMOV&REPLC CVD GEN DUAL LEAD	\$9,790.75
33264	REMOV&REPLC CVD GEN MULT LEAD	\$13,328.88

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
33270	INS/REP SUBQ DEFIBRILLATOR	\$13,328.88
33271	INSJ SUBQ IMPLTBL DFB ELCTRD	\$2,893.51
33273	REPOS PREV IMPLTBL SUBQ DFB	\$696.10
33282	IMPL PT ACT CARD EVENT RECORD	\$2,893.51
33284	REM PT ACT CARD EVENT RECORDER	\$263.37
34490	REMOVAL OF VEIN CLOT	\$628.34
35761	EXPLORATION OF ARTERY/VEIN	\$628.34
36002	INJ PROC PERC TX EXTREM PSEUDO	\$116.54
36420	ESTABLISH ACCESS TO VEIN	\$5.39
36425	ESTABLISH ACCESS TO VEIN	\$5.39
36430	TRANSFUSION,BLOOD/BLOOD COMPON	\$17.19
36440	BLOOD TRANSFUSION SERVICE	\$97.62
36450	EXCHANGE TRANSFUSION SERVICE	\$97.62
36455	EXCHANGE TRANSFUSION SERVICE	\$97.62
36470	INJECTION THERAPY OF VEIN	\$52.99
36471	INJECTION THERAPY OF VEINS	\$54.25
36511	THERAPEUTIC APHERESIS FOR WBC	\$292.95
36512	THERAPEUTIC APHERESIS RBC'S	\$292.95
36513	THERAPEUTIC APHERESIS PLATELET	\$292.95
36514	THERAPEUTIC APHERESIS PLASMA	\$292.95
36516	THERAPEUTIC APHERESIS EXTRACOR	\$842.99
36522	PHOTOPHERESIS, EXTRACORPORAL	\$842.99
36593	DECLOTTING BY THROMBOLYTIC AGE	\$15.40
36595	MECHAN REMOV PERICATH OBS MAT	\$226.46
36596	MECH REMOV INTRALUM OBS MATERI	\$241.15
36597	REPOSITION CVC W/FLUOR GUIDANC	\$241.15

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
36598	INJ W/FLUOR, EVAL CV DEVICE	\$41.71
36680	NEEDLE PLACEMENT-INTRAOSSEOUS	\$27.92
36818	AV FUSE, UPPR ARM, CEPHALIC	\$628.34
37184	PRIM ART MECH THROMBECTOMY	\$1,061.14
37185	PRIM ART M-THROMBECT ADD-ON	\$827.97
37186	SEC ART M-THROMBECT ADD-ON	\$827.97
37187	VENOUS MECH THROMBECTOMY	\$1,061.14
37188	VENOUS M-THROMBECTOMY ADD-ON	\$628.34
37197	REMOVE INTRVAS FOREIGN BODY	\$628.34
37200	TRANSCATHETER BIOPSY	\$1,061.14
37202	TRANSCATH TX,...ANY TYPE	\$431.81
37205	TRANSCATH PLACE INTRAVAS STENT	\$2,520.88
37211	THROMBOLYTIC ART THERAPY	\$1,061.14
37212	THROMBOLYTIC VENOUS THERAPY	\$241.15
37220	ILIAC REVASC	\$1,143.79
37221	ILIAC REVASC W/STENT	\$2,992.03
37222	ILIAC REVASC ADD-ON	\$1,328.58
37223	ILIAC REVASC W/STENT ADD-ON	\$1,328.58
37224	FEM/POPL REVAS W/TLA	\$1,143.79
37225	FEM/POPL REVAS W/ATHER	\$2,992.03
37226	FEM/POPL REVASC W/STENT	\$2,992.03
37227	FEM/POPL REVASC STNT & AATHER	\$4,909.56
37228	TIB/PER REVASC W/TLA	\$2,992.03
37229	TIB/PER REVASC W/ATHER	\$4,909.56
37230	TIB/PER REVASC W/STENT	\$4,909.56
37231	TIB/PER REVASC STENT & AATHER	\$4,909.56

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
37236	OPEN/PERQ PLACE STENT 1ST	\$2,992.03
37238	OPEN/PERQ PLACE STENT SAME	\$2,992.03
37241	VASC EMBOLIZE/OCCLUDE VENOUS	\$2,992.03
37242	VASC EMBOLIZE/OCCLUDE ARTERY	\$2,992.03
37243	VASC EMBOLIZE/OCCLUDE ORGAN	\$2,992.03
37761	LIGATION OF PERFORATOR VEIN(S)	\$628.34
37765	STAB PHLEBECTOMY VARICOSE VEIN	\$170.97
37766	STAB PHLEBECTOMY VARICOSE VEIN	\$192.81
38205	BLD-DER HEMAT PROG CELL HARVES	\$283.70
38206	BLD-DER HEMAT PROG CELL HARVES	\$292.95
38220	BONE MARROW ASPIRATION	\$61.94
38221	BONE MARROW BIOPSY NEEDLE/TROC	\$58.90
38230	BONE MARROW HARVEST, FOR TRANSP	\$842.99
38232	BONE MARROW HARVEST AUTOLOG	\$842.99
38241	BONE MARROW TRANSPLANT	\$842.99
38242	BONE MARROW STEM CELL TRANSPL	\$292.95
38243	TRANSPLJ HEMATOPOIETIC BOOST	\$292.95
40490	BIOPSY OF LIP	\$41.18
40702	REPAIR CLEFT LIP	\$997.11
40800	DRAINAGE OF MOUTH LESION	\$63.83
40804	REMOVAL FOREIGN BODY, MOUTH	\$13.11
40808	BIOPSY OF MOUTH LESION	\$76.98
40810	EXCISION OF MOUTH LESION	\$80.20
40812	EXCISE/REPAIR MOUTH LESION	\$102.40
40830	REPAIR MOUTH LACERATION	\$87.50
41019	PLACEMENT OF NEEDLES, CATHETER	\$452.08

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
41100	BIOPSY OF TONGUE	\$58.54
41108	BIOPSY OF FLOOR OF MOUTH	\$54.78
41512	TONGUE BASE SUSPENSION PERMA	\$997.11
41530	SUBMUCOSAL ABLATION OF THE TON	\$452.08
41820	GINGIVECTOMY,EXC.GING, EACH QU	\$452.08
41821	EXCISION OF GUM FLAP	\$192.82
41822	EXCISION OF GUM LESION	\$103.83
41823	EXCISION OF GUM LESION	\$146.44
41825	EXCISION OF GUM LESION	\$82.17
41826	EXCISION OF GUM LESION	\$116.01
41828	EXC.ALVEOLAR MUCOSA	\$96.85
41830	REMOVAL OF GUM TISSUE	\$135.34
41850	TREATMENT OF GUM LESION	\$452.08
41870	GUM GRAFT	\$997.11
41872	REPAIR GUM	\$130.87
41874	REPAIR TOOTH SOCKET	\$131.76
42100	BIOPSY ROOF OF MOUTH	\$50.67
42227	LENGTHEN PALATE, WITH ISLAND F	\$997.11
42280	MAXILLARY IMPRESSION-PALATAL P	\$53.53
42330	REMOVAL OF SALIVARY STONE	\$74.83
42400	BIOPSY OF SALIVARY GLAND	\$39.21
42650	DILATION OF SALIVARY DUCT	\$27.75
42660	DILATION OF SALIVARY DUCT	\$40.28
42800	BIOPSY OF THROAT	\$52.99
42809	REMOVE PHARYNX FOREIGN BODY	\$13.11
42970	CONTROL NOSE/THROAT BLEEDING	\$36.15

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
43030	THROAT MUSCLE SURGERY	\$997.11
43130	REMOVAL OF ESOPHAGUS POUCH	\$997.11
43180	ESOPHAGOSCOPY RIGID TRNSO	\$452.08
43191	ESOPHAGOSCOPY RIGID TRNSO DX	\$208.40
43192	ESOPHAGOSCP RIG TRNSO INJECT	\$304.20
43193	ESOPHAGOSCP RIG TRNSO BIOPSY	\$304.20
43194	ESOPHAGOSCP RIG TRNSO REM FB	\$304.20
43195	ESOPHAGOSCOPY RIGID BALLOON	\$304.20
43196	ESOPHAGOSCP GUIDE WIRE DILAT	\$304.20
43197	ESOPHAGOSCOPY FLEX DX BRUSH	\$65.70
43198	ESOPHAGOSC FLEX TRNSN BIOPSY	\$70.00
43206	ESOPH OPTICAL ENDOMICROSCOPY	\$304.20
43210	EGD ESOPHAGOGASTRIC FENDOPLSTY	\$840.00
43211	ESOPHAGOSCOPY MUCOSAL RESECT	\$304.20
43212	ESOPHAGOSCOPY STENT PLACEMENT	\$840.00
43213	ESOPHAGOSCOPY RETRO BALLOON	\$304.20
43214	ESOPHAGOSC DILATE BALLOON 30	\$304.20
43229	ESOPHAGOSCOPY LESION ABLATE	\$553.72
43233	EGD BALLOON DIL ESOPH30 MM/>	\$304.20
43252	UPPER GI OPTICAL ENDOMICROSCOPY	\$304.20
43253	EGD US TRANSMURAL INJXN/MARK	\$304.20
43254	EGD ENDO MUCOSAL RESECTION	\$304.20
43257	UPPER GI SCOPE W/THRML TXMNT	\$553.72
43266	EGD ENDOSCOPIC STENT PLACE	\$840.00
43270	EGD LESION ABLATION	\$304.20
43273	ENDOSCOPIC CANNULATION OF PAPI	\$498.26

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
43274	ERCP DUCT STENT PLACEMENT	\$840.00
43275	ERCP REMOVE FORGN BODY DUCT	\$553.72
43276	ERCP STENT EXCHANGE W/DILATE	\$840.00
43277	ERCP EA DUCT/AMPULLA DILATE	\$553.72
43278	ERCP LESION ABLATE W/DILATE	\$553.72
43752	NASO/ORO-GASTRIC TUBE PLACEMEN	\$53.68
43753	TX GASTRO INTUB W/ASP	\$13.11
43754	DX GASTR INTUB W/ASP SPEC	\$13.11
43755	DX GASTR INTUB W/ASP SPECS	\$36.28
43756	DX DUOD INTUB W/ASP SPEC	\$28.16
43757	DX DUOD INTUB W/ASP SPECS	\$208.40
43761	REPOSITION GASTRIC TUBE/ENT.FE	\$208.40
43886	REVISE GASTRIC PORT, OPEN	\$597.63
43887	REMOVE GASTRIC PORT, OPEN	\$597.63
43888	CHANGE GASTRIC PORT, OPEN	\$597.63
44381	SMALL BOWEL ENDOSCOPY BR/WA	\$208.40
44384	SMALL BOWEL ENDOSCOPY	\$840.00
44401	COLONOSCOPY WITH ABLATION	\$210.47
44402	COLONOSCOPY W/STENT PLCMT	\$840.00
44403	COLONOSCOPY W/RESECTION	\$210.47
44404	COLONOSCOPY W/INJECTION	\$210.47
44405	COLONOSCOPY W/DILATION	\$210.47
44406	COLONOSCOPY W/ULTRASOUND	\$210.47
44407	COLONOSCOPY W/NDL ASPIR/BX	\$210.47
44408	COLONOSCOPY W/DECOMPRESSION	\$210.47
44500	INTRO OF MILLER ABBOTT TUBE SP	\$135.00

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
45171	EXCISION OF RECTAL TUMOR, TRAN	\$650.51
45172	EXCISION OF RECTAL TUMOR, TRAN	\$650.51
45300	PROCTOSIGMOIDOSCOPY: DIAGNOSTI	\$46.19
45303	PROCTOSIGMOIDOSCOPY WITH DILAT	\$210.47
45346	SIGMOIDOSCOPY W/ABLATION	\$210.47
45347	SIGMOIDOSCOPY W/PLCMT STENT	\$840.00
45349	SIGMOIDOSCOPY W/RESECTION	\$210.47
45350	SGMDSC W/BAND LIGATION	\$210.47
45388	COLONOSCOPY W/ABLATION	\$210.47
45389	COLONOSCOPY W/STENT PLCMT	\$840.00
45390	COLONOSCOPY W/RESECTION	\$210.47
45393	COLONOSCOPY W/DECOMPRESSION	\$210.47
45398	COLONOSCOPY W/BAND LIGATION	\$210.47
45520	PERIRECTAL INJ..FOR PROLAPSE:	\$40.04
45541	CORRECT RECTAL PROLAPSE	\$650.51
46070	INCISION OF ANAL SEPTUM	\$464.55
46083	EXC.EXT.THROMBOSED HEMORRHOID	\$57.77
46221	LIGATION OF HEMORRHOID(S)	\$88.26
46320	REMOVAL OF HEMORRHOID CLOT	\$59.08
46500	INJECTION TREATMENT OF ANUS	\$69.82
46505	CHEMODENERVATION ANAL MUSC	\$464.55
46600	ANOSCOPY: DIAGNOSTIC	\$13.11
46607	DIAGNOSTIC ANOSCOPY & BIOPSY	\$210.47
46614	ANOSCOPY: CONTROL OF HEMORRHAG	\$44.76
46707	REPAIR OF ANORECTAL FISTULA WI	\$650.51
46900	REMOVAL OF ANAL LESION	\$63.07

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
46910	REMOVAL OF ANAL LESION	\$90.77
46916	CRYOSURGERY-ANAL LESIONS	\$63.07
46930	DESTRUCTION OF INTERNAL HEMORR	\$72.15
46934	CRYOTHERAPY OF HEMORRHOIDS	\$123.84
46935	CRYOTHERAPY OF HEMORRHOIDS	\$85.20
46936	CRYOTHERAPY OF HEMORRHOIDS	\$129.43
46940	TREATMENT OF ANAL FISSURE	\$68.03
46942	TREATMENT OF ANAL FISSURE	\$67.67
46945	LIGATION OF HEMORRHOIDS	\$111.00
46946	LIGATION OF HEMORRHOIDS	\$464.55
47382	ABLATION LIVER TUMOR PERCU	\$1,151.43
47383	PERQ ABLTJ LVR CRYOABLATION	\$1,151.43
47533	PLMT BILIARY DRAINAGE CATH	\$608.71
47534	PLMT BILIARY DRAINAGE CATH	\$608.71
47535	CONVERSION EXT BIL DRG CATH	\$608.71
47536	EXCHANGE BILIARY DRG CATH	\$608.71
47537	REMOVAL BILIARY DRG CATH	\$135.00
47538	PERQ PLMT BILE DUCT STENT	\$1,151.43
47539	PERQ PLMT BILE DUCT STENT	\$1,151.43
47540	PERQ PLMT BILE DUCT STENT	\$1,151.43
47541	PLMT ACCESS BIL TREE SM BWL	\$608.71
47562	LAP SURG CHOLECYSTECTOMY	\$1,005.50
47563	LAP SURG CHOLECYST W/CHOLANGIO	\$1,005.50
47564	LAP SURG CHOLECYST W/EXPLOR	\$1,005.50
49082	ABD PARACENTESIS	\$135.00
49083	ABD PARACENTESIS W/IMAGING	\$135.00

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
49084	PERITONEAL LAVAGE	\$135.00
49324	LAP INSERTION PERM IP CATH	\$1,005.50
49325	LAP REVISION PERM IP CATH	\$1,005.50
49326	LAP W/OMENTOPEXY ADD-ON	\$785.27
49327	LAP INS DEVICE FOR RT	\$785.27
49406	IMAGE CATH FLUID PERI/RETRO	\$395.43
49407	IMAGE CATH FLUID TRNS/VGNL	\$263.37
49411	PLACEMENT OF INTERSTITIAL DEVI	\$204.09
49418	INSERT TUN IP CATH PERC	\$608.71
49423	EXCHANGE ABSCESS DRAIN CATH	\$337.68
49429	PERITONEAL VENOUS SHUNT REMOVE	\$628.34
49435	INSERT SUBQ EXTEN TO IP CATH	\$327.67
49436	EMBEDDED IP CATH EXIT-SITE	\$337.68
49440	INSERTION OF GASTROSTOMY TUBE,	\$304.20
49441	INSERTION OF DUODENOSTOMY OR J	\$304.20
49442	INSERTION OF CECOSTOMY OR OTHE	\$464.55
49446	CONVERSION OF GASTROSTOMY TUBE	\$304.20
49450	REPLACEMENT OF GASTROSTOMY OR	\$135.00
49451	REPLACEMENT OF DUODENOSTOMY OR	\$135.00
49452	REPLACEMENT OF GASTRO-JEJUNOST	\$135.00
49460	MECHANICAL REMOVAL OF OBSTRUCT	\$135.00
49465	CONTRAST INJECTION(S) FOR RADI	\$28.16
49652	LAPAROSCOPY SURGICAL REPAIR	\$1,005.50
49653	LAPAROSCOPY SURGICAL REPAIR	\$1,005.50
49654	LAPAROSCOPY SURGICAL REPAIR	\$1,638.81
49655	LAPAROSCOPY SURGICAL REPAIR	\$1,638.81

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
49656	LAPAROSCOPY SURGICAL REPAIR	\$1,638.81
49657	LAPAROSCOPY SURGICAL REPAIR	\$1,638.81
50080	PERCUT NEPHRO/PYELO,W/ OR W/O	\$2,963.08
50081	PERCUT NEPHRO/PYELO,W/ OR W/O	\$2,963.08
50382	CHANGE URETER STENT, PERCUT	\$421.19
50384	REMOVE URETER STENT, PERCUT	\$421.19
50385	REMOVAL (VIA SNARE/CAPTURE) AN	\$421.19
50386	REMOVAL (VIA SNARE/CAPTURE) OF	\$313.11
50387	CHANGE EXT/INT URETER STENT	\$337.68
50389	REMOVE RENAL TUBE W/FLUORO	\$146.64
50391	INSTLL RX AGNT INTO RNAL TUB	\$23.45
50432	PLMT NEPHROSTOMY CATHETER	\$421.19
50433	PLMT NEPHROURETERAL CATHETER	\$421.19
50434	CONVERT NEPHROSTOMY CATHETER	\$146.64
50435	EXCHANGE NEPHROSTOMY CATH	\$146.64
50562	RENAL ENDOSC W/WO IRRIG W/RESE	\$627.27
50575	RENAL ENDOSC W ENDOPYELOTOMY	\$872.15
50592	PERC RF ABLATE RENAL TUMOR	\$1,151.43
50593	ABLATION, RENAL TUMOR(S), UNIL	\$1,151.43
50686	MEASURE URETER PRESSURE	\$36.28
50693	PLMT URETERAL STENT PRQ	\$627.27
50694	PLMT URETERAL STENT PRQ	\$627.27
50695	PLMT URETERAL STENT PRQ	\$627.27
50727	REVISE URIN-CUT ANASTOMOSIS	\$627.27
51100	ASPIRATION OF BLADDER: BY NEED	\$15.58
51101	ASPIRATION OF BLADDER: BY TROC	\$42.79

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
51102	ASPIRATION OF BLADDER: WITH IN	\$421.19
51535	REPAIR OF URETER LESION	\$627.27
51700	IRRIGATION OF BLADDER	\$24.71
51701	INSERT NON-INDWELL BLAD CATHET	\$13.11
51702	INSERT TEMP INDWELL BLADDER CA	\$13.11
51703	INSERT TEMP INDW BL CATH COMPL	\$36.28
51705	CHANGE OF BLADDER TUBE	\$28.29
51720	TREATMENT OF BLADDER LESION	\$25.60
51727	COMPLEX CYSTOMETROGRAM (IE, CA	\$102.58
51728	COMPLEX CYSTOMETROGRAM (IE, CA	\$104.91
51729	COMPLEX CYSTOMETROGRAM (IE, CA	\$106.70
51736	SIMPLE UROFLOWMETRY	\$4.07
51741	COMPLEX UROFLOWMETRY	\$3.58
51784	EMG OF ANAL OR URETHRAL SPHNTR	\$36.28
51792	ELECTROMYOGRAPHY	\$31.03
51795	VOIDING PRESSURE STUDY W/PROBE	\$46.12
51797	VOIDING PRESSURE STUDIES (VP):	\$29.97
51798	MEAS RESID URINE BY ULTRASOUND	\$6.91
52265	CYSTOSCOPY AND TREATMENT	\$126.57
52287	CYSTOSCOPY CHEMODENERVATION	\$421.19
52356	CYSTO/URETERO W/LITHOTRIPSY	\$872.15
52649	LASER ENUCLEATION OF THE PROST	\$872.15
53025	INCISION OF URETHRA: INFANT	\$421.19
53060	DRAINAGE OF URETHRA ABSCESS	\$40.28
53085	DRAINAGE OF URINARY LEAKAGE	\$421.19
53600	DILATE URETHRAL STRICTURE,MALE	\$18.26

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
53601	DILATE URETH STRICTURE,MALE:SU	\$21.63
53620	DILATE URETH.STRICT.,MALE:INIT	\$26.86
53621	DILATE URETH STRICT,MALE:SUBSE	\$28.65
53660	DILATE FEMALE URETHRA...:INITI	\$21.66
53661	DILATE FEMALE URETHRA...:SUBSEQ	\$20.74
53852	TRANSURETH DESTRUC PROSTATE	\$749.39
53853	TRANSURETH DESTRUCT PROST TISS	\$626.91
53855	INSERTION OF A TEMPORARY PROST	\$146.64
53860	TRANSURETHRAL RF TREATMENT	\$421.19
54050	TREATMENT OF PENIS LESION	\$40.04
54055	TREATMENT OF PENIS LESION	\$35.09
54056	DESTROY PENILE LESION: CRYOSUR	\$22.38
54200	TREATMENT OF PENIS LESION	\$32.41
54231	DYNAMIC CAVERNOMETRY W DRUGS	\$30.79
54235	INJ CORPORA CAVERNOSA W/PHARM.	\$22.38
54240	PENILE PLETHYSMOGRAPHY	\$17.37
54250	NOCTURNAL PENILE TUMESCENCE TE	\$5.19
54437	REPAIR CORPOREAL TEAR	\$421.19
54560	EXPLORATION FOR TESTIS	\$421.19
54692	LAP SURG ORCHIOPEXY	\$1,005.50
55000	DRAINAGE OF HYDROCELE	\$30.97
55706	BIOPSIES PROSTATE NEEDLE T	\$627.27
55860	EXPOSE PROSTATE-INSERT RADIOAC	\$627.27
55870	ELECTROEJACULATION	\$38.31
55873	CRYOSURG ABLATION PROSTATE	\$2,963.08
55876	PLACE RT DEVICE/MARKER, PROS	\$34.91

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
55920	PLACEMENT OF NEEDLES OR CATHET	\$730.46
56501	DESTROY VULVA LESION(S):SIMPLE	\$34.55
56606	BIOPSY VULVA/PERINEUM ADD LESN	\$5.92
56805	CLITOROPLASTY ADRENOGENITAL SY	\$520.37
56820	COLPOSCOPY OF VULVA	\$25.96
56821	COLPOSCOPY OF VULVA W/BIOPSY	\$33.12
57022	I&D VAG HEMATOMA POST-OBSTET	\$395.43
57061	DESTROY VAGINAL LESIONS:SIMPLE	\$31.33
57100	BIOPSY OF VAGINA	\$20.59
57120	CLOSURE OF VAGINA	\$904.95
57150	TREAT VAGINAL INFECTION	\$11.98
57156	INS VAG BRACHYTX DEVICE	\$70.15
57160	INSERT PESSARY	\$20.95
57170	FITTING OF DIAPHRAGM	\$12.53
57267	INSERT MESH/PELVIC FLR ADDON	\$724.47
57287	REMOV/REVISE SLING STRESS INCO	\$520.37
57295	CHANGE VAGINAL GRAFT	\$520.37
57420	COLPOSCOPY ENTIRE VAGINA W/CER	\$26.68
57421	COLPOS ENTIRE VAG W/CERV W/BIO	\$34.91
57426	REVISION (INCLUDING REMOVAL) O	\$1,238.09
57455	COLPOSCOPY CERV W/BIOPSY CERV	\$32.41
57456	COLPOSCOPY CERV W/ENDOCERV CUR	\$30.97
57461	COLPOS CERV W/ CONIZAT CERVIX	\$92.91
57500	BIOPSY OF CERVIX	\$40.64
57505	ENDOCERVICAL CURETTAGE	\$27.57
57510	CAUTERIZATION OF CERVIX	\$28.29

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
57511	CRYOCAUTERY OF CERVIX	\$34.37
58100	BIOPSY OF UTERUS LINING	\$24.53
58260	VAGINAL HYSTERECTOMY	\$904.95
58262	VAGINAL HYSTERECTOMY W. REM.	\$904.95
58301	REMOVE INTRAUTERINE DEVICE	\$22.56
58356	ENDOMETRIAL CRYOABLATION	\$822.07
58541	LSH, UTERUS 250 G OR LESS	\$1,005.50
58542	LSH W/T/O UT 250 G OR LESS	\$1,638.81
58543	LSH UTERUS ABOVE 250 G	\$1,638.81
58544	LSH W/T/O UTERUS ABOVE 250 G	\$1,638.81
58552	LAP SURG W/VAG HYSTER 250 GM	\$1,638.81
58553	LAP SURG W/VAG HYSTER >250 GMS	\$1,638.81
58554	LAP SURG W/VAG HYSTER >250 GMS	\$1,638.81
58570	LAPAROSCOPY, SURGICAL, WITH TO	\$1,638.81
58571	LAPAROSCOPY, SURGICAL, WITH TO	\$1,638.81
58573	LAPAROSCOPY, SURGICAL, WITH TO	\$1,638.81
58600	DIVISION OF FALLOPIAN TUBE	\$520.37
58615	OCCLUSION OF FALLOPIAN TUBE, D	\$520.37
58805	DRAINAGE OF OVARIAN CYST(S)	\$520.37
59000	AMNIOCENTESIS	\$35.27
59001	AMNIOCENTESIS THER AMNIO FLD	\$70.15
59012	CORDOCENTESIS (INTRAUTERINE)	\$70.15
59015	CHORIONIC VILLUS SAMPLING CHRO	\$30.79
59020	FETAL OXYTOCIN STRESS TEST	\$17.01
59025	FETAL NON-STRESS TEST	\$9.13
59070	TRANSABDOM AMNIOINFUSION	\$70.15

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
59072	FETAL UMB CORD OCCLUSION W/ US	\$70.15
59074	FETAL FLUID DRAINAGE W/ U/S	\$70.15
59076	FETAL SHUNT PLACEMENT W/ U/S	\$70.15
59100	ABD. HYSTEROTOMY FOR MOLE/TOP	\$520.37
59150	LAPAROSCOPIC TX	\$1,005.50
59151	LAPAROSCOPIC TX	\$1,005.50
59200	INSERT.HYGROSCOPIC CERVICAL DI	\$19.16
59300	EPISIOTOMY/VAG REP BY OTHER MD	\$45.29
59412	EXTERNAL CEPHALIC VERSION,W/WO	\$520.37
59414	DELIVERY PLACENTA SEPARATE PRO	\$520.37
59840	THERAPUTIC ABORTION BY D&C	\$520.37
59841	ABORTION BY DILATION + EVACUAT	\$520.37
59866	MULTIFETAL PREGNANCY REDUCTION	\$70.15
60100	BIOPSY OF THYROID	\$27.03
60210	PARTIAL THYROID LOBECTOMY UNI	\$1,005.50
60212	W CONTRA LAT SUBTOTAL LOBECTMY	\$1,005.50
60240	REMOVAL OF THYROID	\$1,005.50
60300	ASPIRATION AND/OR INJECTION, T	\$41.00
60500	EXPLORE PARATHYROID GLANDS	\$997.11
61000	REMOVE CRANIAL CAVITY FLUID	\$163.61
61001	REMOVE CRANIAL CAVITY FLUID	\$163.61
61330	EXPLORATION OF EYE SOCKET	\$997.11
61334	EXPLORE & TREAT EYE SOCKET	\$980.75
61770	STEREO.LOC./BURR HOLES:INSERT	\$949.72
61880	REVISE/REMOVE NEUROELECTRODE	\$611.93
62252	REPROGRAM CSF SHUNT PROGRAM	\$19.52

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
62267	PERCUTANEOUS ASPIRATION WITHIN	\$263.37
62292	INJECTION INTO DISK LESION	\$389.35
62369	ANAL SP INF PMP W/REPRG&FILL	\$48.52
62370	ANL SP INF PMP W/MDREPRG&FIL	\$47.62
63001	REMOVE SPINE LAMINA 1/2 CRVL	\$1,243.11
63003	REMOVE SPINE LAMINA 1/2 THRC	\$1,243.11
63005	REMOVE SPINE LAMINA 1/2 LMBR	\$1,243.11
63020	NECK SPINE DISK SURGERY	\$1,243.11
63030	LOW BACK DISK SURGERY	\$1,243.11
63042	LOW BACK DISK SURGERY	\$1,243.11
63045	REMOVE SPINE LAMINA 1 CRVL	\$1,243.11
63046	REMOVE SPINE LAMINA 1 THRC	\$1,243.11
63047	REMOVE SPINE LAMINA 1 LMBR	\$1,243.11
63055	DECOMPRESS SPINAL CORD THRC	\$1,243.11
63056	DECOMPRESS SPINAL CORD LMBR	\$1,243.11
63615	STEREOTACTIC BIOPSY, SPINAL CO	\$389.35
63655	IMPLANT NEUROELECTRODES	\$7,398.66
63661	REMOVAL OF SPINAL NEUROSTIMULA	\$389.35
63662	REMOVAL OF SPINAL NEUROSTIMULA	\$611.93
63663	REVISION INCLUDING REPLACEMENT	\$1,996.95
63664	REVISION INCLUDING REPLACEMENT	\$1,996.95
64400	INJECTION FOR NERVE BLOCK	\$41.36
64402	INJECTION FOR NERVE BLOCK	\$27.90
64405	INJECTION FOR NERVE BLOCK	\$31.51
64408	INJECTION FOR NERVE BLOCK	\$26.14
64412	INJECTION FOR NERVE BLOCK	\$48.45

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
64413	INJECTION FOR NERVE BLOCK	\$36.52
64416	INJECT ANESTH AGENT BRACH PLEX	\$229.86
64418	INJECTION FOR NERVE BLOCK	\$48.52
64425	INJECTION FOR NERVE BLOCK	\$33.66
64435	INJECTION FOR NERVE BLOCK	\$40.46
64445	INJECTION FOR NERVE BLOCK	\$41.00
64446	INJ ANESTH AGENT SCIATIC NERVE	\$229.86
64447	INJ ANESTH AGENT FEM NERVE SIN	\$34.20
64448	INJ ANESTH AGENT FEM NERVE CON	\$229.86
64449	INJ ANESTH AGENT LUMBAR PLEXUS	\$229.86
64450	INJECTION FOR NERVE BLOCK	\$26.14
64455	INJECTION(S) ANESTHETIC AGEN	\$9.85
64461	PVB THORACIC SINGLE INJ SITE	\$41.71
64463	PVB THORACIC CONT INFUSION	\$49.05
64490	INJECTION(S), DIAGNOSTIC OR TH	\$229.86
64491	INJECTION(S), DIAGNOSTIC OR TH	\$52.57
64492	INJECTION(S), DIAGNOSTIC OR TH	\$52.57
64493	INJECTION(S), DIAGNOSTIC OR TH	\$229.86
64494	INJECTION(S), DIAGNOSTIC OR TH	\$52.57
64495	INJECTION(S), DIAGNOSTIC OR TH	\$52.57
64505	INJECTION FOR NERVE BLOCK	\$26.50
64508	INJECTION FOR NERVE BLOCK	\$9.31
64555	IMPLANT NEUROELECTRODES	\$1,996.95
64566	NEUROELTRD STIM POST TIBIAL	\$52.46
64568	INC FOR VAGUS N ELECT IMPL	\$10,629.28
64569	REVISE/REPL VAGUS N ELTRD	\$1,996.95

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
64570	REMOVE VAGUS N ELTRD	\$949.72
64611	CHEMODENERV SALIV GLANDS	\$34.37
64612	DESTR NEUROLYTIC AGENT.>NERVE	\$36.70
64615	CHEMODENERV MUSC MIGRAINE	\$29.72
64616	CHEMODENERV MUSC NECK DYSTON	\$28.29
64617	CHEMODENER MUSCLE LARYNX EMG	\$55.68
64632	DESTRUCTION BY NEUROLYTIC AGEN	\$20.05
64633	DESTROY CERV/THOR FACET JNT	\$389.35
64634	DESTROY C/TH FACET JNT ADDL	\$52.57
64635	DESTROY LUMB/SAC FACET JNT	\$389.35
64636	DESTROY L/S FACET JNT ADDL	\$150.38
64640	DESTRUCTION OF OTH PERIPH NERV	\$44.22
64642	CHEMODENERV 1 EXTREMITY 1-4	\$35.99
64644	CHEMODENERV 1 EXTREM 5/> MUS	\$43.15
64646	CHEMODENERV TRUNK MUSC 1-5	\$37.06
64647	CHEMODENERV TRUNK MUSC 6/>	\$43.86
64650	CHEMODENERV ECCRINE GLANDS	\$24.71
64653	CHEMODENERV ECCRINE GLANDS	\$29.18
64761	INCISION OF PELVIS NERVE	\$373.16
64763	INCISE HIP/THIGH NERVE	\$389.35
64766	INCISE HIP/THIGH NERVE	\$949.72
64820	SYMPATHECTPMY DIGID ART-EACH	\$389.35
64822	SYMPATHECTOMY: ULNAR ARTERY	\$669.79
64823	SYMPATHECTOMY: SUPERFIC PALMAR	\$406.88
64910	NERVE REPAIR W/ALLOGRAFT	\$949.72
65125	MODIFY OCULAR IMPL.(SEP.PROC.)	\$391.76

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
65205	REMOVE FOREIGN BODY FROM EYE	\$11.13
65210	REMOVE FOREIGN BODY FROM EYE	\$14.08
65220	REMOVE FOREIGN BODY FROM EYE	\$24.84
65222	REMOVE FOREIGN BODY FROM EYE	\$13.41
65286	REPAIR LACERATION:APPLIC TISSU	\$229.69
65430	CORNEAL SMEAR	\$22.53
65435	CURETTE/TREAT CORNEA	\$22.74
65436	CURETTE/TREAT CORNEA	\$104.19
65450	DESTROY CORNEAL LESION	\$72.99
65600	REVISION OF CORNEA	\$119.41
65756	KERATOPLASTY (CORNEAL TRANSPLA	\$896.95
65778	COVER EYE W/MEMBRANE	\$192.34
65779	COVER EYE W/MEMBRANE STENT	\$335.34
65785	IMPLTJ NTRSTRML CRNL RNG SEG	\$896.95
65855	LASER TRABECULOPLASTY-1/MORE	\$87.36
66174	TRANSLUM DIL EYE CANAL	\$488.09
66175	TRNSLUM DIL EYE CANAL W/STNT	\$896.95
66179	AQUEOUS SHUNT EYE W/O GRAFT	\$896.95
66183	INSERT ANT DRAINAGE DEVICE	\$896.95
66184	REVISION OF AQUEOUS SHUNT	\$488.09
66762	REVISION OF IRIS	\$123.13
66770	REMOVAL OF INNER EYE LESION	\$123.13
66820	INCISION OF LENS LESION	\$488.09
67028	INTRAVITREAL INJECTION	\$23.99
67101	REPAIR DETACHED RETINA	\$228.61
67105	PHOTOCOAGULATION/DETACHED RET	\$123.13

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
67110	REPAIR RETINAL DETACHMENT	\$226.29
67145	TREAT RETINAL DETACH,PHOTOCOAG	\$123.13
67210	DEST.LOC.RETINAL LESION,PHOTOC	\$123.13
67220	DESTRUCT LOC LESION OF CHOROID	\$123.13
67221	DESTRUCT LOC LES CHOROID	\$79.31
67228	DESTROY RETINOPATHY:PHOTOCOAGU	\$88.80
67229	TREATMENT OF EXTENSIVE OR PROG	\$123.13
67345	CHEMODENERVATION OF EXTRAOCULA	\$62.12
67414	ORBITOTOMY WO BONE FLAP...	\$701.88
67500	INJECT/TREAT EYE SOCKET	\$72.99
67505	INJECT EYE SOCKET FOR XRAY	\$20.95
67515	INJECT/TREAT EYE SOCKET	\$22.38
67700	DRAINAGE OF EYELID ABSCESS	\$72.99
67710	INCISION OF EYELID	\$92.56
67800	REMOVE EYELID LESION	\$37.24
67801	REMOVE EYELID LESIONS	\$45.47
67805	REMOVE EYELID LESIONS	\$58.54
67810	BIOPSY OF EYELID	\$63.38
67820	REVISE EYELASHES	\$8.99
67825	REVISE EYELASHES	\$37.60
67840	REMOVE EYELID LESION	\$99.00
67850	TREAT EYELID LESION	\$74.12
67875	SUTURE CLOSURE OF EYELIDS	\$194.80
67915	REPAIR EYELID DEFECT	\$109.21
67922	REPAIR EYELID DEFECT	\$107.77
67930	REPAIR EYELID WOUND	\$113.86

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

CPT/HCPCS/CDT	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE
67938	REMOVE EYELID FOREIGN BODY	\$72.99
68020	INCISE/DRAIN EYELID LINING	\$33.30
68040	TREATMENT OF EYELID LESIONS	\$15.58
68100	BIOPSY OF EYELID LINING	\$59.97
68110	REMOVE EYELID LINING LESION	\$79.13
68135	REMOVE EYELID LINING LESION	\$43.15
68200	TREAT EYELID BY INJECTION	\$8.58
68400	INCISE/DRAIN TEAR GLAND	\$110.10
68420	INCISE/DRAIN TEAR SAC	\$117.44
68440	INCISE TEAR DUCT OPENING	\$32.76
68530	CLEARANCE OF TEAR DUCT	\$72.99
68705	REVISE TEAR DUCT OPENING	\$72.99
68760	CLOSE TEAR DUCT OPENING	\$67.67
68761	CLOSE LACR. PUNCT., PLUG	\$47.62
68801	DIL LAC PUNC W/WO IRRIGATION	\$24.84
68840	EXPLORE/IRRIGATE TEAR DUCTS	\$39.92
69000	DRAIN EXTERNAL EAR LESION	\$63.83
69005	DRAIN EXTERNAL EAR LESION	\$66.24
69020	DRAIN OUTER EAR CANAL LESION	\$63.83
69100	BIOPSY OF EXTERNAL EAR	\$34.73
69105	BIOPSY EXTERNAL EAR CANAL	\$54.78
69200	CLEAR OUTER EAR CANAL	\$13.11
69220	DEBRIDEMENT,MASTOIDECTOMY CAV/	\$22.38
69400	INFLATE MIDDLE EAR CANAL	\$44.52
69401	INFLATE MIDDLE EAR CANAL	\$24.68
69405	EUSTACHIAN TUBE CATH./TRANSTYM	\$60.75

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.

AMBULATORY SERVICES: UPDATE DECEMBER 1, 2018

<i>CPT/HCPCS/CDT</i>	<i>PROCEDURE CODE DESCRIPTION</i>	<i>MAXIMUM FEE ALLOWANCE</i>
69420	INCISION OF EAR DRUM	\$70.18
69433	OFFICE TYMPANOSTOMY, UNILAT	\$71.97
69540	REMOVE EAR LESION	\$81.82
69610	REPAIR OF EAR DRUM	\$106.52

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.